



INFORMATIONAL MEMORANDUM

OIR-03-017M

ISSUED

October 8, 2003

Florida Department of Financial Services

Office of Insurance Regulation

Kevin M. McCarty

Director

NOTICE OF NEW LEGISLATION

(Closed Claim Reporting)

*The purpose of this memorandum is to inform **health care practitioners and health care facilities** of certain changes to the Florida law resulting from the 2003 Special Session D of the Florida Legislature. Except as otherwise specified within the bill, CS/Senate Bill 2-D was effective on September 15, 2003, and contains various amendments to Florida's medical malpractice rating laws and medical malpractice closed claim reporting requirements.*

This informational memorandum does not provide detail regarding all changes to the law which governs the reporting requirements. You are responsible for reading the law and complying therewith. You are encouraged to review this bill, found by legislative bill number, at <http://www.leg.state.fl.us>

CS/Senate Bill 2-D amends **Section 627.912, Florida Statutes**, by establishing medical malpractice closed claim reporting requirements for certain health care practitioners and facilities.

WHO MUST REPORT: A health care practitioner or health care facility that is **not** insured by a medical malpractice insurer or fund licensed or authorized by the Office of Insurance Regulation ("Office") must report certain closed claim information to the Office. This reporting requirement only applies to practitioners licensed under Chapters 458, 459, 461, 466, and hospitals licensed under Chapter 395, crisis stabilization units licensed under part IV of Chapter 394, health maintenance organizations certificated under part I of Chapter 641, clinics included in Chapter 390, and ambulatory surgical centers as defined in Section 395.002, Florida Statutes.

To determine if an entity is licensed or authorized by the Office, please visit our website at www.fldfs.state.fl.us or by calling our consumer helpline at 1-800-342-2762.

WHAT TO REPORT: Refer to CS/Senate Bill 2-D (Section 627.912, Florida Statutes) for complete information regarding the nature and scope of the reporting required.

WHEN TO REPORT: Certain information must be submitted within 30 days of a final judgment or settlement regardless of the amount or when a claim reaches final disposition resulting in no indemnity payment by or on behalf of the medical provider. Such reporting is required on any claim or action for damages for personal injuries claimed to have been caused by error, omission or negligence in the performance of a medical provider's professional services.

HOW TO REPORT: Currently the Office collects this required information through the use of our medical malpractice closed claim collection software. For your immediate use, this software can be obtained at <http://www.fldfs.com/companies/iccs/iccssw.htm>. Once at the web site you will need to download the software by clicking on "Full-Version 3.0". (Note: it is best to open the software from this location). This will begin the process of downloading the software to your personal computer. When you have a claim that you are required to report you simply go into the software, complete the required information, then save the information to a diskette and mail it to: Office of Insurance Regulation, Bureau of Property and Casualty Forms and Rates, P.O. Box 7700, Tallahassee, FL 32399-0330. A "User's Manual" is also available at http://www.fldfs.com/companies/ICCS/iccs_man.pdf for any questions you may have regarding this closed claim collection software.

The Office intends to provide for internet-based reporting of claim information required by the new law. The Office estimates that the new system will be introduced in the first quarter of 2004.

The new law also requires the Office to prepare an annual report analyzing closed claim reports, financial reports submitted by insurers, approved rate filings and loss trends. The law authorizes a group of 10 or more health care providers to establish a commercial self-insurance fund for providing medical malpractice coverage; eliminates an existing prohibition against the creation of new medical malpractice self-insurance funds and authorizes the Financial Services Commission to adopt rules relating to such funds.

Questions regarding changes affecting chapters 624, 627 or 641 may be directed to Shirley Kerns, Chief, Bureau of Property and Casualty Forms and Rates at 850-413-5310 or Michael Milnes, Senior Management Analyst Supervisor, Bureau of Property and Casualty Forms and Rates at 850-413-5306.