

**State:** Illinois **Filing Company:** ProAssurance Casualty Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons  
**Product Name:** Healthcare Professional Liability Rates and Rules Manual  
**Project Name/Number:** Ob-Gyn Risk Alliance Risk Management Program rule revisions/

## Filing at a Glance

**Company:** ProAssurance Casualty Company  
**Product Name:** Healthcare Professional Liability Rates and Rules Manual  
**State:** Illinois  
**TOI:** 11.2 Med Mal-Claims Made Only  
**Sub-TOI:** 11.2023 Physicians & Surgeons  
**Filing Type:** Rule  
**Date Submitted:** 06/03/2013  
**SERFF Tr Num:** PCWA-129055224  
**SERFF Status:** Closed-Filed  
**State Tr Num:** PCWA-129055224  
**State Status:**  
**Co Tr Num:** IL-OBRA-RM-0713  
  
**Effective Date** 07/01/2013  
**Requested (New):**  
**Effective Date** 07/01/2013  
**Requested (Renewal):**  
**Author(s):** LaQuita Goodwin  
**Reviewer(s):** Gayle Neuman (primary)  
**Disposition Date:** 06/07/2013  
**Disposition Status:** Filed  
**Effective Date (New):** 07/01/2013  
**Effective Date (Renewal):** 07/01/2013

State Filing Description:

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## General Information

Project Name: Ob-Gyn Risk Alliance Risk Management Status of Filing in Domicile: Not Filed  
 Program rule revisions  
 Project Number: Domicile Status Comments: None  
 Reference Organization: None Reference Number:  
 Reference Title: Advisory Org. Circular:  
 Filing Status Changed: 06/07/2013  
 State Status Changed: Deemer Date:  
 Created By: LaQuita Goodwin Submitted By: LaQuita Goodwin  
 Corresponding Filing Tracking Number:

### Filing Description:

I submit for your review and approval revisions to the Healthcare Professional Liability Rates and Rules Manual for members of the Ob-Gyn Risk Alliance Purchasing Group. The Risk Management Program has been revised by adding the third year risk management requirements for insureds of this program. I request the effective date of July 1, 2013, for this filing submission.

Please contact me if you have any questions during the review process.

Thank you.

## Company and Contact

### Filing Contact Information

LaQuita Goodwin, Compliance Specialist lgoodwin@proassurance.com  
 100 Brookwood Place 205-877-4426 [Phone]  
 Birmingham, AL 35209 205-414-2887 [FAX]

### Filing Company Information

ProAssurance Casualty Company	CoCode: 38954	State of Domicile: Michigan
100 Brookwood Place	Group Code: 2698	Company Type: Property & Casualty
Birmingham, AL 35209	Group Name: ProAssurance	State ID Number: 12
(205) 877-4426 ext. [Phone]	FEIN Number: 38-2317569	

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

## State Specific

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Refer to our checklists prior to submitting filing ([http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm)):  
Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp) .: N/A

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": N/A

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	06/07/2013	06/07/2013

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	06/03/2013	06/03/2013

#### Response Letters

Responded By	Created On	Date Submitted
LaQuita Goodwin	06/05/2013	06/05/2013

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## Disposition

Disposition Date: 06/07/2013

Effective Date (New): 07/01/2013

Effective Date (Renewal): 07/01/2013

Status: Filed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Rate	Manual Page		Yes

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/03/2013
Submitted Date	06/03/2013
Respond By Date	06/10/2013

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Dear LaQuita Goodwin,

**Introduction:**

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

**Conclusion:**

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/05/2013
Submitted Date	06/05/2013

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Dear Gayle Neuman,

**Introduction:**

The response to your 6/3/2013 objection is below.

**Response 1**

**Comments:**

The Independent Statistical Service, Inc. (ISS) is our statistical reporting agency.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Please let me know if you have any other questions or concerns. Thank you.

Sincerely,

LaQuita Goodwin

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Manual Page	Page 15	Replacement	PCWA-128807366	revised page 15, 3rd year RM rule effective 7-1-2013.pdf

## Second Year Educational Requirements

Completion of two online APS courses during the second policy year will satisfy the insured's requirements under the Ob-Gyn Risk Management Program and will qualify the insured for policy renewal consideration.

- 1) Online course, SBAR+R: Structuring Communication in Health Care, is mandatory for all insureds.
- 2) Insured's choice of any one of the following courses below (or future APS equivalent courses):
  - Advanced Fetal Assessment & Monitoring
  - Managing Shoulder Dystocia
  - Operative Vaginal Delivery
  - Postpartum Hemorrhage
  - Informed Consent: A Medical-Legal Case Study
  - Risk Management Basics: Protection and Pitfalls

Current APS certificates of course completion for these activities will be honored.

## Third Year Educational Requirements

- 1) Six hours of CME credit from the courses available in the OBRA risk management library. (No duplication of courses previously taken will qualify); or
- 2) A certification of completion from an approved course evidencing simulation training.

## IV. SCHEDULED RATING PROGRAM

The Company has determined that significant variability exists in the hazards faced by physicians and surgeons engaged in the practice of medicine. Exposure conditions vary with respect to:

	<u>Debit/Credit</u>
1. Number of years experience in medicine;	+/- 10%
2. Number of patient exposures;	+/- 10%
3. Organization (if any) and size;	+/- 10%
4. Medical standards review and claims review committees;	+/- 10%
5. Other risk management practices and procedures;	+/- 10%
6. Training, accreditation and credentialing;	+/- 10%
7. Continuing Medical Education activities;	+/- 10%
8. Professional liability claim experience;	+/- 10%
9. Record-keeping practices;	+/- 10%
10. Maintenance and utilization of certain monitoring equipment, diagnostic tests or diagnostic procedures;	+/- 10%
11. Participation in capitation contracts; and*	+ 10%
12. Insured group maintains differing limits of liability on members.*	+ 10%

In order to recognize these and other factors affecting a particular practitioner or group practice, the Company proposes to apply a debit or credit to the otherwise applicable rate dependent upon the underwriter's overall evaluation of the risk.

The maximum credit will be 25%; the maximum debit will be 25%.

The Scheduled Rating Plan will apply to individuals as well as groups of two or more physicians as the Company becomes aware of variability in the risk characteristics of the individual or group. At the underwriter's discretion, objective credits otherwise applicable to an insured will not be applied in situations where a scheduled debit is deemed necessary.

\* NOTE: No credit will be given for #11 or #12 above.

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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Explanatory Memorandum
<b>Bypass Reason:</b>	N/A - 3rd year risk management requirement added
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Form RF3 - (Summary Sheet)
<b>Bypass Reason:</b>	N/A - no rate change involved
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	certification for OB.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Manual
<b>Bypass Reason:</b>	N/A - a complete copy of the manual will be attached upon request
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Request to Maintain Data as Trade Secret Information
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

# ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

**(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.**

I, Kathryn A. Neville, a duly authorized officer of ProAssurance Casualty Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing. I also certify that all changes made were disclosed, no written statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.

I, Howard H. Friedman, a duly authorized actuary of ProAssurance Casualty Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.



\_\_\_\_\_  
Kathryn A. Neville, Secretary  
Signature and Title of Authorized Insurance Company Officer

\_\_\_\_\_  
05/31/2013  
Date



\_\_\_\_\_  
Howard H. Friedman, ACAS, MAAA, Senior Vice President  
Signature, Title and Designation of Authorized Actuary

\_\_\_\_\_  
05/31/2013  
Date

Insurance Company FEIN 39-1567580 Filing Number PCWA-129055224  
Insurer's Address 100 Brookwood Place  
City Birmingham State Alabama Zip Code 35209

Contact Person's:

-Name and E-mail LaQuita B. Goodwin, Compliance Specialist – [lgoodwin@proassurance.com](mailto:lgoodwin@proassurance.com)  
-Direct Telephone and Fax Number (205) 877-4426 – Fax (205) 414-2887