



# **Aon 2019 General and Professional Liability Benchmark for Long Term Care Providers**

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**Prepared by Aon Risk Services**  
Aon Global Risk Consulting | Actuarial and Analytics Practice



## Welcome!

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Thank you for your interest in the Aon 2019 General and Professional Liability Benchmark for Long Term Care Providers. 2019 will be the 17<sup>th</sup> year of publication of this report that analyzes general and professional liability claim costs and trends for the Long Term Care profession. Your participation will enable us to conduct an industry wide analysis of past and future liability claim costs that will enable you to understand how your organization's claim costs compares with those for the industry.

There is no cost to participate and all participants receive a copy of the final benchmark report.

The benchmark report is scheduled to be released in October 2019.

Data specifications are included in this data call.

*The deadline for participation is **April 15, 2019.***

## Data Elements for Participation

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1. Contact Information
  2. Recently valued loss run (12/31/2018 or subsequent)
  3. Historical Exposures by CMS Provider Number
  4. Consent Form
- Excel template
- Adobe File

Note: All claims data must be provided in Excel-compatible format or you may use the Excel template provided for easy data submission.

## Important Notes

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1. This year we will **split the Fall with Injury claims into two categories, namely Transfer Falls with Injury and All Other Falls with Injury.**
  - Therefore, please populate the ***'Injury Type'*** column or provide the ***'Claims Description'*** column in the loss runs.
    - If this detail is unavailable, we can still accept your submission, but your data will not be included in the 'Causes of Loss' section of our benchmark.
    - If the above information is not available for claims that have already occurred, please populate the above columns for claims that occur going forward.

## Important Notes

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2. Please continue to include the **associated CMS provider number, in the claims and exposure information**, to support mapping liability experience to the CMS Five Star Rating system.
  - If this is unavailable, we can still accept your submission, but your data will not be included in the ‘CMS Five Star Ratings’ section of our benchmark.
  - If the above information is not available for claims that have already occurred, please populate the CMS provider numbers for claims that occur going forward as well as for exposures for current and future accident years.

## Contact Information

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- Please complete the **Contact Info** sheet in the Excel template provided.
  - Provide a main contact and an alternate contact. This will ensure that you will receive a copy of the 2019 benchmark report even if your contact information changes.

## Recently Valued Loss Run Information

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Please provide loss runs that meet the following criteria:

1. Valued as of 12/31/2018 or subsequent.
2. Individual claim detail history covering a nineteen year history of occurrences, specifically any occurrences between 1/1/2000 through the valuation date, or as many historical years as possible.
3. Ground-up losses, i.e. retained, deductible, and excess amounts combined.
4. You may submit an Excel-compatible loss run that includes all the data elements shown in the **LossRun** worksheet in the Excel template provided or populate the **LossRun** worksheet in the Excel template provided.
5. **The submitted loss data should not include any information that would identify individual claimants, such as name or social security number.**

## Recent Valued Loss Run Information

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Please ensure the loss runs contain the Basic Fields shown below:

1. Date of Valuation
2. Accident State
  1. Illinois: Cook County versus All Other Counties
  2. Pennsylvania: Philadelphia versus All Other Counties
  3. Florida: Miami and Dade County versus All Other Counties
3. Facility CMS Provider Number
  - Unavailable or unknown is an acceptable answer
4. Claim ID (unique identifier for each claim, **not claimant name**)
5. Occurrence Date (date of accident)
6. Report Date (date reported to TPA)
7. Closed Date (date of settlement)
8. Paid Indemnity Dollars
9. Outstanding Case Reserve Indemnity Dollars
10. Paid Allocated Loss Adjustment Expense (ALAE) Dollars
11. Outstanding Case Reserve ALAE Dollars

The submitted loss data should not include any information that would identify individual claimants.



## Recent Valued Loss Run Information

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### Additional Fields (see subsequent pages)

1. Arbitration Code (closed claims only)
  
2. Type of Care at Time of Allegation:
  - Post Acute Care
  - Skilled Nursing Care
  - Sub Acute Care
  - Assisted Living
  - Independent Living
  - Inpatient Rehabilitation
  - Outpatient Rehabilitation
  - Home Health
  - Other
  
3. Disposition Code
  
4. Claim Type – General Liability (GL) or Professional Liability (PL)
  
5. Injury Type – description of the claim

The submitted loss data should not include any information that would identify individual claimants.

## Loss Run Additional Field: Arbitration Code

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Please provide the following for **all claims closed on or after January 1, 2004:**

- An arbitration code to represent whether Alternative Dispute Resolution (ADR) applied:
  - A1: ADR / Uncontested
  - A2: ADR / Contested and Valid
  - N1: No ADR
  - N2: ADR / Unenforceable
- If you do not have a full history, provide as many years as possible.
- If you have provided this information in the past, it is acceptable to provide only claims closed since the prior valuation.

## Loss Run Additional Field: Disposition Code

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For closed claims, describe how the claim was settled:

- O: Open Claim
- N: Closed Other Disposition
- A: Arbitrated Decision
- M: Mediated Decision
- S: Settled Before Proceedings
- T: Settled During Trial
- C: Court Decision for Claimant
- D: Court

## Loss Run Additional Field: Injury Type

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- Suggested Standard Injury Type Claim Descriptions:

1. AAN (Assault/Abuse/Neglect)
2. Airway/Respiratory
3. Elopement
4. Injury – Not Fall Related
5. Medication Variance/Adverse Drug Reaction
6. Pressure Ulcer / Wound
7. Transfer Falls with Injury \*
8. All Other Falls with Injury \*
9. Treatment/Procedure – Adverse Outcome
10. Tube Displacement/Non-airway
11. Unspecified/Unknown

\* New to the 2019 analysis

- Loss run generated detailed claim descriptions are also acceptable.

## Historical Exposure Information – Beds

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- Please provide for the same number of years as loss experience reported.
- We have included CMS Provider Number as part of the exposure information.
  - This will allow us to tie in the Five Star quality rating to liability experience.
- Please provide the following exposures by state (Cook County, IL, Philadelphia, PA, and Miami-Dade County, FL are separate jurisdictional breakouts):

Occupied Beds:

Post Acute Care  
Skilled Nursing Care  
Sub Acute Care  
Assisted Living  
Independent Living  
Inpatient Rehabilitation  
Other

Visits (Optional):

Home Health  
Outpatient Rehabilitation

- **Occupancy Rates:**
  - Only needed if licensed beds are provided

## Consent Form

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- The form provides your consent to include your data in our study.

## Data Submission Instructions

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Completed Information should be sent by **April 15, 2019:**  
[LTC.Benchmark@aon.com](mailto:LTC.Benchmark@aon.com)

## Questions?

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If you have any questions, please feel free to contact:

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