

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
INSTRUCTIONS FOR COMPLETION OF SPECIAL REPORT

- 1) The "REPORT_1.xls" and "REPORT_2.xls" files you will be working with contains the tables for entering the information related to Professional Medical Malpractice Insurance.
- 2) It is strongly recommended that you immediately back-up these two files to your hard drive before inputting any data.
- 3) Please rename the "REPORT_1.xls" and "REPORT_2.xls" files, by saving such reports with the five-digit NAIC number of the reporting insurer. For example, if your NAIC number is 12345, you should save the files as "12345_1.xls" and "12345_2.xls" Make as many separate files as necessary, to report on all the entities in your reporting group.
- 4) After saving and naming the file(s), open one spreadsheet file, and before entering any other data, complete the INSURER and CONTACT information section. Next to the highlighted gray cells enter (your company's name, NAIC and group number, etc.) You should enter information only in the appropriate cells.
- 5) **DO NOT CHANGE THE POSITION OR CONTENT OF ANY CELLS ON THESE FILES!**
The original file must be filled in, renamed and returned; do not paste the contents to a new sheet or create a different file.
- 6) **REPORT_1 Cancellation/Non-Renewal Report:**
All cancelled and non-renewed policies must be reported and include the following information:
 - Insured (Medical Provider) name
 - Insured (Medical Provider) license number
 - Insured (Medical Provider) license type (MD, DO, PA, etc)
 - Insured (Medical Provider) practice address
 - Policy number
 - Effective date of Cancellation/Non-Renewal
 - Identify if Insured (Medical Provider) or Insurer decision to Cancel/Non-Renew
 - Identify if Cancellation or Non-Renewal
 - Reason for Cancellation/Non-Renewal: related to Quality of Care or Professional Medical Conduct (PMC) Action

NOTE: Please provide descriptive information if you answer "yes" to either the "reason is related to quality of care concern" item or the "PMC Action" item. For the former, please describe the basis for the concern, e.g., concern about adequate quality of care, poor patient outcomes, etc. If you answer "yes" to the PMC Action" item, please list the PMC action upon which your decision is based.
- 7) **REPORT_2 Surcharge Policy Report:**
All surcharged or adjusted policies must be reported and include the following information:
 - Insured (Medical Provider) name
 - Insured (Medical Provider) license number
 - Insured (Medical Provider) license type (MD, DO, PA, etc)
 - Insured (Medical Provider) practice address
 - Policy number
 - Surcharge/Adjustment percentage
 - Effective date of Surcharge/Adjustment
 - Reason for Surcharge/Adjustment: related to Quality of Care or Professional Medical Conduct (PMC) Action

NOTE: Please provide descriptive information if you answer "yes" to either the "reason is related to quality of care concern" item or the "PMC Action" item. For the former, please describe the basis for the concern, e.g., concern about adequate quality of care, poor patient outcomes, etc.. If you answer "yes" to the PMC Action" item, please list the PMC action upon which your decision is based.
- 8) When saving the file(s) you will be returning to the Department of Financial Services and the Health Department, please be certain you have used the five-digit NAIC discussed in step (3) above.

9) Your completed report files must be submitted via e-mail to both the Department of Financial Services and the Health Department, as follows:

Department of Financial Services -
315MedMal@dfs.ny.gov

Health Department -
medmal@health.ny.gov

The subject line of the email containing the submissions should contain the Company's name (abbreviated is acceptable), NAIC code, "Med Mal 315 Report" and indicate the quarter being reported.

10) If you cannot submit the reports via e-mail, you may mail your entire response to both Departments by CD. The CD should be labeled as follows:

NYSID - Report_1 or Report_2
Company Name
Company NAIC Number
Group Number

DOH - Report_1 or Report_2
Company Name
Company NAIC Number
Group Number

and mailed to the addresses below:

New York Department of Financial Services
Property Bureau - 6th Floor
ATTN: MARS Unit
One State Street
New York, NY 10004-1511

New York State Department of Health
Office of Professional Medical Conduct
Medical Malpractice Unit
Riverview Center
150 Broadway, Suite 355
Albany, NY 12204-2719

11) If you experience technical difficulties in using these files, please contact Mr. Fredric Tinkelman by phone at (212) 480-5478, or by e-mail at:
fredric.tinkelman@dfs.ny.gov