

**Center For Medicare and Medicaid Services
Telephone Survey of Physician Malpractice Premiums by State**

State: _____

Date: _____

Commissioner's Office Contact:

1. Does your office collect data on premiums for physician liability policies sold in the state?

2. If **YES**, could you please send a copy of the current, 20₁ mature claims made liability premium rate schedules for the largest medical malpractice underwriters in your state? (Limits of liability:

\$1 million/claim and \$3 million/annual aggregate). Note: "Leading companies" should comprise a total of at least 50% of the market share, and data should include at least 2 companies.

3. Can you please also provide data on mature liability premium rates in effect during the previous 2 years (____ and ____). Indicate whether mature means 5 years.

4. A. Do physician liability premium schedules apply statewide or by geographical area?

B. IF BY GEOGRAPHIC (SUB-STATE) AREA, get all applicable rates.

5. Please include definitions of risk classifications used in each insurers' premium schedule. Make sure ALL specialties in each risk class are specified.

6. If your office does not keep track of this data, whom can I contact (i.e., which are the largest insurers doing business in your state)?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0575. The time required to complete this information collection is estimated to average 3 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS Reports Clearance Officer, 7500 Security Boulevard, C5-14-03, Baltimore, Maryland 21244-1850.