

# **FINANCIAL SERVICES COMMISSION**

**OFFICE OF INSURANCE REGULATION  
MARKET INVESTIGATIONS**

**TARGET MARKET CONDUCT FINAL EXAMINATION  
REPORT**

**OF  
FLORIDA HEALTHCARE PROVIDERS INSURANCE  
EXCHANGE**

**AS OF  
November 3, 2005**

**NAIC COMPANY CODE: 11875**

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**TABLE OF CONTENTS**

<b>PURPOSE AND SCOPE OF EXAMINATION .....</b>	<b>1</b>
<b>COMPANY OPERATIONS .....</b>	<b>1</b>
<b>CLAIMS REVIEW.....</b>	<b>2</b>
<b>SUMMARY OF FINDINGS .....</b>	<b>2</b>
<b>EXAMINATION FINAL REPORT .....</b>	<b>3</b>

## PURPOSE AND SCOPE OF EXAMINATION

Under authorization of the Financial Services Commission, Office of Insurance Regulation (Office), Market Investigations, pursuant to Section 624.3161, Florida Statutes, a target market conduct examination of Florida Healthcare Providers Insurance Exchange (Company) was performed by George Brown, CFE, CIE. The scope of this examination was June 1, 2004 through September 29, 2005. The examination began November 1, 2005 and ended November 3, 2005.

The purpose of this examination was to validate the completeness, accuracy and timeliness of reporting Professional Liability claims as required by Section 627.912, Florida Statutes.

In conducting the review, three tests were performed; Completeness, Accuracy and Timeliness. The Completeness test compares the total number of claims closed during the scope period that should have been reported to closed claims that were actually reported. The Accuracy test compares the information required to be reported to the Office to the information contained in the company's claim file. This test was only conducted on a sample of those claims closed during the scope period and actually reported. The Timeliness test compares the date the claim should have been reported to the Office to the date the claim was actually reported. This test was only conducted on those closed claims actually reported within the scope period. The Timeliness test may include closed claims reported during the scope period but actually closed prior to the scope period. However, because they were not closed during the scope period, such claims would not be included in either the Completeness or Accuracy test.

This Final Report is based upon information from the examiner's draft report, additional research conducted by the Office, and additional information provided by the Company. The files examined were selected systematically from data files provided by the Company using Microsoft Excel's "random sample" selection process. Procedures and conduct of the examination were in accordance with the Market Conduct Examiner's Handbook produced by the National Association of Insurance Commissioners.

## COMPANY OPERATIONS

Florida Healthcare Providers Insurance Exchange is a domestic reciprocal insurer licensed to conduct business in the State of Florida. The Company provides professional liability insurance in the State of Florida.

Total Direct Premiums Written in Florida for Professional Liability are broken down as follows:

Year	Total Written Premium (Florida)
2004	\$ 3,281,478

The Company had twelve (12) Professional Liability claims open as of April 1, 2004, which were subject to Section 627.912, Florida Statutes, and which will need to be reported upon closure as required by the Statute.

One (1) claim was closed during the scope period and should have been reported pursuant to Section 627.912, Florida Statutes.

### CLAIMS REVIEW

#### Findings

##### Completeness Test

The Completeness test compares the total number of claims closed during the scope period that should have been reported to closed claims that were actually reported.

One (1) closed claim was reviewed and was found not to have been reported.

One (1) error was due to failure to report closed claims.

**Corrective Action:** The Company should report those closed claims which were not previously reported during the scope of the examination. The Company should establish procedures to ensure that all closed claims meeting the reporting requirements of Section 627.912, Florida Statutes, are reported.

##### Accuracy Test

The Accuracy test compares the information required to be reported to the Office to the information contained in the company's claim file. The Accuracy test can only be conducted on those claims closed during the scope period and actually reported. Since the Company did not report claims, there were none to review for this test.

##### Timeliness Test

The Timeliness test compares the date the claim should have been reported to the Office to the date the claim was actually reported. The Timeliness test can only be conducted on those closed claims actually reported within the scope period. Since the Company did not report claims, there were none to review for this test.

### SUMMARY OF FINDINGS

		Actually Reported	Errors
Total Population	1		
Completeness Test		0	1
Accuracy Test		0	0
Timeliness Test		0	0

## **EXAMINATION FINAL REPORT**

The Office hereby issues this report as the Final Report, which is based upon information from the examiner's draft report, additional research conducted by the Office, and additional information provided by the Company