

# ATTACHMENT 13

**From:** [Dolcino, Chiara](#)  
**To:** ["Jim Vaccarino"](#)  
**Cc:** [Stone, Deborah](#); [Citarella, Christian G](#); [MacFadden, Sally](#); [Feldvebel, Alexander](#)  
**Subject:** Questions and Data Requested for 12-4-14 Hearing  
**Date:** Tuesday, November 25, 2014 12:53:00 PM  
**Attachments:** [2014-11-25 Questions for the NHMMJUA.docx](#)  
[NH JUA Profile Spreadsheet.xls](#)

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Jim please find attached the questions we ask you respond to at the upcoming hearing on December 4<sup>th</sup>. Your answers will help the Department develop its recommendations to the legislature and will supplement questions posed to medical malpractice carriers.

Also attached is a spreadsheet. We ask that you provide the data requested in this format.

All this information will be shared with interested parties and will be of great value in assisting us all in understanding and exploring the best options for moving forward.

Thanks for acting on such short notice, and please let us know if you have any questions.

Chiara

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**New Hampshire Insurance Department Public Hearing Concerning the  
New Hampshire Medical Malpractice Joint Underwriting Association**

**Thursday, December 4, 2014**

**10:00 am**

**Hearing Room A at the**

**Public Utilities Commission (PUC)**

**21 South Fruit Street, Concord, NH**

**Please use front entrance facing Fruit Street**

**Questions for the New Hampshire Medical Malpractice Joint Underwriting Association**

- 1) What criteria, other than historical claim activity, does the JUA use to determine the final premium for an insured?
- 2) How does the JUA determine if occurrence or claims-made coverage will be offered?
- 3) What are the operating expenses of the JUA for the last three years?
- 4) What are the claim administration expenses (ULAE) of the JUA? Is there a flat charge per claim or hourly rate to manage claims?
- 5) How is rate adequacy determined and what process is followed to determine if/when a rate change should be filed?
- 6) What is the demographic of your book of business currently and over the past five years? Please identify any changes in occurrence versus claims made coverage, practice areas, age of policyholders, location and type of practice (practice group, hospital, nursing home or other facility, or stand-alone individual practitioner)?

### Detail of In-Force Policies

ID	ISO Code	ISO Description	Number of Insured	Occurrence or Claims Made	Occ Limit	Agg Limit	Manual Written Premium	Debit (\$)	Credit (\$)	Net Written Premium
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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27										

**Historical Performance:** valued as of 12/31/2013 (specify)  
 Total Limits Experience

**Occurrence Coverage**

Accident Year	Earned Premium	Policy Counts	Claim Counts			Reserves			Loss Ratio
			Reported	Paid	Pending	Paid Loss	Case ALAE	IBNR	
2007									0.0%
2008									0.0%
2009									0.0%
2010									0.0%
2011									0.0%
2012									0.0%
2013									0.0%
2014									0.0%
Total	0	0	0	0	0	0	0	0	0.0%

**Claims-Made Coverage**

Accident Year	Earned Premium	Policy Counts	Claim Counts			Reserves			Loss Ratio
			Reported	Paid	Pending	Paid Loss	Case ALAE	IBNR	
2007									0.0%
2008									0.0%
2009									0.0%
2010									0.0%
2011									0.0%
2012									0.0%
2013									0.0%
2014									0.0%
Total	0	0	0	0	0	0	0	0	0.0%