



DOMESTIC & FOREIGN INSURERS BULLETIN NO. 18 (Reissued)

**TO: ALL INSURANCE COMPANIES PROVIDING MEDICAL NEGLIGENCE
COVERAGE IN DELAWARE**

RE: MEDICAL NEGLIGENCE INSURANCE CLAIMS REPORTING

DATED: July 20, 2005

REVISED: March 28, 2017 and August 13, 2019

REISSUED: November 30, 2021

Since **July 7, 2005**, Delaware's medical negligence insurance litigation law at 18 *Del. C.* § 6820, has set forth reporting requirements for insurers settling or paying claims on medical negligence actions. This law requires insurers paying any amount for insurance coverage under a medical malpractice/negligence policy to, within **sixty (60)** days following final disposition of the case by agreement, settlement, order, adjudication, or otherwise, file a report with the Delaware Department of Insurance. As set forth at 18 *Del. C.* § 6820(a)(3), the report must include the following information:

- The name of the insured;
- A detailed statement of the medical negligence claim asserted against the insured; and
- A statement detailing the result or final disposition of the claim against the insured, which must include disclosure of all of the following:
 - The manner of the resolution or disposition of such claim;
 - The amount ordered, adjudged or agreed to be paid by or on behalf of the insured;
 - The amount paid by such insurance carrier on behalf of the insured as part of that settlement, adjudication, or order; and
 - The total amount paid by such insurance carrier for attorney's fees, costs and expenses incurred on behalf of the insured.

The **purpose of the 2017 revision to this bulletin** was to inform insurers of the availability of a Word[®] fillable document that may be downloaded from the Department's Bulletins webpage at <http://insurance.delaware.gov/information/bulletins/>. The form (attached to the prior and the current version of this bulletin) has been approved by the Delaware Department of Insurance and the Delaware Board of Medical Practice and is to be used by all insurers submitting reports required by 18 *Del. C.* § 6820.

Insurers are required to provide a copy of the completed form to the Department and to

each insured party to the claim. Insurers are permitted to modify the form to provide for non-substantive recurring or routine information such as company name and contact information, claim prefix or suffix designators, etc.

The **purpose of the 2019 revision to this bulletin** was to let insurers know that the Department established a dedicated email box to which all completed forms shall be submitted. That email box is medmal@delaware.gov. Every field on the form should be completed. If a field does not apply, please mark the field "N/A."

It has come to the Department's attention that insurers are failing to timely comply with the filing requirements of 18 *Del. C.* § 6820. The **purpose of the current revision to this bulletin** is to remind insurers of their reporting responsibility and to inform insurers that failure to timely comply with the statute may result in administrative action including, but not limited to, fines or revocation or suspension of an insurer's certificate of authority.

Any questions, comments, or requests for clarification about this bulletin should be emailed to DOI_Compliance_Resource@delaware.gov.

This Bulletin shall be effective immediately and shall remain in effect unless withdrawn or superseded by subsequent law, regulation, or bulletin.



Trinidad Navarro
Insurance Commissioner