Aon 2016 Long Term Care Liability Benchmark Analysis

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Prepared by Aon Risk Services
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Welcome!

Thank you for your interest in the Aon Long Term Care Liability Benchmark Analysis. With the support of the American Health Care Association (AHCA), Aon is conducting a study on the General Liability and Professional Liability costs for the Long Term Care profession. Your participation will help us effectively measure the trends and costs of long term care liability.

There is no cost to participate and all participants receive a copy of the final benchmark report.

The benchmark report is scheduled to be released in November 2016.

Data specifications are included in this data call.

The deadline for participation is August 16, 2016.
Data Elements for Participation

1. Contact Information

2. Recently valued loss run (12/31/2015 or subsequent)

3. Supplemental Data Elements

4. Historical Exposures

5. Survey

Note: All claims data must be provided in Excel-compatible format or you may use the Excel template provided for easy data submission.
Contact Information

- Please complete the **Contact Info** sheet in the Excel template provided.
  - Provide a main contact and an alternate contact. This will ensure that you will receive a copy of the study even if contact information changes.
Recently Valued Loss Run Information

- Valued as of 12/31/2015 or subsequent

- Individual claim detail history covering a *sixteen year history of occurrences, specifically 1/1/2000 occurrences through the valuation date, or as many historical years as possible.*

- Ground-up losses, i.e. retained, deductible, and excess amounts

- You may submit an Excel-compatible loss run or use the *LossRun* sheet in the Excel template provided.

- The submitted loss data should not include any information that would identify individual claimants.
Recent Valued Loss Run Information

- **Required Fields:**
  1. Date of Valuation
  2. Accident State
     1. Illinois: Cook County
     2. Pennsylvania: Philadelphia
     3. Florida: Miami and Dade County
  3. Claim ID (unique identifier for each claim, **not claimant name**)
  4. Occurrence Date (date of accident)
  5. Report Date (date reported to TPA)
  6. Closed Date (date of settlement)
  7. Paid Indemnity Dollars
  8. Outstanding Case Reserve Indemnity Dollars
  9. Paid Allocation Loss Adjustment Expense (ALAE) Dollars
  10. Outstanding Case Reserve ALAE Dollars

- **Optional Fields (see subsequent pages):**
  1. Arbitration Code
  2. Disposition Code
  3. Claim Type – Professional Liability (PL) or General Liability (GL)
  4. Payer Type
  5. Injury Type

The submitted loss data should not include any information that would identify individual claimants.
Loss Run Optional Field: Arbitration Code

Please provide the following for all claims closed on or after January 1, 2004:

- An arbitration code to represent whether ADR applied:
  - A1: ADR / Uncontested
  - A2: ADR / Contested and Valid
  - N1: No ADR
  - N2: ADR / Unenforceable

- If you provided this information last year, only claims closed since the prior submission are necessary
Loss Run Optional Field: Disposition Code

- For closed claims, describe how the claim was settled
  - O: Open Claim
  - N: Closed Other Disposition
  - A: Arbitrated Decision
  - M: Mediated Decision
  - S: Settled Before Trial
  - T: Settled During Trial
  - C: Court Decision for Claimant
  - D: Court Decision for Defense
Loss Run Optional Field: Payer Type

- Payer Type categories are as follows:
  - Medicare
  - Medicaid
  - Private Pay
  - Managed Care
  - Veterans
  - Other

- Payer Type at the time of the allegation should be used.
  - If the incident date is unclear then use the Payer Type as of the discharge date
Loss Run Optional Field: Injury Type

- Suggested ten Standard Injury Type Claim Descriptions:
  - AAN (Assault/Abuse/Neglect)
  - Airway/Respiratory
  - Elopement
  - Fall with Injury
  - Injury – Not Fall Related
  - Pressure Ulcer / Wound
  - Medication Variance/Adverse Drug Reaction
  - Treatment/Procedure – Adverse Outcome
  - Tube Displacement/Non-airway
  - Unspecified/Unknown

- Loss run generated claim descriptions are also acceptable.
Historical Exposure Information - Beds

- Provide for the **same number of years as loss experience reported**.
- Please provide the following exposure by state (**Illinois, Pennsylvania and Florida have jurisdictional breakouts**):
  
  **Occupied Beds:**
  - Post Acute Care
  - Skilled Care
  - Sub Acute Care
  - Assisted Living
  - Independent Living
  - Inpatient Rehabilitation

  Note: If only licensed beds are available, we will need an estimate of occupancy rates for each historical year.

  **Visits (Optional):**
  - Home Health
  - Outpatient Rehabilitation

- **Occupancy Rates:**
  - Only needed if licensed beds are provided

- **Payer Type**
  - Provide for each year the approximate percentage mix of Payer Type categorized by Medicare, Medicaid, Managed Care, Hospice, Private Pay and Veterans
Historical Exposure Information – Admissions

- Provide for the **same number of years as loss experience reported**.
- Please provide the following exposure by state *(Illinois, Pennsylvania and Florida have jurisdictional breakouts)*:
  - **Admissions**:
    - Post Acute Care
    - Skilled Care
    - Sub Acute Care
    - Assisted Living
    - Independent Living
    - Inpatient Rehabilitation
Survey

- Please answer the Survey items.
  - Risk Management
  - Arbitration
  - Payer Type
  - Medicare Secondary Payer Process
  - Insurance
  - Future Studies

- Upon completion, click the Submit Survey button.
- If you have any issues submitting the form, you can save the Survey with your answers and send it to us.
Data Submission Instructions

Completed Information should be sent by **August 16, 2016**:

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Questions?

If you have any questions, please feel free to contact:

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