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A MESSAGE FROM THE PRESIDENT & CHIEF EXECUTIVE OFFICER

MEDICINE IS CHANGING: SO WHAT?

By Robert M. Jones

When MACM was founded in 1976:

- Except for those employed by the state, every MACM physician was in private practice, and none were employed by hospitals.
- Electronic medical records, internet, email, and cell phones were not in use.
- Physicians were paid on a fee-for-service basis and did not have to worry about how government regulations affected their practice.
- Physicians did the treating, and nurses were there only as assistants.
- Healthcare providers were rarely sued, and juries were reluctant to award damages against them.

Does this look anything like your practice today?

For the longest time, things stayed the same; then, the practice of medicine and everything about it began to change. Recently that change has accelerated. For this reason, we at MACM know that we cannot keep doing everything the same way we have for the past 40 years.

As evidenced by information included in this publication, we have turned our attention toward the future. We are preparing to meet the challenges facing our insured healthcare providers.

So, how are we doing that?

By Educating Ourselves — We Are Constantly Learning.

We attend and participate in local and national meetings, watch webinars, and read publications in order to keep abreast of developments in medicine and medical professional liability insurance. Many of us are leaders in the PIAA, our national medical malpractice insurer association. Through this involvement with PIAA, we network with our counterparts at companies like MACM across the U.S. looking for new ideas to bring home to our insureds. We seek the advice of expert consultants. We want to know how the practice of medicine is changing or is expected to change and how that relates to your practice as well as claims, underwriting, risk management, and information technology.

By Communicating With You and Others

We seek information from our insured physicians and their staff during office visits, seminars, and conferences. We use interaction with the physicians on our Claims, Risk Management, and Investment Committees, as well as our Board of Directors, to keep abreast of changes in medicine. We have

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CASE STUDY

FAILURE TO COMMUNICATE CAN LEAD TO COURTROOM CONSEQUENCES

By Gerry Ann Houston, MD, Medical Director

Critical information is regularly exchanged between healthcare providers. These two cases from the MACM Claims files illustrate the tragic consequences that can result from the inadequate communication of this necessary information.

CASE 1

A 70-year-old male with a diagnosis of lumbar stenosis had a lumbar laminectomy done by a spine surgeon. Preoperatively, the patient was on chronic warfarin therapy for a mechanical valve, but he was bridged with enoxaparin for surgery. On post op day 7, the patient was moved to a rehab facility with his warfarin being restarted prior to his transfer.

On post op day 10 (which was a Sunday), the patient developed pain and weakness in his lower extremities. The physical medicine and rehab physician, who was insured by MACM, ordered a CT abdomen at 10:10 am, with the scan being done at 12:40 p.m. The MACM physician did not have any communication from the radiologist and was not aware until rounds the following morning that the CT showed a mass with paraspinous extension in the area of the previous surgery. The radiologist did not call the report to the MACM physician, nor did the MACM physician call the radiologist for the results. The patient was then transferred back to the referring hospital for surgery for evacuation of a hematoma. He remained incontinent and wheelchair bound.

The patient filed a claim against the MACM insured with multiple allegations of negligence. After presentation to the MACM Claims Committee and discussion with counsel, the case was settled for $175,000. The details of the settlement of the radiologist, who is not insured by MACM, are unknown.

By referencing the allegations of these lawsuits, we are not stating that the allegations are true. We are only providing the allegations in order to show what the plaintiffs claimed and for educational purposes.

CASE 2

A 62-year-old male presented to the ED with nausea, vomiting, and abdominal pain; and without any imaging studies done in the ED, he was admitted to a family medicine physician. The following morning (Friday), the patient's pain was worse. A gallbladder ultrasound was done which showed no evidence of stones or any acute findings, and a GI consult was placed. The MACM insured gastroenterologist adjusted medications, suggested a CT if the pain continued, and made plans for an EGD on Monday.

On Saturday, the pain and vomiting were worse, and on morning rounds the attending ordered a CT abdomen with results to be called. Around 6 p.m., the MACM insured GI physician made rounds, examined the patient, and noted that the abdomen was tender and more distended. He contacted radiology for the results of the CT but was told they were pending.

By Sunday morning, the patient had become short of breath with a distended abdomen. He then started vomiting, which was followed by a cardiac arrest. Despite aggressive resuscitative efforts, the patient could not be resuscitated. The CT abdomen findings, which were transcribed at 9 p.m. the previous day and not seen by the attending or the GI physician, showed a small bowel obstruction.

The patient's wife filed a claim and alleged that the MACM insured GI physician and three other non-MACM insureds were negligent by failing to timely diagnose and treat the small bowel obstruction which resulted in death. Prior to the trial of this case, the three non-MACM defendants participated in a joint settlement. The MACM insured went to trial, and after a week of testimony, the jury returned a unanimous verdict in favor of the MACM physician. ■

"The single biggest problem in communication is the illusion that it has taken place."

- George Bernard Shaw

"What we've got here is failure to communicate," the Captain, a prison warden, said to his stubborn prisoner in *Cool Hand Luke*. I think all would agree that the two cases described on the previous page do demonstrate a failure to communicate and the consequences resulting from this failure.

Proper patient care cannot exist without communication of important clinical information. This exchange of information may be verbal, written, or electronic and may be between multiple providers or between a provider and a patient. For every patient in the hospital or clinic, an infinite amount of information is being exchanged between providers with many opportunities for this information to be lost or miscommunicated. A report from CRICO Strategies Comparative Benchmarking System Report, *Malpractice Risks in Communication Failures*, analyzed national medical malpractice claims and found that 30 percent of all claims involve a communication failure. The Joint Commission has found that communication issues are the most common root cause of sentinel events.

When medical errors are made and a malpractice claim follows, the plaintiff always wants someone to blame. In these cases just described, is it the radiologist who is responsible for personally notifying the physician of an unusual or unsuspected finding; is it the responsibility of the attending (or the consultant) to make sure the study is done and to obtain the report; or is there shared liability?

The American College of Radiology (ACR) has a Practice Parameter for Communication of Diagnostic Imaging Findings to define the radiologist's responsibility in reporting radiographic findings and in particular findings that would warrant a need for immediate or urgent intervention. For these findings, the reports must be "expedited in a manner that reasonably ensures timely receipt of findings." This most often is by a personal phone call from the radiologist to the ordering physician. Documentation of this communication needs to be done either as part of the radiology report, a note in the medical record, or in a department log. The ACR Practice Parameter further states, "The referring physician or other relevant healthcare provider also shares in the responsibility for obtaining results of imaging studies he or she has ordered."

In the first case, the attending did not feel as though he needed to call to obtain the CT results as the radiologists in the past had consistently notified him of unexpected or unusual results. The radiologist, however, claimed that the primary physician was responsible for getting the report. At the time of the claim, the radiologist's hospital did not have any written guidelines for notifying physicians of radiographic findings that would have a significant impact on the patient's outcome.

Many similar lawsuits have been tried in other states with some finding against the radiologist, some against the ordering physician, or others assigning joint liability. To avoid being in this situation, if you are the ordering or consulting physician, don't assume the report is normal and that the radiologist will call you with findings that are suspicious or require immediate attention. It is your responsibility to follow up on any tests you order. If you are the radiologist with results that need to be communicated to the ordering physician, a personal phone call is always the best. If the physician cannot be located, the physician providing call coverage should be notified. And if this fails, then the patient's nurse is next in line. All of this communication must be documented. Specific procedures should be in place identifying where/how the documentation is to be done, and then these procedures must be followed.

These two case reports demonstrate a communication failure between a radiologist and an attending physician, but a breakdown can occur between any specialists or primary care physicians resulting in harm to a patient with the potential for a malpractice claim. Likewise, nurses and other healthcare providers have the same responsibility as do the physicians to pass on important clinical information so that patient care is not compromised.

No one wants to be inundated, but when critical information needs to be exchanged, more is always better.

Bryan Batson, MD

BRYAN BATSON, MD, COMPLETES FULL CIRCLE AS NEW MACM BOARD MEMBER

For newly elected Board of Directors Member Bryan Batson, MD, being a part of MACM's future is important because of the company's role in his past and present medical practice in Mississippi.

Dr. Batson finished medical school and residency at the University of Mississippi Medical Center in 2003 – right in the middle of the fight for legislative Tort Reform. Like many of his classmates and colleagues, practice opportunities outside of Mississippi were available and appealing to him and his family. But, an interview with Hattiesburg Clinic and the passage of Tort Reform in 2004 kept him in Mississippi.

"Joining the Board is as if I have come full circle back to MACM," Dr. Batson said. "There were so many conversations and meetings during medical school and residency about the practice of medicine in Mississippi and what the future was going to be. We were all keeping a close eye on the fight for Tort Reform, and we all knew that MACM was a huge part of winning that fight."

With the passage and need for Tort Reform as part of his career from the beginning, MACM – and the importance of medical liability to the practice of medicine – has always been a presence in Dr. Batson's professional life.

"With the history of MACM and its role in Mississippi healthcare, it was an honor to be asked to serve on the Board of Directors," Dr. Batson said. "I take seriously the responsibility of helping our insureds provide quality care for their patients and supporting the MACM staff in offering the services and resources to do that."

MACM's philosophy of ensuring quality care delivery rings true with Dr. Batson, as demonstrated by so much of his work and interest at Hattiesburg Clinic. Currently serving as the Chief Medical Information Officer and EHR Director, Dr. Batson, who completed his residency at UMMC in Internal Medicine and Pediatrics, was named Director of the Hypertension Clinic in 2005. In 2014, Hattiesburg Clinic's Hypertension Clinic was named one of only eight non-academic Centers of Excellence in the United States. Dr. Batson remains active in research and teaching, currently serving as principal investigator in four clinical trials and as associate faculty for the College of Osteopathic Medicine at William Carey University and in the Department of Physician Assistant Studies at Mississippi College. In addition to his clinical practice, Dr. Batson sits on the Board of Directors of Hattiesburg Clinic, chairs the Information Services Committee, and serves on the Quality Care Improvement and Recruitment Committees. In 2015, he was appointed director of Hattiesburg Clinic's Quality Management Department, and earlier this year, he was named the Medical Director for the organization's Accountable Care Organization.

As his time on the MACM Board begins, Dr. Batson wants MACM to continue to support physicians and be available to insureds in a way that allows them to practice medicine with the confidence of knowing that someone is working with and for them. In doing that, he believes part of his role as a Board Member is to encourage the MACM staff to keep up with the changes that are affecting medicine.

"Physicians have so many things to worry about every day with healthcare changing so rapidly," Dr. Batson said. "As a company, we must be mindful of how medicine is changing, and we have to evolve to face the challenges that those changes bring. Like everyone, the things I deal with in practice today weren't an issue when I started out. For example, cyber liability wasn't even a discussion in 2003."

Another benefit that Dr. Batson wants to promote is the Company's host of available resources that emphasize improving quality care for patients.

Continued from President and Chief Executive Officer

requested our Directors to ask penetrating questions of the Company's management, thus challenging us. A Young Physicians Advisory Council continues to meet twice a year so we can learn from that demographic about their special needs and challenges.

We constantly follow the actions of and communicate with government agencies, boards, and governing bodies. We believe it is important to maintain good relationships with medical-related associations. In just the past month, members of our staff have had positive interaction with the Mississippi State Board of Medical Licensure, Mississippi State Medical Association, Mississippi Osteopathic Medical Association, Mississippi Pharmacy Board, Mississippi Department of Insurance, Mississippi Nurses Association, University of Mississippi Medical Center, and Mississippi Perinatal Quality Collaborative. This summer, our staff has been in front of Medical Group Management Association of Mississippi and the Mississippi Academy of Family Physicians.

"With the history of MACM and its role in Mississippi healthcare, it was an honor to be asked to serve on the Board of Directors."

"As an insured for the last 12 years, I always felt that MACM wanted to do what was best for me and my patients – from the Board on down, they want to do the right thing," Dr Batson said. "As a physician, I want someone to challenge me to be the best that I can be without impeding my progress. MACM does that through its risk management services, through the claims area, and in the ability to pick up the phone and talk to someone."

Dr. Batson appreciates that MACM is a significant part of Mississippi's healthcare market and that everyone involved must do everything possible in the face of lots of change in healthcare to keep MACM a great company.

"Most of the time, MACM is able to remain in the background and allow providers to do their jobs to the best of their abilities," he said. "However, they are also able to get involved quickly when an insured wants or needs help."

By Adapting Underwriting

Underwriting policies and coverages are constantly reviewed to respond to the needs of our insured physicians without exposing MACM to unreasonable risks. Examples include insuring telemedicine, the expanded roles of nurse practitioners, and the use of new medical technologies. We offer new insurance products, including cyber liability coverage. The ability to renew your policy online was created and then modified to allow your clinic manager to complete the renewal application, thereby expediting the entire process.

By Educating Others

We recognize the changes in the practice of medicine are a threat to our insured healthcare providers; therefore, we are using every means we have to provide helpful information to you. We do this by means of newsletters, emails, webinars, office visits, and seminars. In the last two years, our Risk Management Consultants have driven 49,761 miles around the state, visited 269 clinics, and made presentations to 1,999 physicians and healthcare providers. Other recent examples include a webinar on telemedicine, regional office manager programs, Risk Manager ALERT emails informing you about practice issues, and emails about judicial elections.

It is important we have the very best attorneys defend you in the event of a claim. Thus, we will be having our biannual MACM Defense Counsel meeting this fall at which we will discuss what we expect of them and, at the same time, provide valuable information to them — all ultimately for your benefit.

Regardless, by remembering why we are here!

Even though the practice of medicine is vastly different from the way it was 40 years ago, we know we must always remember that MACM is here to protect you. While MACM must respond to the changes in medicine, we will always be certain the Company is financially sound, and we will be here for you when you need us. By having a culture focusing on service to our insureds, we will meet those goals.

Please feel free to let me know how MACM can improve its services and help you during this time of change. I can be reached at (601) 605-4882 or rjones@macm.net.

By Stephanie C. Edgar, JD, Legal Counsel

REMEMBER WHEN?

Looking back on Mississippi's medical-legal environment before the passage of Tort Reform and how to protect where we are now.

REMEMBER WHEN

hordes of lawsuits flooded Mississippi's courts, rising malpractice premiums threatened to drive many doctors out of Mississippi, and state, national, and international publications affectionately dubbed the Magnolia State a *judicial hellhole*? If you don't, count yourself among the lucky. The bad old days have largely faded from our memories, but as we approach an appellate court election, it's worth taking a trip down memory lane if, for no other reason than to remind us how far we've come and where we never want to return.

In November 1995, Mr. Smith developed what appeared to be a severe respiratory infection, including a bloody cough with weight loss and severe fatigue. After antibiotic therapy didn't work, he had a CT three months later, which revealed multiple lung nodules. He was referred to a pulmonologist who, over the course of three days, performed two bronchoscopies. Pathology interpreted the tissue collected during both bronchoscopies as squamous cell carcinoma. Mr. Smith was referred to oncology where he promptly began and completed three courses of chemotherapy. Following this, Mr. Smith moved to another state. About a month after the move, he was diagnosed with acute renal failure and was ultimately hospitalized where he was diagnosed not with squamous cell carcinoma but with Wegener's disease.

The inevitable happened, and a lawsuit was filed against the pulmonologist, oncologist, and pathologist. Mr. Smith claimed that because he never had squamous cell carcinoma, chemotherapy was not indicated, and as a result of the three courses of chemotherapy, he was facing lifetime dialysis or transplant. The big problem for Mr. Smith, however, was that he had no pathology to support that he, in fact, had Wegener's disease. Plus, a pathology report from the out-of-state hospital where he was diagnosed with Wegener's disease actually stated that he had squamous cell carcinoma.

We insured only the pulmonologist and oncologist and concluded that the case was defensible. After all, if anyone breached the standard of care, it was the pathologist, and both of our insureds were relying on the pathologist's interpretation, right? Wrong. The case was tried, and the jury returned a verdict of $8 million. The pulmonologist was assessed 40 percent of the fault, meaning his responsibility was for $3.2 million. The oncologist was assigned 50 percent or $4 million of the verdict. The pathologist, on the other hand, was only liable for $800,000 or 10 percent of the verdict. Mr. Smith's actual economic damages, meaning his objectively verifiable damages — i.e., medical expenses, lost wages, loss of earning capacity, amounted to about $2 million. So, presumably, the additional $6 million reflected by the verdict was to compensate Mr. Smith for his noneconomic losses — i.e., pain, suffering, emotional distress. We filed post-trial motions but got little in the way of relief, and ultimately resolved the case without an appeal.

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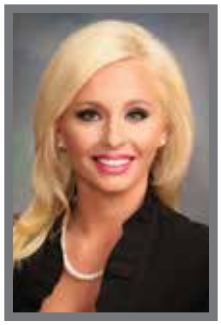

CYBERATTACKS - THE Y2K OF THIS DECADE

This time the threat is real.

By Tammi Arrington, Account Manager, MACM Insurance Services

According to a report by Raytheon/Websense, the healthcare industry has 340 percent more security incidents and attacks than most other industries. It's no secret that medical offices maintain scores of records containing protected health information (PHI). PHI is much more attractive than other forms of data to cyber criminals because the value per record is greater. Retail stores may hold credit card numbers without any other identifiable information, but medical records contain social security numbers, credit card numbers, addresses, full names, dates of birth, etc., making it easier for criminals to recreate profiles. Further, the healthcare industry has admitted it has fewer resources to devote to the security of its

computer systems (due in part to lower reimbursement and regulatory demands), thus making healthcare a prime target for future attacks.

There are various types of cyberattacks, the most common of which within the healthcare industry is called ransomware. Ransomware is malicious software that prevents or limits users from accessing any electronic records.

CryptoLocker and CryptoWall are the forms of ransomware mostly seen in the U.S. today. On Sept. 16, 2015, a Medical Assurance Company of Mississippi (MACM) insured clinic discovered that a ransomware virus had attacked its computer system and locked its electronic medical records. The clinic staff was unable to access medical records and files. The clinic's IT vendor was able to determine that the violation occurred at one computer where personnel discovered a ransom note for $400 payable by bitcoin to unlock the clinic's patient records and files. Bitcoin is a quasi-black market form of electronic currency which is difficult, if not impossible, to trace. It is an uncommon form of payment to be sure, but it can be done with the help of IT experts. After multiple attempts were made over a two-day period to reconstruct the files, the clinic chose to pay the ransom. The clinic then learned that due to the delay, the ransom had been increased to $1,000, so a decision was made to satisfy the demand. Once the ransom was paid, the account was unlocked, and the patients' records were, once again, accessible. The IT experts confirmed that the information contained in the files had not been accessed, resolving any concerns about a potential HIPAA violation. Fortunately, the clinic had a cyber coverage policy with MACM, through NAS Insurance Services, LLC, which covered the ransom, the independent IT vendor expenses, wages of employees who assisted with reconstructing the data, and the cost to restore the firewall.

How does a cyberattack occur?

One of many ways the malware can infect your computer happens when you click on a legitimate-looking attachment or through existing malware lurking on your hard drive. Once opened, it instantly locks all your files, restricting access to a single file on your computer. Unsolicited emails containing an infected file posing as a voicemail or shipping confirmation are widely used to distribute Cryptolocker/CryptoWall. The virus can also infiltrate your computer via malicious web ads (malvertising).

What to expect once a cyberattack has occurred?

Typically, what occurs after files are encrypted is that an *official-looking* warning, including a ransom note, is delivered. Such a ransom note might read, "Your files have been encrypted. To get the key to decrypt files you have to pay $500 USD." The virus may contain a *countdown clock* indicating a proposed time frame in which to pay the ransom. Failure to pay within the time allowed typically results in the ransom being increased. Failure to pay the ransom altogether can lead to the decryption key being destroyed and access to the data being lost forever.

Is there any way to unlock your files instead of paying the ransom?

At present, the answer is no. It appears to be technologically impossible for ANYONE to decrypt your files once they have been locked. MACM has been in contact with the FBI following an attack on one of our clinics, and the response was not encouraging. They implied that the relatively low monetary demands made in connection with these attacks make them low priority cases. The FBI wants companies to know that the Bureau is there for them if they are attacked; however,

if that attack involves Cryptolocker, Cryptowall, or other forms of ransomware, the nation's top law enforcement agency is warning companies they may not be able to get their data back without paying a ransom.

How can you reduce the risk of having a cyberattack against your practice?

The best defense against cyberattacks and the most effective way to protect your patients' information is to engage in nightly data backups. This protects the information and provides a framework to rebuild if a breach occurs. The following are suggestions to aid in protecting your valuable data:

- Have procedures in place for regularly backing up your data. It is preferable to have nightly backups. This removes the need to pay any ransom if a breach occurs.

- Keep computers backed up on an independent drive or by using a cloud backup service like Carbonite.

- Use and maintain anti-virus and anti-malware software. Take software update alerts seriously. Don't neglect your IT security software updates — even when it costs additional fees to upload.

- Keep your operating system and application software up-to-date. Install software updates so attackers can't take advantage of known problems or vulnerabilities.

- Beware of email attachments. It is the attachment to the email that contains the potential hazard. If the attachment came from an unknown sender either unexpectedly or unsolicited, the best decision would be to delete the email without opening it. If the email is from a known and trusted source, but you did not expect an attached file from that source, you may want to contact the sender to confirm that the attachment is legitimate. Also, beware of any retail stores sending coupons as attachments. Major retail stores will only send coupons that are embedded into the email, not as an attachment.

- Be wary of any emails stating that you are receiving a package when you are not expecting any shipments.

- Decrease user error by developing policies and procedures for cybersecurity and hold security awareness training sessions. This is critical to demonstrating the importance of cybersecurity to staff.

- Implement protocols. For example, hover over hyperlinks to ensure that all domains are the same, or pay close attention to the domain of the email sender. The domain name could only be off by one or two letters or end with .com instead of .net. For instance, if you regularly receive an email from John.Doe@macm.net, there would be cause for concern if you received an email from John.Doe@maaccm.net or John.Doe@macm.com.

"Bitcoin is different than any currency you've used before, so it's very important to understand some key points. Unlike government issued money, that can be inflated at will, the supply of bitcoin is mathematically limited to twenty one million bitcoins, and that can never be changed. Bitcoins are impossible to be counterfeited or inflated. You can use them to send or receive any amount of money, with anyone, anywhere in the world, at very low cost. Bitcoin payments are impossible to be blocked, and bitcoin wallets can't be frozen. Short of turning off the entire world's internet, and keeping it turned off, the Bitcoin network is unstoppable and uncensorable. While Bitcoin brings unparalleled freedom, it also requires increased user responsibility."

source: bitcoin.com

- A layered approach to anti-virus and anti-malware software is suggested for your computer systems. The MACM IT department recommends the following:

    1. **Anti-Malware:** software that identifies and removes malware and eliminates malware.
        - Malwarebytes – www.malwarebytes.org/
        - SUPERAntiSpyware – www.superantispyware.com

    2. **Antivirus:** software that recognizes and protects your computer against most known viruses.
        - ESET – www.eset.com/us/ — Antivirus, Internet Security Software & Virus Protection
        - AVG – www.avg.com/ — Free antivirus protection
        - Trend Micro — www.trendmicro.com – Antivirus + Security Software

- Secure Your Network Connection. Offer a password-protected *courtesy* network for guests or employees who would like to check personal email, social media, and browse the internet in their free time or while waiting to be seen by a provider. An IT consultant can help set up secure and courtesy wireless networks within your practice. Regularly change the network password to assure accessibility is limited to those for whom it is intended. Consider establishing a monthly reminder for office managers to update the network password settings and redistribute credentials to authorized staff on a regular basis.

How can MACM help?

In January 2016, former FBI director, Robert S. Mueller III, warned that "nobody is going to avoid being hacked. It's just a question of how severe the breach will be." Even after taking all of the above steps in order to avoid cyberattacks, you are still in danger. This is where your coverages with MACM and MACM Insurance Services are here for you and your practice.

Since January 1, 2012, MACM has provided its clients with cyber liability protection in addition to their professional liability coverage. This protection provides $100,000 of coverage for each physician. If a clinic is interested in additional limits, then MACM's subsidiary agency, MACM Insurance Services, can handle the request. For a nominal fee, approximately $400 for a solo practice, a physician can buy an additional $1 million limit of cyber liability protection. A group premium is dependent on the number of providers within the organization, but the larger the group, the lower the per-provider cost.

Physician insureds also have access to a website dedicated to providing information geared towards minimizing the risks of cyber liability. Should a claim arise, you can be sure that it will be handled quickly and in the same professional manner that you have already come to expect from MACM.

Cyber liability is at the forefront for claims and lawsuits these days. Protect yourself and your clinic with a phone call to the staff of MACM Insurance Services at (601) 605-4882 to put your mind at ease today.

macm
INSURANCE SERVICES

MACM Insurance Services, Inc. is dedicated to meeting the insurance needs of healthcare providers and organizations. Our professionals have access to numerous insurance companies which offer added flexibility in pricing, products, and expertise.

We pride ourselves in providing prompt and reliable service. Regardless of the sector in the medical community, we are committed to finding a solution for your needs.

- Billing E&O / Regulatory Liability
- Employment Practices Liability
- Directors & Officers Liability
- Workers' Compensation
- Cyber Liability
- Business Owners Policy (BOP)
- Professional Liability

Contact one of our Agents for more information.

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DO YOU KNOW HOW MUCH MONEY IS IN YOUR MACM EQUITY ACCOUNT?

As a physician insured by MACM, are you aware you have an Equity Account created in appreciation of your loyalty and commitment? Each year in March, a change occurs in the Equity Accounts of MACM insureds. The net income or loss of the Company, as the case may be, is divided equally and allocated to the Equity Accounts of the insureds who were members for that full year and who paid a full year's premium.

For 2016, this change was a positive one and an allocation of $2,815.30 was made to the account of every physician that was insured with MACM for the full year of 2015.

Originally created in 1991 by the Board of Directors, the Equity Account for each member is a paper account only and serves as a contingent right to receive payment of the member's interest in the surplus of MACM. The account does not earn interest and cannot be encumbered, transferred, or assigned to anyone else. Each year, MACM distributes funds to those insureds qualifying for a distribution of the account through retirement from the practice of medicine, permanent disability, or death.

Equity accounts are available for distribution only upon termination of membership in the Company due to death, permanent disability or retirement, as defined in the Company's Bylaws. Termination of your membership for any other reason results in the forfeiture of your account.

Information about the Equity Account, including the current amount in an insured's account, is available on the Member Log In section of the MACM website at www.macm.net. Check your account now!

New Look for MACM Logo

Same Commitment to Mississippi Physicians

So, is it MACM or Medical Assurance Company of Mississippi? Who are we, where have we been, and where do we go from here?

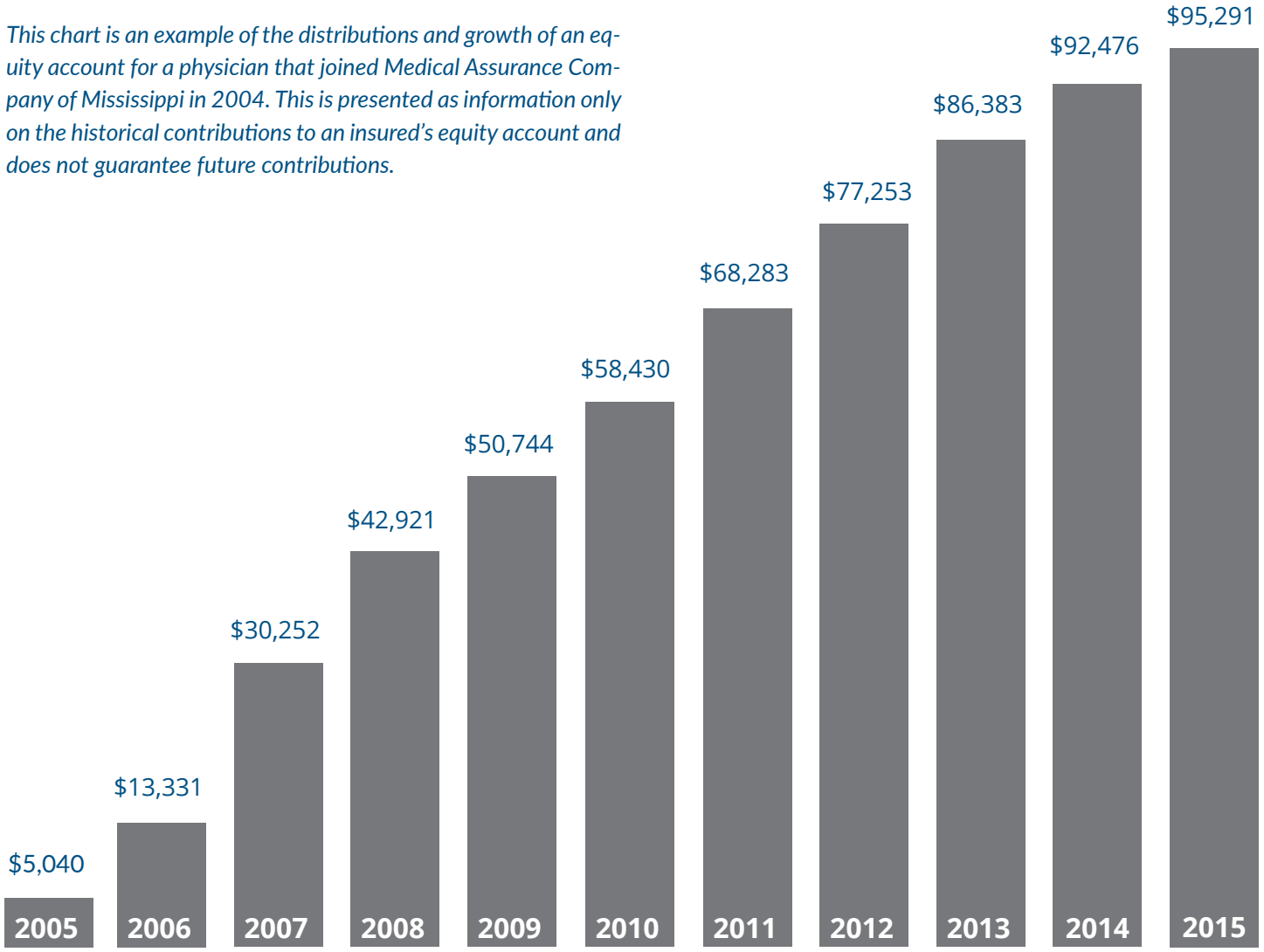
These questions started a yearlong process that ended in March when a redesigned MACM logo was revealed at the Board of Directors meeting. This new logo was developed as part of a continuing marketing and brand development process, providing a distinctive identity for who MACM is today – and who we want to be in the future.

"In the spring of this year, MACM celebrated 40 years of business in Mississippi making this the perfect time to evaluate our brand and logo, as well as our position in Mississippi healthcare. The new logo needed to be in sync with who we are today and where we are going in the future," Rob Jones, President and Chief Executive Officer, said.

A company's logo is often the most publicly recognizable brand and will usually associate a familiarity and level of trust. This new logo satisfies all of the existing expectations of what the original logo stood for while simultaneously moving MACM forward and establishing it as the dominant medical professional liability carrier in Mississippi.

"We were looking for a great logo to represent MACM and convey the message that we are up to date with modern design trends," Jones said. "While that may seem strange to our insured physicians, we believe this modern and solid redesign will convey a sense of forward movement to emphasize MACM's strengths and, at the same time, reflect our core business values."

This chart is an example of the distributions and growth of an equity account for a physician that joined Medical Assurance Company of Mississippi in 2004. This is presented as information only on the historical contributions to an insured's equity account and does not guarantee future contributions.



MACM® | Medical Assurance Company *of* Mississippi

Description:

The logo features the single word mark of MACM in lowercase letters and in a corporate blue. The only letter not offered in lowercase is the "A", which emphasizes the assurance and confidence offered to Mississippi physicians insured by MACM. Each letter also tilts slightly forward reflecting a more modern look that captures the forward moving direction of our future.

At times, the word mark will appear alone or with the full name of the company alongside in grey.

Remember When continued from page 7

While this case has obvious shock value, it, unfortunately, wasn't all that unusual in those days. As a result, cases like this had a drastic impact on claims evaluations and other cases' settlement value. There were times when defensible cases were settled and for far more than they were actually worth simply to avoid what happened in Mr. Smith's case.

Thankfully, the litigation landscape in Mississippi started to change with the passage of the Medical Malpractice Tort Reform Act in October 2002. In addition to procedural safeguards, this Act capped noneconomic damages against healthcare practitioners at $500,000; absorbed the formerly separate element of damages for loss of enjoyment of life within the definition of noneconomic damages; and fixed venue in the county where the alleged medical negligence occurred.

Perspective is always key, so here's some for you. Had Mr. Smith's case been filed after the MMTRA took effect, and assuming he would have been able to prove his case to a jury's satisfaction, the verdict, at most, would have been $2.5 million instead of $8 million thanks to the cap on noneconomic damages.

The legislature passed the MMTRA, but that was only one piece of the puzzle. Had we not had fair-minded appellate courts to interpret this law, the legislature's effort would have been a futile gesture. Thus far, the only MMTRA issue which Mississippi's appellate courts have not yet squarely addressed is the constitutionality of the noneconomic damages cap. We are optimistic that it would be upheld.

However, this optimism could turn to delusion in one election cycle. I'm not an alarmist, but this actually happened in Florida in 2014. Florida has Disney World and beautiful beaches, and for a little while, it also had tort reform…until the Florida Supreme Court stepped in and held the cap on noneconomic damages to be unconstitutional. If it can happen in Florida, it can happen in Mississippi.

Up for grabs in November are three contested seats on the Mississippi Supreme Court and one seat on the Mississippi Court of Appeals. Many of you have generously contributed to the Mississippi Physicians Political Action Committee, and we will use a portion of those funds to assist candidates whose election will solidify a fair-minded majority on the Mississippi Supreme Court and the Mississippi Court of Appeals. If you've never contributed to MPPAC or even if you have, please consider giving directly to candidates that will keep the playing field level.

Of course, the most important thing you can do in November is vote. MACM considers the following candidates to be pro-business and pro-medicine:

Mississippi Supreme Court, Central District:
Judge T. Kenneth Griffis, Jr.

Mississippi Supreme Court, Southern District:
Associate Justice Dawn H. Beam

Mississippi Supreme Court, Northern District: Judge James T. Kitchens, Jr.; Judge Robert P. Chamberlin; and John D. Brady

Mississippi Court of Appeals, District 3, Place 1:
Judge Jack L. Wilson

The absolute worst thing we can do is get complacent and assume that because things are good, they will always be good. We know full well the dangers of assumptions.

This article was researched and written by MACM with no consultation with any judicial candidate.

HAPPY BIRTHDAY MACM!

In the spring of 1976, the Mississippi Medical Fraternal and Educational Society, the predecessor to MACM, was formally organized and chartered as a medical liability company for Mississippi physicians. MACM was incorporated under the laws of the state of Mississippi as a non-profit corporation on March 17, 1976, and it was organized on May 3, 1976, by the election of directors and officers. The first policy was issued to MACM founder R. Fraser Triplett, MD on November 15, 1977.

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IT'S TIME FOR POLICY RENEWALS AT MACM!

Once again, late August will kick off the beginning of policy renewals for the MACM Underwriting Department. Each year, the Underwriting Staff renews over 3,000 policies for physicians and clinics. With this many policies, the more assistance and accurate information our insureds can provide through the online renewal process, the better for your coverage.

Following is a list of hints to help make your renewal process a little easier.

- **Is the information correct?** One advantage of our online process is the ability to quickly update and verify the accuracy of the pre-filled information on your renewal application. Double-check information that could possibly have changed during the past year, e.g. satellite clinics, procedures, email address, etc. If anything has changed, please update.
- **Home Address.** Please verify your home address, including zip code (No PO Boxes, please).
- **Additional Documentation.** Provide any necessary supplemental documentation to satisfy a question that is asked. With the online renewal system, this documentation can be uploaded directly to our renewal files.
- **Business Entity Standing.** Check the Secretary of State website (www.sos.ms.gov) and be sure your business entity, clinic or personal information is up-to-date and in good standing. If you have designated a professional consultant to renew your business license with the Secretary of State, please pass along this request.
- **Names of Ancillary Personnel.** In order to accurately send Certificates of Insurance, we need to have accurate information regarding the names and positions of your mid-level extenders, such as nurse practitioners, physician assistants, and CRNAs. Add, delete, and edit any changes that have occurred this year and are not accurately reflected on the pre-filled application.