

# **Ohio 2013 Medical Professional Liability Closed Claim Report**

**March 2015**

# Ohio Medical Professional Liability Closed Claim Report - 2013

## I. Introduction

Pursuant to Ohio Revised Code (“ORC”) §3929.302 and Ohio Administrative Code (“OAC”) 3901-1-64, the Department of Insurance (“Department”) hereby submits its ninth annual report to the General Assembly summarizing the Ohio medical professional liability closed claim data received by the Department for calendar year 2013. This report also includes comparisons of calendar year 2013 data with the data from the prior eight calendar years. Copies of the prior annual reports are available on the Department’s web site [www.insurance.ohio.gov](http://www.insurance.ohio.gov).

## II. Overview

ORC §3929.302 requires all entities that provide medical professional liability insurance to health care providers located in Ohio, including authorized insurers, surplus lines insurers, risk retention groups and self-insurers, to report data to the Department regarding medical professional liability claims that close during the year. In addition, each entity must report the costs of defending medical professional liability claims and paying judgments and/or settlements on behalf of health care providers and health care facilities.

The Department is required to prepare an annual report to the General Assembly summarizing the closed claim data on a statewide basis. The data is summarized in this report in order to maintain the confidentiality of the specific data filed by each reporting entity.

Copies of ORC §3929.302 and OAC 3901-1-64 are attached to this report as Appendices A and B.

## III. Data Collection

A secured application on the Department’s web site has been set up in order to capture the data elements required by OAC 3901-1-64, Medical Liability Data Collection. Companies must submit data by May 1 for each medical, dental, optometric or chiropractic claim closed in the prior calendar year.

## IV. Description of Analysis

For the purposes of this report, and based on general practice, when an insurer or other insuring entity opens a file and begins to investigate the circumstances of a demand for compensation due to the alleged malpractice of a health care provider or facility, a claim has occurred, whether or not a lawsuit is ever filed. When the file is closed for one of the many reasons detailed in this report, even when the claimant receives no payment, the claim is considered closed. Multiple closed claim records can be generated from one incident, since a closed claim record must be entered for each health care provider and/or facility from which a demand for compensation is sought.

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In this report, two primary pieces of data are analyzed:

- **Paid Indemnity:** The amount of compensation paid on behalf of each defendant to a claimant.
- **Allocated Loss Adjustment Expense (ALAE):** The expenses incurred by a reporting entity, other than paid indemnity, which relate to a specific claim, such as the costs of investigation and defense counsel fees and expenses. As a business practice, some of the reporting entities do not allocate loss adjustment expenses to a specific claim.

This report organizes and summarizes the data to reflect the types of medical professional liability claims, the age and size of these claims, differences among regions of the state, differences among medical professionals, and several other categories.

### V. Limitations of Analysis

The analysis is based entirely on historical closed claim data. That is, claims are reported to the Department and included in this analysis based on the year in which they reach a final outcome of any sort, including a trial verdict, settlement or the passing of the statute of limitations. Some arose from recent medical incidents, but many arose from incidents that occurred several years ago.

This report is not intended to be used to evaluate past or current medical professional liability insurance rates.

In addition, this data does not reflect plaintiffs' attorney fees, which are not collected separately and cannot be identified from this data or from any data available to the Department.

### VI. Key Findings for 2013 Closed Claims

- **Total Claims:** For 2013, a total of 3,019 claims were reported by 88 entities. Authorized insurers<sup>1</sup> reported the most claims, 1,484. Self-insured entities reported 1,228 claims; surplus lines insurers<sup>2</sup> reported 272 claims; and risk retention groups<sup>3</sup> reported 35 claims.

<sup>1</sup> Authorized (admitted) insurers are licensed to write business in the state; are subject to the Department's rate, policy form and solvency regulation; and are backed by the Ohio Insurance Guaranty Fund.

<sup>2</sup> Surplus lines insurers are not authorized and do not have guaranty fund backing, but are allowed to write policies for those doctors and hospitals that cannot obtain coverage from an authorized insurer. These companies must be on a list of eligible surplus lines insurers and are regulated for financial strength by their domiciliary state or country.

<sup>3</sup> Risk retention groups are permitted by federal law to cover the liability insurance risk of the group's members. These groups are not backed by the guaranty fund.

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- **Indemnity Payments:** A large majority of medical professional liability claims resulted in no payment to a claimant. Slightly over 76% of the claims, or 2,311, had no indemnity payments, while nearly 24% of the claims or 708, closed with an indemnity payment. The total amount paid to claimants was \$266,688,492, an average of \$376,679 per claim in which an indemnity payment was made.
- **ALAE:** While most claims closed with no payments to claimants, nearly all claims generated expenses for investigation and defense. The number of claims reported to have ALAE was 2,419. These expenses totaled \$85,857,388, an average of \$35,493 per claim.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants typically increases with the age of the claim. Of the claims that closed with an indemnity payment, 181 closed within one year of being reported and had average paid indemnity of \$111,704. That figure rose to \$421,136 for 190 claims closing in their second year. Eighteen claims closed seven or more years after being reported with an average indemnity payment of \$580,116.
- **ALAE and Age of Claim:** Allocated loss adjustment expense increased with the age of the claim, starting with an average of \$6,081 for claims that closed in the first year, and rising to \$21,761 for claims that closed in the second year. For claims closing seven or more years after being reported the average ALAE was \$117,083.
- **Regional Comparisons:** Half of the claims, or 1,550, came from Northeast Ohio. Of these, 23% or 364 resulted in indemnity payments totaling \$149,659,578. Fifty-six percent of the total dollar amount paid to claimants statewide in 2013 arose from Northeast Ohio claims. However, Central Ohio had the highest average paid indemnity of \$430,981. The breakdown of average paid indemnity for the remainder of Ohio, in descending order, is: Northeast-\$411,153; Southwest-\$382,085; Northwest-\$251,957; and Southeast-\$158,217.
- **Specialty Comparisons:** When claims were broken down by medical specialty, Internal Medicine had the most claims at 155 with 14 resulting in paid indemnity averaging \$208,770. For those specialties that are broken out, Cardiovascular Disease had the highest average paid indemnity of \$733,333 for 3 claims with payments, out of 46 reported claims.
- **Treatment Comparisons:** Medical treatment, Non-Obstetrical, such as failure to treat, delay in treatment, or improper treatment produced the highest number of claims of 963 with 182 resulting in paid indemnity. Anesthesia-related claims totaled 70. Of these, 12 resulted in indemnity

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payments averaging \$1,479,258, the highest average payment for any type of injury.

### VII. Detailed Findings and Comparison With Prior Years

#### Claims by Outcome (Appendix C, Exhibits 1, 2 and 3)

Reporting entities were asked to indicate the method of final disposition for each closed claim:

- Of the 3,019 claims that were closed in 2013, slightly more than 76% closed with no indemnity payment. Included in this figure are five categories:
  - 66.94% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice;
  - 4.37% were dismissed by summary judgment or a directed verdict;
  - 3.08% ended with a verdict for the defendant;
  - 2.05% ended through a settlement;
  - .10% ended with alternative dispute resolution.
- The remaining 24% of the claims closed with an indemnity payment. Four categories of claims are included here:
  - 20.90% reached a settlement;
  - 1.82% used alternative dispute resolution;
  - .66% had a verdict for the plaintiff;
  - .07%<sup>4</sup> ended with a summary judgment or directed verdict for the plaintiff.

Regardless of outcome, all categories of claims had expenses in the form of ALAE. That is, even though a claim may have closed without an indemnity payment, the claim was likely to generate investigation and legal expenses. Exhibit 2 provides the details. Claims/suits abandoned without an indemnity payment had average ALAE of \$17,253. The 55 claims that were disposed of by alternative dispute resolution, with indemnity payment, had the highest average ALAE of \$187,151.

Exhibit 3 provides a comparison of the nine years of data collected. The percentage of claims that resulted in an indemnity payment has remained at approximately 20-25%.

#### Age of Claim (Appendix C, Exhibit 4)

This exhibit displays claims by age at the time of closing, and shows that typically average indemnity and average ALAE increased with the age of the claim. Claims that closed in their first year represent 30% of the total and had the lowest average indemnity of \$111,704, and ALAE of \$6,081. Costs tended to grow significantly as the claims aged. The oldest category, claims that closed seven or more years

<sup>4</sup> Some of these breakdowns may not add up to 100% due to rounding. See Appendix C, Exhibits 1 and 2 for actual figures.

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later, had average indemnity payments of \$580,116 and average ALAE of \$117,083. The category of greater than 6 years but less than 7 years had the largest average indemnity payments of \$1,124,138 and the largest average ALAE of \$131,448.

### **Claims by Size (Appendix C, Exhibit 5)**

Of the 3,019 claims reported closed in 2013, nearly 24% or 708, generated an indemnity payment. Of these 708 claims, 59 claims or 8.3% generated an indemnity payment greater than \$1 million. These 59 claims generated indemnity payments of \$141 million or 53% of the total indemnity payments for all claims. Another 92 claims, or 13%, generated an indemnity payment below \$1 million but at least \$500,000. These 92 claims generated indemnity payments of \$62.1 million or 23% of the total indemnity payments for all claims. So for 2013, 76% of the total paid indemnity was generated by 21.3% of the claims that closed with an indemnity payment.

In comparison, for 2012, 72% of the total paid indemnity was generated by 18.2% of the claims that closed with an indemnity payment.

### **Claims by Insurer Type (Appendix C, Exhibit 6)**

A total of 88 entities reported closed claim information to the Department. The reporting entities are categorized as authorized (admitted) insurance companies, surplus lines insurance companies, risk retention groups and self-insurers/captives. Of the 3,019 closed claims that were reported, 49.2% of the claims were reported by admitted insurance companies and 40.7% were reported by self-insurers/captives.

### **Claims by Region (Appendix C, Exhibits 7, 8 & 9)**

Claims were reported by county. However, an exhibit showing details for each individual county would allow for identification of the specific claims in counties with very few claims, violating the requirement of confidentiality. In order to provide meaningful information regarding differences by location, the state is divided into five regions: Central, Northeast, Northwest, Southeast and Southwest. The counties within each region are shown in Exhibit 7, while Exhibit 8 displays claim data for the regions for calendar year 2013 closed claims.

Half of the closed claims reported for 2013 were from the Northeast region. Excluding those claims where a region was not indicated by the reporting entity, the claims from the Central region had the largest average indemnity payment and incurred the smallest average ALAE. Conversely, the Southeast region had the smallest average indemnity payment and incurred the largest average ALAE. Exhibit 9 displays the regional data for all nine years combined.

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### **Claims by Physician Specialty (Appendix C, Exhibits 10 & 11)**

Exhibit 10 displays ten physician and surgeon specialties. All other specialties are grouped together as "Other" to maintain confidentiality. Nearly 12% of the claims resulted in an indemnity payment. Internal Medicine had the most closed claims in 2013 followed by Emergency Medicine.

Of the physician specialties shown, Cardiovascular Disease had the highest average paid indemnity of \$733,333. Exhibit 11 displays the physician & surgeons' data for all nine years combined for all specialties.

### **Claims by Medical Provider Type (Appendix C, Exhibit 12)**

Exhibit 12 displays the 2013 closed claims experience for all the provider types. Forty-four percent of the 3,019 closed claims were reported for physicians and surgeons. The largest average paid indemnity was \$459,950 for claims reported for hospitals. The largest average ALAE of \$59,306 was for claims reported for hospitals. While nearly 12% of the claims reported for a physician or surgeon resulted in an indemnity payment, 47% of the claims reported for a hospital resulted in an indemnity payment.

### **Claims by Type of Injury (Appendix C, Exhibits 13 & 14)**

The reporting entities identified the primary complaint or injury that led to the medical professional liability claim. Of the 3,019 claims reported as closed in 2013, 54% of the claims were split between two categories, Non-Obstetrical Medical Treatment and Diagnosis-Related. Non-Obstetrical Medical Treatment includes failure to treat, delay in treatment, and improper treatment. Diagnosis-Related includes failure to diagnosis, misdiagnosis, and delay in diagnosis. Anesthesia-Related claims, including improper choice and improper administration, had the highest average paid indemnity of \$1,479,258. Obstetrics-Related claims, including improper delivery method, improper management of pregnancy, and delay in delivery, had the highest average ALAE of \$85,861. This data includes all medical provider types, including hospitals. Exhibit 14 displays the data for all nine years combined for all injury descriptions.

### **Birth Injury Claims (Appendix C, Exhibit 15)**

Reporting entities identified whether the closed claim was due to a birth injury. Of the 3,019 closed claims reported, 119 or 3.9% were identified as birth injury claims. Of these 119 birth injury claims, nearly 28% resulted in an indemnity payment. The average indemnity payment of a birth injury claim was \$1,201,109, over three times the overall average indemnity payment of \$376,679.

Of the 30,804 closed claims reported for calendar years 2005 through 2013, 1,316 or 4.3% were identified as birth injury claims. Of these 1,316 birth injury claims,

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nearly 33% resulted in an indemnity payment. The average indemnity payment of the combined data for a birth injury claim was \$990,218 which is more than three times the overall average indemnity payment of \$292,721.

### **Severity of Injury (Appendix C, Exhibit 16)**

Of the 3,019 claims reported as closed in 2013, 1,099 or 36.4% of the claims were due to death, with an average paid indemnity of \$508,074. For claims with injuries identified as “permanent major”, the average paid indemnity was \$1,332,930, an amount more than three times the overall average indemnity payment. “Permanent major” injuries include paraplegia, blindness, loss of two limbs, and significant brain damage or loss of cognitive function. Historically, “permanent grave” injuries have had the highest average paid indemnity. For 2013, this injury category had an average paid indemnity of \$961,804.

Of the 30,804 claims reported as closed for calendar years 2005 through 2013, 10,501 or 34% were due to death. For closed claims resulting in death, nearly 20% closed with an indemnity payment which averaged \$368,601. Closed claims for injuries identified as “permanent grave” totaled 618 for the nine years. For the closed claims that identified the injury as “permanent grave”, nearly 28% closed with an indemnity payment which averaged \$1,185,836. “Permanent grave” injuries include quadriplegia and brain damage, requiring lifelong dependent care.

### **Age of Injured Person (Appendix C, Exhibits 17 & 18)**

Of the 3,019 claims reported as closed, 66.1% of the claims identified the injured party as an adult, age 18 to 64. Adults ages 65 or older represented 24.1% of the claims. Infants and minors together represented 9.5% the claims. The average indemnity payment for infants was the highest for the various age groupings at \$1,043,497. Exhibit 18 displays the data for all nine years combined for these groupings.

### **Gender of Injured Person (Appendix C, Exhibit 19)**

Of the 3,019 claims reported as closed, 56% of the claims reported the injured party as female and 44% of the claims reported the injured party as male. When the injured party was a female, the average indemnity payment was \$320,161. When the injured party was a male, the average indemnity payment was \$461,057.

Of the 30,804 claims reported as closed for calendar years 2005 through 2013, 56% of the claims reported the injured party as female and 44% of the claims reported the injured party as male. When the injured party was a female, the average indemnity payment was \$259,489. When the injured party was a male, the average indemnity payment was \$338,843. For females, 23.4% of the claims

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resulted in an indemnity payment, while for males, 21.7% resulted in indemnity payment.

### **Geographic Location of Injury (Appendix C, Exhibits 20 & 21)**

Reporting entities identified the geographic location where the primary injury or complaint occurred that led to the medical professional liability claim. As shown on Exhibit 20, the greatest number of claims for 2013 was generated by incidents that occurred in the operating suite, followed by incidents that occurred in the patient's room. These two locations represent over 41% of the reported claims. The largest average indemnity payments were due to incidents that occurred in the Obstetrics Department. The largest average ALAE amounts were due to incidents that occurred in the Recovery Room. Exhibit 21 displays the data for all nine years combined.

### **VII. Impact of Tort Reform (S.B. 281)**

Effective April 11, 2003, the 124<sup>th</sup> General Assembly enacted Senate Bill 281 which included a comprehensive set of tort reforms aimed at reducing the costs of litigation and stabilizing the Ohio medical professional liability insurance market. The following table provides pre-SB 281 and post-SB 281 data for each year and in total.

A few points should be considered when drawing conclusions from this data. First, as noted above, the typical average indemnity payment increases with the age of the claim. Second, few claims have reached a trial or jury verdict that required separate detail of economic and non-economic damages and the potential for capping. The Department is sensitive to issues of confidentiality; therefore it cannot release any specific information regarding these claims. Lastly, the Department is not capturing any data regarding risk management efforts that would possibly impact the number of, or cost of, medical professional liability claims as such data would be beyond the scope of the General Assembly's request in Senate Bill 281. Examples of such efforts would include, but not be limited to, better communications between providers and patients, patient safety and improved treatment protocols or procedures. Any analysis of trends in claims should include information on risk management efforts along with changes in the law.

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<b>Closed Claim Year</b>	<b>Total # of Claims</b>	<b># Claims (pre-SB 281)</b>	<b>Avg Indemnity (pre-SB 281)</b>	<b>Median Indemnity (pre-SB 281)</b>	<b>Avg ALAE (pre-SB 281)</b>
<b>2005</b>	5,051	3,864	\$307,899	\$101,250	\$28,266
<b>2006</b>	4,004	1,939	\$342,091	\$100,000	\$34,470
<b>2007</b>	3,451	1,058	\$556,191	\$175,000	\$67,898
<b>2008</b>	3,080	458	\$422,498	\$153,000	\$111,388
<b>2009</b>	3,344	325	\$882,645	\$343,750	\$88,602
<b>2010</b>	2,988	167	\$527,336	\$172,000	\$83,773
<b>2011</b>	3,094	165	\$326,297	\$90,000	\$72,062
<b>2012</b>	2,773	86	\$886,731	\$715,000*	\$72,189
<b>2013</b>	3,019	77	\$657,113	\$250,000	\$81,844
<b>TOTAL</b>	30,804	8,139	\$397,469	---	\$44,657

\*The 2012 report contained a typographical error and incorrectly displayed this amount as \$71,500

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<b>Closed Claim Year</b>	<b>Total # of Claims</b>	<b># Claims (post-SB 281)</b>	<b>Avg Indemnity (post-SB 281)</b>	<b>Median Indemnity (post-SB 281)</b>	<b>Avg ALAE (post-SB 281)</b>	<b># Claims where verdict could have been subject to capping</b>
<b>2005</b>	5,051	1,187	\$171,299	\$25,000	\$9,044	0
<b>2006</b>	4,004	2,065	\$235,677	\$45,000	\$15,768	2
<b>2007</b>	3,451	2,393	\$213,065	\$45,000	\$18,990	3
<b>2008</b>	3,080	2,622	\$221,685	\$50,383	\$28,738	0
<b>2009</b>	3,344	3,019	\$271,897	\$79,184	\$33,448	1
<b>2010</b>	2,988	2,821	\$209,071	\$50,088	\$25,739	4
<b>2011</b>	3,094	2,929	\$289,039	\$90,000	\$31,101	3
<b>2012</b>	2,773	2,687	\$290,248	\$85,000	\$28,192	0
<b>2013</b>	3,019	2,942	\$368,106	\$110,000	\$34,294	8
<b>TOTAL</b>	30,804	22,665	\$259,634	---	\$26,803	21

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### VIII. Conclusion

This ninth annual report continues to provide insight into the details of Ohio medical professional liability claims. Trends continue to emerge as data for multiple years is gathered. With nine years of data the following conclusions can be drawn:

- Most of the claims closed without a payment to the plaintiff. For all nine years combined, approximately 77% of the claims closed without an indemnity payment.
- Almost all of the claims had costs in the form of ALAE.
- Higher value claims tended to be older. Conversely, smaller claims closed faster.
- Claims that went to trial were more likely to close with no indemnity payment, while those that settled or went through alternative dispute resolution were more likely to close with paid indemnity.

## **3929.302 Annual claims report by medical malpractice insurers - fine - confidentiality.**

(A) The superintendent of insurance, by rule adopted in accordance with Chapter 119. of the Revised Code, shall require each authorized insurer, surplus lines insurer, risk retention group, self-insurer, captive insurer, the medical liability underwriting association if created under section [3929.63](#) of the Revised Code, and any other entity that provides medical malpractice insurance to risks located in this state, to report information to the department of insurance at least annually regarding any medical, dental, optometric, or chiropractic claim asserted against a risk located in this state, if the claim resulted in any of the following results:

- (1) A final judgment in any amount;
- (2) A settlement in any amount;
- (3) A final disposition of the claim resulting in no indemnity payment on behalf of the insured.

(B) The report required by division (A) of this section shall contain such information as the superintendent prescribes by rule adopted in accordance with Chapter 119. of the Revised Code, including, but not limited to, the following information:

- (1) The name, address, and specialty coverage of the insured;
- (2) The insured's policy number;
- (3) The date of the occurrence that created the claim;
- (4) The name and address of the injured person;
- (5) The date and amount of the judgment, if any, including a description of the portion of the judgment that represents economic loss, noneconomic loss and, if applicable, punitive damages;
- (6) In the case of a settlement, the date and amount of the settlement;
- (7) Any allocated loss adjustment expenses;
- (8) Any other information required by the superintendent pursuant to rules adopted in accordance with Chapter 119. of the Revised Code.

(C) The superintendent may prescribe the format and the manner in which the information described in division (B) of this section is reported. The superintendent may, by rule adopted in accordance with Chapter 119. of the Revised Code, prescribe the frequency that the information described in division (B) of this section is reported.

(D) The superintendent may designate one or more rating organizations licensed pursuant to section [3937.05](#) of the Revised Code or other agencies to assist the superintendent in gathering the information, and making compilations thereof, required by this section.

(E) There shall be no liability on the part of, and no cause of action of any nature shall arise against, any person or entity reporting under this section or its agents or employees, or the

department of insurance or its employees, for any action taken that is authorized under this section.

(F) The superintendent may impose a fine not to exceed five hundred dollars against any person designated in division (A) of this section that fails to timely submit the report required under this section. Fines imposed under this section shall be paid into the state treasury to the credit of the department of insurance operating fund created under section [3901.021](#) of the Revised Code.

(G) Except as specifically provided in division (H) of this section, the information required by this section shall be confidential and privileged and is not a public record as defined in section [149.43](#) of the Revised Code. The information provided under this section is not subject to discovery or subpoena and shall not be made public by the superintendent or any other person.

(H) The department of insurance shall prepare an annual report that summarizes the closed claims reported under this section. The annual report shall summarize the closed claim reports on a statewide basis, and also by specialty and geographic region. Individual claims data shall not be released in the annual report. Copies of the report shall be provided to the members of the general assembly.

(I)

(1) Except as specifically provided in division (I)(2) of this section, any information submitted to the department of insurance by an attorney, law firm, or legal professional association pursuant to rules promulgated by the Ohio supreme court shall be confidential and privileged and is not a public record as defined in section [149.43](#) of the Revised Code. The information submitted is not subject to discovery or subpoena and shall not be made public by the department of insurance or any other person.

(2) The department of insurance shall summarize the information submitted by attorneys, law firms, and legal professional associations and include the information in the annual report required by division (H) of this section. Individual claims data shall not be released in the annual report.

(J) As used in this section, medical, dental, optometric, and chiropractic claims include those claims asserted against a risk located in this state that either:

(1) Meet the definition of a "medical claim," "dental claim," "optometric claim," or "chiropractic claim" under section [2305.113](#) of the Revised Code;

(2) Have not been asserted in any civil action, but that otherwise meet the definition of a "medical claim," "dental claim," "optometric claim," or "chiropractic claim" under section [2305.113](#) of the Revised Code.

Effective Date: 09-13-2004; 04-27-2005

## **3901-1-64 Medical liability data collection.**

### (A) Purpose

The purpose of this rule is to establish procedures and requirements for the reporting of specific medical, dental, optometric and chiropractic claims data to the Ohio department of insurance.

### (B) Authority

This rule is promulgated pursuant to the authority vested in the superintendent under sections [3901.041](#) and [3929.302](#) of the Revised Code.

### (C) Definitions

(1) "Medical, dental, optometric and chiropractic claims" include those claims asserted against a risk located in this state that either:

(a) Meet the definition of "medical claim," "dental claim," "optometric claim," or "chiropractic claim" in section [2305.113](#) of the Revised Code, or

(b) Have not been asserted in any civil action, but that otherwise meet the definition of "medical claim," "dental claim," "optometric claim," or "chiropractic claim" in section [2305.113](#) of the Revised Code.

(2) "Risk retention group" has the same meaning as in section [3960.01](#) of the Revised Code.

(3) "Surplus lines insurer" means an insurer that is not licensed to do business in this state, but is nonetheless approved by the department to offer insurance because coverage is not available through licensed insurers.

(4) "Self-insurer" means any person or persons who set aside funds to cover liability for future medical, dental, optometric or chiropractic claims or that otherwise assume their own risk or potential loss for such claims. "Self-insurer" includes captives.

(D) Each authorized insurer, surplus lines insurer, risk retention group, self-insurer, the medical liability underwriting association if created under section [3929.63](#) of the Revised Code, or any other entity that offers medical malpractice insurance to, or that otherwise assumes liability to pay medical, dental, optometric or chiropractic claims for, risks located in this state, shall report at least annually to the superintendent of insurance, or to the superintendent's designee, information regarding any medical, dental, optometric, or chiropractic claim asserted against a risk located in this state, if the claim resulted in:

(1) A final judgment in any amount,

(2) A settlement in any amount, or

(3) A final disposition of the claim resulting in no indemnity payment on behalf of the covered person or persons.

(E) The report required by paragraph (D) of this rule shall include for each claim:

- (1) The name, address and specialty coverage of each covered person;
- (2) The insured's policy number, if applicable;
- (3) The date of the occurrence that created the claim;
- (4) The name and address of the injured person;
- (5) The date the claim was reported and the claim number;
- (6) The injured person's age and sex;
- (7) If the medical, dental, optometric, or chiropractic claim was filed with the court, the case number and the name and location of the court;
- (8) In the case of a judgment, the date and amount of the judgment and, if the judgment is subject to the itemization requirements in division (B) of section [2323.43](#) of the Revised Code, a description of the portion of the judgment that represents economic loss, non-economic loss and punitive damages, if any;
- (9) In the case of a settlement, the date and amount of the settlement and, if known, the injured person's incurred medical expense, wage loss, and other expenses;
- (10) Any loss adjustment expenses allocated to the claim or, if known, the amount allocated to each covered person;
- (11) The loss adjustment expense, broken down between fees and expenses, paid to defense counsel;
- (12) The date and reason for final disposition, if no judgment or settlement, and the type of disposition;
- (13) Unless disclosure is otherwise prohibited by state or federal law, a summary of the occurrence which created the claim which shall include:
  - (a) The name of the institution, if any, and the location at which the injury occurred;
  - (b) The operation, diagnosis, treatment, procedure or other medical event or incident giving rise to the alleged injury;
  - (c) A description of the principal injury giving rise to the claim.

(F) Frequency The report(s) required by this rule shall be filed with the superintendent, or the superintendent's designee, on or before May first of each year, and shall contain information for the previous calendar year.

(G) Noncompliance

Any person listed in paragraph (D) of this rule that fails to timely submit the report required under this section shall be subject to a fine not to exceed five hundred dollars.

(H) Confidentiality

Information reported to the superintendent or the superintendent's designee pursuant to this rule shall be confidential and privileged and is not a public record as defined in section [149.43](#) of the Revised Code. The information provided under this section is not subject to discovery or subpoena and shall not be made public by the superintendent or any other person, including any rating organizations or other agencies designated by the superintendent to gather and/or compile the information.

(I) The requirements of this rule do not apply to reinsurers, reinsurance contracts, reinsurance agreements, or reinsurance claims transactions.

(J) Severability

If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.

Effective: 11/10/2014

Five Year Review (FYR) Dates: 08/26/2014 and 08/26/2019

Promulgated Under: [119.03](#)

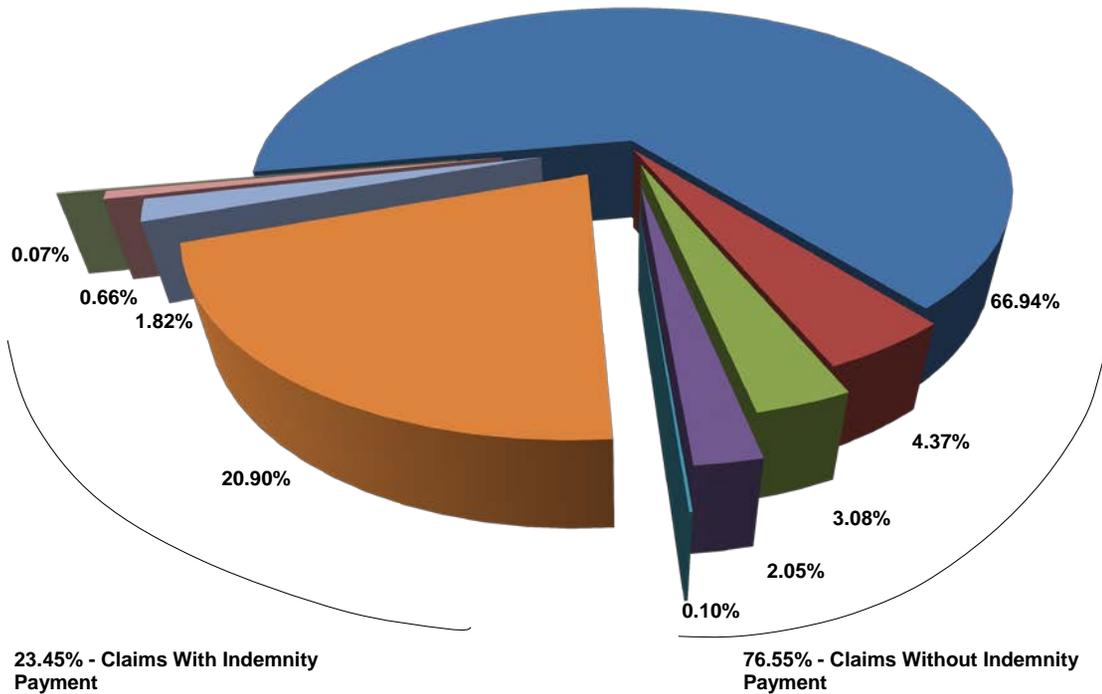
Statutory Authority: [3901.041](#) , [3929.302](#)

Rule Amplifies: [3929.302](#)

Prior Effective Dates: 1/2/2005

# OHIO Closed Claims in 2013 Outcome of Malpractice Claims

3019 Closed Claims



## Appendix C, Exhibit 1

- 66.94% Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- 4.37% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 3.08% Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity
- 2.05% Disposed of by Settlement Agreement -- Without Indemnity
- 0.1% Disposed of by Alternative Dispute Resolution -- Without Indemnity
- 20.9% Disposed of by Settlement Agreement -- With Indemnity
- 1.82% Disposed of by Alternative Dispute Resolution -- With Indemnity
- 0.66% Disposed of by Trial Verdict/Jury Verdict -- With Indemnity
- 0.07% Dismissed by Court - Summary Judgment/Directed Verdict -- With Indemnity

**OHIO**  
**2013 Closed Claims**  
**ALAE and Indemnity Payments by Final**  
**Disposition Description**

<b>FINAL DISPOSITION DESCRIPTION</b>	<b>TOTAL CLAIMS</b>	<b>AVG</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice -- Without Indemnity	2021	66.9%	1612	\$27,811,942	\$17,253	0	\$0	\$0
Dismissed by Court -Summary Judgment/Directed Verdict -- Without Indemnity	132	4.4%	132	\$4,061,233	\$30,767	0	\$0	\$0
Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity	93	3.1%	88	\$11,774,175	\$133,797	0	\$0	\$0
Disposed of by Settlement Agreement -- Without Indemnity	62	2.1%	58	\$1,145,557	\$19,751	0	\$0	\$0
Disposed of by Alternative Dispute Resolution -- Without Indemnity	3	0.1%	2	\$20,985	\$10,492	0	\$0	\$0

<b>FINAL DISPOSITION DESCRIPTION</b>	<b>TOTAL CLAIMS</b>	<b>AVG</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Disposed of by Settlement Agreement -- With Indemnity	631	20.9%	453	\$28,436,734	\$62,774	631	\$201,317,577	\$319,045
Disposed of by Alternative Dispute Resolution -- With Indemnity	55	1.8%	52	\$9,731,841	\$187,151	55	\$55,805,693	\$1,014,649
Disposed of by Trial Verdict/Jury Verdict -- With Indemnity	20	0.7%	20	\$2,749,994	\$137,500	20	\$8,724,287	\$436,214
Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity	2	0.1%	2	\$124,926	\$62,463	2	\$840,934	\$420,467
<b>TOTALS and AVERAGES:</b>	3019	100.0%	2419	\$85,857,388	\$35,493	708	\$266,688,492	\$376,679

# OHIO

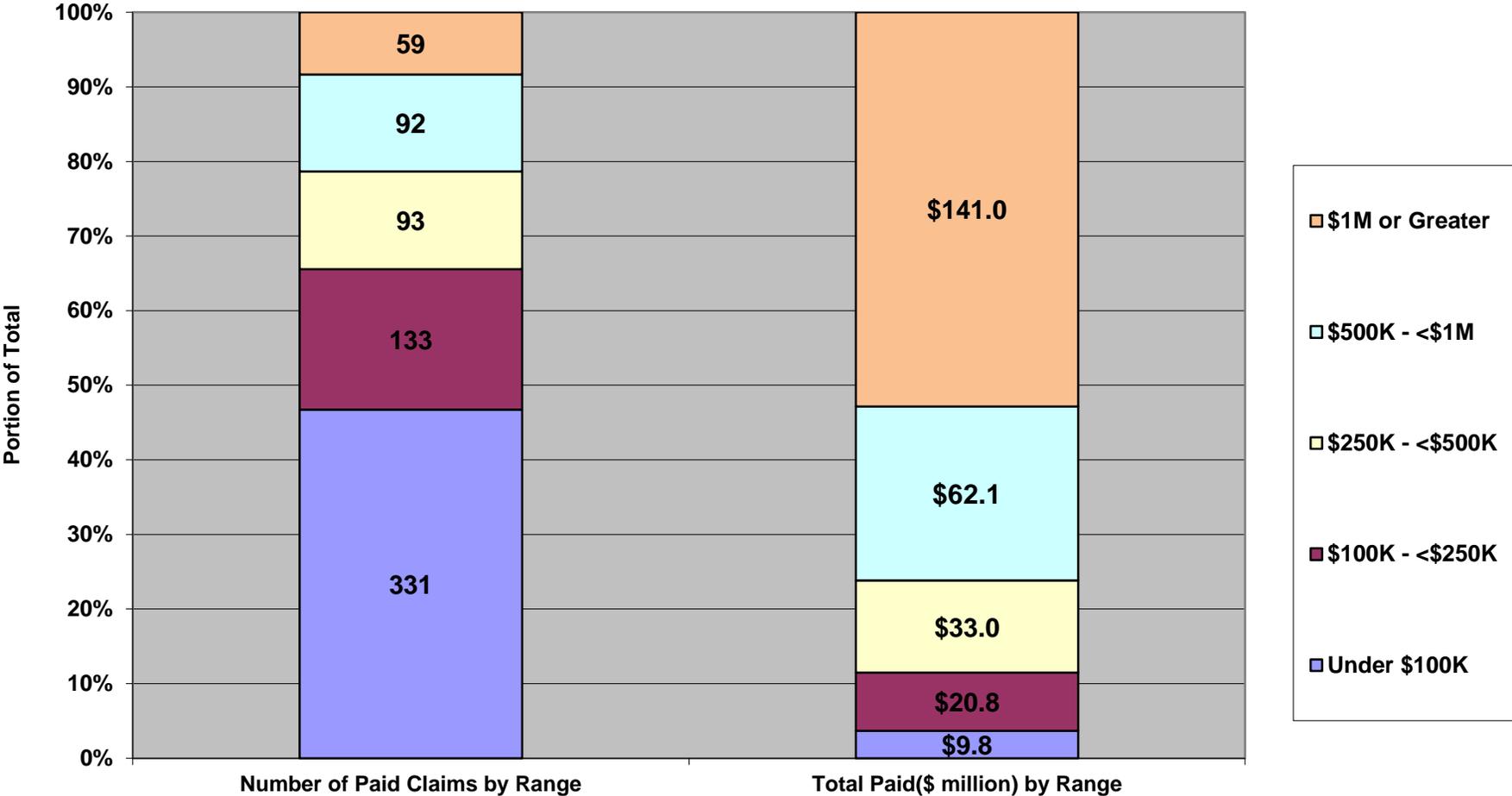
## Closed Claims for 2005- 2013 ALAE and Indemnity Payments

CLOSED CLAIM YEAR	NUMBER OF CLAIMS	PERCENTAGE OF CLAIMS WITH INDEMNITY	PERCENTAGE OF CLAIMS WITHOUT INDEMNITY	TOTAL INDEMNITY AMOUNT	AVERAGE INDEMNITY AMOUNT	TOTAL ALAE AMOUNT	AVERAGE ALAE AMOUNT
2005	5,051	20.7%	79.3%	\$281,764,938	\$269,374	\$113,194,565	\$24,443
2006	4,004	19.8%	80.2%	\$228,735,572	\$288,080	\$88,131,139	\$25,672
2007	3,451	21.6%	78.4%	\$235,463,393	\$315,635	\$103,033,668	\$35,603
2008	3,080	26.4%	73.6%	\$205,553,255	\$252,522	\$112,678,455	\$42,249
2009	3,344	24.0%	76.0%	\$258,370,436	\$322,158	\$107,739,769	\$39,350
2010	2,988	25.3%	74.7%	\$175,134,565	\$231,353	\$69,969,486	\$29,424
2011	3,094	24.3%	75.7%	\$218,260,316	\$290,626	\$84,010,903	\$33,591
2012	2,773	20.8%	79.2%	\$177,323,025	\$307,852	\$69,727,192	\$29,671
2013	3,019	23.5%	76.5%	\$266,688,492	\$376,679	\$85,857,388	\$35,493
TOTALS and AVERAGES:	30,804	22.7%	77.3%	\$2,047,293,992	\$292,721	\$834,342,565	\$32,077

**OHIO**  
**2013 Closed Claims**  
**ALAE and Indemnity Payments by Age of Claim**

<b>AGE IN YEARS</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Less Than 1	905	665	\$4,044,086	\$6,081	181	\$20,218,359	\$111,704
1 But Less Than 2	834	706	\$15,363,222	\$21,761	190	\$80,015,856	\$421,136
2 But Less Than 3	643	492	\$28,239,798	\$57,398	145	\$64,393,770	\$444,095
3 But Less Than 4	334	281	\$14,532,807	\$51,718	91	\$42,101,349	\$462,652
4 But Less Than 5	152	138	\$9,248,726	\$67,020	52	\$30,429,621	\$585,185
5 But Less Than 6	62	59	\$4,865,291	\$82,463	23	\$10,092,915	\$438,822
6 But Less Than 7	32	30	\$3,943,450	\$131,448	8	\$8,994,543	\$1,124,318
7 or Greater	57	48	\$5,620,008	\$117,083	18	\$10,442,079	\$580,116
<b>TOTALS and AVERAGES:</b>	3019	2419	\$85,857,388	\$35,493	708	\$266,688,492	\$376,679

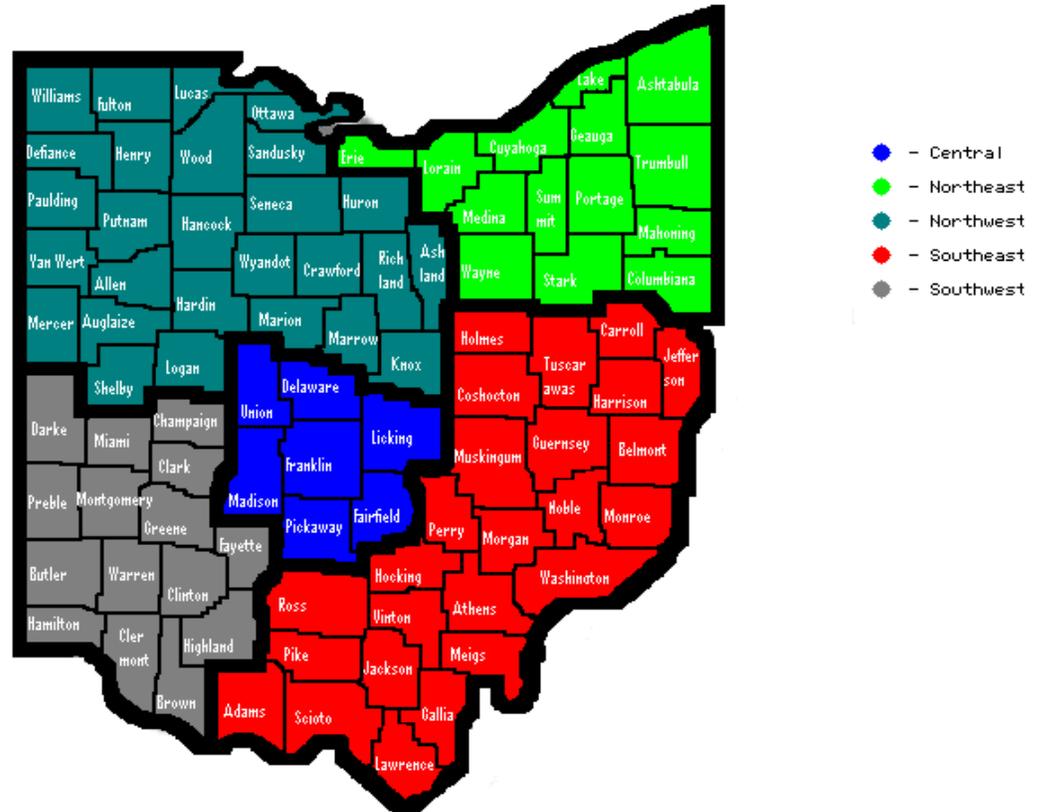
**OHIO  
2013 Closed Claims  
By Size of Payment**



**OHIO**  
**2013 Closed Claims**  
**ALAE and Indemnity Payments by Insurer Type**

<b>INSURING ENTITY TYPE</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Insurance Company - Authorized/Admitted	1484	1320	\$38,074,477	\$28,844	200	\$65,886,678	\$329,433
Insurance Company - Surplus Lines	272	243	\$7,487,166	\$30,811	81	\$16,694,196	\$206,101
Risk Retention Group	35	31	\$1,631,562	\$52,631	16	\$1,592,918	\$99,557
Self Insurers (Captives)	1228	825	\$38,664,184	\$46,866	411	\$182,514,700	\$444,075
<b>TOTALS and AVERAGES:</b>	3019	2419	\$85,857,388	\$35,493	708	\$266,688,492	\$376,679

# Closed Claims 2013 Regions



The counties displayed on the map include the following:

**Central:**

Delaware, Franklin, Licking, Madison, Pickaway, Union

**Northeast:**

Ashtabula, Columbiana, Cuyahoga, Erie, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Wayne

**Northwest:**

Allen, Ashland, Auglaize, Crawford, Defiance, Fulton, Hancock, Hardin, Henry, Huron, Knox, Logan, Lucas, Marion, Mercer, Morrow, Ottawa, Paulding, Putnam, Richland, Sandusky, Seneca, Shelby, Van Wert, Williams, Wood, Wyandot

**Southeast:**

Adams, Athens, Belmont, Carroll, Coshocton, Gallia, Guernsey, Harrison, Hocking, Holmes, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Tuscarawas, Vinton, Washington

**Southwest:**

Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Highland, Miami, Montgomery, Preble, Warren

# OHIO

## 2013 Closed Claims

### ALAE and Indemnity Payment by Region and County

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
<b>Central</b>								
	Franklin	321	274	\$7,965,253	\$29,070	75	\$33,298,483	\$443,980
	Central - Remainder	55	50	\$1,760,293	\$35,206	13	\$4,627,833	\$355,987
<b>Totals and Averages:</b>		376	324	\$9,725,546	\$30,017	88	\$37,926,316	\$430,981
<b>Northeast</b>								
	Cuyahoga	841	532	\$23,706,654	\$44,561	228	\$108,353,892	\$475,236
	Summit	234	201	\$6,987,992	\$34,766	45	\$17,479,100	\$388,424
	Stark	110	107	\$3,934,966	\$36,775	15	\$3,862,500	\$257,500
	Mahoning	106	101	\$2,600,189	\$25,744	16	\$4,226,723	\$264,170
	Lorain	84	62	\$1,578,726	\$25,463	17	\$3,335,511	\$196,207
	Northeast - Remainder	175	145	\$5,508,131	\$37,987	43	\$12,401,851	\$288,415
<b>Totals and Averages:</b>		1550	1148	\$44,316,659	\$38,603	364	\$149,659,578	\$411,153

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
<b>Northwest</b>								
	Lucas	151	135	\$5,491,037	\$40,674	47	\$12,927,507	\$275,053
	Northwest - Remainder	196	173	\$4,663,662	\$26,958	38	\$8,488,804	\$223,390
<b>Totals and Averages:</b>		347	308	\$10,154,699	\$32,970	85	\$21,416,311	\$251,957
<b>Southeast</b>								
	Southeast	143	118	\$4,853,969	\$41,135	30	\$4,746,524	\$158,217
<b>Totals and Averages:</b>		143	118	\$4,853,969	\$41,135	30	\$4,746,524	\$158,217
<b>Southwest</b>								
	Hamilton	246	197	\$5,005,856	\$25,410	50	\$16,898,556	\$337,971
	Montgomery	171	158	\$6,901,040	\$43,677	47	\$21,577,273	\$459,091
	Butler	55	48	\$1,255,437	\$26,155	8	\$2,995,434	\$374,429
	Southwest - Remainder	117	106	\$3,410,298	\$32,173	33	\$11,256,521	\$341,107
<b>Totals and Averages:</b>		589	509	\$16,572,631	\$32,559	138	\$52,727,784	\$382,085
<b>Unknown</b>								
	Unknown	14	12	\$233,884	\$19,490	3	\$211,979	\$70,660
<b>Totals and Averages:</b>		14	12	\$233,884	\$19,490	3	\$211,979	\$70,660
<b>GRAND TOTALS and AVERAGES:</b>		3019	2419	\$85,857,388	\$35,493	708	\$266,688,492	\$376,679

## OHIO

Appendix C, Exhibit 9

## 2005 -2013 Closed Claims ALAE and Indemnity Payment by Region and County

Region	County	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
<b>Central</b>	<b>Total:</b>	3830	21.12%	78.88%	\$305,182	\$23,928
	Franklin	3291	20.12%	79.88%	\$317,087	\$22,325
	Remainder	539	27.27%	72.73%	\$251,568	\$33,603
<b>Northeast</b>	<b>Total:</b>	15112	22.74%	77.26%	\$310,389	\$30,992
	Cuyahoga	7858	25.78%	74.22%	\$349,645	\$31,015
	Lorain	763	22.67%	77.33%	\$270,513	\$29,988
	Mahoning	1034	18.67%	81.33%	\$210,488	\$36,177
	Remainder	2123	20.30%	79.70%	\$277,595	\$31,376
	Stark	1047	19.10%	80.90%	\$191,230	\$33,618
	Summit	2287	18.06%	81.94%	\$273,135	\$27,186
<b>Northwest</b>	<b>Total:</b>	4422	21.10%	78.90%	\$265,680	\$31,945
	Lucas	2120	20.14%	79.86%	\$324,757	\$32,281
	Remainder	2302	21.98%	78.02%	\$215,826	\$31,623
<b>Southeast</b>	<b>Total:</b>	1669	23.31%	76.69%	\$231,879	\$30,779
	Southeast	1669	23.31%	76.69%	\$231,879	\$30,779

Region	County	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
<b>Southwest</b>	<b>Total:</b>	5646	24.64%	75.36%	\$279,982	\$40,692
	Butler	455	23.08%	76.92%	\$169,018	\$25,484
	Hamilton	2383	23.71%	76.29%	\$315,317	\$37,652
	Montgomery	1715	25.54%	74.46%	\$282,825	\$49,869
	Remainder	1093	25.89%	74.11%	\$246,206	\$38,520
<b>Unknown</b>	<b>Total:</b>	125	28.80%	71.20%	\$176,908	\$40,817
	Unknown	125	28.80%	71.20%	\$176,908	\$40,817

**OHIO**  
**2013 Closed Claims**  
**ALAE and Indemnity Payments by Physician Specialty**

<b>PHYSICIAN SPECIALTY</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Internal Medicine	155	143	\$3,853,015	\$26,944	14	\$2,922,783	\$208,770
Emergency Medicine	120	106	\$4,253,571	\$40,128	24	\$6,625,255	\$276,052
Radiology	118	91	\$2,698,947	\$29,659	10	\$4,574,478	\$457,448
Family Physicians\General Practitioners	96	90	\$3,059,992	\$34,000	10	\$2,511,469	\$251,147
Surgery - General	95	74	\$2,549,366	\$34,451	13	\$2,886,250	\$222,019
Obstetrics/Gynecology	92	72	\$4,262,368	\$59,200	23	\$8,324,038	\$361,915
Surgery - Orthopedic	86	64	\$1,536,122	\$24,002	13	\$2,267,280	\$174,406
Anesthesiology	72	40	\$1,155,204	\$28,880	7	\$3,511,500	\$501,643
Neurology	47	35	\$1,315,485	\$37,585	7	\$3,047,444	\$435,349
Cardiovascular Disease	46	33	\$952,723	\$28,870	3	\$2,200,000	\$733,333
Other	412	312	\$8,568,087	\$27,462	34	\$15,795,653	\$464,578
<b>TOTALS and AVERAGES:</b>	1339	1060	\$34,204,879	\$32,269	158	\$54,666,150	\$345,988

**OHIO**  
**2005 - 2013 Closed Claims**  
**ALAE and Indemnity Payments by Physician Specialty**

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
All P & S Specialties	14,141	13.8%	86.2%	\$331,979	\$30,328
Internal Medicine	1,694	10.6%	89.4%	\$239,906	\$30,902
Family Physicians\General Practitioners	1,277	19.0%	81.0%	\$294,776	\$33,409
Emergency Medicine	1,228	13.4%	86.6%	\$289,218	\$27,692
Surgery - General	1,209	14.0%	86.0%	\$304,919	\$35,588
Obstetrics/Gynecology	1,110	23.0%	77.0%	\$426,403	\$58,273
Surgery - Orthopedic	1,053	13.5%	86.5%	\$260,481	\$21,468
Radiology	944	11.4%	88.6%	\$316,470	\$24,664
Anesthesiology	609	14.3%	85.7%	\$513,663	\$23,380
Cardiovascular Disease	477	10.3%	89.7%	\$372,238	\$26,416

<b>Specialty</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Neurology	466	10.3%	89.7%	\$532,973	\$34,891
Gastroenterology	319	9.1%	90.9%	\$430,198	\$23,290
Pediatrics	294	13.3%	86.7%	\$437,308	\$28,493
Surgery - Plastic	283	13.1%	86.9%	\$137,308	\$24,532
Surgery - Cardiac	244	6.6%	93.4%	\$397,938	\$28,468
Pulmonary	239	7.9%	92.1%	\$334,388	\$21,724
Ophthalmology	207	19.3%	80.7%	\$180,525	\$19,011
Urology	196	13.8%	86.2%	\$394,280	\$19,278
Surgery - Vascular	185	10.3%	89.7%	\$150,368	\$29,484
Surgery - Thoracic	178	7.3%	92.7%	\$314,731	\$26,017
Otorhinolaryngology	166	23.5%	76.5%	\$226,940	\$28,260
Psychiatry	144	17.4%	82.6%	\$212,635	\$30,632
Hospitalists	142	7.0%	93.0%	\$500,610	\$13,967

<b>Specialty</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Pathology	124	20.2%	79.8%	\$657,310	\$25,007
Surgery - Head	114	7.0%	93.0%	\$327,177	\$24,887
Gynecology	107	21.5%	78.5%	\$350,769	\$35,397
Nephrology	104	5.8%	94.2%	\$318,580	\$21,004
Hematology	92	12.0%	88.0%	\$501,666	\$35,949
Dermatology	85	17.6%	82.4%	\$60,364	\$14,628
Physical Medicine & Rehabilitation	74	10.8%	89.2%	\$711,875	\$27,491
Infectious Diseases	73	6.8%	93.2%	\$510,000	\$17,036
Surgery - Urological	69	15.9%	84.1%	\$203,727	\$17,713
Other	57	15.8%	84.2%	\$155,824	\$17,192
Unknown	53	20.8%	79.2%	\$90,161	\$21,702
Pain Management	52	17.3%	82.7%	\$258,889	\$14,414
Oncology	49	12.2%	87.8%	\$637,167	\$25,684

<b>Specialty</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Surgery - Colon & Rectal	48	8.3%	91.7%	\$445,000	\$35,939
Endocrinology	48	8.3%	91.7%	\$230,417	\$19,684
Rheumatology	37	18.9%	81.1%	\$487,143	\$24,754
Physicians NOC	36	11.1%	88.9%	\$485,208	\$22,766
Surgery - Traumatic	35	11.4%	88.6%	\$459,375	\$21,848
Neonatal/Perinatal Medicine	31	25.8%	74.2%	\$627,083	\$67,451
Geriatrics	30	10.0%	90.0%	\$42,333	\$17,634
Intensive Care Medicine	30	6.7%	93.3%	\$387,500	\$17,195
Physicians Assistants	25	12.0%	88.0%	\$283,333	\$4,740
General Preventive Medicine	21	9.5%	90.5%	\$200,000	\$35,887
Surgery - Hand	19	0.0%	100.0%	\$0	\$12,983
Surgery - Pediatric	18	16.7%	83.3%	\$866,667	\$12,469
Radiology Therapeutic	16	25.0%	75.0%	\$366,250	\$21,927

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<b>Specialty</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Surgery - Abdominal	15	20.0%	80.0%	\$95,500	\$19,126
Family Physicians\General Practitioners with Delivery	14	21.4%	78.6%	\$271,667	\$55,447

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# OHIO

## 2013 Closed Claims

### ALAE and Indemnity Payments by Medical Provider Type

<b>PROVIDER TYPE</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Physicians/Surgeons	1339	1060	\$34,204,879	\$32,269	158	\$54,666,150	\$345,988
Hospitals	769	607	\$35,998,527	\$59,306	365	\$167,881,671	\$459,950
Corporation	491	440	\$8,484,756	\$19,284	79	\$18,165,506	\$229,943
Other Medical Professionals	276	190	\$2,712,611	\$14,277	44	\$8,884,827	\$201,928
Nursing Home/Assisted Living	80	68	\$2,155,139	\$31,693	47	\$13,903,707	\$295,824
Clinics & Other Facilities	59	52	\$2,298,127	\$44,195	11	\$3,146,530	\$286,048
Pharmacy	5	2	\$3,349	\$1,675	4	\$40,100	\$10,025
<b>TOTALS and AVERAGES:</b>	3019	2419	\$85,857,388	\$35,493	708	\$266,688,492	\$376,679

**OHIO**  
**2013 Closed Claims**  
**ALAE and Indemnity Payments by Injury**

<b>INJURY DESCRIPTION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Medical Treatment, Non-Obstetrical (Failure to Treat, Delay in Treatment, Improper Treatment, etc.)	963	797	\$21,764,426	\$27,308	182	\$56,927,623	\$312,789
Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.)	665	546	\$25,795,328	\$47,244	113	\$41,271,624	\$365,236
Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)	564	442	\$14,082,430	\$31,861	124	\$46,538,916	\$375,314
Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)/Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)	154	111	\$3,280,555	\$29,555	49	\$11,602,341	\$236,782

<b>INJURY DESCRIPTION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Other (No Listed Category Applies)	149	104	\$2,494,058	\$23,981	34	\$2,559,098	\$75,268
Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)	122	104	\$8,929,588	\$85,861	35	\$45,736,608	\$1,306,760
Safety & Security-Related (Falls, Failure To Ensure Safety, Failure to Protect From Assault)	115	81	\$1,634,814	\$20,183	77	\$8,192,734	\$106,399
Patient Monitoring-Related (Failure to Monitor, etc.)	109	97	\$4,372,449	\$45,077	40	\$24,182,885	\$604,572
Anesthesia-Related (Improper Choice, Improper Administration, etc.)	70	52	\$1,401,223	\$26,947	12	\$17,751,101	\$1,479,258

<b>INJURY DESCRIPTION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc.)	56	45	\$846,986	\$18,822	23	\$5,285,152	\$229,789
Breach of Confidentiality/Communication-Related (Failure To Instruct, Failure to Obtain Consent, etc.)	38	34	\$934,815	\$27,495	12	\$5,596,089	\$466,341
Policies & Procedures-Related (Failure To Follow, Negligent Credentialing, etc.)/Supervision-Related (Supervision of Residents, Nurses, etc.)	14	6	\$320,717	\$53,453	7	\$1,044,321	\$149,189
<b>TOTALS and AVERAGES:</b>	3019	2419	\$85,857,388	\$35,493	708	\$266,688,492	\$376,679

**OHIO**  
**2005 - 2013 Closed Claims**  
**ALAE and Indemnity Payments by Injury Type**

Appendix C, Exhibit 14

<b>Injury Description</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
All Injury Types	30804	22.7%	77.3%	\$292,721	\$32,077
Anesthesia Related	606	20.6%	79.4%	\$566,468	\$33,068
Blood Related	1532	32.6%	67.4%	\$297,613	\$36,889
Breach of Confidentiality\Communication	411	29.4%	70.6%	\$160,448	\$33,554
Diagnosis-Related	7836	17.4%	82.6%	\$355,312	\$36,644
Equipment Related	422	45.0%	55.0%	\$116,736	\$18,567
Medical Treatment \Non-Obstetrical	8308	18.5%	81.5%	\$224,975	\$24,315
Obstetrics Related	1332	31.5%	68.5%	\$910,301	\$95,869
Other	1576	20.7%	79.3%	\$127,386	\$17,302
Patient Monitoring Related	1020	38.8%	61.2%	\$367,068	\$36,303
Policies & Procedures Related	226	40.7%	59.3%	\$132,909	\$34,030
Safety & Security Related	1417	56.0%	44.0%	\$90,228	\$22,192
Surgery Related	6118	18.5%	81.5%	\$268,255	\$25,729

**OHIO**  
**2013 Closed Claims**  
**ALAE and Indemnity Payments by Birth Injury**

<b>BIRTH INJURY</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
No	2900	2318	\$76,772,633	\$33,120	675	\$227,051,884	\$336,373
Yes	119	101	\$9,084,755	\$89,948	33	\$39,636,608	\$1,201,109
<b>TOTALS and AVERAGES:</b>	3019	2419	\$85,857,388	\$35,493	708	\$266,688,492	\$376,679

**OHIO**  
**2013 Closed Claims**  
**ALAE and Indemnity Payments by Severity**

<b>SEVERITY DESCRIPTION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Death	1099	950	\$33,094,412	\$34,836	238	\$120,921,690	\$508,074
Emotional	83	54	\$736,828	\$13,645	17	\$348,094	\$20,476
Permanent Grave	61	58	\$2,483,600	\$42,821	16	\$15,388,861	\$961,804
Permanent Major	252	175	\$19,216,398	\$109,808	60	\$79,975,815	\$1,332,930
Permanent Minor	221	158	\$6,529,879	\$41,328	39	\$6,595,121	\$169,106
Permanent Significant	273	249	\$8,632,570	\$34,669	43	\$20,313,303	\$472,402
Temporary Low Significance	134	80	\$956,191	\$11,952	38	\$1,581,912	\$41,629
Temporary Major	363	311	\$8,298,907	\$26,685	109	\$14,519,275	\$133,204
Temporary Minor	533	384	\$5,908,605	\$15,387	148	\$7,044,420	\$47,597
<b>TOTALS and AVERAGES:</b>	3019	2419	\$85,857,388	\$35,493	708	\$266,688,492	\$376,679

**OHIO**  
**2013 Closed Claims**  
**ALAE and Indemnity Payments by Age**

<b>AGE RANGE</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Adult (Ages 18-64)	1997	1612	\$55,753,299	\$34,586	417	\$149,734,621	\$359,076
Senior (Age 65+)	728	573	\$16,036,540	\$27,987	208	\$38,005,864	\$182,720
Infant (Less than 1 year old)	169	146	\$10,653,373	\$72,968	49	\$51,131,358	\$1,043,497
Minor (Ages 1 to 17)	119	84	\$3,108,815	\$37,010	33	\$23,066,649	\$698,989
Unknown	6	4	\$305,362	\$76,340	1	\$4,750,000	\$4,750,000
<b>TOTALS and AVERAGES:</b>	3019	2419	\$85,857,388	\$35,493	708	\$266,688,492	\$376,679

**OHIO**  
**2005 - 2013 Closed Claims**  
**ALAE and Indemnity Payments by Age**

<b>Age</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Adult 18 - 64	20,913	19.6%	80.4%	\$265,287	\$28,707
Senior 65 +	6,832	28.2%	71.8%	\$154,295	\$25,006
Infant	1,552	33.4%	66.6%	\$910,491	\$99,788
Minor 1 - 17	1,377	29.9%	70.1%	\$407,712	\$36,789

**OHIO**  
**2013 Closed Claims**  
**ALAE and Indemnity Payments by Gender**

<b>GENDER</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Female	1700	1370	\$43,953,242	\$32,083	424	\$135,748,356	\$320,161
Male	1319	1049	\$41,904,146	\$39,947	284	\$130,940,136	\$461,057
<b>TOTALS and AVERAGES:</b>	3019	2419	\$85,857,388	\$35,493	708	\$266,688,492	\$376,679

**OHIO**  
**2013 Closed Claims**  
**ALAE and Indemnity Payments by Location**

Appendix C, Exhibit 20

<b>LOCATION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Operating Suite (Includes Pre-Op & Operating Rooms)	773	567	\$16,615,895	\$29,305	164	\$67,073,731	\$408,986
Patient's Room, Including Patient Bathroom for Inpatient Areas Not Otherwise Specified	449	384	\$11,877,907	\$30,932	108	\$27,320,379	\$252,966
Medical Professional's Office	418	340	\$9,601,635	\$28,240	85	\$23,846,239	\$280,544
Emergency Room/Emergency Department	379	308	\$9,734,029	\$31,604	93	\$25,088,238	\$269,766

<b>LOCATION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine)	155	125	\$3,377,463	\$27,020	27	\$7,230,453	\$267,795
Other (No Listed Location Applies)	147	121	\$3,169,954	\$26,198	25	\$5,418,339	\$216,734
Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)	135	119	\$9,618,639	\$80,829	38	\$47,936,608	\$1,261,490
Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care)	111	99	\$3,199,585	\$32,319	32	\$10,631,614	\$332,238
Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)	109	89	\$2,698,806	\$30,324	33	\$15,042,987	\$455,848
Critical Care Unit (ICU/CCU/NICU)	90	85	\$3,061,936	\$36,023	17	\$13,767,267	\$809,839

<b>LOCATION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Outpatient/Ambulatory Care Areas or Facilities	82	53	\$1,655,622	\$31,238	26	\$2,671,555	\$102,752
Patient's Home	66	43	\$2,373,218	\$55,191	22	\$6,797,605	\$308,982
Nursery/Pediatric Ward	24	17	\$1,375,059	\$80,886	13	\$7,731,250	\$594,712
Recovery Room (Post-Anesthesia Care Unit)	23	21	\$6,236,995	\$297,000	6	\$4,379,000	\$729,833
Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)	17	14	\$519,551	\$37,111	4	\$733,760	\$183,440
Mental Health (Includes Psychiatric and Drug & Alcohol Addiction)	13	13	\$203,980	\$15,691	2	\$527,500	\$263,750

<b>LOCATION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Hospice Area or Facility	11	10	\$173,866	\$17,387	2	\$90,000	\$45,000
Facility Support Areas (Including Administrative Areas, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)	9	5	\$200,446	\$40,089	6	\$199,966	\$33,328
Physical Therapy Dept.	8	6	\$162,801	\$27,134	5	\$202,000	\$40,400
<b>TOTALS and AVERAGES:</b>	3019	2419	\$85,857,388	\$35,493	708	\$266,688,492	\$376,679

**OHIO**  
**2005 - 2013 Closed Claims**  
**ALAE and Indemnity Payments by Location**

<b>Location</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Operating Room	7,447	19.2%	80.8%	\$300,660	\$26,838
Medical Professional Office	5,971	20.0%	80.0%	\$227,914	\$24,428
Emergency Department	4,118	18.7%	81.3%	\$228,356	\$28,318
Patient's Room	3,974	27.0%	73.0%	\$240,859	\$33,013
Other	1,478	20.4%	79.6%	\$176,191	\$22,136
Obstetrics Department	1,435	31.8%	68.2%	\$932,024	\$101,557
Radiology	1,412	19.6%	80.4%	\$234,691	\$38,517
Nursing Home	1,183	36.4%	63.6%	\$121,351	\$24,221
Outpatient\Ambulatory Care	817	27.2%	72.8%	\$251,224	\$22,188
Special Procedure Room	715	21.3%	78.7%	\$260,903	\$30,181

<b>Location</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Critical Care Unit	710	20.7%	79.3%	\$577,117	\$33,358
Patient's Home	460	30.4%	69.6%	\$234,684	\$41,380
Ancillary Services	265	35.5%	64.5%	\$218,153	\$31,176
Nursery/Pediatric Ward	187	40.6%	59.4%	\$639,448	\$77,276
Recovery Room	146	32.9%	67.1%	\$342,950	\$71,584
Facility Support Areas	138	56.5%	43.5%	\$55,169	\$27,443
Mental Health	134	23.9%	76.1%	\$180,327	\$28,030
Physical Therapy Dept	132	37.1%	62.9%	\$86,947	\$18,475
Hospice	82	29.3%	70.7%	\$88,148	\$22,121