How to Access the Medical Liability Data Collection Application

You will need an ODI Gateway account to access the Medical Liability Data Collection application. You can create an account by following the instructions here:

If you already have an ODI Gateway account but you do not have access to the Medical Liability Data Collection Application, you can add this application to your existing Gateway account permissions by following the instructions here:

If you already have an ODI Gateway account with permission to the Medical Liability Data Collection application, please visit this page to access the login screen:
http://www.insurance.ohio.gov/secured/Pages/SecuredApps.aspx. This is the page you should bookmark for future access.

After you log in to the Gateway, you will see your list of applications. Click the link to the Medical Liability Data Collection Application. A partial screen shot is shown below.
Contact Information

Once in the Medical Liability Data Collection application, the first screen that appears is Contact Information. The first time you enter the application, the screen will be blank. Enter your name, phone number and e-mail address, so that we can contact you if we have any questions regarding the closed claim records. For subsequent logins, the information on this screen remains. If you need to update any information on the screen, make the necessary changes and click “Update”. If no changes are needed, click “Next”.

Medical Liability Data Collection Application Main Menu

From the main menu you have the capability to insert a new record, update an existing record, print the details of a record or delete an existing record. Keep in mind that you can only update, print or delete records that you have inserted with an identical Gateway account.

Insert New Record

A separate record must be entered for each individual person or entity “insured” by you that is involved in the closed claim. We use the term “insured” loosely in that we are meaning those individuals or entities for which you provide coverage for medical liability. If one closed claim involved three physicians “insured” by you, we anticipate that three records will be entered. If one claim involved a physician and his corporation, we anticipate that two records will be entered. A record is not inserted until the “insurer” has closed the claim according to their business practices. Although you are not required to insert the record until May 1st of the next calendar year, you may find the process to be more efficient to insert the record
when the claim closes. Throughout the screens we also use the term “defendant” to represent the individual person or entity for which you have provided medical liability coverage. However, once again we use the term loosely, since we understand that not all medical liability claims result in a suit being filed where the individual or entity is actually named as a defendant in a suit. We understand that some “insurers” may open a claim file for an incident that ultimately closes without any indemnity payment and without incurring any allocated loss adjustment expenses. It is not necessary to report these claims as closed claims. **It is also not necessary to report 180 day letters as closed claims.**

**Step 1 - Claim Information Screen**

![Claim Information Screen](image)

The first screen that will be entered for every claim record is the claim information screen. Provide the claim ID#, which we understand in many instances is not unique to a “defendant”. The claim ID# does not have to be unique. Next, select the “insurer’s” name from the alphabetized dropdown list or enter the “insurer’s” NAIC/MLDC number. The other field will automatically populate with the “insurer’s” number or
name. We use the term “insurer” loosely in that we are seeking the name of the insurance company or entity that is providing the coverage for medical liability. An insurance company or risk retention group that has an NAIC number should appear in the list. If you do not see the insurance company or risk retention group in the list, please contact ODI immediately at the email address shown on the screen.

If you are a “self-insurer” (an “insurer” that does not have an NAIC number), your name will not appear in the dropdown list until the name is registered for the first time and a MLDC number is assigned to the name. To register an “insurer” that does NOT have an NAIC number and does NOT appear in the dropdown list, click on the button “Click Here To Add Name Of Self Insurer”. The following screen will appear.

You will enter the name of your “insurer” and click “Continue”. This screen will refresh and when it does your “insurer’s” MLDC number will be generated and appear on the screen. This MLDC number will be unique to your “insurer”. Record this MLDC number for your records. Click on the “Next” button. You will be returned to the Step 1 screen. Your “insurer” name will now appear in the dropdown box, so you can either select your “insurer” name from the dropdown list or type in your MLDC number. For all subsequent closed claim records you will only need to select your “insurer” name from the dropdown list or enter your MLDC number. If the name of your self-insurer changes, contact the Department at the email address shown on the screen so the Department can update the name associated with your MLDC number.

Using the dropdown box, you will then select the appropriate type of “insurer”. The types of “insurers” to choose from are:
- Insurance Company – Authorized/Admitted
- Insurance Company – Surplus Lines
- Risk Retention Group
- Self-Insurers (Captives)

Next indicate if the “insurer” is providing the “defendant’s” primary or excess coverage. Utilize the dropdown boxes to denote the per claim and aggregate policy limits, or if the correct amounts are not shown, type them in the provided fields. Next denote if these policy limits apply on an individual basis or shared basis. Provide the claim record’s open and closed dates. In some instances, an “insurer” may believe a claim to be closed and thus report it to ODI, but then circumstances result in the claim being re-opened and re-closed. In these instances, provide the reopened date and the ID# assigned to the original
claim. The last question is whether the defendant” is an entity or corporation. Your selection will determine which screen you will proceed to – Step 2A or Step 2B.

**Step 2A – Individual Defendant Information Screen**

If you do not have the "defendant’s medical license #, just enter all 9’s to denote the number is unknown. A dropdown list is provided to select either one of the 88 Ohio counties or Out-Of-State. For Defendant's Profession, you will select most appropriate with your choices being:

- Physician/Surgeon
- Dentist
- Optometrist
- Chiropractor
- Podiatrist/Chiropodiatrist
- Nurse
- Other

For Specialty Category you will either select Physicians/Surgeons or Miscellaneous. Based on the selection, the Defendant’s Specialty table will populate and you will then select the most appropriate specialty for the individual, then click the “Next” button to proceed to Step 3.
When the Specialty Category of Physicians/Surgeons is selected, the specialty options are:

- Allergy/Immunology
- Anesthesiology
- Cardiovascular Disease
- Corporate/Partnership Liability
- Cytopathology
- Dermatology
- Dermatopathology
- Diabetes
- Emergency Medicine
- Endocrinology
- Family Physicians/General Practitioners
- Family Physicians/General Practitioners with Delivery
- Forensic/Legal Medicine
- Gastroenterology
- General Preventive Medicine
- Geriatrics
- Gynecology
- Hematology
- Hospitalists
- Hypnosis
- Infectious Diseases
- Intensive Care Medicine
- Internal Medicine
- Laryngology
- Neonatal/Perinatal Medicine
- Neoplastic
- Nephrology
- Neurology
- Nuclear Medicine
- Nutrition
- Obstetrics/Gynecology
- Oncology
- Ophthalmology
- Otology
- Otorhinolaryngology
- Pain Management
- Pathology
- Pediatrics
- Pharmacology
- Physical Medicine & Rehabilitation
- Physicians Assistants
- Physicians Military Service
- Physicians NOC
• Preventive Medicine
• Psychiatry
• Psychoanalysis
• Psychosomatic
• Pulmonary
• Radiology
• Radiology Therapeutic
• Rheumatology
• Rhinology
• Sclerotherapy
• Sports Medicine
• Surgery - Abdominal
• Surgery - Broncho/Esophagus
• Surgery - Cardiac
• Surgery - Colon & Rectal
• Surgery - General
• Surgery - Head
• Surgery - Hand
• Surgery - Orthopedic
• Surgery - Pediatric
• Surgery - Plastic
• Surgery - Thoracic
• Surgery - Traumatic
• Surgery - Urological
• Surgery - Vascular
• Teaching Physicians
• Urology

When the Specialty Category of Miscellaneous is selected, the specialty options are:

• Art, Music & Dance Therapists
• Physical Therapists
• Chiropodists/Podiatrists
• Chiropractors
• Dentist
• Dentist-Oral Surgery
• Emergency Medical Technicians & Paramedics
• Hearing Aid Fitters/Audiologists
• Inhalation/Respiratory Therapists
• Massage Therapists
• Medical Laboratory Technicians
• Medical Technologist
• Midwives
• Nurse Anesthetist
Step 2B – Entity/Corporation Defendant Information Screen

Provide the “defendant’s” FEIN in the prescribed format. If the FEIN# is unknown, type all 9s to denote the number is unknown. A dropdown list is provided to select either one of the 88 Ohio counties or Out-Of-State as the “defendant’s” county of location. For defendant’s profession code, select the most appropriate with your choices being:

- Hospital
- Nursing Home/Assisted Living
- Pharmacy
- Clinic
- Corporation
- Hospice
- Other

Then click the “Next” button to proceed to Step 3.
Step 3 – Injury Information Screen

For every claim record, information will be provided regarding the person injured or allegedly injured by the “defendant”. Provide the injured person’s first and last name. A dropdown list is provided to select either one of the 88 Ohio counties or Out-Of-State as the injured person’s county of residence at the time of injury and the county where the injury took place.

Provide the injured person’s date of birth, or if unknown, select from the dropdown box the appropriate age category at the time of injury. The options are:

- Infant - less than 1 year old
- Minor - Ages 1 to 17
- Adult – Ages 18 to 64
- Senior – Age 65+

Select the injured person’s gender. Provide the date of the injury.

Next select the most appropriate location where primary injury/complaint took place. The choices are:

- Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)
- Critical Care Unit (ICU/CCU/NICU)
- Emergency Room/Emergency Department
- Hospice Area or Facility
- Medical Professional’s Office
- Mental Health (Includes Psychiatric and Drug & Alcohol Addiction
- Nursery/Pediatric Ward
- Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care)
- Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)
- Operating Suite (Includes Pre-Op & Operating Rooms)
• Outpatient/Ambulatory Care Areas or Facilities
• Patient’s Home
• Patient’s Room (Including Patient Bathroom for Inpatient Areas Not Otherwise Specified)
• Physical Therapy Department
• Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine)
• Recovery Room (Post-Anesthesia Care Unit)
• Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)
• Facility Support Area (Including Administrative Area, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)
• Other (No Listed Location Applies)

Next enter the actual name of the institution where the injury occurred, if the injury occurred at an institution.

Next select the primary complaint, injury or alleged injury from the dropdown box. The options are:
• Anesthesia-Related (Improper Choice, Improper Administration, etc.)
• Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)
• Breach of Confidentiality
• Communication Related (Failure to Instruct, Failure to Obtain Consent, etc.)
• Diagnosis-Related (Failure to Diagnosis, Misdiagnosis, Delay in Diagnosis, etc.)
• Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc.)
• Medical Treatment, Non-Obstetrical (Failure to Treat, Delay in Treatment, Improper Treatment, etc.)
• Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)
• Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)
• Patient Monitoring-Related (Failure to Monitor, etc.)
• Policies & Procedure-Related (Failure to Follow, Negligent Credentialing, etc.)
• Safety & Security-Related (Falls, Failure to Ensure Safety, Failure to Protect from Assault)
• Supervision-Related (Supervision of Residents, Nurses, etc.)
• Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)
• Other (No Listed Category Applies)

Select if the claim was due to a birth injury.

Provide the severity and duration of the primary injury by selecting from the list provided in the dropdown box. Your choices are:
• Emotional
• Temporary Insignificant
• Temporary Minor
• Temporary Major
• Permanent Minor
• Permanent Significant
• Permanent Major
• Permanent Grave
• Death

The last question is whether a suit was filed in the court system against the “defendant”. It may be possible that a suit was filed in the court system due to the injury sustained by the injured party, but this
particular “defendant” was not named in the lawsuit. In that instance, you would select “No”. Your selection of “Yes” or “No” will determine if you proceed to Step 4 or Step 8.

**Step 4 – Court Information Screen**

Provide the date the suit was filed in court. Next, enter the case number issued by the court. Select the county where the suit was filed from the dropdown box. The last question is whether the suit resulted in a judgment award that included this defendant. Your selection of “Yes” or “No” will determine which screen you will proceed to, Step 5 or Step 8.

**Step 5 – Judgment Information**

Select if the judgment was subject to itemization requirements of ORC 2323.43(B). This law limits the amounts that may be awarded for noneconomic damages. Your selection of “Yes” or “No” will determine which screen you will proceed to, Step 6 or Step 7.
Step 6 – Yes to ORC 2323.43(B) Information Screen

Concerning the first three fields, enter the amount of awarded for economic, non-economic and punitive damages. These amounts represent the court’s factual findings in determining damages without respect to the capping of limits for compensatory damages set forth in ORC 2323.43. In the next three fields, enter the final judgment amounts for economic, non-economic and punitive damages. These amounts may be same as the preceding jury awarded amounts or they may be different based on a judge’s ruling or the triggering of the capping of limits for compensatory damages as set forth in ORC 2323.43. Enter the date of the final judgment. Clicking on “Next” will take you to Step 8. (If the trial involved multiple defendants, we are aware that this award would be paid by all, not just this particular “defendant”)

Step 7 – No ORC 2323.43(B) Information Screen
Enter the jury awarded amounts for compensatory and punitive damages. In the next fields enter the final judgment for compensatory and punitive damages. These amounts may be same as the preceding jury awarded amounts or they may be different based on a judge’s ruling. Enter the date of the final judgment. Click “Next”. This will take you to Step 8. If the trial involved multiple defendants, we are aware that this award would be paid by all, not just this particular “defendant”.

**Step 8 – Settlement Question Yes or No Screen**

![Settlement Question Screen](image)

Answer if the claim or suit resulted in a settlement that included this “defendant”. Selecting “Yes” or “No” to the settlement question will determine if you proceed to Step 9 or Step 10.

**Step 9 - Settlement Information Screen**

![Settlement Information Screen](image)

Provide the settlement date. If the final settlement amounts were allocated into medical expenses, wage loss and other expenses, then provide those amounts in the next three fields. Otherwise, provide the total settlement amount in the last field. Click the “Next” button to proceed to the next screen. If the settlement
involved multiple defendants, we are aware that these amounts would be paid by all, not just this particular "defendant".

**Step 10 – Alternative Dispute Resolution “Yes” or “No” Screen**

Answer if the claim used an alternative dispute resolution method such as arbitration or formal mediation that included this "defendant". Selecting “Yes” or “No” to the question will determine if you proceed to Step 11 or Step 12.

**Step 11 - Alternative Dispute Resolution Information Screen**

Provide the alternative dispute resolution date. If the final resolution amounts were allocated into medical expenses, wage loss and other expenses, then provide those amounts in the next three fields. Otherwise, provide the total resolution amount in the last field. Click the “Next” button to proceed to the next screen. If the alternative dispute resolution involved multiple defendants, we are aware that this award would be paid by all, not just this particular “defendant”.

Questions? Email us: MLDC@insurance.ohio.gov
Step 12 - Final Method of Claims Disposition Information Screen

From the dropdown box, select the most appropriate final method of claims disposition for the “defendant”. The choices are:
1. Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
2. Dismissed By Court-Summary Judgment/Directed Verdict
3. Disposed of by Trial Verdict/Jury Verdict
4. Disposed of by Settlement Agreement
5. Disposed of by Alternative Dispute Resolution

Next, indicate if the claim closed “With” or “Without” indemnity payment. This will take you to either Step 13 or Step 14. Finally, click on the “Next” button.

Step 13 - Closed With Indemnity Payment Screen
Concerning multiple “defendants,” if you are unable to report defense counsel legal fees, defense counsel other expenses and other LAE on a “defendant” basis, then enter the total fee and expense amounts for the claim.

For subsequent “defendant” entries, under the same claim, check the box indicating that fees and expenses have been previously entered on a claim basis.

The “Total Indemnity Paid” field should always be reported (entered) on a “defendant” basis. Even if the fees and expenses are reported on a claim basis.

Click the “Next” button. You have now provided a complete record for this “defendant” and the application will direct you to the Medical Liability Data Collection Application Main Menu.

Step 14 - Closed Without Indemnity Payment Screen

Concerning multiple “defendants,” if you are unable to report defense counsel legal fees, defense counsel other expenses and other LAE on a defendant basis, then enter the total fee and expense amounts for the claim.

For subsequent “defendant” entries, under the same claim, check the box indicating that fees and expenses have been previously entered on a claim basis.
Click the “Next” button. You have now provided a complete record for this “defendant” and the application will direct you to the Medical Liability Data Collection Application Main Menu.

![Medical Liability Data Collection](image)

**Updating An Existing Record**

From the Main Menu, click on the “Update a Record” button. Enter the ID# of the claim you wish to update and click on the “Retrieve Claim ID” button. If more than one record has the same ID#, you will prompted to select the applicable record. To assist in the selection process we provide the original date and time the record was entered. From the dropdown box, select the section of the data that requires updating and click the “Next” button. If your update changes any logic, you will be prompted to review other screens to update that information as well. Once the updating is completed, you will be returned to the Main Menu screen.

**IMPORTANT NOTE:** On May 1st of each year, the data from prior year will be “locked”. If you find that corrections or updates are warranted, please send a request for the information to be updated at MLDC@insurance.ohio.gov.

**Deleting an Existing Record**

From the Main Menu, click on the “Delete a Record” button. Enter the ID# of the claim you wish to delete and click on the “Retrieve Claim ID” button. If more than one record has the same ID#, you will prompted to select the applicable record. To confirm your desire to delete the selected record, click on the “Confirm Delete” button. Once the record is deleted, you will be returned to the Main Menu Screen. If you do not wish to delete the record, click on the “Main Menu” button.

**IMPORTANT NOTE:** On May 1st of each year, the data from prior year will be “locked”. If you find that corrections or updates are warranted, please send a request for the information to be updated at MLDC@insurance.ohio.gov.

**Printing the Record Detail**

For verification and quality assurance, you can print the details of the record. From the Main Menu, click on the “Print Record Detail” button. Enter the ID# of the claim you wish to print and click on the “Retrieve Claim ID” button. If more than one record has the same ID#, you will prompted to select the applicable record. To assist in the selection process we provide the original date and time the record was entered. Once you print the record detail, click on the “Main Menu” button, which appears at the bottom of the record detail.