

Ohio 2011 Medical Professional Liability Closed Claim Report

February 2013

Ohio Medical Professional Liability Closed Claim Report - 2011

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 seventh annual report to the General Assembly summarizing the Ohio medical professional liability closed claim data received by the Department for calendar year 2011. This report also includes comparisons of calendar year 2011 data with the data from the prior six calendar years. Copies of the prior annual reports are available on the Department’s web site 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 2011 Closed Claims

- **Total Claims:** For 2011, a total of 3,094 claims were reported by 101 entities. Authorized insurers¹ reported the majority of the claims, 1,708. Self-insured entities reported 1,144 claims; surplus lines insurers² reported 173 claims; and risk retention groups³ reported 69 claims.

¹ 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.

² 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.

³ 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. Nearly 76% of the claims, or 2,343, had no indemnity payments, while over 24% of the claims or 751, closed with an indemnity payment. The total amount paid to claimants was \$218,260,316, an average of \$290,626 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 2,501. These expenses totaled \$84,010,910, an average of \$33,591 per claim.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the claims that closed with an indemnity payment, 205 closed within one year of being reported and had average paid indemnity of \$125,563. That figure rose to \$289,386 for 206 claims closing in their second year. Seventeen claims closed seven or more years after being reported with an average indemnity payment of \$478,274.
- **ALAE and Age of Claim:** Allocated loss adjustment expense also increased with the age of the claim, starting with an average of \$5,495 for claims that closed in the first year, and rising to \$20,119 for claims that closed in the second year. For claims closing seven or more years after being reported the average ALAE was \$114,466.
- **Regional Comparisons:** Nearly half of the claims, or 1,502, came from Northeast Ohio. Of these, one-fourth or 374 resulted in indemnity payments totaling \$111,781,021. Half (51%) of the total dollar amount paid to claimants statewide in 2011 arose from Northeast Ohio claims. However, Southwest Ohio had the highest average paid indemnity of \$365,827. The breakdown of average paid indemnity for the remainder of Ohio, in descending order, is: Northwest-\$316,697; Northeast-\$298,880; Southeast-\$197,053; and Central-\$189,684.
- **Specialty Comparisons:** When claims were broken down by medical specialty, Internal Medicine had the most claims at 164 with 14 resulting in paid indemnity averaging \$254,286. For those specialties that are broken out, Emergency Medicine had the highest average paid indemnity of \$359,498 for 13 claims with payments, out of 93 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 823 with 168 resulting in paid indemnity. Obstetrics-related claims totaled 120. Of these, 33 resulted in indemnity

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payments averaging \$999,448, 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 3,094 claims that were closed in 2011, slightly more than 75% closed with no indemnity payment. Included in this figure are five categories:
 - 65.13% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice;
 - 5.27% were dismissed by summary judgment or a directed verdict;
 - 3.43% ended with a verdict for the defendant;
 - 1.84% ended through a settlement;
 - 0.06% ended with alternative dispute resolution.
- The remaining 24% of the claims closed with an indemnity payment. Four categories of claims are included here:
 - 22.50% reached a settlement;
 - 1.03% used alternative dispute resolution;
 - 0.68% had a verdict for the plaintiff;
 - 0.06%⁴ 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 \$14,726. The 106 claims that were disposed of by verdict, without indemnity payment, had the highest average ALAE of \$109,845.

Exhibit 3 provides a comparison of the seven 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 31% of the total and had nearly the lowest average indemnity of \$125,563, and ALAE of \$5,495. Costs tended to grow significantly as the claims aged. The oldest category, claims that closed seven or

⁴ 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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more years later, had average indemnity payments of \$478,274, and average ALAE of \$114,466.

Claims by Size (Appendix C, Exhibit 5)

Of the 3,094 claims reported closed in 2011, approximately 25%, or 751, generated an indemnity payment. Of these 751 claims, 49 claims or 6.5% generated an indemnity payment greater than \$1 million. These 49 claims generated indemnity payments of \$101.7 million or 47% of the total indemnity payments for all claims. Another 69 claims, or 9%, generated an indemnity payment below \$1 million but at least \$500,000. These 69 claims generated indemnity payments of \$48.1 million or 22% of the total indemnity payments for all claims. So for 2011, 69% of the total paid indemnity was generated by 15.5% of the claims that closed with an indemnity payment.

In comparison, for 2010, 64% of the total paid indemnity was generated by 12% of the claims that closed with an indemnity payment. For 2009, 71% of the total paid indemnity was generated by 17% of the claims that closed with an indemnity payment. For 2008, 63% of the total paid indemnity was generated by 13% of the claims that closed with an indemnity payment. For 2007, 74% of the total paid indemnity was generated by 15% of the claims that closed with an indemnity payment. For 2006, 72% of the total paid indemnity was generated by 15% of the claims that closed with an indemnity payment, and in 2005, 65% of the total paid indemnity was generated by 15% of the claims that closed with an indemnity payment.

Claims by Insurer Type (Appendix C, Exhibit 6)

A total of 101 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 3,094 closed claims that were reported, 55% of the claims were reported by admitted insurance companies and 37% 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 2011 closed claims.

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Nearly half of the closed claims reported for 2011 were from the Northeast region. Excluding those claims where a region was not indicated by the reporting entity, the claims from the Southwest region had the largest average indemnity payment and incurred the largest average ALAE. Conversely, the Central region had the smallest average indemnity payment and incurred the smallest average ALAE. Exhibit 9 displays the regional data for all seven years combined.

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. An average of 14% of the claims resulted in an indemnity payment. Internal Medicine had the most closed claims in 2011 followed by Family Physicians/General Practitioners.

Of the physician specialties shown, Emergency Medicine had the highest average paid indemnity of \$359,498. Exhibit 11 displays the physician & surgeons' data for all seven years combined for the five specialties with the greatest number of claims.

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

Exhibit 12 displays the 2011 closed claims experience for all the provider types. Forty-three percent of the 3,094 closed claims were reported for physicians and surgeons. The largest average paid indemnity was \$352,913 for claims reported for hospitals. The largest average ALAE of \$48,908 was also for claims reported for hospitals. While an average of 14% of the claims reported for a physician or surgeon resulted in an indemnity payment, 43% 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 3,094 claims reported as closed in 2011, 50% of the claims were split between two categories, Non-Obstetrical Medical Treatment and Surgery-Related. Non-Obstetrical Medical Treatment includes failure to treat, delay in treatment, and improper treatment. Surgery-Related includes delay in surgery and improper performance of surgery. Obstetrics-Related claims, including improper delivery method, improper management of pregnancy, and delay in delivery, had the highest average paid indemnity of \$999,448, while Anesthesia-Related had the highest average ALAE of \$86,801. This data includes all medical provider types, including hospitals. Exhibit 14 displays the data for all seven years combined for the three injury descriptions with the greatest number of claims.

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Birth Injury Claims (Appendix C, Exhibit 15)

Reporting entities identified whether the closed claim was due to a birth injury. Of the 3,094 closed claims reported, 118 or 3.8%, were identified as birth injury claims. Of these 118 birth injury claims, 25% resulted in an indemnity payment. The average indemnity payment of a birth injury claim was \$1,245,278, over four times the overall average indemnity payment of \$290,626.

Of the 25,012 closed claims reported for calendar years 2005 through 2011, 1,078 or 4.3% were identified as birth injury claims. Of these 1,078 birth injury claims, 33% resulted in an indemnity payment. The average indemnity payment of the combined data for a birth injury claim was \$943,364 which is more than three times the overall average indemnity payment of \$280,785.

Severity of Injury (Appendix C, Exhibit 16)

Of the 3,094 claims reported as closed in 2011, 953 or 31% of the claims were due to death, with an average paid indemnity of \$394,678. For claims with injuries identified as "permanent grave", the average paid indemnity was \$1,255,327, an amount more than four times the overall average indemnity payment. "Permanent grave" injuries include quadriplegia and brain damage, requiring lifelong dependent care.

Of the 25,012 claims reported as closed for calendar years 2005 through 2011, 8,434 or 34% were due to death. For closed claims resulting in death, 20% closed with an indemnity payment which averaged \$350,540. Closed claims for injuries identified as "permanent grave" totaled 523 for the seven years. For the closed claims that identified the injury as "permanent grave", 27% closed with an indemnity payment which averaged \$1,203,284.

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

Of the 3,094 claims reported as closed, 66.9% of the claims identified the injured party as an adult, age 18 to 64. Adults ages 65 or older represented 23.7% of the claims. Infants and minors together represented 9.0% the claims. The average indemnity payment for infants was the highest for the various age groupings at \$1,061,212. Exhibit 18 displays the data for all seven years combined for these groupings.

Gender of Injured Person (Appendix C, Exhibit 19)

Of the 3,094 claims reported as closed, 57% of the claims reported the injured party as female and 43% of the claims reported the injured party as male. When the injured party was a female, the average indemnity payment was \$255,875. When the injured party was a male, the average indemnity payment was \$336,925.

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Of the 25,012 claims reported as closed for calendar years 2005 through 2011, 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 \$248,929. When the injured party was a male, the average indemnity payment was \$324,974. For females, 23.5% of the claims resulted in an indemnity payment, while for males, 21.9% 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 2011 was generated by incidents that occurred in the operating suite, followed by incidents that occurred in the medical professional's office. These two locations represent 46% of the reported claims. The largest average indemnity payments were due to incidents that occurred in the Obstetrics Department, while the largest average ALAE were due to incidents that occurred in the Nursery/Pediatric Ward. Exhibit 21 displays the data for all seven years combined for various locations.

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

Effective April 11, 2003, the 124th 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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Closed Claim Year	2005	2006	2007	2008	2009	2010	2011	Total
Total # of Claims	5,051	4,004	3,451	3,080	3,344	2,988	3,094	25,012
# Claims with injury pre- SB 281	3,864	1,939	1,058	458	325	167	165	7,976
Avg Indemnity pre-SB 281 claims	\$307,899	\$342,091	\$556,191	\$422,498	\$882,645	\$527,336	\$326,297	\$389,078
Median Indemnity pre-SB 281 claims	\$101,250	\$100,000	\$175,000	\$153,000	\$343,750	\$172,000	\$90,000	
Avg ALAE pre- SB 281 claims	\$28,265	\$34,470	\$67,898	\$111,388	\$88,602	\$83,773	\$72,062	\$44,068
# Claims with injury post- SB 281	1,187	2,065	2,393	2,622	3,019	2,821	2,929	17,036
Avg Indemnity post-SB 281 claims	\$171,299	\$235,677	\$213,065	\$221,685	\$271,897	\$209,071	\$289,039	\$237,111
Median Indemnity post-SB 281 claims	\$25,000	\$45,000	\$45,000	\$50,383	\$79,184	\$50,088	\$90,000	
Avg ALAE post-SB 281 claims	\$9,044	\$15,768	\$18,990	\$28,738	\$33,448	\$25,739	\$31,101	\$25,283
# Claims where verdict could have been subject to capping	0	2	3	0	1	4	3	13

VIII. Conclusion

This seventh 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 seven years of data the following conclusions can be drawn:

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- Most of the claims closed without a payment to the plaintiff. For all seven 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 [3960.02](#) 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 division (D) 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 section 2323.43(B) 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 1 of each year, and shall contain information for the previous calendar year.

(G) Noncompliance

Any person listed in division (D) that fails to timely submit the report required under this section shall be subject to a fine not to exceed \$500.00.

(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.

HISTORY: Eff 1-2-05

R.C. 119.032 review dates: 08/31/2009 and 08/30/2014

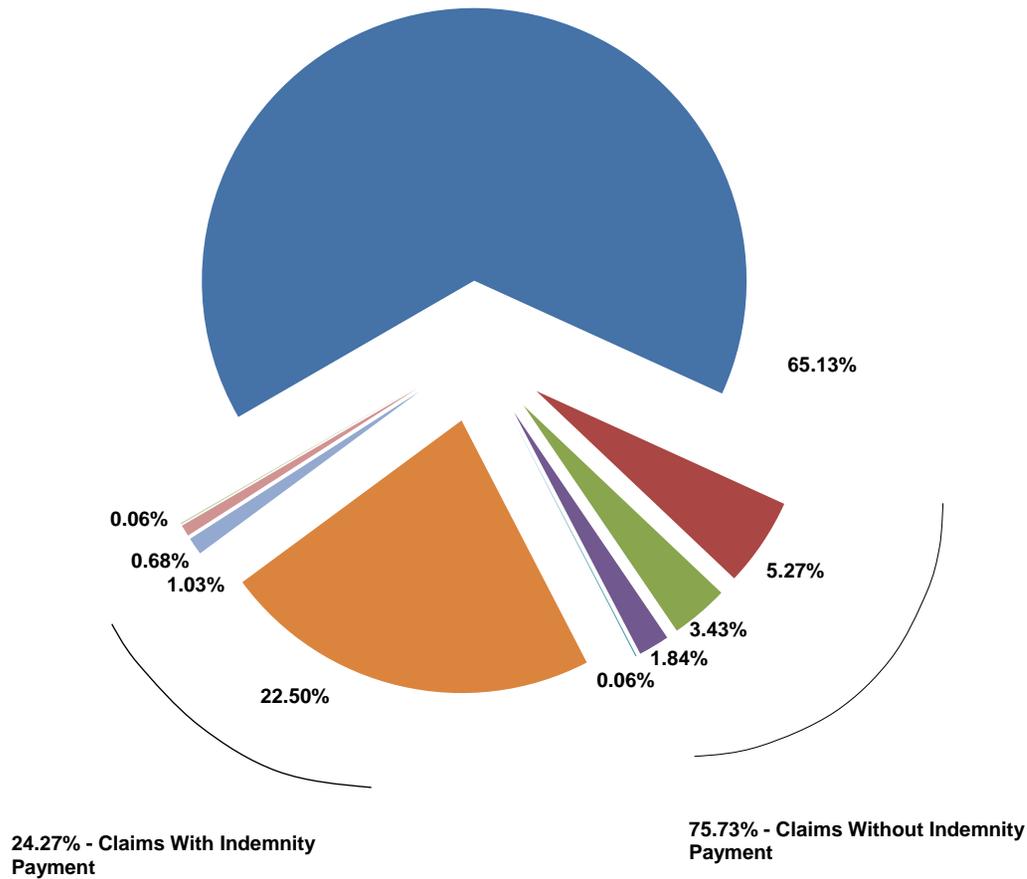
Promulgated Under: 119.03

Statutory Authority: 3901.041, 3929.302

Rule Amplifies: 3929.302

OHIO Closed Claims in 2011 Outcome of Malpractice Claims

3094 Closed Claims



Appendix C, Exhibit 1

- 65.13% Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- 5.27% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 3.43% Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity
- 1.84% Disposed of by Settlement Agreement -- Without Indemnity
- 0.06% Disposed of by Alternative Dispute Resolution -- Without Indemnity
- 22.50% Disposed of by Settlement Agreement -- With Indemnity
- 1.03% Disposed of by Alternative Dispute Resolution -- With Indemnity
- 0.68% Disposed of by Trial Verdict/Jury Verdict -- With Indemnity
- 0.06% Dismissed by Court - Summary Judgment/Directed Verdict -- With Indemnity

OHIO
2011 Closed Claims
ALAE and Indemnity Payments by Final
Disposition Description

Appendix C, Exhibit 2

FINAL DISPOSITION DESCRIPTION	TOTAL CLAIMS	AVG	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice -- Without Indemnity	2015	65.1%	1621	\$23,871,134	\$14,726	0	\$0	\$0
Dismissed by Court -Summary Judgment/Directed Verdict -- Without Indemnity	163	5.3%	147	\$4,493,193	\$30,566	0	\$0	\$0
Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity	106	3.4%	104	\$11,423,910	\$109,845	0	\$0	\$0
Disposed of by Settlement Agreement -- Without Indemnity	57	1.8%	50	\$879,274	\$17,585	0	\$0	\$0
Disposed of by Alternative Dispute Resolution -- Without Indemnity	2	0.1%	2	\$19,229	\$9,614	0	\$0	\$0

FINAL DISPOSITION DESCRIPTION	TOTAL CLAIMS	AVG	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Disposed of by Settlement Agreement -- With Indemnity	696	22.5%	524	\$38,520,312	\$73,512	696	\$181,529,753	\$260,819
Disposed of by Alternative Dispute Resolution -- With Indemnity	32	1.0%	30	\$2,488,904	\$82,963	32	\$28,019,958	\$875,624
Disposed of by Trial Verdict/Jury Verdict -- With Indemnity	21	0.7%	21	\$2,173,974	\$103,523	21	\$8,690,605	\$413,838
Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity	2	0.1%	2	\$140,974	\$70,487	2	\$20,000	\$10,000
TOTALS and AVERAGES:	3094	100.0%	2501	\$84,010,903	\$33,591	751	\$218,260,316	\$290,626

OHIO

Appendix C, Exhibit 3

Closed Claims for 2005 - 2011 ALAE and Indemnity Payments

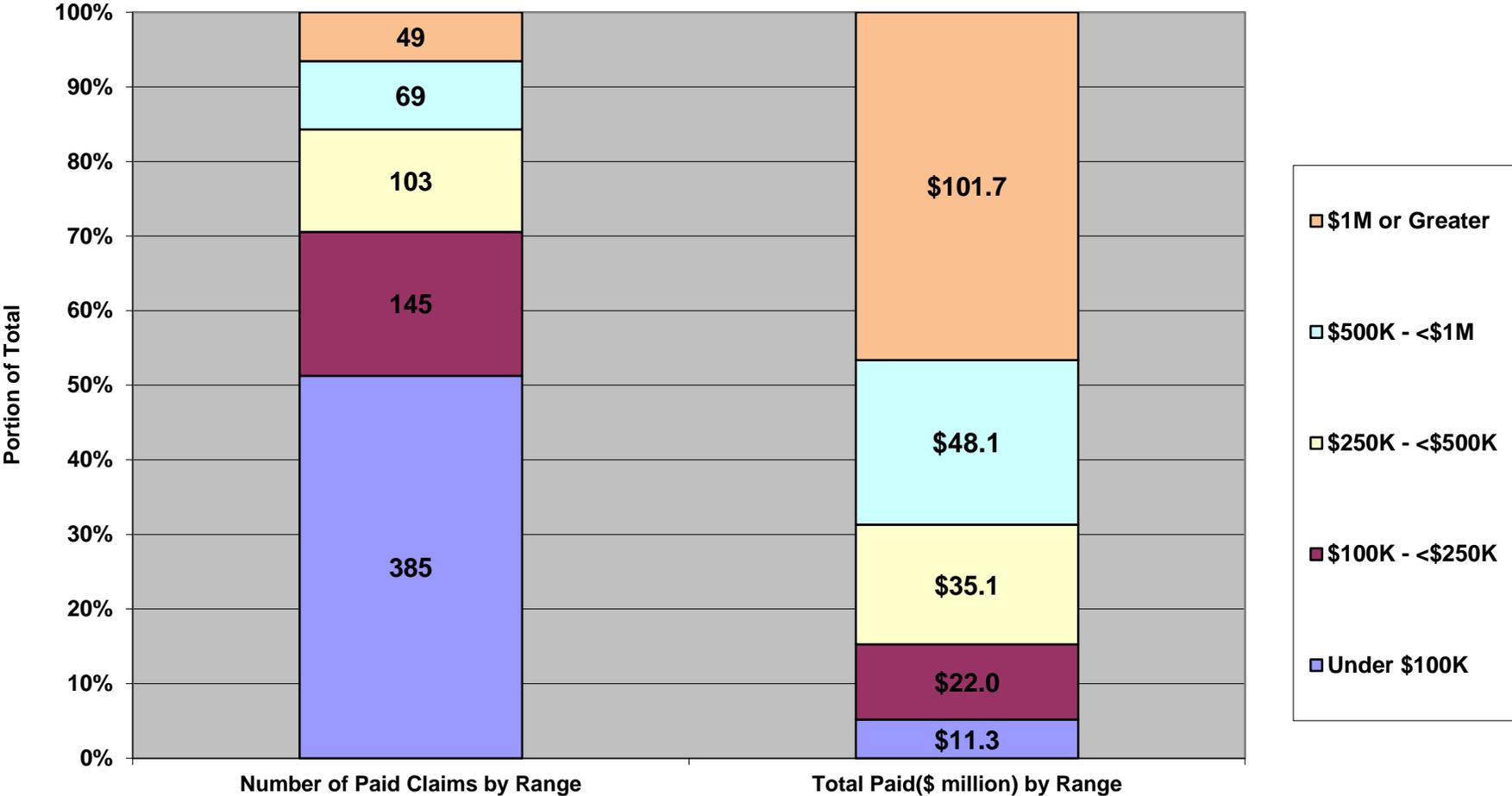
CLOSED CLAIM YEAR	NUMBER OF CLAIMS	PERCENTAGE OF CLAIMS WITH INDEMNITY	PERCENTAGE OF CLAIMS WITHOUT INDEMNITY	TOTAL INDEMNITY AMOUNT	AVERAGE INDEMNITY AMOUNT	TOTAL ALAE AMOUNT	AVERAGE ALAE AMOUNT
2005	5,051	20.7%	79.3%	\$281,764,938	\$269,374	\$113,194,565	\$24,443
2006	4,004	19.8%	80.2%	\$228,735,572	\$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
TOTALS and AVERAGES:	25,012	22.8%	77.2%	\$1,603,282,475	\$280,785	\$678,757,985	\$31,954

OHIO
2011 Closed Claims
ALAE and Indemnity Payments by Age of Claim

Appendix C, Exhibit 4

AGE IN YEARS	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Less Than 1	971	642	\$3,527,947	\$5,495	205	\$25,740,425	\$125,563
1 But Less Than 2	958	812	\$16,336,816	\$20,119	206	\$59,613,544	\$289,386
2 But Less Than 3	615	545	\$23,956,307	\$43,957	177	\$64,074,773	\$362,004
3 But Less Than 4	229	218	\$15,684,044	\$71,945	67	\$26,325,535	\$392,918
4 But Less Than 5	156	132	\$9,743,709	\$73,816	51	\$26,736,454	\$524,244
5 But Less Than 6	65	58	\$4,376,711	\$75,461	21	\$7,507,975	\$357,523
6 But Less Than 7	31	29	\$2,945,097	\$101,555	9	\$1,087,500	\$120,833
7 or Greater	69	65	\$7,440,272	\$114,466	15	\$7,174,112	\$478,274
TOTALS and AVERAGES:	3094	2501	\$84,010,903	\$33,591	751	\$218,260,316	\$290,626

**OHIO
2011 Closed Claims
By Size of Payment**

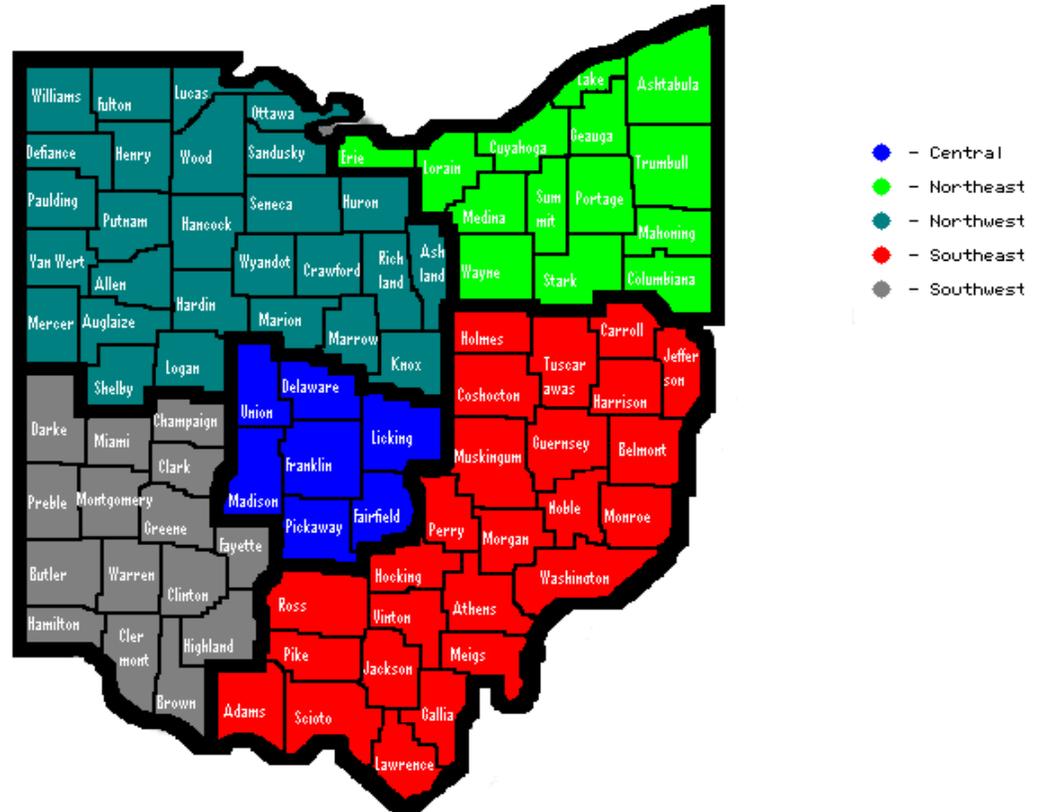


OHIO
2011 Closed Claims
ALAE and Indemnity Payments by Insurer Type

Appendix C, Exhibit 6

INSURING ENTITY TYPE	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Insurance Company - Authorized/Admitted	1708	1471	\$48,085,782	\$32,689	293	\$70,017,402	\$238,967
Insurance Company - Surplus Lines	173	141	\$3,452,852	\$24,488	53	\$8,193,094	\$154,587
Risk Retention Group	69	56	\$2,420,427	\$43,222	16	\$2,951,970	\$184,498
Self Insurers (Captives)	1144	833	\$30,051,842	\$36,077	389	\$137,097,850	\$352,437
TOTALS and AVERAGES:	3094	2501	\$84,010,903	\$33,591	751	\$218,260,316	\$290,626

Closed Claims 2011 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

2011 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
Central								
	Franklin	343	291	\$5,826,211	\$20,021	82	\$14,697,242	\$179,235
	Central - Remainder	67	55	\$2,985,904	\$54,289	18	\$4,271,123	\$237,285
Totals and Averages:		410	346	\$8,812,115	\$25,469	100	\$18,968,365	\$189,684
Northeast								
	Cuyahoga	770	544	\$19,151,521	\$35,205	227	\$68,970,976	\$303,837
	Summit	234	199	\$7,697,910	\$38,683	41	\$15,305,644	\$373,308
	Stark	152	141	\$3,606,982	\$25,581	23	\$9,749,368	\$423,886
	Mahoning	82	74	\$1,829,124	\$24,718	14	\$2,040,503	\$145,750
	Lorain	50	45	\$1,015,758	\$22,572	12	\$5,348,724	\$445,727
	Northeast - Remainder	214	173	\$4,839,077	\$27,972	57	\$10,365,806	\$181,856
Totals and Averages:		1502	1176	\$38,140,372	\$32,432	374	\$111,781,021	\$298,880

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Northwest								
	Northwest - Remainder	248	216	\$9,069,716	\$41,989	49	\$14,075,042	\$287,246
	Lucas	204	177	\$5,768,292	\$32,589	43	\$15,061,100	\$350,258
	Totals and Averages:	452	393	\$14,838,009	\$37,756	92	\$29,136,142	\$316,697
Southeast								
	Southeast	205	143	\$4,664,386	\$32,618	47	\$9,261,488	\$197,053
	Totals and Averages:	205	143	\$4,664,386	\$32,618	47	\$9,261,488	\$197,053
Southwest								
	Hamilton	230	185	\$5,477,684	\$29,609	69	\$31,856,319	\$461,686
	Montgomery	152	139	\$4,510,224	\$32,448	32	\$10,456,338	\$326,761
	Butler	34	28	\$277,641	\$9,916	5	\$770,857	\$154,171
	Southwest - Remainder	93	81	\$6,677,854	\$82,443	25	\$4,839,786	\$193,591
	Totals and Averages:	509	433	\$16,943,403	\$39,130	131	\$47,923,300	\$365,827
Unknown								
	Unknown	16	10	\$612,618	\$61,262	7	\$1,190,000	\$170,000
	Totals and Averages:	16	10	\$612,618	\$61,262	7	\$1,190,000	\$170,000
GRAND TOTALS and AVERAGES:		3094	2501	\$84,010,903	\$33,591	751	\$218,260,316	\$290,626

OHIO
2005 - 2011 Closed Claims
ALAE and Indemnity Payment by Region

Region	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Central	3,123	20.8%	79.2%	\$297,095	\$23,317
Northeast	12,165	22.9%	77.1%	\$289,414	\$30,314
Northwest	3,741	21.0%	79.0%	\$267,600	\$32,147
Southeast	1,385	23.5%	76.5%	\$238,860	\$29,329
Southwest	4,501	25.2%	74.8%	\$273,783	\$42,665

OHIO

Appendix C, Exhibit 10

2011 Closed Claims ALAE and Indemnity Payments by Physician Specialty

PHYSICIAN SPECIALTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Internal Medicine	164	145	\$3,999,015	\$27,579	14	\$3,560,000	\$254,286
Family Physicians\General Practitioners	121	110	\$8,550,986	\$77,736	30	\$7,456,239	\$248,541
Surgery - General	117	93	\$3,431,117	\$36,894	21	\$5,891,559	\$280,550
Obstetrics/Gynecology	112	90	\$4,243,674	\$47,152	15	\$3,865,272	\$257,685
Surgery - Orthopedic	111	95	\$2,230,766	\$23,482	12	\$2,999,320	\$249,943
Emergency Medicine	93	78	\$2,072,651	\$26,572	13	\$4,673,470	\$359,498
Radiology	91	72	\$1,650,268	\$22,920	7	\$1,197,423	\$171,060
Anesthesiology	52	45	\$989,406	\$21,987	7	\$2,461,000	\$351,571
Neurology	42	36	\$998,113	\$27,725	8	\$2,845,000	\$355,625
Cardiovascular Disease	40	30	\$903,187	\$30,106	3	\$583,000	\$194,333
Other	389	317	\$8,297,050	\$26,174	61	\$17,576,854	\$288,145
TOTALS and AVERAGES:	1332	1111	\$37,366,233	\$33,633	191	\$53,109,137	\$278,058

OHIO
2005 - 2011 Closed Claims
ALAE and Indemnity Payments by Physician Specialty

Appendix C, Exhibit 11

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	11,562	14.4%	85.6%	\$330,350.10	\$30,123.13
Internal Medicine	1,408	11.3%	88.7%	\$245,789.14	\$31,664.36
Family Physicians/General Practitioners	1,072	19.8%	80.2%	\$289,507.89	\$33,374.70
Surgery - General	1,024	14.5%	85.5%	\$314,983.97	\$34,792.99
Emergency Medicine	985	12.2%	87.8%	\$292,262.53	\$27,183.78
Obstetrics/Gynecology	924	23.5%	76.5%	\$431,126.03	\$59,910.67

OHIO

2011 Closed Claims

ALAE and Indemnity Payments by Medical Provider Type

PROVIDER TYPE	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Physicians/Surgeons	1332	1111	\$37,366,233	\$33,633	191	\$53,109,137	\$278,058
Hospitals	816	638	\$31,203,157	\$48,908	351	\$123,872,533	\$352,913
Corporation	538	455	\$8,909,161	\$19,581	88	\$20,665,516	\$234,835
Other Medical Professionals	266	189	\$4,225,826	\$22,359	63	\$10,941,366	\$173,672
Nursing Home/Assisted Living	70	54	\$1,213,393	\$22,470	40	\$6,175,974	\$154,399
Other Facilities	35	26	\$567,027	\$21,809	8	\$1,820,945	\$227,618
Clinic	33	27	\$520,335	\$19,272	7	\$1,637,200	\$233,886
Pharmacy	4	1	\$5,771	\$5,771	3	\$37,644	\$12,548
TOTALS and AVERAGES:	3094	2501	\$84,010,903	\$33,591	751	\$218,260,316	\$290,626

OHIO

Appendix C, Exhibit 13

2011 Closed Claims ALAE and Indemnity Payments by Injury

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Medical Treatment, Non-Obstetrical (Failure to Treat, Delay in Treatment, Improper Treatment, etc.)	823	659	\$15,631,712	\$23,720	168	\$40,829,320	\$243,032
Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)	733	595	\$15,546,893	\$26,129	150	\$36,672,011	\$244,480
Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.)	662	574	\$26,229,879	\$45,697	138	\$47,913,975	\$347,203
Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)/Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)	172	135	\$4,304,837	\$31,888	55	\$24,041,835	\$437,124

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Safety & Security-Related (Falls, Failure To Ensure Safety, Failure to Protect From Assault)	157	113	\$2,435,624	\$21,554	78	\$9,922,959	\$127,217
Other (No Listed Category Applies)	141	103	\$1,520,742	\$14,764	30	\$2,265,292	\$75,510
Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)	120	101	\$6,781,217	\$67,141	33	\$32,981,798	\$999,448
Patient Monitoring-Related (Failure to Monitor, etc.)	89	81	\$4,368,055	\$53,927	29	\$10,252,468	\$353,533
Anesthesia-Related (Improper Choice, Improper Administration, etc.)	81	58	\$5,034,482	\$86,801	20	\$8,156,247	\$407,812

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc.)	53	34	\$690,669	\$20,314	30	\$4,014,386	\$133,813
Breach of Confidentiality/Communication-Related (Failure To Instruct, Failure to Obtain Consent, etc.)	44	36	\$1,078,963	\$29,971	14	\$947,525	\$67,680
Policies & Procedures-Related (Failure To Follow, Negligent Credentialing, etc.)/Supervision-Related (Supervision of Residents, Nurses, etc.)	19	12	\$387,828	\$32,319	6	\$262,500	\$43,750
TOTALS and AVERAGES:	3094	2501	\$84,010,903	\$33,591	751	\$218,260,316	\$290,626

OHIO
2005 - 2011 Closed Claims
ALAE and Indemnity Payments by Injury Type

Injury Description	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
All Injury Types	25012	22.8%	77.2%	\$280,785	\$31,954
Diagnosis-Related	6495	17.6%	82.4%	\$356,149	\$36,072
Medical Treatment \Non-Obstetrical	6565	18.5%	81.5%	\$207,762	\$23,592
Surgery Related	5009	18.3%	81.7%	\$251,698	\$25,028

OHIO
2011 Closed Claims
ALAE and Indemnity Payments by Birth Injury

Appendix C, Exhibit 15

BIRTH INJURY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
No	2976	2403	\$77,203,387	\$32,128	721	\$180,901,961	\$250,904
Yes	118	98	\$6,807,515	\$69,464	30	\$37,358,355	\$1,245,278
TOTALS and AVERAGES:	3094	2501	\$84,010,903	\$33,591	751	\$218,260,316	\$290,626

OHIO
2011 Closed Claims
ALAE and Indemnity Payments by Severity

Appendix C, Exhibit 16

SEVERITY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Death	953	846	\$32,984,602	\$38,989	206	\$81,303,573	\$394,678
Emotional	126	98	\$1,492,971	\$15,234	27	\$964,696	\$35,729
Permanent Grave	55	42	\$5,898,077	\$140,430	12	\$15,063,920	\$1,255,327
Permanent Major	281	232	\$13,663,081	\$58,893	77	\$74,909,434	\$972,850
Permanent Minor	259	211	\$6,426,036	\$30,455	69	\$13,219,474	\$191,587
Permanent Significant	251	233	\$9,805,661	\$42,084	46	\$16,170,854	\$351,540
Temporary Low Significance	159	92	\$727,729	\$7,910	37	\$1,063,117	\$28,733
Temporary Major	357	271	\$6,694,445	\$24,703	108	\$10,214,095	\$94,575
Temporary Minor	653	476	\$6,318,301	\$13,274	169	\$5,351,153	\$31,664
TOTALS and AVERAGES:	3094	2501	\$84,010,903	\$33,591	751	\$218,260,316	\$290,626

OHIO
2011 Closed Claims
ALAE and Indemnity Payments by Age

Appendix C, Exhibit 17

AGE RANGE	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Adult (Ages 18-64)	2071	1670	\$58,656,792	\$35,124	462	\$119,473,579	\$258,601
Senior (Age 65+)	732	604	\$13,258,297	\$21,951	193	\$33,676,160	\$174,488
Infant (Less than 1 year old)	140	118	\$9,310,435	\$78,902	41	\$43,509,700	\$1,061,212
Minor (Ages 1 to 17)	139	101	\$2,556,034	\$25,307	51	\$20,675,877	\$405,409
Unknown	12	8	\$229,345	\$28,668	4	\$925,000	\$231,250
TOTALS and AVERAGES:	3094	2501	\$84,010,903	\$33,591	751	\$218,260,316	\$290,626

OHIO
2005 - 2011 Closed Claims
ALAE and Indemnity Payments by Age

Age	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Adult 18 - 64	17,020	19.6%	80.4%	\$252,445	\$28,239
Senior 65 +	5,452	28.5%	71.5%	\$146,634	\$24,441
Infant	1,264	33.9%	66.1%	\$886,335	\$104,826
Minor 1 - 17	1,161	29.6%	70.4%	\$387,502	\$36,738

OHIO
2011 Closed Claims
ALAE and Indemnity Payments by Gender

Appendix C, Exhibit 19

GENDER	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Female	1779	1440	\$46,930,004	\$32,590	429	\$109,770,467	\$255,875
Male	1315	1061	\$37,080,899	\$34,949	322	\$108,489,849	\$336,925
TOTALS and AVERAGES:	3094	2501	\$84,010,903	\$33,591	751	\$218,260,316	\$290,626

OHIO
2011 Closed Claims
ALAE and Indemnity Payments by Location

Appendix C, Exhibit 20

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Operating Suite (Includes Pre-Op & Operating Rooms)	814	642	\$21,168,904	\$32,973	181	\$57,512,451	\$317,748
Medical Professional's Office	603	501	\$15,339,217	\$30,617	125	\$31,135,031	\$249,080
Patient's Room, Including Patient Bathroom for Inpatient Areas Not Otherwise Specified	424	348	\$13,433,426	\$38,602	110	\$25,870,764	\$235,189
Emergency Room/Emergency Department	383	310	\$9,514,956	\$30,693	90	\$19,443,665	\$216,041

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine)	144	123	\$2,886,802	\$23,470	31	\$2,722,449	\$87,821
Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)	126	104	\$6,954,782	\$66,873	36	\$37,710,156	\$1,047,504
Other (No Listed Location Applies)	123	96	\$1,354,610	\$14,111	14	\$964,412	\$68,887
Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care)	90	73	\$1,879,442	\$25,746	31	\$5,812,442	\$187,498
Outpatient/Ambulatory Care Areas or Facilities	85	59	\$1,802,042	\$30,543	35	\$10,850,325	\$310,009
Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)	81	64	\$1,650,918	\$25,796	18	\$3,391,084	\$188,394

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Critical Care Unit (ICU/CCU/NICU)	54	49	\$1,866,845	\$38,099	17	\$8,223,792	\$483,752
Patient's Home	52	42	\$1,677,673	\$39,945	21	\$3,557,420	\$169,401
Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)	25	22	\$766,240	\$34,829	13	\$1,669,786	\$128,445
Recovery Room (Post-Anesthesia Care Unit)	25	18	\$484,989	\$26,944	5	\$955,000	\$191,000
Nursery/Pediatric Ward	20	13	\$2,146,961	\$165,151	10	\$5,813,182	\$581,318
Facility Support Areas (Including Administrative Areas, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)	19	14	\$573,675	\$40,977	8	\$1,622,986	\$202,873

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Hospice Area or Facility	12	11	\$416,042	\$37,822	2	\$617,725	\$308,862
Physical Therapy Dept.	10	8	\$81,374	\$10,172	2	\$69,337	\$34,668
Mental Health (Includes Psychiatric and Drug & Alcohol Addiction)	4	4	\$12,005	\$3,001	2	\$318,309	\$159,154
TOTALS and AVERAGES:	3094	2501	\$84,010,903	\$33,591	751	\$218,260,316	\$290,626

OHIO
2005 - 2011 Closed Claims
ALAE and Indemnity Payments by Location

Location	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Operating Room	5,986	19.0%	81.0%	\$293,071	\$26,457
Medical Professional Office	5,131	20.0%	80.0%	\$220,409	\$24,043
Emergency Department	3,319	17.9%	82.1%	\$217,636	\$28,550
Obstetrics Department	1,169	32.9%	67.1%	\$881,104	\$107,672