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## Ohio 2008 Medical Professional Liability Closed Claim Report

February 2010

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# Ohio Medical Professional Liability Closed Claim Report - 2008

## 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 fourth annual report to the General Assembly summarizing the Ohio medical professional liability closed claim data received by the Department for calendar year 2008. This report also includes comparisons of calendar year 2008 data with the data from the prior three 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 us 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 most 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 2008 Closed Claims

- **Total Claims:** For 2008, a total of 3,080 claims were reported by 93 entities. Authorized insurers<sup>1</sup> reported the majority of the claims, 1,704. Self-insured entities reported 1,047 claims; surplus lines insurers<sup>2</sup> reported 189 claims; and risk retention groups<sup>3</sup> reported 140 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. Nearly 74% of the claims or 2,266, had no indemnity payments, while a little over 26% of the claims or 814, closed with an indemnity payment. The total amount paid to claimants was \$205,553,255, an average of \$252,522 per claim in which an indemnity payment was made.
- **ALAE:** While most claims closed with no payments to claimants, almost all claims generated expenses for investigation and defense. The number of claims reported to have ALAE was 2,667. These expenses totaled \$112,678,455, an average of \$42,249 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, 189 closed within one year of being reported and had average paid indemnity of \$70,874. That figure rose to \$241,041 for 262 claims closing in their second year. Eleven claims closed seven or more years after being reported, having average paid indemnity of \$470,728.
- **ALAE and Age of Claim:** Allocated loss adjustment expense also increased with the age of the claim, starting with an average of \$5,980 for claims that closed in the first year, and rising to \$30,335 for claims that closed in the second year. For claims closing seven or more years after being reported, average ALAE was \$81,398.
- **Regional Comparisons:** Nearly half of the claims, 1,498, came from Northeast Ohio. Of these, one-fourth or 396 resulted in indemnity payments totaling \$100,095,629. Almost half of the total dollar amount paid to claimants statewide in 2008 arose from Northeast Ohio claims. However, Central Ohio had the highest average paid indemnity of \$320,264. The breakdown of average paid indemnity for the remainder of Ohio, in descending order, is: Northeast-\$252,767; Northwest-\$241,625; Southwest- \$229,613; and Southeast-\$218,182.
- **Specialty Comparisons:** When claims were broken down by medical specialty, Internal Medicine had the most claims at 172 with 18 resulting in paid indemnity averaging \$289,954. However, for those specialties that are broken out, Obstetrics/Gynecology had the highest average paid indemnity of \$467,144 for 30 claims with payments, out of 109 reported claims. Anesthesiology had the second highest average paid indemnity of \$467,143 for 7 claims with payments, out of 60 reported claims.
- **Treatment Comparisons:** Diagnosis-related incidents, such as failure to diagnose, delay in diagnosis, or misdiagnosis produced the highest number of claims, 791 with 157 resulting in paid indemnity. Obstetrics-related

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claims totaled 132. Of these, 44 resulted in indemnity payments averaging \$1,166,591, 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 3,080 claims that were closed in 2008, 73.6% closed with no indemnity payment. Included in this figure are five categories:
  - 60.65% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice;
  - 5.45% were dismissed by summary judgment or a directed verdict;
  - 4.64% ended with a verdict for the defendant;
  - 2.34% ended through a settlement;
  - 0.49% ended with alternative dispute resolution.
- The remaining 26.4% of the claims closed with paid indemnity. Four categories of claims are included here:
  - 24.22% reached a settlement;
  - 1.56% used alternative dispute resolution;
  - 0.62% had a verdict for the plaintiff;
  - 0.03%<sup>4</sup> ended with a summary judgment or directed verdict for the plaintiff.

Another perspective is gained by grouping these outcomes together as follows:

- Claims that were dropped or dismissed without prejudice, and without an indemnity payment, form the largest group, 60.65%.
- Claims resulting in settlement are the next largest group, 26.56%. Of these, most resulted in an indemnity payment.
- Claims with a summary judgment or a directed verdict comprise 5.48% of the total, with a large majority of these resulting in no indemnity payment.
- Claims that closed following alternative dispute resolution comprise 2.05% of the total, the majority of which resulted in indemnity payments.
- Finally, of the 5.26% of the claims that ended with a verdict, most ended without indemnity payments.

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 expense. Exhibit 2 contains the details. Claims/suits abandoned without an indemnity payment had average ALAE of \$24,839. The 19 claims that were disposed of by a trial or jury

<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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verdict which resulted in an indemnity payment had the highest average ALAE of \$153,802.

Exhibit 3 provides a comparison of the four years of data collected. While the number of claims has decreased each year, the percentage of claims that resulted in an indemnity payment has remained at approximately 20%.

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

This exhibit displays claims by age at the time of closing, and shows that in nearly all age groupings average indemnity and average ALAE increased with the age of the claim. Claims that closed in their first year represent 29% of the total and had the lowest average indemnity of \$70,874, and ALAE of \$5,980. Costs grew significantly as the claims aged. The second oldest category, claims that closed between six and seven years later, had average indemnity payments of \$1,133,116, and average ALAE of \$144,947.

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

Of the 3,080 claims reported closed in 2008, over 26%, or 814, generated an indemnity payment. Of these 814 claims, 40 claims or nearly 5% generated an indemnity payment greater than \$1 million. The 40 claims in total generated indemnity payments of \$87.1 million or 42% of the total indemnity payments for all claims. Another 62 claims, or nearly 8%, generated an indemnity payment below \$1 million but at least \$500,000. The 62 claims in total generated indemnity payments of \$43.8 million or 21% of the total indemnity payments for all claims. So for 2008, 63% of the total paid indemnity was generated by 13% of the claims that closed with an indemnity payment. In comparison, 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 93 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 3,080 closed claims that were reported, 55% of the claims were reported by admitted insurance companies and 34% were reported by self-insurers/captives. More claims were reported as closed by risk retention groups in 2008 than have been in prior years. In comparison, in prior years, 62% of the closed claims were reported by admitted insurance companies and 32% were reported by self-insurers/captives.

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### **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 2008 closed claims.

Nearly half of the closed claims reported for 2008 were from the Northeast region. The Central region had the largest average indemnity payment. The Southwest region incurred the largest average allocated loss adjustment expense. Conversely, the Southeast region had the smallest average indemnity payment, while the Central region incurred the smallest average allocated loss adjustment expense. Exhibit 9 displays the regional data for all four 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. Internal Medicine had the most closed claims in 2008 followed by Emergency Medicine. An average of 16% of the claims resulted in an indemnity payment.

Of the physician specialties shown, Obstetrics/Gynecology and Anesthesiology both had the highest average paid indemnity of \$467,144 and \$467,143 respectively. Exhibit 11 displays the physician & surgeons' data for all four 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 2008 closed claims experience for all the provider types. Over 40% of the 3,080 closed claims were reported for physicians and surgeons. The largest average paid indemnity was \$635,083 for claims reported for clinics. The largest average allocated loss adjustment expense of \$67,074 was for claims reported for hospitals. While an average of 16% of the claims reported for a physician or surgeon resulted in an indemnity payment, nearly 46% 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 3,080 claims reported as closed in 2008, 51% of the claims were closely split between two categories, Diagnosis-Related and Non-Obstetrical Medical Treatment. Diagnosis-Related includes failure to diagnose, misdiagnosis, and delay in diagnosis. Non-Obstetrical Medical

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Treatment includes failure to treat, delay in treatment, and improper treatment. Obstetrics-Related claims, including improper delivery method, improper management of pregnancy, and delay in delivery, had the highest average paid indemnity of \$1,166,591. Breach of Confidentiality/Communication-Related, including failure to instruct or failure to obtain consent, had the highest average ALAE of \$116,510. This data includes all medical provider types, including hospitals. Exhibit 14 displays the data for all four years combined for the three injury descriptions with the greatest number of claims.

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

Reporting entities identified whether the closed claim was due to a birth injury. Of the 3,080 reported, 134, or 4%, were identified as birth injury claims. Of these 134 birth injury claims, 37% resulted in an indemnity payment. The average indemnity payment of a birth injury claim was \$1,112,668- over four times the overall average indemnity payment of \$252,522.

Of the 15,586 closed claims reported for calendar years 2005 through 2008, 680 or 4% were identified as birth injury. Of these 680 birth injury claims, 35% resulted in an indemnity payment. The average indemnity payment of the combined data for a birth injury claim was \$880,931 which is more than three times the overall average indemnity payment of \$279,858.

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

Of the 3,080 claims reported as closed in 2008, 999 or 32% of the claims were due to the death of the injured party, with an average paid indemnity of \$334,130. Injuries identified as "permanent grave" had an average paid indemnity of \$848,198, more than three times the overall average indemnity payment. The injuries include quadriplegia and brain damage, requiring lifelong dependent care.

Of the 15,586 reported as closed for calendar years 2005 through 2008, 5,338 or 34% were due to the death of the injury party. Of these 19% closed with an indemnity payment which averaged \$336,462. Injuries identified as "permanent grave" totaled 335 for the four years. Of these 26% closed with an indemnity payment which averaged \$1,234,827.

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

Of the 3,080 claims reported as closed, 64% of the claims identified the injured party as an adult, age 18 to 64. Adults ages 65 or older represented 26% of the claims. Infants and minors each represented 5% the claims. The average indemnity payment for infants was the highest at \$841,684. Exhibit 18 displays the data for all four years combined for the various age groupings.

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

Of the 3,080 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 \$231,905. When the injured party was a male, the average indemnity payment was \$281,412.

Of the 15,586 reported as closed for calendar years 2005 through 2008, 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 \$245,681. When the injured party was a male, the average indemnity payment was \$328,802. For both sexes, nearly 20% of the claims resulted in an indemnity payment.

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

Reporting entities identified the 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 2008 was generated by incidents that occurred in the operating suite, followed closely by incidents that occurred in the medical professional's office. These two locations represent 42% of the claims. The largest average indemnity payments were due to incidents that occurred in the Obstetrics Department, while the largest average allocated loss adjustment expenses were due to incidents that occurred in Radiology. Exhibit 21 displays the data for all four years combined for various locations.

## **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. At present, there is insufficient data to draw any supportable conclusions regarding the impact of these measures for many reasons. First, as noted above, the typical average indemnity payment increases with the age of the claim. For example, for 2008, the "oldest" closed claims that subject to SB 281 would have been less than six years old. Second, few claims have reached a trial or jury verdict that required separate detail of economic and non-economic damages and the potential for

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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. Such information 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.

Although conclusions cannot be drawn, the following table does provide a comparison of the data for each year and in total.

<b>Closed Claim Year</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>Total</b>
Total # of Claims	5,051	4,004	3,451	3,080	15,586
# Claims with injury pre- SB 281	3,864	1,939	1,058	458	7,319
Avg Indemnity pre-SB 281 claims	\$307,899	\$342,091	\$556,191	\$422,498	\$363,646
Avg ALAE pre- SB 281 claims	\$28,265	\$34,470	\$67,898	\$111,388	\$40,714
# Claims with injury post- SB 281	1,187	2,065	2,393	2,622	8,267
Avg Indemnity post-SB 281 claims	\$171,299	\$235,677	\$213,065	\$221,685	\$214,495
Avg ALAE post-SB 281 claims	\$9,044	\$15,768	\$18,990	\$28,738	\$20,096
# Claims where verdict could have been subject to capping	0	2	3	0	5

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### VIII. Conclusion

This fourth annual report provides insight into the details of Ohio medical professional liability claims. Trends will continue to emerge as data for additional years are gathered. However, based on only four years of data the following conclusions can be drawn:

- Most of the claims closed without a payment to the plaintiff. For all four years, approximately 80% 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

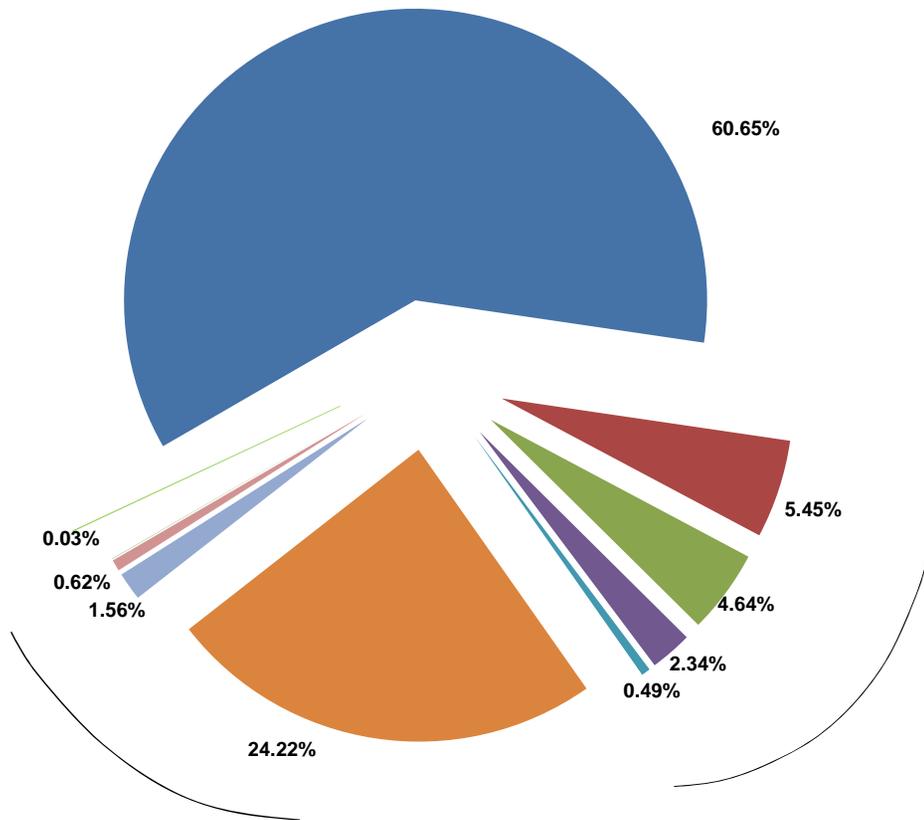
Promulgated Under: 119.03

Statutory Authority: 3901.041, 3929.302

Rule Amplifies: 3929.302

# OHIO Closed Claims in 2008 Outcome of Malpractice Claims

3080 Closed Claims



26.4% - Claims With Indemnity Payment

73.6% - Claims Without Indemnity Payment

## Appendix C, Exhibit 1

- 60.65% Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- 5.45% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 4.64% Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity
- 2.34% Disposed of by Settlement Agreement -- Without Indemnity
- 0.49% Disposed of by Alternative Dispute Resolution -- Without Indemnity
- 24.22% Disposed of by Settlement Agreement -- With Indemnity
- 1.56% Disposed of by Alternative Dispute Resolution -- With Indemnity
- 0.62% Disposed of by Trial Verdict/Jury Verdict -- With Indemnity
- 0.03% Dismissed by Court - Summary Judgment/Directed Verdict -- With Indemnity

**OHIO**  
**2008 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	1868	60.6%	1667	\$41,406,519	\$24,839	0	\$0	\$0
Dismissed by Court -Summary Judgment/Directed Verdict -- Without Indemnity	168	5.5%	153	\$9,046,655	\$59,128	0	\$0	\$0
Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity	143	4.6%	142	\$14,224,962	\$100,176	0	\$0	\$0
Disposed of by Settlement Agreement -- Without Indemnity	72	2.3%	52	\$1,333,631	\$25,647	0	\$0	\$0
Disposed of by Alternative Dispute Resolution -- Without Indemnity	15	0.5%	5	\$165,642	\$33,128	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	746	24.2%	582	\$39,233,384	\$67,411	746	\$165,334,182	\$221,628
Disposed of by Alternative Dispute Resolution -- With Indemnity	48	1.6%	46	\$4,317,692	\$93,863	48	\$27,055,806	\$563,663
Disposed of by Trial Verdict/Jury Verdict -- With Indemnity	19	0.6%	19	\$2,922,239	\$153,802	19	\$13,162,364	\$692,756
Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity	1	0.0%	1	\$27,732	\$27,732	1	\$903	\$903
<b>TOTALS and AVERAGES:</b>	3080	100.0%	2667	\$112,678,455	\$42,249	814	\$205,553,255	\$252,522

# OHIO

## Closed Claims for 2005- 2008 ALAE and Indemnity Payments

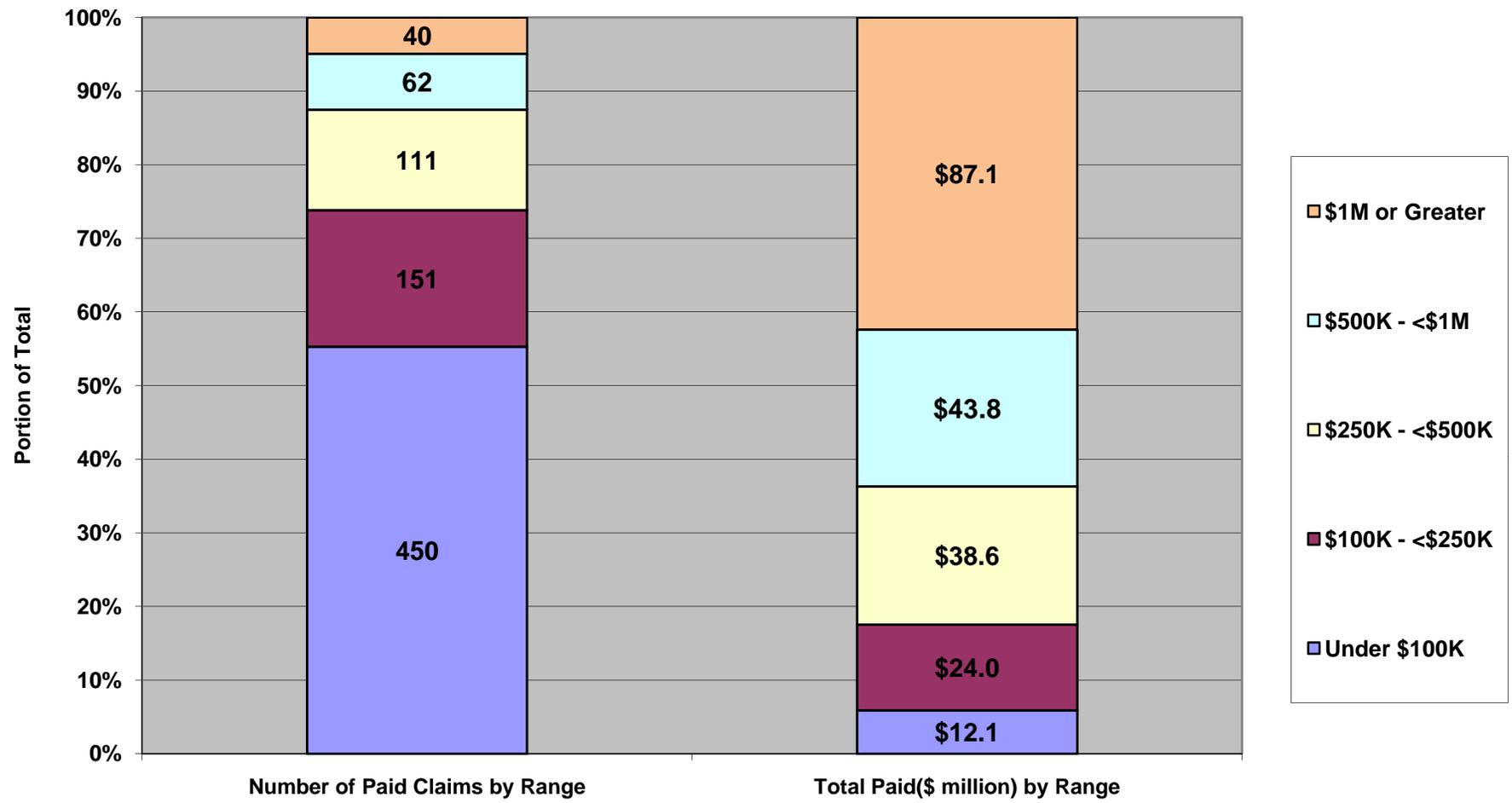
CLOSED CLAIM YEAR	NUMBER OF CLAIMS	PERCENTAGE OF CLAIMS WITH INDEMNITY	PERCENTAGE OF CLAIMS WITHOUT INDEMNITY	TOTAL INDEMNITY AMOUNT	AVERAGE INDEMNITY AMOUNT	TOTAL ALAE AMOUNT	AVERAGE ALAE AMOUNT
2005	5,051	20.7%	79.3%	\$281,764,938	\$269,374	\$113,194,565	\$24,443
2006	4,004	19.8%	80.2%	\$228,735,572	\$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
TOTALS and AVERAGES:	15,586	21.8%	78.2%	\$951,517,158	\$279,858	\$417,037,827	\$30,608

**OHIO**  
**2008 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	908	648	\$3,875,189	\$5,980	189	\$13,395,130	\$70,874
1 But Less Than 2	951	840	\$25,481,801	\$30,335	262	\$63,152,641	\$241,041
2 But Less Than 3	587	569	\$37,221,269	\$65,415	177	\$56,759,844	\$320,677
3 But Less Than 4	327	313	\$16,437,066	\$52,515	88	\$22,105,034	\$251,194
4 But Less Than 5	146	142	\$10,548,421	\$74,285	40	\$13,648,765	\$341,219
5 But Less Than 6	80	74	\$10,106,605	\$136,576	29	\$10,917,744	\$376,474
6 But Less Than 7	38	38	\$5,507,976	\$144,947	18	\$20,396,085	\$1,133,116
7 or Greater	43	43	\$3,500,128	\$81,398	11	\$5,178,012	\$470,728
<b>TOTALS and AVERAGES:</b>	3080	2667	\$112,678,455	\$42,249	814	\$205,553,255	\$252,522

# OHIO 2008 Closed Claims By Size of Payment

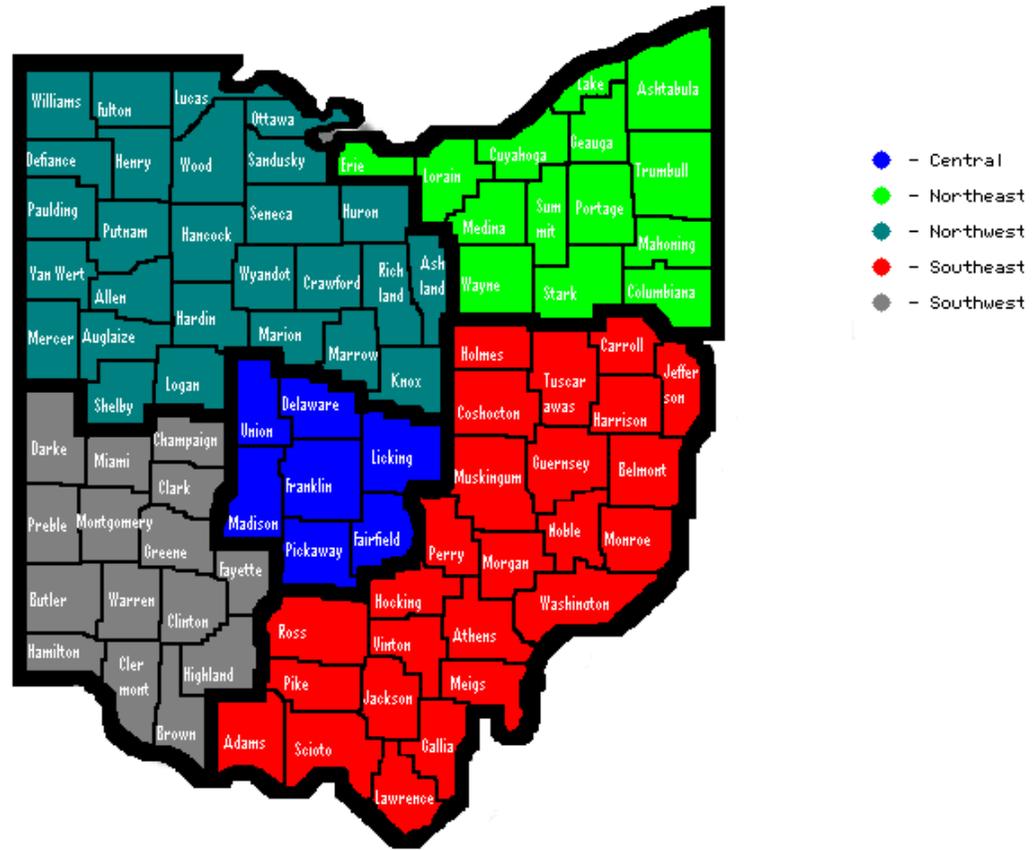
Appendix C, Exhibit 5



**OHIO**  
**2008 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	1704	1516	\$63,424,673	\$41,837	320	\$77,172,335	\$241,164
Insurance Company - Surplus Lines	189	153	\$3,362,207	\$21,975	46	\$11,481,116	\$249,589
Risk Retention Group	140	119	\$2,995,393	\$25,171	36	\$3,337,339	\$92,704
Self Insurers (Captives)	1047	879	\$42,896,183	\$48,801	412	\$113,562,465	\$275,637
<b>TOTALS and AVERAGES:</b>	3080	2667	\$112,678,455	\$42,249	814	\$205,553,255	\$252,522

# Closed Claims 2008 Regions



The counties displayed on the map include the following:

**Central:**

Delaware, Fairfield, 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, 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

## 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	347	292	\$7,302,227	\$25,008	77	\$24,065,685	\$312,541
	Central - Remainder	47	38	\$1,794,724	\$47,230	17	\$6,039,178	\$355,246
<b>Totals and Averages:</b>		394	330	\$9,096,951	\$27,567	94	\$30,104,863	\$320,264
<b>Northeast</b>								
	Cuyahoga	780	670	\$24,393,997	\$36,409	250	\$67,155,047	\$268,620
	Summit	242	210	\$4,188,839	\$19,947	43	\$6,580,233	\$153,029
	Stark	122	103	\$3,556,250	\$34,527	23	\$2,763,194	\$120,139
	Mahoning	103	96	\$10,986,471	\$114,442	26	\$6,331,759	\$243,529
	Lorain	61	55	\$1,553,643	\$28,248	12	\$830,624	\$69,219
	Northeast - Remainder	190	172	\$7,010,704	\$40,760	42	\$16,434,772	\$391,304
<b>Totals and Averages:</b>		1498	1306	\$51,689,903	\$39,579	396	\$100,095,629	\$252,767

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
<b>Northwest</b>								
	Northwest - Remainder	238	209	\$6,992,832	\$33,459	55	\$13,061,628	\$237,484
	Lucas	216	203	\$6,600,297	\$32,514	54	\$13,275,490	\$245,842
	<b>Totals and Averages:</b>	454	412	\$13,593,129	\$32,993	109	\$26,337,118	\$241,625
<b>Southeast</b>								
	Southeast	190	154	\$6,964,201	\$45,222	44	\$9,599,988	\$218,182
	<b>Totals and Averages:</b>	190	154	\$6,964,201	\$45,222	44	\$9,599,988	\$218,182
<b>Southwest</b>								
	Hamilton	224	191	\$7,233,393	\$37,871	63	\$22,742,256	\$360,988
	Montgomery	168	142	\$20,235,260	\$142,502	55	\$7,316,177	\$133,021
	Butler	47	39	\$804,697	\$20,633	15	\$1,122,611	\$74,841
	Southwest - Remainder	87	75	\$2,622,508	\$34,967	34	\$7,164,314	\$210,715
	<b>Totals and Averages:</b>	526	447	\$30,895,857	\$69,118	167	\$38,345,358	\$229,613
<b>Unknown</b>								
	Unknown	18	18	\$438,414	\$24,356	4	\$1,070,300	\$267,575
	<b>Totals and Averages:</b>	18	18	\$438,414	\$24,356	4	\$1,070,300	\$267,575
<b>GRAND TOTALS and AVERAGES:</b>		3080	2667	\$112,678,455	\$42,249	814	\$205,553,255	\$252,522

**OHIO**  
**2005 - 2008 Closed Claims**  
**ALAE and Indemnity Payment by Region**

<b>Region</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>
Central	1,959	19.7%	80.3%	\$348,409	\$22,828
Northeast	7,562	21.7%	78.3%	\$279,683	\$28,577
Northwest	2,424	20.1%	79.9%	\$261,622	\$27,800
Southeast	827	22.4%	77.6%	\$286,387	\$28,343
Southwest	2,763	24.6%	75.4%	\$256,004	\$44,972

**OHIO**  
**2008 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	172	163	\$7,674,442	\$47,082	18	\$5,219,178	\$289,954
Emergency Medicine	123	102	\$2,921,313	\$28,640	12	\$2,087,943	\$173,995
Family Physicians\General Practioners	114	104	\$3,622,562	\$34,832	26	\$8,764,463	\$337,095
Surgery - Orthopedic	110	103	\$2,808,608	\$27,268	16	\$3,543,928	\$221,495
Obstetrics/Gynecology	109	105	\$14,547,170	\$138,544	30	\$14,014,319	\$467,144
Surgery - General	97	85	\$3,322,564	\$39,089	13	\$3,171,117	\$243,932
Radiology	71	65	\$2,038,862	\$31,367	16	\$6,066,220	\$379,139
Anesthesiology	60	52	\$1,151,971	\$22,153	7	\$3,270,000	\$467,143
Cardiovascular Disease	46	41	\$1,118,292	\$27,275	3	\$453,146	\$151,049
Neurology	42	37	\$1,304,938	\$35,269	2	\$495,000	\$247,500
Other	387	349	\$10,110,757	\$28,971	67	\$18,001,526	\$268,679
<b>TOTALS and AVERAGES:</b>	1331	1206	\$50,621,480	\$41,975	210	\$65,086,840	\$309,937

**OHIO**  
**2005 - 2008 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	7,451	14.2%	85.8%	\$333,402.69	\$27,606.21
Internal Medicine	899	10.2%	89.8%	\$256,053.11	\$27,737.63
Family Physicians/General Practitioners	742	18.7%	81.3%	\$288,435.88	\$26,391.32
Surgery - General	669	13.5%	86.5%	\$283,262.49	\$31,915.99
Emergency Medicine	659	11.1%	88.9%	\$314,566.07	\$25,598.95
Obstetrics/Gynecology	576	25.2%	74.8%	\$383,303.23	\$57,153.93

# OHIO

## 2008 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	1331	1206	\$50,621,480	\$41,975	210	\$65,086,840	\$309,937
Hospitals	833	670	\$44,939,590	\$67,074	387	\$105,422,204	\$272,409
Corporation	483	423	\$10,042,561	\$23,741	67	\$19,560,706	\$291,951
Other Medical Professionals	215	170	\$2,129,139	\$12,524	61	\$4,266,747	\$69,947
Nursing Home/Assisted Living	154	146	\$3,555,546	\$24,353	65	\$6,165,713	\$94,857
Other Facilities	35	29	\$597,977	\$20,620	13	\$1,145,980	\$88,152
Clinic	23	19	\$780,365	\$41,072	6	\$3,810,500	\$635,083
Pharmacy	6	4	\$11,797	\$2,949	5	\$94,565	\$18,913
<b>TOTALS and AVERAGES:</b>	3080	2667	\$112,678,455	\$42,249	814	\$205,553,255	\$252,522

**OHIO**  
**2008 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>
Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.)	791	732	\$47,491,035	\$64,878	157	\$54,557,146	\$347,498
Medical Treatment, Non-Obstetrical (Failure to Treat, Delay in Treatment, Improper Treatment, etc.)	766	654	\$17,837,054	\$27,274	158	\$24,523,891	\$155,214
Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)	550	462	\$12,353,818	\$26,740	118	\$22,008,528	\$186,513
Other (No Listed Category Applies)	211	170	\$3,680,434	\$21,650	52	\$7,883,970	\$151,615

<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>
Safety & Security-Related (Falls, Failure To Ensure Safety, Failure to Protect From Assault)	172	126	\$3,364,605	\$26,703	106	\$11,420,901	\$107,744
Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)/Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)	140	122	\$3,671,073	\$30,091	59	\$15,250,295	\$258,480
Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)	132	128	\$12,940,285	\$101,096	44	\$51,330,019	\$1,166,591
Patient Monitoring-Related (Failure to Monitor, etc.)	118	107	\$3,667,333	\$34,274	43	\$7,711,143	\$179,329
Anesthesia-Related (Improper Choice, Improper Administration, etc.)	59	50	\$1,614,036	\$32,281	8	\$4,592,550	\$574,069

<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.)	51	40	\$833,047	\$20,826	29	\$1,177,008	\$40,586
Policies & Procedures-Related (Failure To Follow, Negligent Credentialing, etc.)/Supervision-Related (Supervision of Residents, Nurses, etc.)	45	39	\$914,853	\$23,458	19	\$2,150,581	\$113,188
Breach of Confidentiality/Communication-Related (Failure To Instruct, Failure to Obtain Consent, etc.)	45	37	\$4,310,883	\$116,510	21	\$2,947,224	\$140,344
<b>TOTALS and AVERAGES:</b>	3080	2667	\$112,678,455	\$42,249	814	\$205,553,255	\$252,522

**OHIO**  
**2005 - 2008 Closed Claims**  
**ALAE and Indemnity Payments by Injury Type**

<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	15586	21.8%	78.2%	\$279,858	\$30,608
Diagnosis-Related	4289	16.9%	83.1%	\$347,142	\$34,390
Medical Treatment \Non-Obstetrical	4143	17.2%	82.8%	\$216,444	\$21,737
Surgery Related	2995	16.7%	83.3%	\$243,116	\$24,280

**OHIO**  
**2008 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	2946	2536	\$91,741,412	\$36,176	765	\$151,032,544	\$197,428
Yes	134	131	\$20,937,043	\$159,825	49	\$54,520,711	\$1,112,668
<b>TOTALS and AVERAGES:</b>	3080	2667	\$112,678,455	\$42,249	814	\$205,553,255	\$252,522

**OHIO**  
**2008 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	999	911	\$35,027,832	\$38,450	208	\$69,499,055	\$334,130
Emotional	99	70	\$1,525,934	\$21,799	30	\$1,244,555	\$41,485
Permanent Grave	66	62	\$3,110,549	\$50,170	20	\$16,963,963	\$848,198
Permanent Major	317	306	\$42,232,168	\$138,014	96	\$64,326,274	\$670,065
Permanent Minor	204	181	\$5,287,874	\$29,215	57	\$5,386,981	\$94,508
Permanent Significant	285	266	\$10,640,155	\$40,001	81	\$31,916,845	\$394,035
Temporary Low Significance	178	119	\$1,323,527	\$11,122	57	\$1,507,791	\$26,452
Temporary Major	368	302	\$7,024,764	\$23,261	111	\$9,489,116	\$85,488
Temporary Minor	564	450	\$6,505,652	\$14,457	154	\$5,218,676	\$33,888
<b>TOTALS and AVERAGES:</b>	3080	2667	\$112,678,455	\$42,249	814	\$205,553,255	\$252,522

**OHIO**  
**2008 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)	1965	1689	\$68,015,738	\$40,270	438	\$95,946,279	\$219,055
Senior (Age 65+)	787	684	\$17,643,377	\$25,794	259	\$38,228,832	\$147,602
Infant ( Less than 1 year old)	160	152	\$22,078,083	\$145,251	61	\$51,342,746	\$841,684
Minor (Ages 1 to 17)	155	130	\$3,971,605	\$30,551	52	\$18,345,309	\$352,794
Unknown	13	12	\$969,652	\$80,804	4	\$1,690,089	\$422,522
<b>TOTALS and AVERAGES:</b>	3080	2667	\$112,678,455	\$42,249	814	\$205,553,255	\$252,522

**OHIO**  
**2005 - 2008 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	10,773	18.4%	81.6%	\$253,263	\$25,792
Senior 65 +	3,207	28.5%	71.5%	\$136,845	\$23,517
Infant	821	34.2%	65.8%	\$868,089	\$112,670
Minor 1 - 7	708	27.7%	72.3%	\$360,143	\$35,317

**OHIO**  
**2008 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	1718	1473	\$71,918,282	\$48,824	475	\$110,154,689	\$231,905
Male	1362	1194	\$40,760,174	\$34,137	339	\$95,398,566	\$281,412
<b>TOTALS and AVERAGES:</b>	3080	2667	\$112,678,455	\$42,249	814	\$205,553,255	\$252,522

**OHIO**  
**2008 Closed Claims**  
**ALAE and Indemnity Payments by Location**

<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)	691	601	\$16,082,177	\$26,759	151	\$30,541,203	\$202,260
Medical Professional's Office	596	515	\$15,428,300	\$29,958	153	\$31,400,794	\$205,234
Patient's Room, Including Patient Bathroom for Inpatient Areas Not Otherwise Specified	455	393	\$16,352,809	\$41,610	145	\$24,190,952	\$166,834
Emergency Room/Emergency Department	332	272	\$8,057,407	\$29,623	62	\$13,290,709	\$214,366

<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>
Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care)	199	188	\$4,434,239	\$23,586	67	\$7,461,469	\$111,365
Other (No Listed Location Applies)	165	139	\$3,760,315	\$27,053	34	\$2,876,669	\$84,608
Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)	145	139	\$20,007,744	\$143,941	51	\$52,513,963	\$1,029,686
Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine)	112	100	\$18,429,979	\$184,300	34	\$9,810,878	\$288,555
Outpatient/Ambulatory Care Areas or Facilities	83	74	\$1,398,119	\$18,894	16	\$11,695,880	\$730,993
Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)	69	60	\$1,918,964	\$31,983	15	\$3,565,182	\$237,679

<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>
Patient's Home	61	52	\$1,597,983	\$30,730	16	\$2,043,364	\$127,710
Critical Care Unit (ICU/CCU/NICU)	51	45	\$2,082,927	\$46,287	17	\$7,033,658	\$413,745
Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)	34	28	\$1,063,798	\$37,993	14	\$3,743,859	\$267,418
Hospice Area or Facility	19	8	\$115,901	\$14,488	8	\$811,715	\$101,464
Facility Support Areas (Including Administrative Areas, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)	19	12	\$477,235	\$39,770	12	\$540,585	\$45,049
Physical Therapy Dept.	15	14	\$383,955	\$27,425	1	\$50,000	\$50,000

<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>
Nursery/Pediatric Ward	13	13	\$610,130	\$46,933	9	\$2,456,311	\$272,923
Recovery Room (Post-Anesthesia Care Unit)	11	7	\$230,715	\$32,959	5	\$655,566	\$131,113
Mental Health (Includes Psychiatric and Drug & Alcohol Addiction)	10	7	\$245,759	\$35,108	4	\$870,500	\$217,625
<b>TOTALS and AVERAGES:</b>	3080	2667	\$112,678,455	\$42,249	814	\$205,553,255	\$252,522

**OHIO**  
**2005 - 2008 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	3,715	17.8%	82.2%	\$284,544	\$25,180
Medical Professional Office	3,382	18.8%	81.2%	\$218,744	\$22,459
Emergency Department	2,172	16.0%	84.0%	\$237,241	\$25,941
Obstetrics Department	728	33.5%	66.5%	\$842,279	\$113,775