



How to Access the Medical Liability Data Collection Application

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

<https://gateway.insurance.ohio.gov/UI/ODI.Saap.Gateway.UI/Content/Help/GatewayAccount.pdf>.

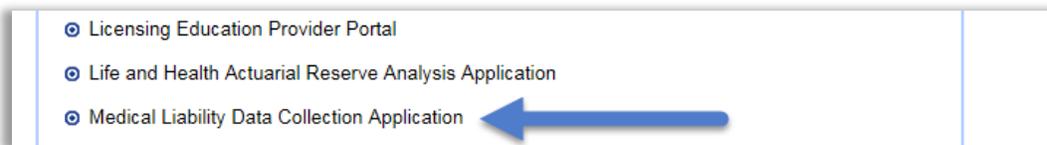
If you already have an ODI Gateway account but you do not have access to the Medical Liability Data Collection Application, you can add this application to your existing Gateway account permissions by following the instructions here:

<https://gateway.insurance.ohio.gov/UI/ODI.Saap.Gateway.UI/Content/Help/UpgradeRequest.pdf>.

If you already have an ODI Gateway account with permission to the Medical Liability Data Collection application, please visit this page to access the login screen:

<http://www.insurance.ohio.gov/secured/Pages/SecuredApps.aspx>. This is the page you should bookmark for future access.

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



Contact Information

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

The screenshot shows the 'Medical Liability Data Collection' application interface. At the top, there is a header with the 'Ohio.gov' logo and 'Department of Insurance' text. Below the header, there are links for 'ODI Gateway' and 'Logout'. The main content area is titled 'Medical Liability Data Collection' and contains the following text: 'Please enter the contact information below.' and 'Complete required (*) fields below.' Underneath, there is a section labeled 'Contact Information' with five input fields: 'First Name *', 'Last Name *', 'Phone Number *', 'Fax Number', and 'E-Mail *'. A button labeled 'Update/Next' is positioned below the input fields. At the bottom of the form, there is a link: 'Questions? Email us: MLDC@insurance.ohio.gov'.

Medical Liability Data Collection Application Main Menu

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

The screenshot shows the 'Medical Liability Data Collection' application main menu. At the top, there is a header with the 'Ohio.gov' logo and 'Department of Insurance' text. Below the header, there are links for 'ODI Gateway' and 'Logout'. The main content area is titled 'Medical Liability Data Collection' and contains five buttons: 'Insert New Record', 'Update a Record', 'Activity Report', 'Print Record Detail', and 'Delete a Record'. At the bottom of the menu, there is a link: 'Questions? Email us: MLDC@insurance.ohio.gov'.

Insert New Record

A separate record must be entered for each individual person or entity "insured" by you that is involved in the closed claim. We use the term "insured" loosely in that we are meaning those individuals or entities for which you provide coverage for medical liability. If one closed claim involved three physicians "insured" by you, we anticipate that three records will be entered. If one claim involved a physician and his corporation, we anticipate that two records will be entered. A record is not inserted until the "insurer" has closed the claim according to their business practices. Although you are not required to insert the record until May 1st of the next calendar year, you may find the process to be more efficient to insert the record

when the claim closes. Throughout the screens we also use the term “defendant” to represent the individual person or entity for which you have provided medical liability coverage. However, once again we use the term loosely, since we understand that not all medical liability claims result in a suit being filed where the individual or entity is actually named as a defendant in a suit. We understand that some “insurers” may open a claim file for an incident that ultimately closes without any indemnity payment and without incurring any allocated loss adjustment expenses. It is not necessary to report these claims as closed claims. **It is also not necessary to report 180 day letters as closed claims.**

Step 1 - Claim Information Screen

The screenshot shows a web form titled "Medical Liability Data Collection". The form is divided into sections. The first section is "Claim Information" and contains the following fields: "Insurer's Claim ID#" (text input), "Either Select Name Of Insurer From Drop-Down List OR Enter Insurer's NAIC/MLDC Number" (instructions), "Select Name of Insurer" (dropdown menu with "Select One" selected), and "NAIC Number:" (text input). Below this is a grey button labeled "CLICK HERE TO ADD NAME OF SELF-INSURER". The next section is "Type of Insurer:" (dropdown menu with "Select One" selected). The "Is Insurer:" section has two radio buttons: "Primary" and "Excess". The "Defendant's Policy #:" is a text input. The "Defendant's Per Claim Policy Limits:" is a dropdown menu with "Select One" selected, followed by a text input with a "\$" symbol. An "OR" label is present. The "Defendant's Aggregate Policy Limits:" is another dropdown menu with "Select One" selected, followed by a text input with a "\$" symbol. The "Do These Policy Limits Apply On:" section has two radio buttons: "An Individual" and "Shared Basis". The "Date Claim Was Reported to Insurer/Opened by Insurer:" is a date input field with "(mm/dd/yyyy)" to its right. The "Closure Date For This Defendant:" is another date input field with "(mm/dd/yyyy)" to its right. The "If a record had been previously reported to ODI as closed, then provide the Date Reopened:" is a date input field with "(mm/dd/yyyy)" to its right. The "Original Claim ID#:" is a text input. The "Is Defendant an:" section has two radio buttons: "Individual" and "Entity/Corporation". At the bottom of the form is a "Next" button. A note at the bottom of the form reads: "NOTE: Once you click 'Next', do not use the browsers 'Back' button to change your data." Below the form is a link: "Questions? Email us: MLDC@insurance.ohio.gov".

The first screen that will be entered for every claim record is the claim information screen. Provide the claim ID#, which we understand in many instances is not unique to a “defendant”. The claim ID# does not have to be unique. Next, select the “insurer’s” name from the alphabetized dropdown list or enter the “insurer’s” NAIC/MLDC number. The other field will automatically populate with the “insurer’s” number or

name. We use the term “insurer” loosely in that we are seeking the name of the insurance company or entity that is providing the coverage for medical liability. An insurance company or risk retention group that has an NAIC number should appear in the list. If you do not see the insurance company or risk retention group in the list, please contact ODI immediately at the email address shown on the screen.

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

Medical Liability Data Collection

Complete required (*) field below.
Enter New Insurer Name

*Enter Self-Insurer's Name

The entity has been assigned the following MLDC Number
ALL closed claims reported for this entity should be reported using this MLDC Number. For all future reporting, you will be able to enter either this MLDC Number or select your entity's name from the drop-down list.

Check Name

Questions? Email us: MLDC@insurance.ohio.gov

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

Using the dropdown box, you will then select the appropriate type of “insurer”. The types of “insurers” to choose from are:

- Insurance Company – Authorized/Admitted
- Insurance Company – Surplus Lines
- Risk Retention Group
- Self-Insurers (Captives)

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

claim. The last question is whether the defendant” is an entity or corporation. Your selection will determine which screen you will proceed to – Step 2A or Step 2B.

Step 2A – Individual Defendant Information Screen

Medical Liability Data Collection

Complete all fields below.

Individual Defendant Information

Defendant's Medical License #

Defendant's First Name

Defendant's Middle Name

Defendant's Last Name

Defendant's County Of Office Practice On Injury Date

Defendant's Profession

Specialty Category Physicians / Surgeons Miscellaneous

Defendant's Specialty

Questions? Email us: MLDC@insurance.ohio.gov

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

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

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

When the Specialty Category of Physicians/Surgeons is selected, the specialty options are:

- Allergy/Immunology
- Anesthesiology
- Cardiovascular Disease
- Corporate/Partnership Liability
- Cytopathology
- Dermatology
- Dermatopathology
- Diabetes
- Emergency Medicine
- Endocrinology
- Family Physicians/General Practitioners
- Family Physicians/General Practitioners with Delivery
- Forensic/Legal Medicine
- Gastroenterology
- General Preventive Medicine
- Geriatrics
- Gynecology
- Hematology
- Hospitalists
- Hypnosis
- Infectious Diseases
- Intensive Care Medicine
- Internal Medicine
- Laryngology
- Neonatal/Perinatal Medicine
- Neoplastic
- Nephrology
- Neurology
- Nuclear Medicine
- Nutrition
- Obstetrics/Gynecology
- Oncology
- Ophthalmology
- Otology
- Otorhinolaryngology
- Pain Management
- Pathology
- Pediatrics
- Pharmacology
- Physical Medicine & Rehabilitation
- Physicians Assistants
- Physicians Military Service
- Physicians NOC

- Preventive Medicine
- Psychiatry
- Psychoanalysis
- Psychosomatic
- Pulmonary
- Radiology
- Radiology Therapeutic
- Rheumatology
- Rhinology
- Sclerotherapy
- Sports Medicine
- Surgery - Abdominal
- Surgery - Broncho/Esophagus
- Surgery - Cardiac
- Surgery - Colon & Rectal
- Surgery - General
- Surgery - Head
- Surgery - Hand
- Surgery - Orthopedic
- Surgery - Pediatric
- Surgery - Plastic
- Surgery - Thoracic
- Surgery - Traumatic
- Surgery - Urological
- Surgery - Vascular
- Teaching Physicians
- Urology

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

- Art, Music & Dance Therapists
- Physical Therapists
- Chiropodists/Podiatrists
- Chiropractors
- Dentist
- Dentist-Oral Surgery
- Emergency Medical Technicians & Paramedics
- Hearing Aid Fitters/Audiologists
- Inhalation/Respiratory Therapists
- Massage Therapists
- Medical Laboratory Technicians
- Medical Technologist
- Midwives
- Nurse Anesthetist

- Nurse Practitioners
- Nurses-LPNs
- Nurses-RNs
- Nutritionists/Dietitians
- Occupational Therapists
- Opticians
- Optometrists
- Orthotists/Prosthetists
- Psychologists
- Social Worker/Counselor
- Teaching Dentists
- Teaching Dentists-Oral Surgery
- X-Ray Technicians
- X-Ray Therapy

Step 2B – Entity/Corporation Defendant Information Screen

Medical Liability Data Collection

Complete all fields below.

Entity/Corporation Defendant Information

Defendant's FEIN # ##-#####

Defendant's Name

Defendant's County Of Location On Injury Date

Defendant's Profession Code

Questions? Email us: MLDC@insurance.ohio.gov

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

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

Then click the “Next” button to proceed to Step 3.

Step 3 – Injury Information Screen

The screenshot shows a web form titled "Medical Liability Data Collection" with a sub-section "Injury Information". The form contains the following fields and options:

- Injured Person's First Name: Text input field
- Injured Person's Last Name: Text input field
- Injured Person's County of Residence At Time of Injury: Dropdown menu (Select One)
- Injured Person's Date of Birth: Text input field (mm/dd/yyyy)
- OR: Text input field (Select One)
- Injured Person's Sex: Radio buttons for Male and Female
- Date of Injury: Text input field (mm/dd/yyyy)
- County Where Injury Took Place: Dropdown menu (Select One)
- Location Where Primary Injury/Complaint Took Place: Dropdown menu (Select One)
- If Institution, Name of Institution Where Injury Occurred: Text input field
- Primary Complaint/Injury/Alleged Injury: Dropdown menu (Select One)
- Was Claim Due To Birth Injury?: Radio buttons for Yes and No
- Severity of Primary Injury: Dropdown menu (Select One)
- Was A Suit Filed In The Court System Against This Defendant?: Radio buttons for Yes and No

At the bottom of the form is a "Next" button and a link: "Questions? Email us: MLDC@insurance.ohio.gov"

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

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

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

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

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

- Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)
- Critical Care Unit (ICU/CCU/NICU)
- Emergency Room/Emergency Department
- Hospice Area or Facility
- Medical Professional's Office
- Mental Health (Includes Psychiatric and Drug & Alcohol Addiction)
- Nursery/Pediatric Ward
- Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care)
- Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)
- Operating Suite (Includes Pre-Op & Operating Rooms)

- Outpatient/Ambulatory Care Areas or Facilities
- Patient's Home
- Patient's Room (Including Patient Bathroom for Inpatient Areas Not Otherwise Specified)
- Physical Therapy Department
- Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine)
- Recovery Room (Post-Anesthesia Care Unit)
- Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)
- Facility Support Area (Including Administrative Area, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)
- Other (No Listed Location Applies)

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

Next select the primary complaint, injury or alleged injury from the dropdown box. The options are:

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

Select if the claim was due to a birth injury.

Provide the severity and duration of the primary injury by selecting from the list provided in the dropdown box. Your choices are:

- Emotional
- Temporary Insignificant
- Temporary Minor
- Temporary Major
- Permanent Minor
- Permanent Significant
- Permanent Major
- Permanent Grave
- Death

The last question is whether a suit was filed in the court system against the "defendant". It may be possible that a suit was filed in the court system due to the injury sustained by the injured party, but this

particular “defendant” was not named in the lawsuit. In that instance, you would select “No”. Your selection of “Yes” or “No” will determine if you proceed to Step 4 or Step 8.

Step 4 – Court Information Screen

The screenshot shows a web form titled "Medical Liability Data Collection". Below the title is a light blue bar with the text "Complete all fields below." followed by a grey header bar labeled "Court Information". The form contains four fields: "Date Suit Filed" with a text input box and "(mm/dd/yyyy)" to its right; "Court Case #" with a text input box; "County Where Suit Was Filed" with a dropdown menu showing "Select One"; and "Did The Suit Result In A Judgment Award That Included This Defendant?" with radio buttons for "Yes" and "No". A "Next" button is centered at the bottom of the form area. Below the form is a link: "Questions? Email us: MLDC@insurance.ohio.gov".

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

Step 5 – Judgment Information

The screenshot shows a web form titled "Medical Liability Data Collection". Below the title is a light blue bar with the text "Complete all fields below." followed by a grey header bar labeled "Judgement Information". The form contains one field: "Was judgment subject to Itemization Requirements of ORC 2323.43B (Non-Economic Damages Cap)?" with radio buttons for "Yes" and "No". A "Next" button is centered at the bottom of the form area. Below the form is a link: "Questions? Email us: MLDC@insurance.ohio.gov".

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

Step 6 – Yes to ORC 2323.43(B) Information Screen

Medical Liability Data Collection

Complete all fields below.

Yes ORC 2323.43B Information

Amount Jury Awarded for Economic Damages Before Reductions	\$	<input type="text"/>
Amount Jury Awarded for Non-Economic Damages Before Reductions	\$	<input type="text"/>
Amount Jury Awarded for Punitive Damages Before Reductions	\$	<input type="text"/>
Final Judgment Amount Awarded for Economic Damages	\$	<input type="text"/>
Final Judgment Amount Awarded for Non-Economic Damages	\$	<input type="text"/>
Final Judgment Amount Awarded for Punitive Damages	\$	<input type="text"/>
Date of Final Judgment		<input type="text"/> (mm/dd/yyyy)

Questions? Email us: MLDC@insurance.ohio.gov

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

Step 7 – No ORC 2323.43(B) Information Screen

Medical Liability Data Collection

Complete all fields below.

No ORC 2323.43B Information

Amount Jury Awarded for Compensatory Damages	\$	<input type="text"/>
Amount Jury Awarded for Punitive Damages	\$	<input type="text"/>
Final Judgment Amount Awarded for Compensatory Damages	\$	<input type="text"/>
Final Judgment Amount Awarded for Punitive Damages	\$	<input type="text"/>
Date of Final Judgment		<input type="text"/> (mm/dd/yyyy)

Questions? Email us: MLDC@insurance.ohio.gov

Enter the jury awarded amounts for compensatory and punitive damages. In the next fields enter the final judgment for compensatory and punitive damages. These amounts may be same as the preceding jury awarded amounts or they may be different based on a judge's ruling. Enter the date of the final judgment. Click "Next". This will take you to Step 8. If the trial involved multiple defendants, we are aware that this award would be paid by all, not just this particular "defendant".

Step 8 – Settlement Question Yes or No Screen

Medical Liability Data Collection

Settlement Question
Did The Claim/Suit Result In A Settlement That Included This Defendant? Yes No

Next

Questions? Email us: MLDC@insurance.ohio.gov

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

Step 9 - Settlement Information Screen

Medical Liability Data Collection

Settlement Information
Complete all fields below.

Date of Settlement
(mm/dd/yyyy)

Total Settlement Amount To Claimant(s) For Medical Expenses \$

Total Settlement Amount To Claimant(s) For Wage Loss \$

Total Settlement Amount To Claimant(s) For All Other Expenses/Damages \$

OR

If Settlement Was Not Detailed, Provide Total Settlement Amount to Claimant(s) \$

Next

Questions? Email us: MLDC@insurance.ohio.gov

Provide the settlement date. If the final settlement amounts were allocated into medical expenses, wage loss and other expenses, then provide those amounts in the next three fields. Otherwise, provide the total settlement amount in the last field. Click the "Next" button to proceed to the next screen. If the settlement

involved multiple defendants, we are aware that these amounts would be paid by all, not just this particular “defendant”.

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

Medical Liability Data Collection

Alternative Method Used Question
Was An Alternative Dispute Resolution Method Used That Included This Defendant? Yes No

Questions? Email us: MLDC@insurance.ohio.gov

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

Step 11 - Alternative Dispute Resolution Information Screen

Medical Liability Data Collection

Complete all fields below.

Alternative Method Resolution Information

Date of Alternative Dispute Resolution
(mm/dd/yyyy)

Total Amount Received By Claimant(s) For Medical Expenses \$

Total Amount Received By Claimant(s) For Wage Loss \$

Total Amount Received By Claimant(s) For All Other Expenses/Damages \$

OR

If Amount Received Was Not Detailed, Provide Total Amount Received By Claimant(s) \$

Questions? Email us: MLDC@insurance.ohio.gov

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

Step 12 - Final Method of Claims Disposition Information Screen

Medical Liability Data Collection

Complete all fields below.

Final Method of Claims Disposition Information

What Was The Final Method of Claims Disposition For This Defendant?

Select One

Was This Claim Closed For This Defendant With or Without Indemnity Payment? With Without

Next

Questions? Email us: MLDC@insurance.ohio.gov

From the dropdown box, select the most appropriate final method of claims disposition for the “defendant”. The choices are:

- (1) Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- (2) Dismissed By Court-Summary Judgment/Directed Verdict
- (3) Disposed of by Trial Verdict/Jury Verdict
- (4) Disposed of by Settlement Agreement
- (5) Disposed of by Alternative Dispute Resolution

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

Step 13 - Closed With Indemnity Payment Screen

Medical Liability Data Collection

Complete all fields below.

Closed With Indemnity Payment

Indicate if expenses have been Previously Entered on a Claim Basis.

Amount Paid to Defense Counsel For Legal Fees For This Defendant \$

Amount Paid to Defense Counsel For Other Expenses For This Defendant \$

All other LAE Paid By You for This Defendant \$

Total Indemnity Paid By You On Behalf Of This Defendant \$

Next

Questions? Email us: MLDC@insurance.ohio.gov

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

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

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

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



Step 14 - Closed Without Indemnity Payment Screen

The screenshot shows the 'Closed Without Indemnity Payment' screen. It features a header 'Medical Liability Data Collection' and a sub-header 'Closed Without Indemnity Payment'. Below the sub-header, there is a prompt 'Complete all fields below.' followed by a checkbox labeled 'Indicate if expenses have been Previously Entered on a Claim Basis.' Below this, there are three input fields with dollar signs: 'Amount Paid to Defense Counsel For Legal Fees For This Defendant', 'Amount Paid to Defense Counsel For Other Expenses For This Defendant', and 'All other LAE Paid By You for This Defendant'. A 'Next' button is located at the bottom of the form. At the bottom of the page, there is a link for 'Questions? Email us: MLDC@insurance.ohio.gov'.

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

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

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



Updating An Existing Record

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

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

Deleting an Existing Record

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

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

Printing the Record Detail

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