

Ohio 2010 Medical Professional Liability Closed Claim Report

February 2012

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 sixth annual report to the General Assembly summarizing the Ohio medical professional liability closed claim data received by the Department for calendar year 2010. This report also includes comparisons of calendar year 2010 data with the data from the prior five 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.

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 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 2010 Closed Claims

- **Total Claims:** For 2010, a total of 2,988 claims were reported by 103 entities. Authorized insurers¹ reported the majority of the claims, 1,639. Self-insured entities reported 958 claims; surplus lines insurers² reported 271 claims; and risk retention groups³ reported 120 claims.
- **Indemnity Payments:** A large majority of medical professional liability claims resulted in no payment to a claimant. Seventy-five percent of the claims, or 2,231, had no indemnity payments, while 25% of the claims or 757, closed with

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.

an indemnity payment. The total amount paid to claimants was \$175,134,565, an average of \$231,353 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 2,378. These expenses totaled \$69,969,486, an average of \$29,424 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, 222 closed within one year of being reported and had average paid indemnity of \$103,334. That figure rose to \$242,678 for 223 claims closing in their second year. Nineteen claims closed seven or more years after being reported with an average indemnity payment of \$729,626.
- **ALAE and Age of Claim:** Allocated loss adjustment expense also increased with the age of the claim, starting with an average of \$6,029 for claims that closed in the first year, and rising to \$18,981 for claims that closed in the second year. For claims closing seven or more years after being reported the average ALAE was \$127,937.
- **Regional Comparisons:** Nearly half of the claims, or 1,415, came from Northeast Ohio. Of these, one-fourth or 359 resulted in indemnity payments totaling \$80,751,304. Almost half (46%) of the total dollar amount paid to claimants statewide in 2010 arose from Northeast Ohio claims. Northwest Ohio also had the highest average paid indemnity of \$308,612. The breakdown of average paid indemnity for the remainder of Ohio, in descending order, is: Southwest-\$251,274; Northeast-\$224,934; Central-\$177,363; and Southeast-\$149,639.
- **Specialty Comparisons:** When claims were broken down by medical specialty, Internal Medicine had the most claims at 159 with 31 resulting in paid indemnity averaging \$214,932. For those specialties that are broken out, Obstetrics/Gynecology had the highest average paid indemnity of \$495,000 for 31 claims with payments, out of 119 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 798 with 170 resulting in paid indemnity. Obstetrics-related claims totaled 150. Of these, 45 resulted in indemnity payments averaging \$823,052, 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 2,988 claims that were closed in 2010, 75% closed with no indemnity payment. Included in this figure are five categories:
 - 65.66% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice;
 - 3.61% ended with a verdict for the defendant;
 - 3.28% were dismissed by summary judgment or a directed verdict;
 - 2.01% ended through a settlement;
 - 0.10% ended with alternative dispute resolution.
- The remaining 25% of the claims closed with an indemnity payment. Four categories of claims are included here:
 - 22.59% reached a settlement;
 - 2.11% used alternative dispute resolution;
 - 0.57% had a verdict for the plaintiff;
 - 0.07%⁴ 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, 65.66%.
- Claims resulting in settlement are the next largest group, 24.60%. Of these, most resulted in an indemnity payment.
- Claims with a summary judgment or a directed verdict comprise 3.35% of the total, with a large majority of these resulting in no indemnity payment.
- Claims that closed following alternative dispute resolution comprise 2.12% of the total, the majority of which resulted in indemnity payments.
- Finally, of the 4.18% 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 expenses. Exhibit 2 provides the details. Claims/suits abandoned without an indemnity payment had average ALAE of \$15,738. The 2 claims that were dismissed by the court with a summary judgment or directed verdict which resulted in an indemnity payment had the highest average ALAE of \$193,330.

Exhibit 3 provides a comparison of the six 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)

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

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 34% of the total and had the lowest average indemnity of \$103,334, and ALAE of \$6,029. Costs grew significantly as the claims aged. The oldest category, claims that closed seven or more years later, had average indemnity payments of \$729,626, and average ALAE of \$127,937.

Claims by Size (Appendix C, Exhibit 5)

Of the 2,988 claims reported closed in 2010, approximately 25%, or 757, generated an indemnity payment. Of these 757 claims, 39 claims or 5% generated an indemnity payment greater than \$1 million. The 39 claims in total generated indemnity payments of \$73.1 million or 42% of the total indemnity payments for all claims. Another 56 claims, or 7%, generated an indemnity payment below \$1 million but at least \$500,000. The 56 claims in total generated indemnity payments of \$38.3 million or 22% of the total indemnity payments for all claims. So for 2010, 64% of the total paid indemnity was generated by 12% of the claims that closed with an indemnity payment.

In comparison, for 2009, 71% of the total paid indemnity was generated by 17% of the claims. 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 103 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 2,988 closed claims that were reported, 55% of the claims were reported by admitted insurance companies and 32% 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 2010 closed claims.

Nearly half of the closed claims reported for 2010 were from the Northeast region. The Northwest region also had the largest average indemnity payment and 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 six 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 16% of the claims resulted in an indemnity payment. Internal Medicine had the most closed claims in 2010 followed by Obstetrics/Gynecology.

Of the physician specialties shown, Obstetrics/Gynecology had the highest average paid indemnity of \$495,000. Exhibit 11 displays the physician & surgeons' data for all six 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 2010 closed claims experience for all the provider types. Forty-three percent of the 2,988 closed claims were reported for physicians and surgeons. The largest average paid indemnity was \$310,607 for claims reported for physicians and surgeons. The largest average allocated loss adjustment expense of \$47,233 was for claims reported for other facilities. While an average of 16% of the claims reported for a physician or surgeon resulted in an indemnity payment, 39% 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 2,988 claims reported as closed in 2010, nearly 50% of the claims were closely split between two categories, Non-Obstetrical Medical Treatment and Diagnosis-Related. Non-Obstetrical Medical Treatment includes failure to treat, delay in treatment, and improper treatment. Diagnosis-Related includes failure to diagnose, misdiagnosis, and delay in diagnosis. Obstetrics-Related claims, including improper delivery method, improper management of pregnancy, and delay in delivery, had the highest average paid indemnity of \$823,052 and the highest average ALAE of \$71,635. This data includes all medical provider types, including hospitals. Exhibit 14 displays the data for all six 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 2,988 reported, 138, or 4.6%, were identified as birth injury claims. Of these 138 birth injury claims, 34% resulted in an indemnity payment. The average indemnity payment of a birth injury claim was \$923,067, nearly four times the overall average indemnity payment of \$231,353.

Of the 21,918 closed claims reported for calendar years 2005 through 2010, 960 or 4% were identified as birth injury. Of these 960 birth injury claims, 35% resulted in an indemnity payment. The average indemnity payment of the combined data for a birth injury claim was \$916,083 which is more than three times the overall average indemnity payment of \$279,295.

Severity of Injury (Appendix C, Exhibit 16)

Of the 2,988 claims reported as closed in 2010, 967 or 32% of the claims were due to the death of the injured party, with an average paid indemnity of \$309,592. Injuries identified as “permanent grave” had an average paid indemnity of \$854,107, nearly four times the overall average indemnity payment. The injuries include quadriplegia and brain damage, requiring lifelong dependent care.

Of the 21,918 claims reported as closed for calendar years 2005 through 2010, 7,481 or 34% were due to the death of the injury party. Of these, 19% closed with an indemnity payment which averaged \$344,260. Injuries identified as “permanent grave” totaled 468 for the six years. Of these, 27% closed with an indemnity payment which averaged \$1,198,405.

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

Of the 2,988 claims reported as closed, 64.5% of the claims identified the injured party as an adult, age 18 to 64. Adults ages 65 or older represented 24.5% of the claims. Infants and minors together represented 10.5% the claims. The average indemnity payment for infants was the highest at \$754,018. Exhibit 18 displays the data for all six years combined for the various age groupings.

Gender of Injured Person (Appendix C, Exhibit 19)

Of the 2,988 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 \$199,935. When the injured party was a male, the average indemnity payment was \$271,357.

Of the 21,918 claims reported as closed for calendar years 2005 through 2010, 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 \$247,897. When the injured party was a male, the average indemnity

payment was \$323,115. For females, 23% of the claims resulted in an indemnity payment, while for males, 21.5% resulted in 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 2010 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 42% of the claims. The largest average indemnity payments were due to incidents that occurred in the Nursery\Pediatric Ward, while the largest average allocated loss adjustment expenses were due to incidents that occurred in the Mental Health area, closely followed by the Nursery/Pediatric Ward. Exhibit 21 displays the data for all six 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. 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. 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. 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.

Closed Claim Year	2005	2006	2007	2008	2009	2010	Total
Total # of Claims	5,051	4,004	3,451	3,080	3,344	2,988	21,918

# Claims with injury pre- SB 281	3,864	1,939	1,058	458	325	167	7,811
Avg Indemnity pre-SB 281 claims	\$307,899	\$342,091	\$556,191	\$422,498	\$882,645	\$527,336	\$390,327
Median Indemnity pre-SB 281 claims	\$101,250	\$100,000	\$175,000	\$153,000	\$343,750	\$172,000	
Avg ALAE pre- SB 281 claims	\$28,265	\$34,470	\$67,898	\$111,388	\$88,602	\$83,773	\$43,492
# Claims with injury post- SB 281	1,187	2,065	2,393	2,622	3,019	2,821	14,107
Avg Indemnity post-SB 281 claims	\$171,299	\$235,677	\$213,065	\$221,685	\$271,897	\$209,071	\$225,966
Median Indemnity post-SB 281 claims	\$25,000	\$45,000	\$45,000	\$50,383	\$79,184	\$50,088	
Avg ALAE post-SB 281 claims	\$9,044	\$15,768	\$18,990	\$28,738	\$33,448	\$25,739	\$24,079
# Claims where verdict could have been subject to capping	0	2	3	0	1	4	10

VIII. Conclusion

This sixth 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 six years of data the following conclusions can be drawn:

- Most of the claims closed without a payment to the plaintiff. For all six years, 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

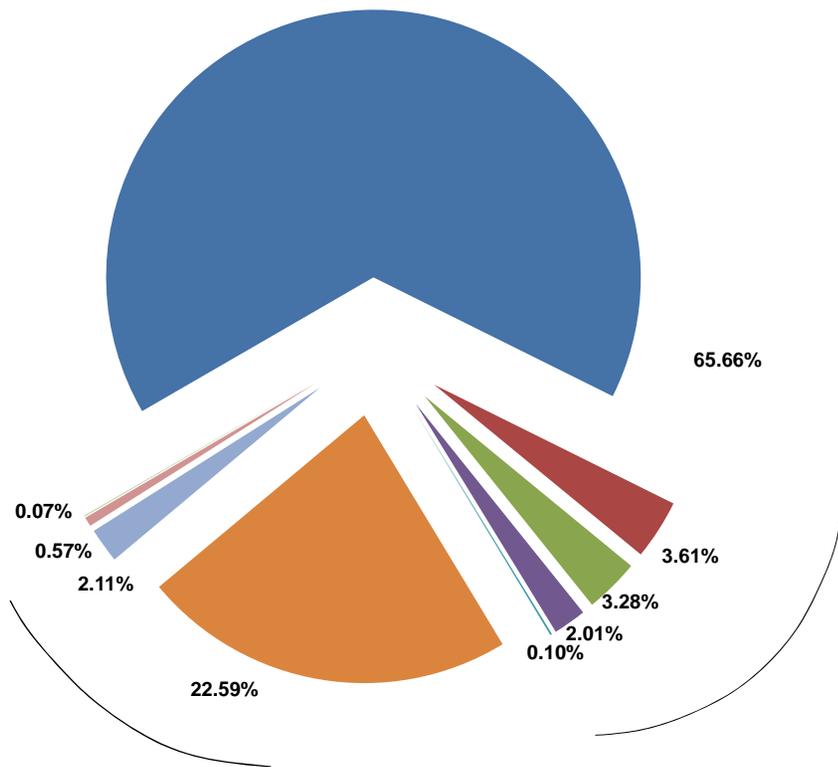
Promulgated Under: 119.03

Statutory Authority: 3901.041, 3929.302

Rule Amplifies: 3929.302

OHIO Closed Claims in 2010 Outcome of Malpractice Claims

2988 Closed Claims



25.3% - Claims With Indemnity Payment

74.7% - Claims Without Indemnity Payment

Appendix C, Exhibit 1

- 65.66% Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- 3.61% Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity
- 3.28% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 2.01% Disposed of by Settlement Agreement -- Without Indemnity
- 0.1% Disposed of by Alternative Dispute Resolution -- Without Indemnity
- 22.59% Disposed of by Settlement Agreement -- With Indemnity
- 2.11% Disposed of by Alternative Dispute Resolution -- With Indemnity
- 0.57% Disposed of by Trial Verdict/Jury Verdict -- With Indemnity
- 0.07% Dismissed by Court - Summary Judgment/Directed Verdict -- With Indemnity

OHIO
2010 Closed Claims
ALAE and Indemnity Payments by Final
Disposition Description

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	1962	65.7%	1587	\$24,975,810	\$15,738	0	\$0	\$0
Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity	108	3.6%	107	\$12,648,085	\$118,206	0	\$0	\$0
Dismissed by Court -Summary Judgment/Directed Verdict -- Without Indemnity	98	3.3%	84	\$2,291,037	\$27,274	0	\$0	\$0
Disposed of by Settlement Agreement -- Without Indemnity	60	2.0%	56	\$527,030	\$9,411	0	\$0	\$0
Disposed of by Alternative Dispute Resolution -- Without Indemnity	3	0.1%	3	\$113,820	\$37,940	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	675	22.6%	464	\$22,794,972	\$49,127	675	\$121,629,223	\$180,191
Disposed of by Alternative Dispute Resolution -- With Indemnity	63	2.1%	58	\$4,147,075	\$71,501	63	\$45,870,840	\$728,109
Disposed of by Trial Verdict/Jury Verdict -- With Indemnity	17	0.6%	17	\$2,084,998	\$122,647	17	\$7,068,077	\$415,769
Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity	2	0.1%	2	\$386,660	\$193,330	2	\$566,425	\$283,213
TOTALS and AVERAGES:	2988	100.0%	2378	\$69,969,486	\$29,424	757	\$175,134,565	\$231,353

OHIO

Appendix C, Exhibit 3

Closed Claims for 2005- 2010 ALAE and Indemnity Payments

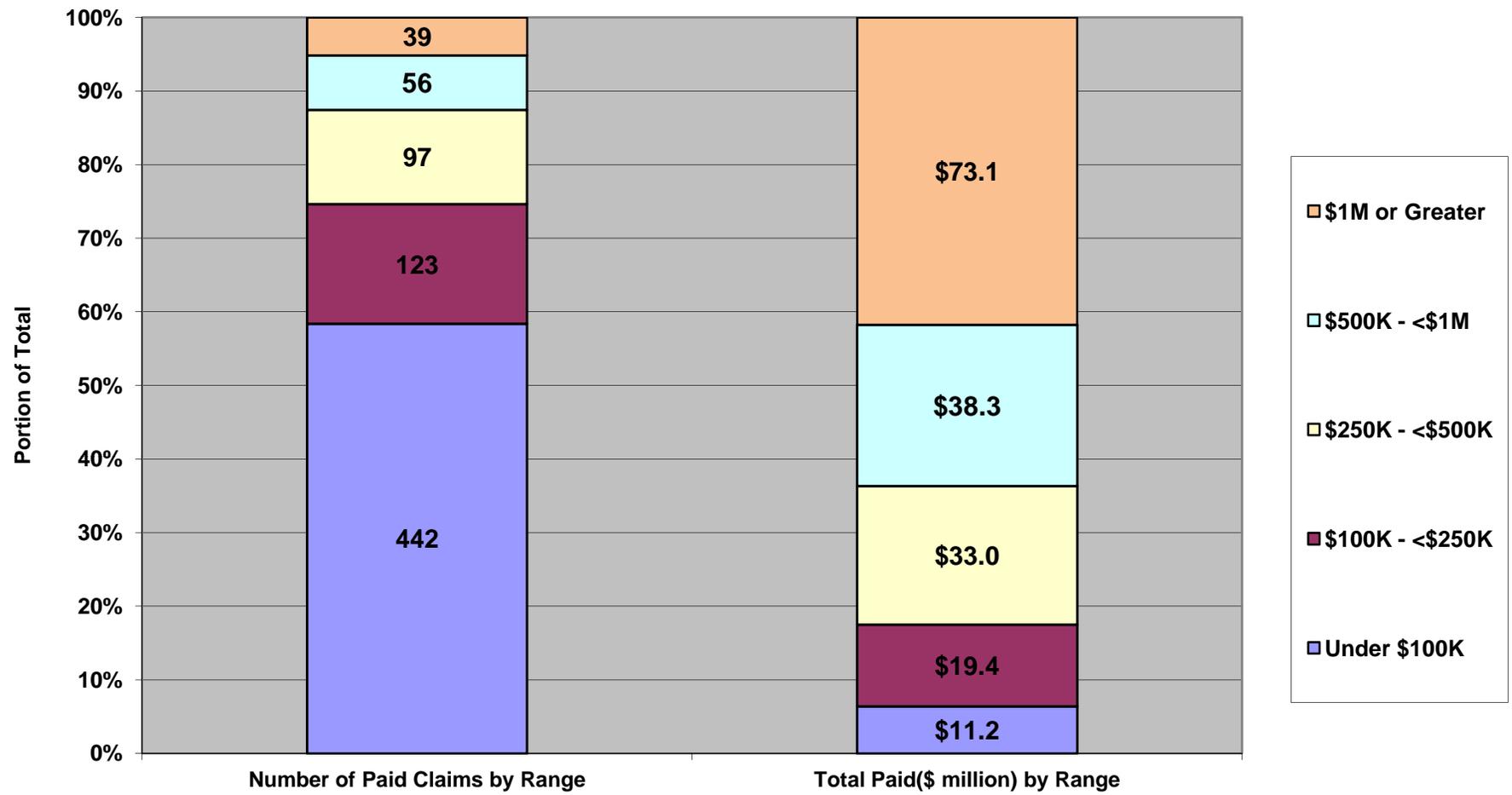
CLOSED CLAIM YEAR	NUMBER OF CLAIMS	PERCENTAGE OF CLAIMS WITH INDEMNITY	PERCENTAGE OF CLAIMS WITHOUT INDEMNITY	TOTAL INDEMNITY AMOUNT	AVERAGE INDEMNITY AMOUNT	TOTAL ALAE AMOUNT	AVERAGE ALAE AMOUNT
2005	5,051	20.7%	79.3%	\$281,764,938	\$269,374	\$113,194,565	\$24,443
2006	4,004	19.8%	80.2%	\$228,735,572	\$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
TOTALS and AVERAGES:	21,918	22.6%	77.4%	\$1,385,022,159	\$279,295	\$594,747,082	\$31,735

OHIO
2010 Closed Claims
ALAE and Indemnity Payments by Age of Claim

AGE IN YEARS	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Less Than 1	1025	634	\$3,822,383	\$6,029	222	\$22,940,037	\$103,334
1 But Less Than 2	872	735	\$13,951,301	\$18,981	223	\$54,117,203	\$242,678
2 But Less Than 3	573	535	\$18,555,596	\$34,683	161	\$41,872,125	\$260,075
3 But Less Than 4	266	240	\$12,268,428	\$51,118	79	\$27,877,730	\$352,883
4 But Less Than 5	106	99	\$7,596,671	\$76,734	35	\$8,515,338	\$243,295
5 But Less Than 6	71	68	\$5,793,016	\$85,191	13	\$2,369,242	\$182,249
6 But Less Than 7	28	25	\$2,608,725	\$104,349	5	\$3,580,000	\$716,000
7 or Greater	47	42	\$5,373,365	\$127,937	19	\$13,862,889	\$729,626
TOTALS and AVERAGES:	2988	2378	\$69,969,486	\$29,424	757	\$175,134,565	\$231,353

OHIO 2010 Closed Claims By Size of Payment

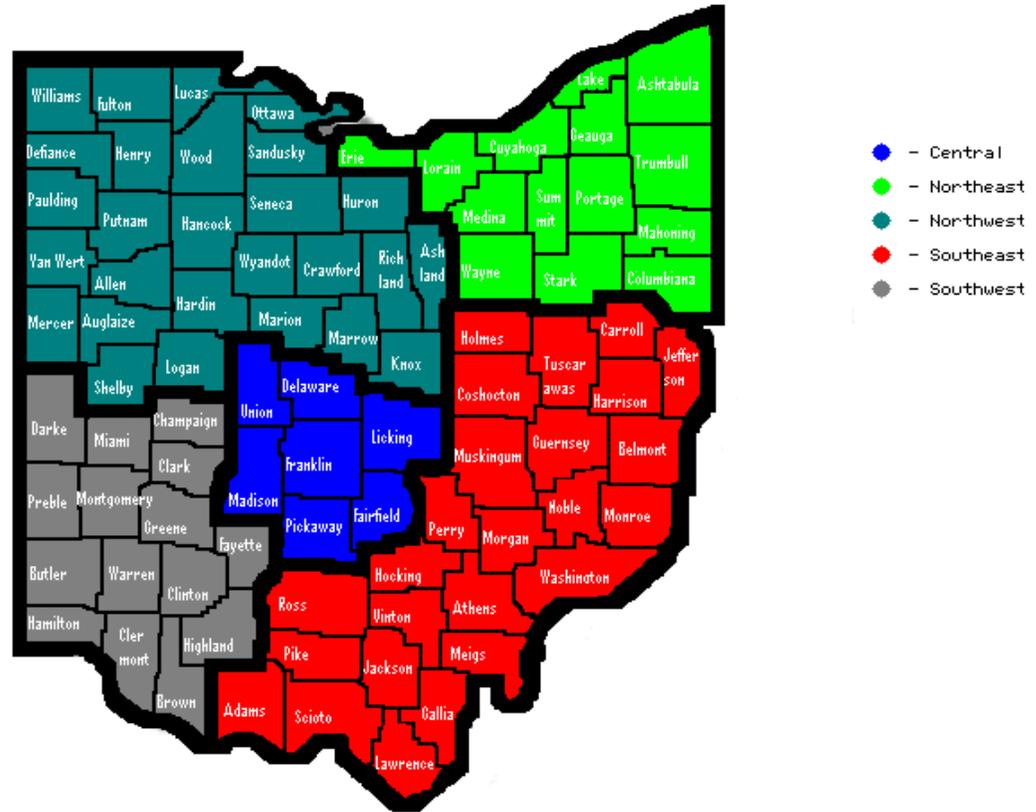
Appendix C, Exhibit 5



OHIO
2010 Closed Claims
ALAE and Indemnity Payments by Insurer Type

INSURING ENTITY TYPE	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Insurance Company - Authorized/Admitted	1639	1378	\$42,007,700	\$30,485	302	\$76,859,873	\$254,503
Insurance Company - Surplus Lines	271	202	\$5,793,029	\$28,678	66	\$8,782,326	\$133,066
Risk Retention Group	120	101	\$3,718,369	\$36,816	47	\$4,433,128	\$94,322
Self Insurers (Captives)	958	697	\$18,450,388	\$26,471	342	\$85,059,239	\$248,711
TOTALS and AVERAGES:	2988	2378	\$69,969,486	\$29,424	757	\$175,134,565	\$231,353

Closed Claims 2010 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, 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

2010 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	312	260	\$5,125,158	\$19,712	76	\$14,874,424	\$195,716
	Central - Remainder	56	47	\$1,617,522	\$34,415	11	\$556,116	\$50,556
Totals and Averages:		368	307	\$6,742,680	\$21,963	87	\$15,430,540	\$177,363
Northeast								
	Cuyahoga	689	503	\$15,234,849	\$30,288	210	\$54,162,225	\$257,915
	Summit	208	185	\$6,729,085	\$36,373	32	\$10,148,764	\$317,149
	Stark	120	94	\$2,031,576	\$21,613	26	\$2,445,169	\$94,045
	Mahoning	115	105	\$2,942,844	\$28,027	22	\$2,611,305	\$118,696
	Lorain	64	54	\$1,532,654	\$28,382	14	\$2,237,650	\$159,832
	Northeast - Remainder	219	169	\$5,125,833	\$30,330	55	\$9,146,192	\$166,294
Totals and Averages:		1415	1110	\$33,596,840	\$30,267	359	\$80,751,304	\$224,934

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Northwest								
	Northwest - Remainder	231	177	\$4,969,387	\$28,076	50	\$10,592,791	\$211,856
	Lucas	186	160	\$7,547,341	\$47,171	54	\$21,502,873	\$398,201
	Totals and Averages:	417	337	\$12,516,728	\$37,142	104	\$32,095,663	\$308,612
Southeast								
	Southeast	189	146	\$4,593,987	\$31,466	53	\$7,930,865	\$149,639
	Totals and Averages:	189	146	\$4,593,987	\$31,466	53	\$7,930,865	\$149,639
Southwest								
	Hamilton	257	192	\$6,323,521	\$32,935	78	\$24,168,912	\$309,858
	Montgomery	179	151	\$3,843,589	\$25,454	46	\$11,342,902	\$246,585
	Butler	39	28	\$379,608	\$13,557	10	\$403,235	\$40,323
	Southwest - Remainder	109	95	\$1,593,779	\$16,777	19	\$2,529,893	\$133,152
	Totals and Averages:	584	466	\$12,140,497	\$26,053	153	\$38,444,943	\$251,274
Unknown								
	Unknown	15	12	\$378,755	\$31,563	1	\$481,250	\$481,250
	Totals and Averages:	15	12	\$378,755	\$31,563	1	\$481,250	\$481,250
GRAND TOTALS and AVERAGES:		2988	2378	\$69,969,486	\$29,424	757	\$175,134,565	\$231,353

OHIO
2005 - 2010 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	2,713	20.2%	79.8%	\$316,660	\$22,989
Northeast	10,663	22.6%	77.4%	\$287,945	\$30,041
Northwest	3,289	21.1%	78.9%	\$261,101	\$31,390
Southeast	1,180	23.6%	76.4%	\$245,928	\$28,850
Southwest	3,992	25.2%	74.8%	\$261,785	\$43,117

OHIO
2010 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	159	141	\$3,728,945	\$26,446	31	\$6,662,888	\$214,932
Obstetrics/Gynecology	119	106	\$5,829,024	\$54,991	31	\$15,345,013	\$495,000
Surgery - General	111	98	\$4,502,742	\$45,946	21	\$7,882,446	\$375,355
Emergency Medicine	107	92	\$2,574,569	\$27,984	14	\$2,697,336	\$192,667
Family Physicians(General Practioners	98	92	\$2,853,078	\$31,012	23	\$7,774,757	\$338,033
Surgery - Orthopedic	85	67	\$965,774	\$14,415	11	\$1,490,000	\$135,455
Radiology	83	72	\$2,044,800	\$28,400	12	\$2,156,552	\$179,713
Anesthesiology	54	43	\$553,455	\$12,871	7	\$3,181,974	\$454,568
Neurology	41	33	\$1,480,915	\$44,876	4	\$1,640,000	\$410,000
Cardiovascular Disease	38	33	\$610,347	\$18,495	4	\$1,425,000	\$356,250
Other	387	315	\$8,789,302	\$27,903	48	\$13,729,071	\$286,022
TOTALS and AVERAGES:	1282	1092	\$33,932,951	\$31,074	206	\$63,985,037	\$310,607

OHIO
2005 - 2010 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	10,230	14.4%	85.6%	\$337,144.48	\$29,693.86
Internal Medicine	1,244	11.7%	88.3%	\$244,968.79	\$32,178.97
Family Physicians/General Practitioners	951	19.1%	80.9%	\$296,260.63	\$27,854.60
Surgery - General	907	14.0%	86.0%	\$320,677.71	\$34,555.61
Emergency Medicine	892	12.0%	88.0%	\$284,093.78	\$27,245.79
Obstetrics/Gynecology	812	24.9%	75.1%	\$444,005.33	\$61,445.82

OHIO

2010 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	1282	1092	\$33,932,951	\$31,074	206	\$63,985,037	\$310,607
Hospitals	784	597	\$19,337,716	\$32,391	308	\$82,896,379	\$269,144
Corporation	484	382	\$9,564,336	\$25,038	73	\$15,749,788	\$215,751
Other Medical Professionals	225	160	\$2,696,216	\$16,851	80	\$4,809,227	\$60,115
Nursing Home/Assisted Living	125	102	\$2,944,157	\$28,864	67	\$6,352,137	\$94,808
Other Facilities	48	23	\$1,086,367	\$47,233	11	\$996,241	\$90,567
Clinic	30	19	\$311,712	\$16,406	5	\$164,457	\$32,891
Pharmacy	10	3	\$96,032	\$32,011	7	\$181,300	\$25,900
TOTALS and AVERAGES:	2988	2378	\$69,969,486	\$29,424	757	\$175,134,565	\$231,353

OHIO
2010 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.)	798	648	\$17,069,238	\$26,341	170	\$25,845,373	\$152,032
Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.)	668	565	\$18,148,584	\$32,121	131	\$45,794,431	\$349,576
Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)	626	489	\$11,504,282	\$23,526	127	\$21,202,155	\$166,946
Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)/Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)	190	152	\$5,148,519	\$33,872	63	\$13,242,894	\$210,205

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)	184	124	\$2,754,314	\$22,212	107	\$12,578,032	\$117,552
Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)	150	128	\$9,169,321	\$71,635	45	\$37,037,321	\$823,052
Other (No Listed Category Applies)	134	91	\$1,390,023	\$15,275	28	\$2,454,579	\$87,664
Patient Monitoring-Related (Failure to Monitor, etc.)	89	70	\$1,931,317	\$27,590	41	\$7,426,849	\$181,143
Anesthesia-Related (Improper Choice, Improper Administration, etc.)	63	49	\$1,089,476	\$22,234	11	\$7,054,474	\$641,316

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Breach of Confidentiality/Communication-Related (Failure To Instruct, Failure to Obtain Consent, etc.)	38	26	\$572,148	\$22,006	12	\$501,266	\$41,772
Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc.)	32	22	\$708,831	\$32,220	15	\$1,672,625	\$111,508
Policies & Procedures-Related (Failure To Follow, Negligent Credentialing, etc.)/Supervision-Related (Supervision of Residents, Nurses, etc.)	16	14	\$483,432	\$34,531	7	\$324,566	\$46,367
TOTALS and AVERAGES:	2988	2378	\$69,969,486	\$29,424	757	\$175,134,565	\$231,353

OHIO
2005 - 2009 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	21918	22.6%	77.4%	\$279,295	\$31,735
Diagnosis-Related	5833	17.2%	82.8%	\$357,376	\$35,007
Medical Treatment \Non-Obstetrical	5742	18.2%	81.8%	\$202,086	\$23,579
Surgery Related	4276	17.9%	82.1%	\$253,111	\$24,849

OHIO
2010 Closed Claims
ALAE and Indemnity Payments by Birth Injury

BIRTH INJURY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
No	2850	2256	\$60,514,259	\$26,824	710	\$131,750,411	\$185,564
Yes	138	122	\$9,455,227	\$77,502	47	\$43,384,154	\$923,067
TOTALS and AVERAGES:	2988	2378	\$69,969,486	\$29,424	757	\$175,134,565	\$231,353

OHIO
2010 Closed Claims
ALAE and Indemnity Payments by Severity

SEVERITY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Death	967	859	\$27,803,176	\$32,367	209	\$64,704,821	\$309,592
Emotional	121	81	\$1,441,198	\$17,793	26	\$1,091,675	\$41,987
Permanent Grave	44	38	\$3,116,749	\$82,020	14	\$11,957,500	\$854,107
Permanent Major	234	205	\$11,006,305	\$53,689	66	\$49,405,639	\$748,570
Permanent Minor	185	159	\$3,509,551	\$22,073	43	\$6,313,170	\$146,818
Permanent Significant	300	268	\$10,643,565	\$39,715	61	\$22,464,417	\$368,269
Temporary Low Significance	193	112	\$1,258,174	\$11,234	60	\$1,297,211	\$21,620
Temporary Major	379	280	\$5,984,834	\$21,374	128	\$14,568,516	\$113,817
Temporary Minor	565	376	\$5,205,933	\$13,846	150	\$3,331,615	\$22,211
TOTALS and AVERAGES:	2988	2378	\$69,969,486	\$29,424	757	\$175,134,565	\$231,353

OHIO
2010 Closed Claims
ALAE and Indemnity Payments by Age

AGE RANGE	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Adult (Ages 18-64)	1927	1523	\$39,980,591	\$26,251	420	\$83,026,784	\$197,683
Senior (Age 65+)	735	594	\$15,993,364	\$26,925	231	\$34,946,094	\$151,282
Minor (Ages 1 to 17)	162	118	\$2,945,226	\$24,960	47	\$15,446,765	\$328,655
Infant (Less than 1 year old)	151	132	\$10,681,149	\$80,918	52	\$39,208,922	\$754,018
Unknown	13	11	\$369,156	\$33,560	7	\$2,506,000	\$358,000
TOTALS and AVERAGES:	2988	2378	\$69,969,486	\$29,424	757	\$175,134,565	\$231,353

OHIO
2005 - 2010 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	14,949	19.3%	80.7%	\$251,458	\$27,339
Senior 65 +	4,720	28.9%	71.1%	\$142,687	\$24,816
Infant	1,124	34.5%	65.5%	\$867,856	\$107,837
Minor 1 - 17	1,022	28.7%	71.3%	\$384,385	\$38,115

OHIO
2010 Closed Claims
ALAE and Indemnity Payments by Gender

GENDER	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Female	1702	1332	\$33,653,688	\$25,266	424	\$84,772,630	\$199,935
Male	1286	1046	\$36,315,798	\$34,719	333	\$90,361,936	\$271,357
TOTALS and AVERAGES:	2988	2378	\$69,969,486	\$29,424	757	\$175,134,565	\$231,353

OHIO
2010 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)	699	553	\$13,403,077	\$24,237	132	\$27,200,763	\$206,066
Medical Professional's Office	561	454	\$10,715,426	\$23,602	146	\$27,420,091	\$187,809
Patient's Room, Including Patient Bathroom for Inpatient Areas Not Otherwise Specified	392	314	\$9,371,700	\$29,846	126	\$27,057,511	\$214,742
Emergency Room/Emergency Department	339	264	\$7,499,158	\$28,406	63	\$5,867,035	\$93,128

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Other (No Listed Location Applies)	169	133	\$2,539,900	\$19,097	39	\$4,981,962	\$127,743
Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care)	162	135	\$3,728,202	\$27,616	74	\$7,184,578	\$97,089
Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)	156	132	\$9,228,166	\$69,910	48	\$41,598,904	\$866,644
Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine)	144	118	\$3,582,988	\$30,364	25	\$6,196,552	\$247,862
Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)	75	65	\$2,257,009	\$34,723	10	\$1,928,303	\$192,830
Outpatient/Ambulatory Care Areas or Facilities	71	56	\$879,241	\$15,701	23	\$2,209,852	\$96,081

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Critical Care Unit (ICU/CCU/NICU)	66	54	\$2,014,841	\$37,312	11	\$3,722,123	\$338,375
Patient's Home	48	38	\$2,139,989	\$56,315	14	\$3,308,154	\$236,297
Nursery/Pediatric Ward	30	16	\$1,143,322	\$71,458	9	\$10,724,342	\$1,191,594
Facility Support Areas (Including Administrative Areas, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)	21	7	\$106,144	\$15,163	13	\$204,678	\$15,744
Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)	17	9	\$511,033	\$56,781	11	\$1,005,217	\$91,383
Recovery Room (Post-Anesthesia Care Unit)	15	14	\$391,837	\$27,988	5	\$2,147,500	\$429,500

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Physical Therapy Dept.	13	9	\$131,825	\$14,647	4	\$1,382,000	\$345,500
Hospice Area or Facility	5	3	\$38,603	\$12,868	2	\$195,000	\$97,500
Mental Health (Includes Psychiatric and Drug & Alcohol Addiction)	5	4	\$287,025	\$71,756	2	\$800,000	\$400,000
TOTALS and AVERAGES:	2988	2378	\$69,969,486	\$29,424	757	\$175,134,565	\$231,353

OHIO
2005 - 2010 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	5,172	18.4%	81.6%	\$288,389	\$25,520
Medical Professional Office	4,528	19.9%	80.1%	\$216,440	\$23,216
Emergency Department	2,936	17.1%	82.9%	\$217,921	\$28,278
Obstetrics Department	1,043	33.5%	66.5%	\$863,939	\$112,133