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Ohio 2009 Medical Professional Liability Closed Claim Report

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Ohio Medical Professional Liability Closed Claim Report - 2009

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 fifth annual report to the General Assembly summarizing the Ohio medical professional liability closed claim data received by the Department for calendar year 2009. This report also includes comparisons of calendar year 2009 data with the data from the prior four 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 2009 Closed Claims

- **Total Claims:** For 2009, a total of 3,344 claims were reported by 99 entities. Authorized insurers[1] reported the majority of the claims, 1,796. Self-insured entities reported 1,185 claims; surplus lines insurers[2] reported 212 claims; and risk retention groups[3] reported 151 claims.

[1] Authorized (admitted) insurers are licensed to write business in the state; are subject to the Department's rate, policy form and solvency regulation; and are backed by the Ohio Insurance Guaranty Fund.
[2] Surplus lines insurers are not authorized and do not have guaranty fund backing, but are allowed to write policies for those doctors and hospitals that cannot obtain coverage from an authorized insurer. These companies must be on a list of eligible surplus lines insurers and are regulated for financial strength by their domiciliary state or country.
[3] Risk retention groups are permitted by federal law to cover the liability insurance risk of the group's members. These groups are not backed by the guaranty fund.

- **Indemnity Payments:** A large majority of medical professional liability claims resulted in no payment to a claimant. Seventy-six percent of the claims, or 2,542, had no indemnity payments, while 24% of the claims or 802, closed with an indemnity payment. The total amount paid to claimants was $258,370,436, an average of $322,158 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 2,738. These expenses totaled $107,739,769, an average of $39,350 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, 181 closed within one year of being reported and had average paid indemnity of $98,095. That figure rose to $310,739 for 233 claims closing in their second year. Twenty-one claims closed seven or more years after being reported with an average indemnity payment of $833,297.

- **ALAE and Age of Claim:** Allocated loss adjustment expense also increased with the age of the claim, starting with an average of $7,941 for claims that closed in the first year, and rising to $23,843 for claims that closed in the second year. For claims closing seven or more years after being reported the average ALAE was $95,853.

- **Regional Comparisons:** Half of the claims, or 1,686, came from Northeast Ohio. Of these, one-fourth or 407 resulted in indemnity payments totaling $153,396,087. More than half of the total dollar amount paid to claimants statewide in 2009 arose from Northeast Ohio claims. Northeast Ohio also had the highest average paid indemnity of $376,895. The breakdown of average paid indemnity for the remainder of Ohio, in descending order, is: Central-$314,868; Southwest-$293,987; Northwest-$210,661; and Southeast-$186,390.

- **Specialty Comparisons:** When claims were broken down by medical specialty, Internal Medicine had the most claims at 186 with 22 resulting in paid indemnity averaging $240,941. However, for those specialties that are broken out, Neurology had the highest average paid indemnity of $1,530,218 for 6 claims with payments, out of 40 reported claims. Obstetrics/Gynecology had the second highest average paid indemnity of $721,734 for 26 claims with payments, out of 117 reported claims.

- **Treatment Comparisons:** Diagnosis-related incidents, such as failure to diagnose, delay in diagnosis, or misdiagnosis produced the highest number of claims of 876 with 151 resulting in paid indemnity. Obstetrics-related

claims totaled 145. Of these, 48 resulted in indemnity payments averaging $886,405, 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 3,344 claims that were closed in 2009, 76% closed with no indemnity payment. Included in this figure are five categories:
  - 64.35% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice;
  - 5.29% were dismissed by summary judgment or a directed verdict;
  - 4.19% ended with a verdict for the defendant;
  - 2.00% ended through a settlement;
  - 0.18% ended with alternative dispute resolution.
- The remaining 24% of the claims closed with an indemnity payment. Four categories of claims are included here:
  - 21.89% reached a settlement;
  - 1.26% used alternative dispute resolution;
  - 0.84% had a verdict for the plaintiff;
  - 0.00%[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, 64.35%.
- Claims resulting in settlement are the next largest group, 23.89%. Of these, most resulted in an indemnity payment.
- Claims with a summary judgment or a directed verdict comprise 5.29% of the total, with a large majority of these resulting in no indemnity payment.
- Claims that closed following alternative dispute resolution comprise 1.44% of the total, the majority of which resulted in indemnity payments.
- Finally, of the 5.03% 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 $17,275. The 28 claims that were disposed of by a trial or jury

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

verdict which resulted in an indemnity payment had the highest average ALAE of $176,130.

Exhibit 3 provides a comparison of the five years of data collected. The percentage of claims that resulted in an indemnity payment has remained at approximately 20-25%.

Age of Claim (Appendix C, Exhibit 4)

This exhibit displays claims by age at the time of closing, and shows that typically average indemnity and average ALAE increased with the age of the claim. Claims that closed in their first year represent 30% of the total and had the lowest average indemnity of $98,095, and ALAE of $7,941. 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 $2,160,861, and average ALAE of $148,480.

Claims by Size (Appendix C, Exhibit 5)

Of the 3,344 claims reported closed in 2009, nearly 24%, or 802, generated an indemnity payment. Of these 802 claims, 57 claims or 7% generated an indemnity payment greater than $1 million. The 57 claims in total generated indemnity payments of $134.7 million or 52% of the total indemnity payments for all claims. Another 76 claims, or nearly 10%, generated an indemnity payment below $1 million but at least $500,000. The 76 claims in total generated indemnity payments of $50.2 million or 19% of the total indemnity payments for all claims. So for 2009, 71% of the total paid indemnity was generated by 17% of the claims that closed with an indemnity payment.

In comparison, 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 99 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 3,344 closed claims that were reported, 54% of the claims were reported by admitted insurance companies and 35% were reported by self-insurers/captives. More claims were reported as closed by risk retention groups in 2009 than had been in prior years.

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 2009 closed claims.

Half of the closed claims reported for 2009 were from the Northeast region. The Northeast region also 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 five years combined.

Claims by Physician Specialty (Appendix C, Exhibits 10 & 11)

Exhibit 10 displays eleven physician and surgeon specialties. All other specialties are grouped together as “Other” to maintain confidentiality. An average of 14% of the claims resulted in an indemnity payment. Internal Medicine had the most closed claims in 2009 followed by General Surgery.

Of the physician specialties shown, Neurology had the highest average paid indemnity of $1,530,218. Exhibit 11 displays the physician & surgeons' data for all five 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 2009 closed claims experience for all the provider types. Forty-five percent of the 3,344 closed claims were reported for physicians and surgeons. The largest average paid indemnity was $389,121 for claims reported for hospitals. The largest average allocated loss adjustment expense of $56,691 was also for claims reported for hospitals. While an average of 14% of the claims reported for a physician or surgeon resulted in an indemnity payment, 43% of the claims reported for a hospital resulted in an indemnity payment.

Claims by Type of Injury (Appendix C, Exhibits 13 & 14)

The reporting entities identified the primary complaint or injury that led to the medical professional liability claim. Of the 3,344 claims reported as closed in 2009, 50% 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 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 $886,405 and the highest average ALAE of $110,453. This data includes all medical provider types, including hospitals. Exhibit 14 displays the data for all five 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 3,344 reported, 142, or 4%, were identified as birth injury claims. Of these 142 birth injury claims, 35% resulted in an indemnity payment. The average indemnity payment of a birth injury claim was $1,074,740, over three times the overall average indemnity payment of $322,158.

Of the 18,930 closed claims reported for calendar years 2005 through 2009, 822 or 4% were identified as birth injury. Of these 822 birth injury claims, 35% resulted in an indemnity payment. The average indemnity payment of the combined data for a birth injury claim was $914,931 which is more than three times the overall average indemnity payment of $287,931.

Severity of Injury (Appendix C, Exhibit 16)

Of the 3,344 claims reported as closed in 2009, 1,176 or 35% of the claims were due to the death of the injured party, with an average paid indemnity of $406,329. Injuries identified as “permanent grave” had an average paid indemnity of $1,266,637, nearly four times the overall average indemnity payment. The injuries include quadriplegia and brain damage, requiring lifelong dependent care.

Of the 18,930 claims reported as closed for calendar years 2005 through 2009, 6,514 or 34% were due to the death of the injury party. Of these, 19% closed with an indemnity payment which averaged $350,108. Injuries identified as “permanent grave” totaled 424 for the five years. Of these, 27% closed with an indemnity payment which averaged $1,240,687.

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

Of the 3,344 claims reported as closed, 67% of the claims identified the injured party as an adult, age 18 to 64. Adults ages 65 or older represented 23% of the claims. Infants and minors together represented 9% the claims. The average indemnity payment for infants was the highest at $974,297. Exhibit 18 displays the data for all five years combined for the various age groupings.

Gender of Injured Person (Appendix C, Exhibit 19)

Of the 3,344 claims reported as closed, 55% of the claims reported the injured party as female and 45% of the claims reported the injured party as male. When the injured party was a female, the average indemnity payment was $301,403. When the injured party was a male, the average indemnity payment was $350,505.

Of the 18,930 claims reported as closed for calendar years 2005 through 2009, 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 $256,147. When the injured party was a male, the average indemnity payment was $333,037. For females, 23% of the claims resulted in an indemnity payment, while for males, 21% 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 2009 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 40% 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 Obstetrics Department. Exhibit 21 displays the data for all five 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. For example, for 2009, the "oldest" closed claims subject to SB 281 would have been less than seven 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 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	Total
Total # of Claims	5,051	4,004	3,451	3,080	3,344	18,930
# Claims with injury pre- SB 281	3,864	1,939	1,058	458	325	7,644
Avg Indemnity pre-SB 281 claims	$307,899	$342,091	$556,191	$422,498	$882,645	$385,660
Avg ALAE pre- SB 281 claims	$28,265	$34,470	$67,898	$111,388	$88,602	$42,652
# Claims with injury post- SB 281	1,187	2,065	2,393	2,622	3,019	11,286
Avg Indemnity post-SB 281 claims	$171,299	$235,677	$213,065	$221,685	$271,897	$230,461
Avg ALAE post-SB 281 claims	$9,044	$15,768	$18,990	$28,738	$33,448	$23,674
# Claims where verdict could have been subject to capping	0	2	3	0	1	6

VIII. Conclusion

This fifth 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 five years of data the following conclusions can be drawn:

- Most of the claims closed without a payment to the plaintiff. For all five years, approximately 78% 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

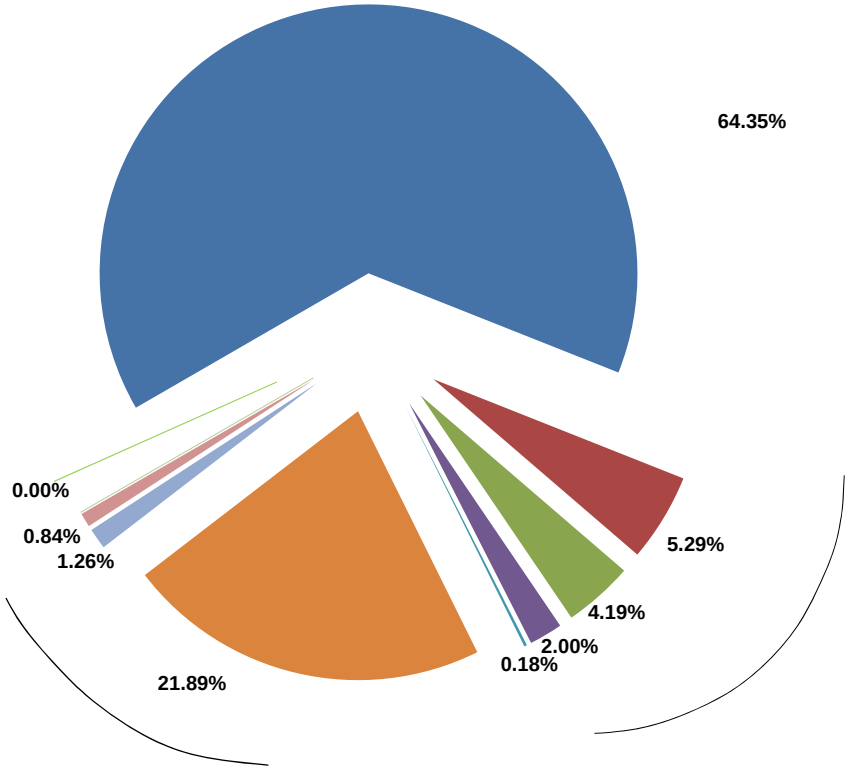
Promulgated Under: 119.03

Statutory Authority: 3901.041, 3929.302

Rule Amplifies: 3929.302

OHIO
Closed Claims in 2009
Outcome of Malpractice Claims

3344 Closed Claims



24% - Claims With Indemnity Payment

76% - Claims Without Indemnity Payment

Appendix C, Exhibit 1

- 64.35% Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- 5.29% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 4.19% Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity
- 2% Disposed of by Settlement Agreement -- Without Indemnity
- 0.18% Disposed of by Alternative Dispute Resolution -- Without Indemnity
- 21.89% Disposed of by Settlement Agreement -- With Indemnity
- 1.26% Disposed of by Alternative Dispute Resolution -- With Indemnity
- 0.84% Disposed of by Trial Verdict/Jury Verdict -- With Indemnity
- 0% Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity

OHIO
2009 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	2152	64.4%	1761	$30,421,917	$17,275	0	$0	$0
Dismissed by Court -Summary Judgment/Directed Verdict -- Without Indemnity	177	5.3%	156	$4,514,280	$28,938	0	$0	$0
Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity	140	4.2%	136	$21,348,030	$156,971	0	$0	$0
Disposed of by Settlement Agreement -- Without Indemnity	67	2.0%	40	$2,536,418	$63,410	0	$0	$0
Disposed of by Alternative Dispute Resolution -- Without Indemnity	6	0.2%	5	$257,792	$51,558	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	732	21.9%	571	$40,390,046	$70,736	732	$205,115,082	$280,212
Disposed of by Alternative Dispute Resolution -- With Indemnity	42	1.3%	41	$3,339,657	$81,455	42	$15,029,116	$357,836
Disposed of by Trial Verdict/Jury Verdict -- With Indemnity	28	0.8%	28	$4,931,630	$176,130	28	$38,226,238	$1,365,223
Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity	0	0.0%	0	$0	$0	0	$0	$0
TOTALS and AVERAGES:	3344	100.0%	2738	$107,739,769	$39,350	802	$258,370,436	$322,158

OHIO
Closed Claims for 2005- 2009
ALAE and Indemnity Payments

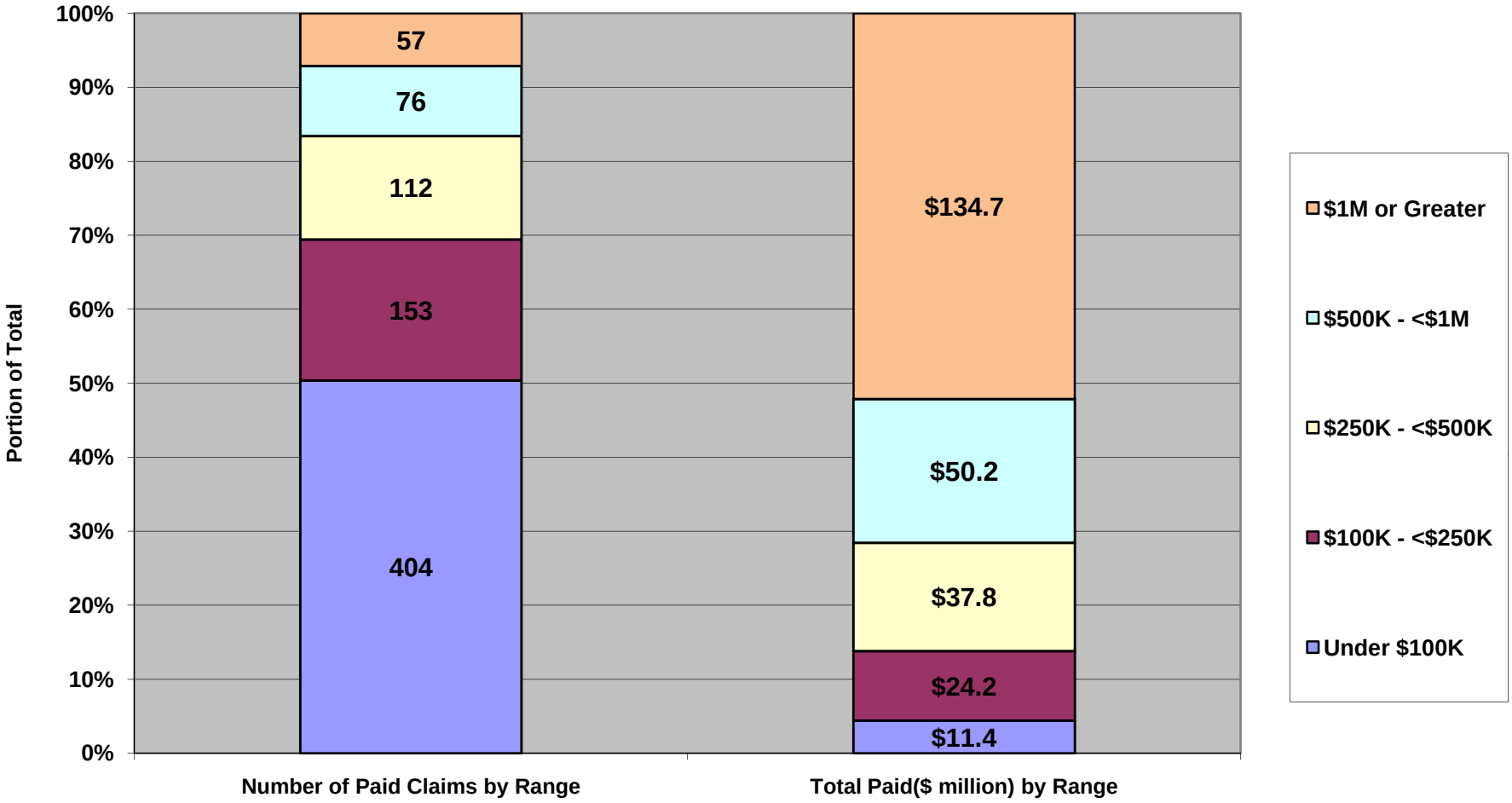
CLOSED CLAIM YEAR	NUMBER OF CLAIMS	PERCENTAGE OF CLAIMS WITH INDEMNITY	PERCENTAGE OF CLAIMS WITHOUT INDEMNITY	TOTAL INDEMNITY AMOUNT	AVERAGE INDEMNITY AMOUNT	TOTAL ALAE AMOUNT	AVERAGE ALAE AMOUNT
2005	5,051	20.7%	79.3%	$281,764,938	$269,374	$113,194,565	$24,443
2006	4,004	19.8%	80.2%	$228,735,572	$288,080	$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
TOTALS and AVERAGES:	18,930	22.2%	77.8%	$1,209,887,594	$287,931	$524,777,596	$32,071

OHIO
2009 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	1004	661	$5,249,212	$7,941	181	$17,755,261	$98,095
1 But Less Than 2	1032	906	$21,601,969	$23,843	233	$72,402,216	$310,739
2 But Less Than 3	648	576	$31,376,937	$54,474	203	$88,194,942	$434,458
3 But Less Than 4	301	261	$17,159,439	$65,745	74	$19,150,142	$258,786
4 But Less Than 5	147	134	$10,668,233	$79,614	52	$19,099,868	$367,305
5 But Less Than 6	96	92	$9,279,359	$100,863	31	$9,142,750	$294,927
6 But Less Than 7	43	39	$5,790,732	$148,480	7	$15,126,025	$2,160,861
7 or Greater	73	69	$6,613,890	$95,853	21	$17,499,233	$833,297
TOTALS and AVERAGES:	3344	2738	$107,739,769	$39,350	802	$258,370,436	$322,158

Appendix C, Exhibit 5

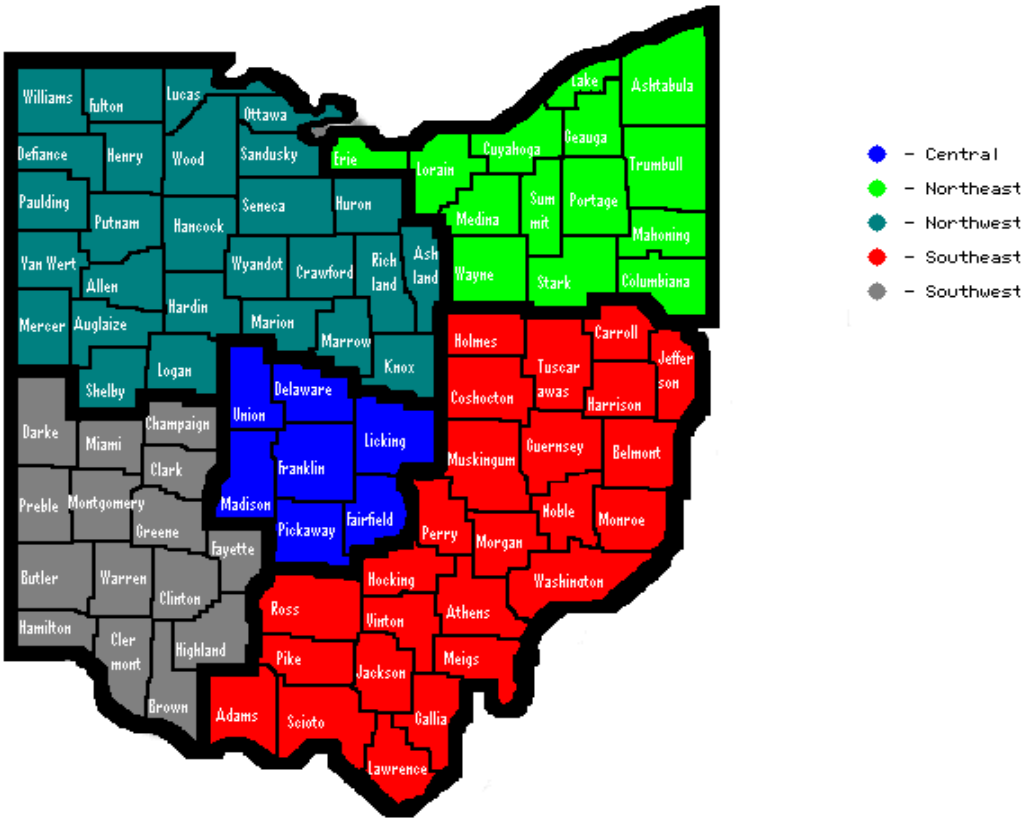
OHIO
2009 Closed Claims
By Size of Payment



OHIO
2009 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	1796	1530	$66,024,913	$43,154	284	$101,595,584	$357,731
Insurance Company - Surplus Lines	212	172	$5,067,435	$29,462	47	$18,460,979	$392,787
Risk Retention Group	151	124	$3,096,312	$24,970	47	$3,756,114	$79,917
Self Insurers (Captives)	1185	912	$33,551,109	$36,788	424	$134,557,759	$317,353
TOTALS and AVERAGES:	3344	2738	$107,739,769	$39,350	802	$258,370,436	$322,158

Closed Claims 2009 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, 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
2009 Closed Claims
ALAE and Indemnity Payment by Region and County

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Central								
	Franklin	343	271	$6,508,351	$24,016	67	$23,082,720	$344,518
	Central - Remainder	43	33	$1,062,102	$32,185	9	$847,232	$94,137
	Totals and Averages:	386	304	$7,570,453	$24,903	76	$23,929,952	$314,868
Northeast								
	Cuyahoga	948	769	$27,245,101	$35,429	252	$108,957,697	$432,372
	Summit	277	224	$6,785,371	$30,292	52	$15,361,329	$295,410
	Stark	91	75	$6,621,366	$88,285	26	$3,240,190	$124,623
	Mahoning	94	88	$2,489,231	$28,287	19	$3,644,692	$191,826
	Lorain	67	55	$2,431,939	$44,217	19	$4,330,589	$227,926
	Northeast - Remainder	209	175	$5,512,079	$31,498	39	$17,861,590	$457,989
	Totals and Averages:	1686	1386	$51,085,086	$36,858	407	$153,396,087	$376,895

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Northwest								
	Northwest - Remainder	257	217	$10,426,034	$48,046	61	$11,997,468	$196,680
	Lucas	191	156	$7,243,717	$46,434	42	$9,700,636	$230,968
	Totals and Averages:	448	373	$17,669,751	$47,372	103	$21,698,104	$210,661
Southeast								
	Southeast	164	124	$3,556,230	$28,679	40	$7,455,592	$186,390
	Totals and Averages:	164	124	$3,556,230	$28,679	40	$7,455,592	$186,390
Southwest								
	Hamilton	277	232	$7,402,809	$31,909	63	$11,389,032	$180,778
	Montgomery	216	178	$7,492,908	$42,095	61	$25,855,058	$423,853
	Butler	44	38	$2,051,596	$53,989	14	$2,594,069	$185,291
	Southwest - Remainder	108	90	$9,780,999	$108,678	34	$10,727,541	$315,516
	Totals and Averages:	645	538	$26,728,313	$49,681	172	$50,565,700	$293,987
Unknown								
	Unknown	15	13	$1,129,937	$86,918	4	$1,325,000	$331,250
	Totals and Averages:	15	13	$1,129,937	$86,918	4	$1,325,000	$331,250
	GRAND TOTALS and AVERAGES:	3344	2738	$107,739,769	$39,350	802	$258,370,436	$322,158

OHIO
2005 - 2009 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	2,345	19.7%	80.3%	$342,892	$23,150
Northeast	9,248	22.2%	77.8%	$298,974	$30,010
Northwest	2,872	20.6%	79.4%	$252,741	$30,637
Southeast	991	22.7%	77.3%	$268,610	$28,393
Southwest	3,408	25.0%	75.0%	$263,672	$45,840

OHIO
2009 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	186	166	$9,898,489	$59,629	22	$5,300,700	$240,941
Surgery - General	127	109	$4,276,269	$39,232	16	$7,349,999	$459,375
Emergency Medicine	126	105	$3,734,842	$35,570	20	$4,737,375	$236,869
Obstetrics/Gynecology	117	104	$9,383,632	$90,227	26	$18,765,095	$721,734
Family Physicians/General Practitioners	111	104	$3,613,166	$34,742	20	$6,052,089	$302,604
Radiology	108	82	$2,199,947	$26,829	6	$2,425,167	$404,194
Surgery - Orthopedic	100	79	$1,985,987	$25,139	15	$2,490,256	$166,017
Anesthesiology	61	46	$1,014,870	$22,062	12	$1,736,370	$144,697
Cardiovascular Disease	60	51	$1,478,392	$28,988	3	$1,158,333	$386,111
Neurology	40	31	$3,005,762	$96,960	6	$9,181,309	$1,530,218
Pediatrics	39	34	$1,006,370	$29,599	6	$1,252,000	$208,667
Other	422	326	$7,728,436	$23,707	51	$17,428,402	$341,733
TOTALS and AVERAGES:	1497	1237	$49,326,161	$39,876	203	$77,877,095	$383,631

OHIO
2005 - 2009 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	8,948	14.1%	85.9%	$341,469.42	$29,505.27
Internal Medicine	1,085	10.5%	89.5%	$253,136.72	$32,979.26
Family Physicians/Geneneral Practioners	853	18.6%	81.4%	$290,218.09	$27,487.87
Surgery - General	796	13.3%	86.7%	$309,845.50	$33,015.89
Emergency Medicine	785	11.8%	88.2%	$297,856.97	$27,145.41
Obstetrics/Gynecology	693	24.7%	75.3%	$434,760.60	$62,511.60

OHIO
2009 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	1497	1237	$49,326,161	$39,876	203	$77,877,095	$383,631
Hospitals	871	708	$40,136,926	$56,691	377	$146,698,782	$389,121
Corporation	542	449	$12,733,664	$28,360	82	$19,714,592	$240,422
Other Medical Professionals	213	164	$2,053,745	$12,523	52	$6,049,767	$116,342
Nursing Home/Assisted Living	154	131	$2,836,765	$21,655	70	$5,282,838	$75,469
Other Facilities	40	28	$423,430	$15,123	11	$2,581,125	$234,648
Clinic	22	19	$200,027	$10,528	4	$101,737	$25,434
Pharmacy	5	2	$29,052	$14,526	3	$64,500	$21,500
TOTALS and AVERAGES:	3344	2738	$107,739,769	$39,350	802	$258,370,436	$322,158

OHIO
2009 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
Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.)	876	763	$30,724,297	$40,268	151	$62,394,742	$413,210
Medical Treatment, Non-Obstetrical (Failure to Treat, Delay in Treatment, Improper Treatment, etc.)	801	648	$20,253,216	$31,255	163	$31,241,159	$191,664
Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)	655	535	$15,446,090	$28,871	140	$51,366,413	$366,903
Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)/Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)	214	166	$14,812,567	$89,232	77	$21,486,234	$279,042

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Other (No Listed Category Applies)	190	139	$2,113,291	$15,204	43	$5,437,935	$126,464
Safety & Security-Related (Falls, Failure To Ensure Safety, Failure to Protect From Assault)	168	124	$3,143,426	$25,350	85	$6,541,600	$76,960
Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)	145	127	$14,027,521	$110,453	48	$42,547,431	$886,405
Patient Monitoring-Related (Failure to Monitor, etc.)	115	100	$3,605,113	$36,051	39	$27,898,146	$715,337
Anesthesia-Related (Improper Choice, Improper Administration, etc.)	85	68	$1,925,319	$28,314	23	$3,781,836	$164,428

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc.)	46	29	$546,136	$18,832	20	$3,042,436	$152,122
Breach of Confidentiality/Communication-Related (Failure To Instruct, Failure to Obtain Consent, etc.)	32	26	$851,681	$32,757	6	$2,105,702	$350,950
Policies & Procedures-Related (Failure To Follow, Negligent Credentialing, etc.)/Supervision-Related (Supervision of Residents, Nurses, etc.)	17	13	$291,114	$22,393	7	$526,802	$75,257
TOTALS and AVERAGES:	3344	2738	$107,739,769	$39,350	802	$258,370,436	$322,158

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	18930	22.2%	77.8%	$287,931	$32,071
Diagnosis-Related	5165	16.9%	83.1%	$358,544	$35,360
Medical Treatment \Non-Obstetrical	4944	17.7%	82.3%	$211,822	$23,165
Surgery Related	3650	17.5%	82.5%	$270,237	$25,053

OHIO
2009 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	3202	2613	$93,608,349	$35,824	752	$204,633,917	$272,120
Yes	142	125	$14,131,420	$113,051	50	$53,736,519	$1,074,730
TOTALS and AVERAGES:	3344	2738	$107,739,769	$39,350	802	$258,370,436	$322,158

OHIO
2009 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	1176	1023	$41,236,687	$40,310	242	$98,331,609	$406,329
Emotional	106	73	$981,902	$13,451	18	$335,949	$18,664
Permanent Grave	66	60	$4,404,259	$73,404	21	$26,599,386	$1,266,637
Permanent Major	319	287	$27,465,474	$95,699	90	$89,930,972	$999,233
Permanent Minor	217	191	$5,811,194	$30,425	50	$8,039,778	$160,796
Permanent Significant	262	232	$10,424,125	$44,932	71	$17,642,277	$248,483
Temporary Low Significance	193	134	$1,103,360	$8,234	49	$675,932	$13,795
Temporary Major	404	315	$10,714,671	$34,015	106	$11,290,309	$106,512
Temporary Minor	601	423	$5,598,099	$13,234	155	$5,524,225	$35,640
TOTALS and AVERAGES:	3344	2738	$107,739,769	$39,350	802	$258,370,436	$322,158

OHIO
2009 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)	2249	1840	$66,544,955	$36,166	477	$138,949,278	$291,298
Senior (Age 65+)	778	625	$17,880,135	$28,608	217	$34,317,431	$158,145
Minor (Ages 1 to 17)	152	125	$7,981,687	$63,853	50	$26,590,080	$531,802
Infant (Less than 1 year old)	152	136	$14,603,904	$107,382	55	$53,586,317	$974,297
Unknown	13	12	$729,089	$60,757	3	$4,927,330	$1,642,443
TOTALS and AVERAGES:	3344	2738	$107,739,769	$39,350	802	$258,370,436	$322,158

OHIO
2005 - 2009 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	13,022	18.9%	81.1%	$260,632	$27,487
Senior 65 +	3,985	28.4%	71.6%	$140,932	$24,449
Infant	973	34.5%	65.5%	$885,474	$111,856
Minor 1 - 17	860	28.6%	71.4%	$395,033	$40,271

OHIO
2009 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	1830	1496	$59,107,072	$39,510	463	$139,549,405	$301,403
Male	1514	1242	$48,632,697	$39,157	339	$118,821,031	$350,505
TOTALS and AVERAGES:	3344	2738	$107,739,769	$39,350	802	$258,370,436	$322,158

OHIO
2009 Closed Claims
ALAE and Indemnity Payments by Location

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Operating Suite (Includes Pre-Op & Operating Rooms)	758	617	$17,572,924	$28,481	160	$59,554,087	$372,213
Medical Professional's Office	585	472	$13,094,040	$27,742	121	$28,904,122	$238,877
Patient's Room, Including Patient Bathroom for Inpatient Areas Not Otherwise Specified	474	398	$19,391,052	$48,721	119	$34,778,725	$292,258
Emergency Room/Emergency Department	425	343	$13,971,531	$40,733	93	$21,424,457	$230,371

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Other (No Listed Location Applies)	207	159	$4,255,513	$26,764	46	$13,289,069	$288,893
Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care)	191	166	$3,488,078	$21,013	75	$5,580,299	$74,404
Radiology (Includes Mammograpy, CT, MRI, Radiation Therapy & Nuclear Medicine)	187	146	$5,300,037	$36,302	30	$7,859,920	$261,997
Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)	159	140	$20,157,429	$143,982	57	$54,399,707	$954,381
Outpatient/Ambulatory Care Areas or Facilities	80	66	$1,293,785	$19,603	24	$5,698,373	$237,432
Critical Care Unit (ICU/CCU/NICU)	75	67	$3,044,690	$45,443	17	$15,092,224	$887,778

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)	67	56	$1,393,420	$24,883	14	$1,994,187	$142,442
Patient's Home	40	31	$2,251,927	$72,643	13	$2,669,614	$205,355
Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)	33	28	$474,800	$16,957	6	$334,270	$55,712
Recovery Room (Post-Anesthesia Care Unit)	15	13	$439,340	$33,795	9	$2,224,720	$247,191
Physical Therapy Dept.	14	9	$103,982	$11,554	3	$128,200	$42,733
Mental Health (Includes Psychiatric and Drug & Alchohol Addiction)	12	10	$261,608	$26,161	3	$95,000	$31,667

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Facility Support Areas (Including Administrative Areas, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)	10	5	$120,364	$24,073	8	$434,657	$54,332
Nursery/Pediatric Ward	8	8	$1,089,237	$136,155	3	$3,836,806	$1,278,935
Hospice Area or Facility	4	4	$36,013	$9,003	1	$72,000	$72,000
TOTALS and AVERAGES:	3344	2738	$107,739,769	$39,350	802	$258,370,436	$322,158

OHIO
2005 - 2009 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	4,473	18.4%	81.6%	$301,609	$25,701
Medical Professional Office	3,967	19.1%	80.9%	$221,962	$23,166
Emergency Department	2,597	16.9%	83.1%	$235,789	$28,263
Obstetrics Department	887	33.9%	66.1%	$863,508	$118,938