

Ohio 2014 Medical Professional Liability Closed Claim Report

November 2016

Ohio Medical Professional Liability Closed Claim Report - 2014

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 tenth annual report to the General Assembly summarizing the Ohio medical professional liability closed claim data received by the Department for calendar year 2014. This report also includes comparisons of calendar year 2014 data with the data from the prior nine calendar years. Copies of the prior annual reports are available on the Department’s web site www.insurance.ohio.gov.

II. Overview

ORC §3929.302 requires all entities that provide medical professional liability insurance to health care providers located in Ohio, including authorized insurers, surplus lines insurers, risk retention groups and self-insurers, to report data to the Department regarding medical professional liability claims that close during the year. In addition, each entity must report the costs of defending medical professional liability claims and paying judgments and/or settlements on behalf of health care providers and health care facilities.

The Department is required to prepare an annual report to the General Assembly summarizing the closed claim data on a statewide basis. The data is summarized in this report in order to maintain the confidentiality of the specific data filed by each reporting entity.

Copies of ORC §3929.302 and OAC 3901-1-64 are attached to this report as Appendices A and B.

III. Data Collection

A secured application on the Department’s web site has been set up in order to capture the data elements required by OAC 3901-1-64, Medical Liability Data Collection. Companies must submit data by May 1 for each medical, dental, optometric or chiropractic claim closed in the prior calendar year.

IV. Description of Analysis

For the purposes of this report, and based on general practice, when an insurer or other insuring entity opens a file and begins to investigate the circumstances of a demand for compensation due to the alleged malpractice of a health care provider or facility, a claim has occurred, whether or not a lawsuit is ever filed. When the file is closed for one of the many reasons detailed in this report, even when the claimant receives no payment, the claim is considered closed. Multiple closed claim records can be generated from one incident, since a closed claim record must be entered for each health care provider and/or facility from which a demand for compensation is sought.

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In this report, two primary pieces of data are analyzed:

- **Paid Indemnity:** The amount of compensation paid on behalf of each defendant to a claimant.
- **Allocated Loss Adjustment Expense (ALAE):** The expenses incurred by a reporting entity, other than paid indemnity, which relate to a specific claim, such as the costs of investigation and defense counsel fees and expenses. As a business practice, some of the reporting entities do not allocate loss adjustment expenses to a specific claim.

This report organizes and summarizes the data to reflect the types of medical professional liability claims, the age and size of these claims, differences among regions of the state, differences among medical professionals, and several other categories.

V. Limitations of Analysis

The analysis is based entirely on historical closed claim data. That is, claims are reported to the Department and included in this analysis based on the year in which they reach a final outcome of any sort, including a trial verdict, settlement or the passing of the statute of limitations. Some arose from recent medical incidents, but many arose from incidents that occurred several years ago.

This report is not intended to be used to evaluate past or current medical professional liability insurance rates.

In addition, this data does not reflect plaintiffs' attorney fees, which are not collected separately and cannot be identified from this data or from any data available to the Department.

VI. Key Findings for 2014 Closed Claims

- **Total Claims:** For 2014, a total of 3,154 claims were reported by 96 entities. Authorized insurers¹ reported the most claims, 1,554. Self-insured entities reported 1,313 claims; surplus lines insurers² reported 245 claims; and risk retention groups³ reported 42 claims.

¹ Authorized (admitted) insurers are licensed to write business in the state; are subject to the Department's rate, policy form and solvency regulation; and are backed by the Ohio Insurance Guaranty Fund.

² Surplus lines insurers are not authorized and do not have guaranty fund backing, but are allowed to write policies for those doctors and hospitals that cannot obtain coverage from an authorized insurer. These companies must be on a list of eligible surplus lines insurers and are regulated for financial strength by their domiciliary state or country.

³ Risk retention groups are permitted by federal law to cover the liability insurance risk of the group's members. These groups are not backed by the guaranty fund.

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- **Indemnity Payments:** A large majority of medical professional liability claims resulted in no payment to a claimant. Over 76% of the claims, or 2,413, had no indemnity payments, while nearly 24% of the claims or 741, closed with an indemnity payment. The total amount paid to claimants was \$215,615,578, an average of \$290,979 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 2,584. These expenses totaled \$107,179,699, an average of \$41,478 per claim.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants typically increases with the age of the claim. Of the claims that closed with an indemnity payment, 173 closed within one year of being reported and had an average paid indemnity of \$112,696. That figure rose to \$258,629 for 203 claims closing in their second year. Fifteen claims closed seven or more years after being reported with an average indemnity payment of \$913,829.
- **ALAE and Age of Claim:** Allocated loss adjustment expense increased with the age of the claim, starting with an average of \$19,519 for claims that closed in the first year, and slightly increasing to \$20,527 for claims that closed in the second year. For claims closing seven or more years after being reported the average ALAE was \$105,733.
- **Regional Comparisons:** Nearly half of the claims, or 1,553, came from Northeast Ohio. Of these, 24% or 373 resulted in indemnity payments totaling \$122,493,249. Fifty-seven percent of the total dollar amount paid to claimants statewide in 2014 arose from Northeast Ohio claims. However, Southwest Ohio had the highest average paid indemnity of \$365,986. The breakdown of average paid indemnity for the remainder of Ohio, in descending order, is: Northeast-\$328,400; Central-\$198,228; Northwest-\$197,516; and Southeast-\$148,032.
- **Specialty Comparisons:** When claims were broken down by medical specialty, Orthopedic Surgery had the most claims at 202 with nine resulting in paid indemnity averaging \$277,571. For those specialties that are broken out, Cardiovascular Disease had the highest average paid indemnity of \$1,038,750 for eight claims with payments, out of 63 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 874 with 183 resulting in paid indemnity. Obstetrics-related claims totaled 124. Of these, 38 resulted in indemnity payments averaging \$1,125,531, the highest average payment for any type of injury.

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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 3,154 claims that were closed in 2014, more than 76% closed with no indemnity payment. Included in this figure are five categories:
 - 67.34% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice;
 - 3.55% ended with a verdict for the defendant;
 - 2.89% were dismissed by summary judgment or a directed verdict;
 - 2.47% ended through a settlement;
 - .025% ended with alternative dispute resolution.
- The remaining 24% of the claims closed with an indemnity payment. Four categories of claims are included here:
 - 21.94% reached a settlement;
 - 1.14% used alternative dispute resolution;
 - .29% had a verdict for the plaintiff;
 - .13%⁴ ended with a summary judgment or directed verdict for the plaintiff.

Regardless of outcome, all categories of claims had expenses in the form of ALAE. That is, even though a claim may have closed without an indemnity payment, the claim was likely to generate investigation and legal expenses. Exhibit 2 provides the details. Claims/suits abandoned without an indemnity payment had average ALAE of \$17,204. The nine claims that were disposed of by a verdict for the plaintiff, with indemnity payment, had the highest average ALAE of \$213,860.

Exhibit 3 provides a comparison of the ten 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 29% of the total and had the lowest average indemnity of \$112,696, and ALAE of \$19,519. Costs tended to grow significantly as the claims aged. The oldest category, claims that closed seven or more years later, had the largest average indemnity payments of \$913,829 with an average ALAE of \$105,733. The category of greater than 6 years but less than 7 years had average indemnity payments of \$487,750 and the largest average ALAE of \$210,876.

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

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Claims by Size (Appendix C, Exhibit 5)

Of the 3,154 claims reported closed in 2014, nearly 24% or 741, generated an indemnity payment. Of these 741 claims, 49 claims or 6.6% generated an indemnity payment greater than \$1 million. These 49 claims generated indemnity payments of \$99.7 million or 46% of the total indemnity payments for all claims. Another 71 claims, or 9.5%, generated an indemnity payment below \$1 million but at least \$500,000. These 71 claims generated indemnity payments of \$48.2 million or 22% of the total indemnity payments for all claims. So for 2014, 68% of the total paid indemnity was generated by 16.1% of the claims that closed with an indemnity payment.

In comparison, for 2013, 76% of the total paid indemnity was generated by 21.3% of the claims that closed with an indemnity payment.

Claims by Insurer Type (Appendix C, Exhibit 6)

A total of 96 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 3,154 closed claims that were reported, 49.2% of the claims were reported by admitted insurance companies and 41.6% 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 2014 closed claims.

Nearly half of the closed claims reported for 2014 were from the Northeast region. Excluding those claims where a region was not indicated by the reporting entity, the claims from the Southwest region had the largest average indemnity payment. The Northeast region incurred the largest average ALAE. Exhibit 9 displays the regional data for all ten 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. Approximately 12% of the

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claims resulted in an indemnity payment. Orthopedic Surgery had the most closed claims in 2014 followed by Internal Medicine.

Of the physician specialties shown, Cardiovascular Disease had the highest average paid indemnity of \$1,038,750. Exhibit 11 displays the physician & surgeons' data for all ten years combined for all specialties.

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

Exhibit 12 displays the 2014 closed claims experience for all the provider types. Forty-two percent of the 3,154 closed claims were reported for physicians and surgeons. The largest average paid indemnity was \$423,062 for claims reported for clinics. The largest average ALAE of \$340,903 was for claims reported for hospitals. While 12% of the claims reported for a physician or surgeon resulted in an indemnity payment, 42% 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 3,154 claims reported as closed in 2014, 52% of the claims were split between two categories, Non-Obstetrical Medical Treatment and Surgery-Related. Non-Obstetrical Medical Treatment includes failure to treat, delay in treatment, and improper treatment. Surgery-Related includes improper performance of surgery and delay in surgery. Obstetrics-Related claims had the highest average paid indemnity of \$1,125,531. Obstetrics-Related claims, including improper delivery method, improper management of pregnancy, and delay in delivery, also had the highest average ALAE of \$91,886. This data includes all medical provider types, including hospitals. Exhibit 14 displays the data for all ten years combined for all injury descriptions.

Birth Injury Claims (Appendix C, Exhibit 15)

Reporting entities identified whether the closed claim was due to a birth injury. Of the 3,154 closed claims reported, 121 or 3.8% were identified as birth injury claims. Of these 121 birth injury claims, 31% resulted in an indemnity payment. The average indemnity payment of a birth injury claim was \$932,939, over three times the overall average indemnity payment of \$290,979.

Of the 33,958 closed claims reported for calendar years 2005 through 2014, 1,437 or 4.2% were identified as birth injury claims. Of these 1,437 birth injury claims, 32% resulted in an indemnity payment. The average indemnity payment of the combined data for a birth injury claim was \$985,547 which is more than three times the overall average indemnity payment of \$292,555.

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Severity of Injury (Appendix C, Exhibit 16)

Of the 3,154 claims reported as closed in 2014, 1,055 or 33% of the claims were due to death, with an average paid indemnity of \$341,987. For claims with injuries identified as “permanent grave”, the average paid indemnity was \$1,069,462, an amount more than three times the overall average indemnity payment. “Permanent grave” injuries include quadriplegia and brain damage, requiring lifelong dependent care.

Of the 33,958 claims reported as closed for calendar years 2005 through 2014, 11,556 or 34% were due to death. For closed claims resulting in death, nearly 20% closed with an indemnity payment which averaged \$366,035. Closed claims for injuries identified as “permanent grave” totaled 670 for the ten years. For the closed claims that identified the injury as “permanent grave”, nearly 29% closed with an indemnity payment which averaged \$1,172,039.

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

Of the 3,154 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 25.1% of the claims. Infants and minors together represented 10.1% the claims. The average indemnity payment for infants was the highest for the various age groupings at \$735,961. Exhibit 18 displays the data for all ten years combined for these groupings.

Gender of Injured Person (Appendix C, Exhibit 19)

Of the 3,154 claims reported as closed, 56% of the claims reported the injured party as female and 44% of the claims reported the injured party as male. When the injured party was a female, the average indemnity payment was \$265,039. When the injured party was a male, the average indemnity payment was \$324,365.

Of the 33,958 claims reported as closed for calendar years 2005 through 2014, 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 \$260,006. When the injured party was a male, the average indemnity payment was \$337,401. For females, 23.5% of the claims resulted in an indemnity payment, while for males, 21.9% resulted in indemnity payment.

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

Reporting entities identified the geographic location where the primary injury or complaint occurred that led to the medical professional liability claim. As shown on Exhibit 20, the greatest number of claims for 2014 was generated by incidents that occurred in the operating suite, followed by incidents that occurred in the patient’s room. These two locations represent over 43% of the reported claims. The largest

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average indemnity payments were due to incidents that occurred in the Obstetrics Department. The largest average ALAE amounts were also due to incidents that occurred in the Obstetrics Department. Exhibit 21 displays the data for all ten years combined.

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

Effective April 11, 2003, the 124th General Assembly enacted Senate Bill 281 which included a comprehensive set of tort reforms aimed at reducing the costs of litigation and stabilizing the Ohio medical professional liability insurance market. The following tables provide pre-SB 281 and post-SB 281 data for each year and in total.

A few points should be considered when drawing conclusions from this data. First, as noted above, the typical average indemnity payment increases with the age of the claim. Second, few claims have reached a trial or jury verdict that required separate detail of economic and non-economic damages and the potential for capping. The Department is sensitive to issues of confidentiality; therefore it cannot release any specific information regarding these claims. Lastly, the Department is not capturing any data regarding risk management efforts that would possibly impact the number of, or cost of, medical professional liability claims as such data would be beyond the scope of the General Assembly's request in Senate Bill 281. Examples of such efforts would include, but not be limited to, better communications between providers and patients, patient safety and improved treatment protocols or procedures. Any analysis of trends in claims should include information on risk management efforts along with changes in the law.

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| Closed Claim Year | Total # of Claims | # Claims (pre-SB 281) | Avg Indemnity (pre-SB 281) | Median Indemnity (pre-SB 281) | Avg ALAE (pre-SB 281) |
|--------------------------|--------------------------|------------------------------|-----------------------------------|--------------------------------------|------------------------------|
| 2005 | 5,051 | 3,864 | \$307,899 | \$101,250 | \$28,266 |
| 2006 | 4,004 | 1,939 | \$342,091 | \$100,000 | \$34,470 |
| 2007 | 3,451 | 1,058 | \$556,191 | \$175,000 | \$67,898 |
| 2008 | 3,080 | 458 | \$422,498 | \$153,000 | \$111,388 |
| 2009 | 3,344 | 325 | \$882,645 | \$343,750 | \$88,602 |
| 2010 | 2,988 | 167 | \$527,336 | \$172,000 | \$83,773 |
| 2011 | 3,094 | 165 | \$326,297 | \$90,000 | \$72,062 |
| 2012 | 2,773 | 86 | \$886,731 | \$715,000 | \$72,189 |
| 2013 | 3,019 | 77 | \$657,113 | \$250,000 | \$81,844 |
| 2014 | 3,154 | 51 | \$738,267 | \$750,000 | \$105,476 |
| TOTAL | 33,958 | 8,190 | \$399,688 | --- | \$45,003 |

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| Closed Claim Year | Total # of Claims | # Claims (post- SB 281) | Avg Indemnity (post-SB 281) | Median Indemnity (post-SB 281) | Avg ALAE (post-SB 281) | # Claims where verdict could have been subject to capping |
|--------------------------|--------------------------|--------------------------------|------------------------------------|---------------------------------------|-------------------------------|--|
| 2005 | 5,051 | 1,187 | \$171,299 | \$25,000 | \$9,044 | 0 |
| 2006 | 4,004 | 2,065 | \$235,677 | \$45,000 | \$15,768 | 2 |
| 2007 | 3,451 | 2,393 | \$213,065 | \$45,000 | \$18,990 | 3 |
| 2008 | 3,080 | 2,622 | \$221,685 | \$50,383 | \$28,738 | 0 |
| 2009 | 3,344 | 3,019 | \$271,897 | \$79,184 | \$33,448 | 1 |
| 2010 | 2,988 | 2,821 | \$209,071 | \$50,088 | \$25,739 | 4 |
| 2011 | 3,094 | 2,929 | \$289,039 | \$90,000 | \$31,101 | 3 |
| 2012 | 2,773 | 2,687 | \$290,248 | \$85,000 | \$28,192 | 0 |
| 2013 | 3,019 | 2,942 | \$368,106 | \$110,000 | \$34,294 | 8 |
| 2014 | 3,154 | 3,103 | \$284,239 | \$90,000 | \$40,370 | 3 |
| TOTAL | 33,958 | 25,768 | \$262,603 | --- | \$28,454 | 24 |

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VIII. Conclusion

This tenth annual report continues to provide insight into the details of Ohio medical professional liability claims. Trends continue to emerge as data for multiple years is gathered. With ten years of data the following conclusions can be drawn:

- Most of the claims closed without a payment to the plaintiff. For all ten years combined, approximately 77% of the claims closed without an indemnity payment.
- Almost all of the claims had costs in the form of ALAE.
- Higher value claims tended to be older. Conversely, smaller claims closed faster.
- Claims that went to trial were more likely to close with no indemnity payment, while those that settled or went through alternative dispute resolution were more likely to close with paid indemnity.

3929.302 Annual claims report by medical malpractice insurers - fine - confidentiality.

(A) The superintendent of insurance, by rule adopted in accordance with Chapter 119. of the Revised Code, shall require each authorized insurer, surplus lines insurer, risk retention group, self-insurer, captive insurer, the medical liability underwriting association if created under section [3929.63](#) of the Revised Code, and any other entity that provides medical malpractice insurance to risks located in this state, to report information to the department of insurance at least annually regarding any medical, dental, optometric, or chiropractic claim asserted against a risk located in this state, if the claim resulted in any of the following results:

- (1) A final judgment in any amount;
- (2) A settlement in any amount;
- (3) A final disposition of the claim resulting in no indemnity payment on behalf of the insured.

(B) The report required by division (A) of this section shall contain such information as the superintendent prescribes by rule adopted in accordance with Chapter 119. of the Revised Code, including, but not limited to, the following information:

- (1) The name, address, and specialty coverage of the insured;
- (2) The insured's policy number;
- (3) The date of the occurrence that created the claim;
- (4) The name and address of the injured person;
- (5) The date and amount of the judgment, if any, including a description of the portion of the judgment that represents economic loss, noneconomic loss and, if applicable, punitive damages;
- (6) In the case of a settlement, the date and amount of the settlement;
- (7) Any allocated loss adjustment expenses;
- (8) Any other information required by the superintendent pursuant to rules adopted in accordance with Chapter 119. of the Revised Code.

(C) The superintendent may prescribe the format and the manner in which the information described in division (B) of this section is reported. The superintendent may, by rule adopted in accordance with Chapter 119. of the Revised Code, prescribe the frequency that the information described in division (B) of this section is reported.

(D) The superintendent may designate one or more rating organizations licensed pursuant to section [3937.05](#) of the Revised Code or other agencies to assist the superintendent in gathering the information, and making compilations thereof, required by this section.

(E) There shall be no liability on the part of, and no cause of action of any nature shall arise against, any person or entity reporting under this section or its agents or employees, or the

department of insurance or its employees, for any action taken that is authorized under this section.

(F) The superintendent may impose a fine not to exceed five hundred dollars against any person designated in division (A) of this section that fails to timely submit the report required under this section. Fines imposed under this section shall be paid into the state treasury to the credit of the department of insurance operating fund created under section [3901.021](#) of the Revised Code.

(G) Except as specifically provided in division (H) of this section, the information required by this section shall be confidential and privileged and is not a public record as defined in section [149.43](#) of the Revised Code. The information provided under this section is not subject to discovery or subpoena and shall not be made public by the superintendent or any other person.

(H) The department of insurance shall prepare an annual report that summarizes the closed claims reported under this section. The annual report shall summarize the closed claim reports on a statewide basis, and also by specialty and geographic region. Individual claims data shall not be released in the annual report. Copies of the report shall be provided to the members of the general assembly.

(I)

(1) Except as specifically provided in division (I)(2) of this section, any information submitted to the department of insurance by an attorney, law firm, or legal professional association pursuant to rules promulgated by the Ohio supreme court shall be confidential and privileged and is not a public record as defined in section [149.43](#) of the Revised Code. The information submitted is not subject to discovery or subpoena and shall not be made public by the department of insurance or any other person.

(2) The department of insurance shall summarize the information submitted by attorneys, law firms, and legal professional associations and include the information in the annual report required by division (H) of this section. Individual claims data shall not be released in the annual report.

(J) As used in this section, medical, dental, optometric, and chiropractic claims include those claims asserted against a risk located in this state that either:

(1) Meet the definition of a "medical claim," "dental claim," "optometric claim," or "chiropractic claim" under section [2305.113](#) of the Revised Code;

(2) Have not been asserted in any civil action, but that otherwise meet the definition of a "medical claim," "dental claim," "optometric claim," or "chiropractic claim" under section [2305.113](#) of the Revised Code.

Effective Date: 09-13-2004; 04-27-2005

3901-1-64 Medical liability data collection.

(A) Purpose

The purpose of this rule is to establish procedures and requirements for the reporting of specific medical, dental, optometric and chiropractic claims data to the Ohio department of insurance.

(B) Authority

This rule is promulgated pursuant to the authority vested in the superintendent under sections [3901.041](#) and [3929.302](#) of the Revised Code.

(C) Definitions

(1) "Medical, dental, optometric and chiropractic claims" include those claims asserted against a risk located in this state that either:

(a) Meet the definition of "medical claim," "dental claim," "optometric claim," or "chiropractic claim" in section [2305.113](#) of the Revised Code, or

(b) Have not been asserted in any civil action, but that otherwise meet the definition of "medical claim," "dental claim," "optometric claim," or "chiropractic claim" in section [2305.113](#) of the Revised Code.

(2) "Risk retention group" has the same meaning as in section [3960.01](#) 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 paragraph (D) of this rule 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 division (B) of section [2323.43](#) 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 first of each year, and shall contain information for the previous calendar year.

(G) Noncompliance

Any person listed in paragraph (D) of this rule that fails to timely submit the report required under this section shall be subject to a fine not to exceed five hundred dollars.

(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.

(J) Severability

If any paragraph, term or provision of this rule is adjudged invalid for any reason, the judgment shall not affect, impair or invalidate any other paragraph, term or provision of this rule, but the remaining paragraphs, terms and provisions shall be and continue in full force and effect.

Effective: 11/10/2014

Five Year Review (FYR) Dates: 08/26/2014 and 08/26/2019

Promulgated Under: [119.03](#)

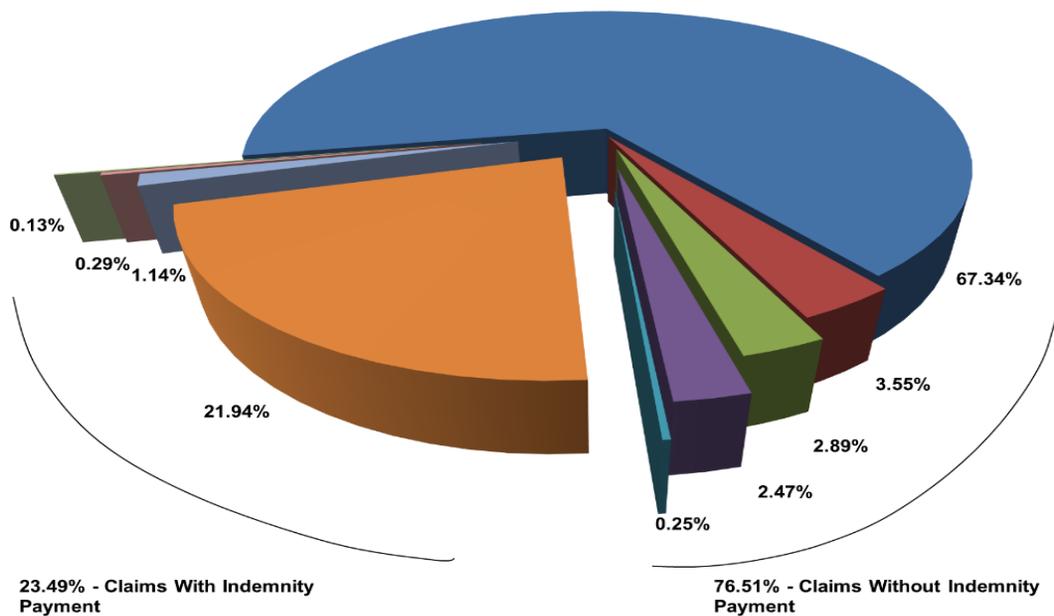
Statutory Authority: [3901.041](#) , [3929.302](#)

Rule Amplifies: [3929.302](#)

Prior Effective Dates: 1/2/2005

OHIO Closed Claims in 2014 Outcome of Malpractice Claims

3154 Closed Claims



Appendix C, Exhibit 1

- 67.34% Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- 3.55% Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity
- 2.89% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 2.47% Disposed of by Settlement Agreement -- Without Indemnity
- 0.25% Disposed of by Alternative Dispute Resolution -- Without Indemnity
- 21.94% Disposed of by Settlement Agreement -- With Indemnity
- 1.14% Disposed of by Alternative Dispute Resolution -- With Indemnity
- 0.29% Disposed of by Trial Verdict/Jury Verdict -- With Indemnity
- 0.13% Dismissed by Court - Summary Judgment/Directed Verdict -- With Indemnity

OHIO
2014 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 | 2124 | 67.3% | 1763 | \$30,330,350 | \$17,204 | 0 | \$0 | \$0 |
| Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity | 112 | 3.6% | 111 | \$13,048,831 | \$117,557 | 0 | \$0 | \$0 |
| Dismissed by Court -Summary Judgment/Directed Verdict -- Without Indemnity | 91 | 2.9% | 83 | \$12,256,169 | \$147,665 | 0 | \$0 | \$0 |
| Disposed of by Settlement Agreement -- Without Indemnity | 78 | 2.5% | 64 | \$2,496,059 | \$39,001 | 0 | \$0 | \$0 |
| Disposed of by Alternative Dispute Resolution -- Without Indemnity | 8 | 0.3% | 6 | \$166,791 | \$27,799 | 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 | 692 | 21.9% | 511 | \$43,718,473 | \$85,555 | 692 | \$189,874,424 | \$274,385 |
| Disposed of by Alternative Dispute Resolution -- With Indemnity | 36 | 1.1% | 34 | \$2,995,702 | \$88,109 | 36 | \$20,005,807 | \$555,717 |
| Disposed of by Trial Verdict/Jury Verdict -- With Indemnity | 9 | 0.3% | 9 | \$1,924,741 | \$213,860 | 9 | \$4,585,525 | \$509,503 |
| Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity | 4 | 0.1% | 3 | \$242,582 | \$80,861 | 4 | \$1,149,822 | \$287,456 |
| TOTALS and AVERAGES: | 3154 | 100.0% | 2584 | \$107,179,699 | \$41,478 | 741 | \$215,615,578 | \$290,979 |

OHIO

Closed Claims for 2005- 2014 ALAE and Indemnity Payments

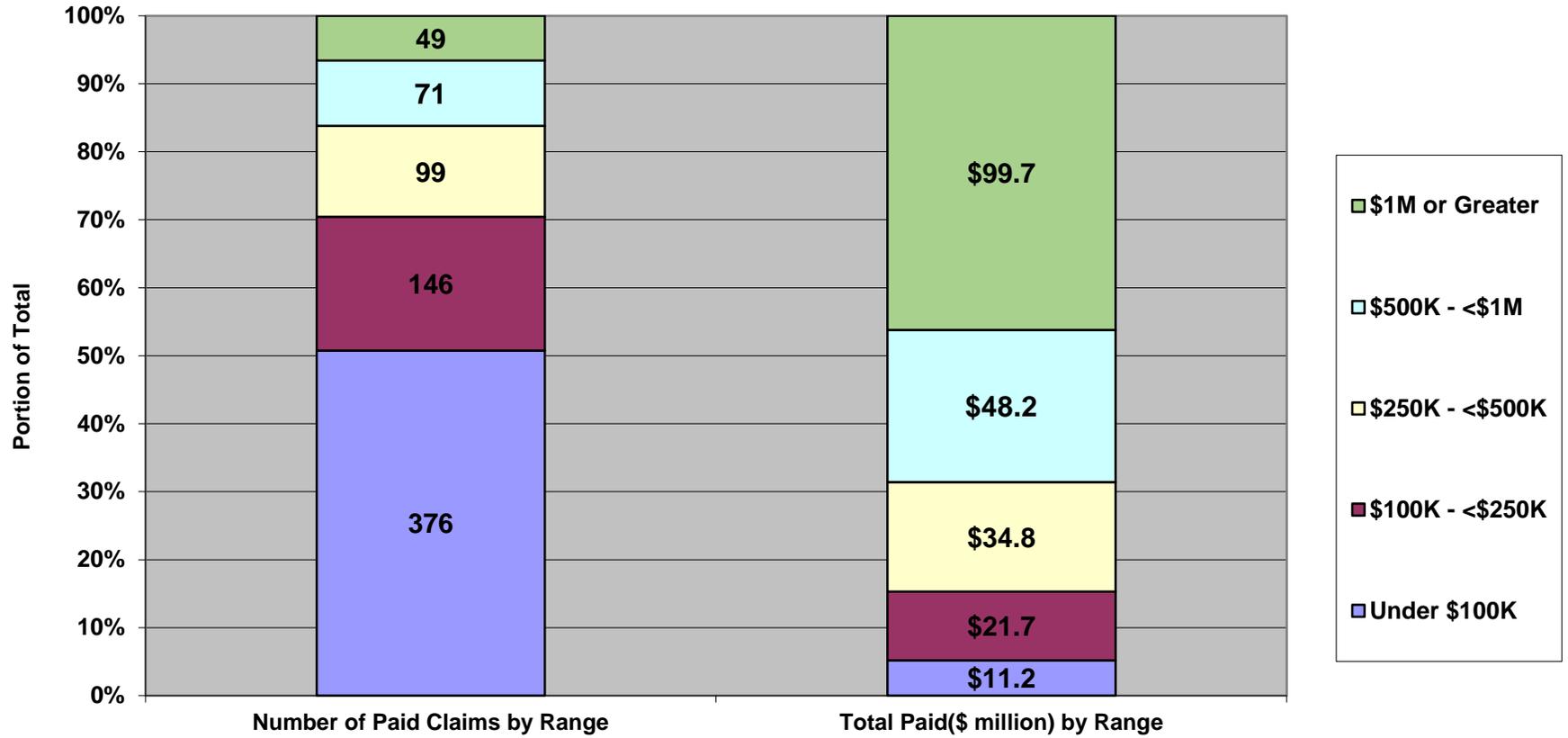
| CLOSED CLAIM YEAR | NUMBER OF CLAIMS | PERCENTAGE OF CLAIMS WITH INDEMNITY | PERCENTAGE OF CLAIMS WITHOUT INDEMNITY | TOTAL INDEMNITY AMOUNT | AVERAGE INDEMNITY AMOUNT | TOTAL ALAE AMOUNT | AVERAGE ALAE AMOUNT |
|----------------------|------------------|-------------------------------------|--|------------------------|--------------------------|-------------------|---------------------|
| 2005 | 5,051 | 20.7% | 79.3% | \$281,764,938 | \$269,374 | \$113,194,565 | \$24,443 |
| 2006 | 4,004 | 19.8% | 80.2% | \$228,735,572 | \$288,080 | \$88,131,139 | \$25,672 |
| 2007 | 3,451 | 21.6% | 78.4% | \$235,463,393 | \$315,635 | \$103,033,668 | \$35,603 |
| 2008 | 3,080 | 26.4% | 73.6% | \$205,553,255 | \$252,522 | \$112,678,455 | \$42,249 |
| 2009 | 3,344 | 24.0% | 76.0% | \$258,370,436 | \$322,158 | \$107,739,769 | \$39,350 |
| 2010 | 2,988 | 25.3% | 74.7% | \$175,134,565 | \$231,353 | \$69,969,486 | \$29,424 |
| 2011 | 3,094 | 24.3% | 75.7% | \$218,260,316 | \$290,626 | \$84,010,903 | \$33,591 |
| 2012 | 2,773 | 20.8% | 79.2% | \$177,323,025 | \$307,852 | \$69,727,192 | \$29,671 |
| 2013 | 3,019 | 23.5% | 76.5% | \$266,688,492 | \$376,679 | \$85,857,388 | \$35,493 |
| 2014 | 3,154 | 23.5% | 76.5% | \$215,615,578 | \$290,979 | \$107,179,699 | \$41,478 |
| TOTALS and AVERAGES: | 33,958 | 22.8% | 77.2% | \$2,262,909,570 | \$292,555 | \$941,522,264 | \$32,926 |

OHIO
2014 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 | 927 | 647 | \$12,628,827 | \$19,519 | 173 | \$19,496,413 | \$112,696 |
| 1 But Less Than 2 | 963 | 789 | \$16,195,849 | \$20,527 | 203 | \$52,501,726 | \$258,629 |
| 2 But Less Than 3 | 597 | 551 | \$27,162,489 | \$49,297 | 162 | \$45,766,774 | \$282,511 |
| 3 But Less Than 4 | 334 | 307 | \$21,049,972 | \$68,567 | 100 | \$46,165,610 | \$461,656 |
| 4 But Less Than 5 | 171 | 139 | \$10,743,190 | \$77,289 | 53 | \$21,334,240 | \$402,533 |
| 5 But Less Than 6 | 58 | 55 | \$6,305,009 | \$114,637 | 23 | \$10,790,383 | \$469,147 |
| 6 But Less Than 7 | 30 | 28 | \$5,904,541 | \$210,876 | 12 | \$5,853,000 | \$487,750 |
| 7 or Greater | 74 | 68 | \$7,189,822 | \$105,733 | 15 | \$13,707,433 | \$913,829 |
| TOTALS and AVERAGES: | 3154 | 2584 | \$107,179,699 | \$41,478 | 741 | \$215,615,578 | \$290,979 |

**OHIO
2014 Closed Claims
By Size of Payment**

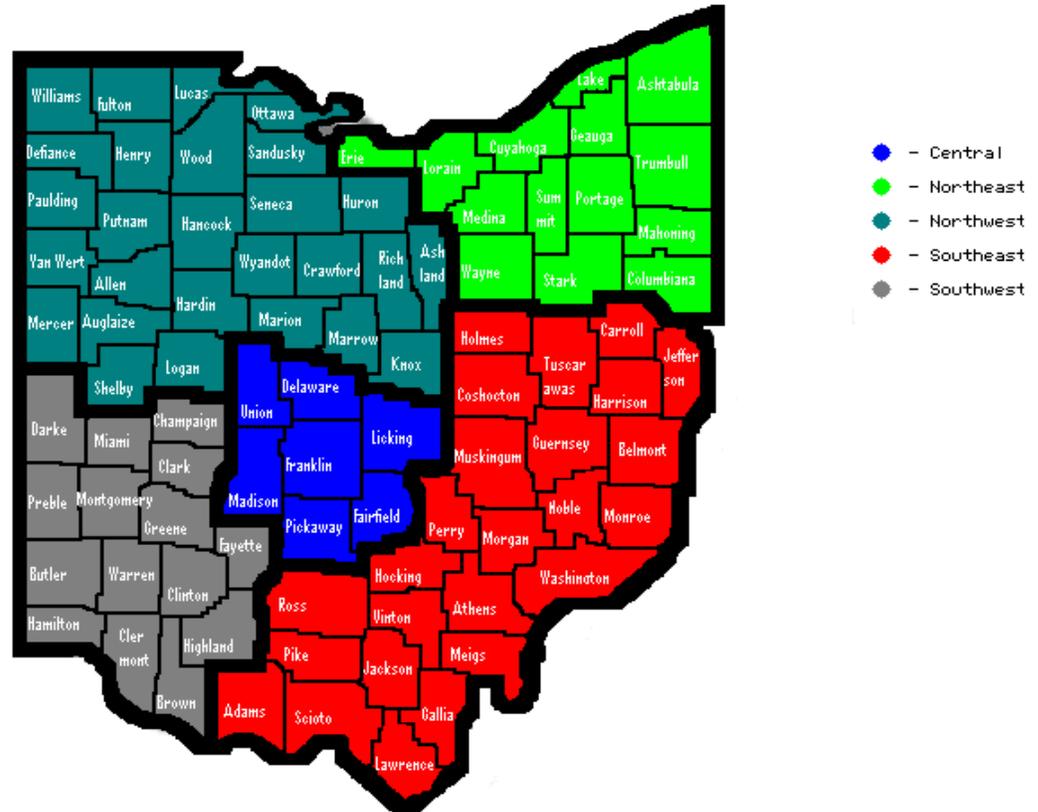
Appendix C, Exhibit 5



OHIO
2014 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 | 1554 | 1410 | \$44,682,260 | \$31,690 | 217 | \$49,709,052 | \$229,074 |
| Insurance Company - Surplus Lines | 245 | 220 | \$7,039,545 | \$31,998 | 90 | \$21,021,981 | \$233,578 |
| Risk Retention Group | 42 | 36 | \$1,051,004 | \$29,195 | 16 | \$3,120,784 | \$195,049 |
| Self Insurers (Captives) | 1313 | 918 | \$54,406,890 | \$59,267 | 418 | \$141,763,762 | \$339,148 |
| TOTALS and AVERAGES: | 3154 | 2584 | \$107,179,699 | \$41,478 | 741 | \$215,615,578 | \$290,979 |

Closed Claims 2014 Regions



The counties displayed on the map include the following:

Central:

Delaware, Franklin, Licking, Madison, Pickaway, Union

Northeast:

Ashtabula, Columbiana, Cuyahoga, Erie, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Wayne

Northwest:

Allen, Ashland, Auglaize, Crawford, Defiance, Fulton, Hancock, Hardin, Henry, Huron, Knox, Logan, Lucas, Marion, Mercer, Morrow, Ottawa, Paulding, Putnam, Richland, Sandusky, Seneca, Shelby, Van Wert, Williams, Wood, Wyandot

Southeast:

Adams, Athens, Belmont, Carroll, Coshocton, Gallia, Guernsey, Harrison, Hocking, Holmes, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Tuscarawas, Vinton, Washington

Southwest:

Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Highland, Miami, Montgomery, Preble, Warren

OHIO
2014 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 | 309 | 264 | \$9,797,693 | \$37,112 | 72 | \$15,336,534 | \$213,007 |
| | Central - Remainder | 45 | 43 | \$1,430,149 | \$33,259 | 11 | \$1,116,371 | \$101,488 |
| Totals and Averages: | | 354 | 307 | \$11,227,842 | \$36,573 | 83 | \$16,452,905 | \$198,228 |
| Northeast | | | | | | | | |
| | Cuyahoga | 765 | 530 | \$14,130,528 | \$26,661 | 189 | \$61,556,089 | \$325,694 |
| | Summit | 251 | 209 | \$9,865,070 | \$47,201 | 57 | \$23,686,928 | \$415,560 |
| | Stark | 90 | 88 | \$1,628,930 | \$18,511 | 10 | \$679,730 | \$67,973 |
| | Mahoning | 84 | 81 | \$2,205,972 | \$27,234 | 15 | \$3,846,000 | \$256,400 |
| | Lorain | 74 | 65 | \$11,440,806 | \$176,012 | 18 | \$5,313,103 | \$295,172 |
| | Northeast - Remainder | 289 | 252 | \$14,466,867 | \$57,408 | 84 | \$27,411,398 | \$326,326 |
| Totals and Averages: | | 1553 | 1225 | \$53,738,173 | \$43,868 | 373 | \$122,493,249 | \$328,400 |

| REGION | COUNTY | TOTAL CLAIMS | CLAIMS With ALAE | TOTAL ALAE | AVERAGE ALAE | CLAIMS with INDEMNITY | TOTAL INDEMNITY | AVERAGE INDEMNITY |
|------------------|-----------------------------------|--------------|------------------|---------------|--------------|-----------------------|-----------------|-------------------|
| Northwest | | | | | | | | |
| | Lucas | 137 | 129 | \$7,296,514 | \$56,562 | 49 | \$12,435,591 | \$253,788 |
| | Northwest - Remainder | 174 | 161 | \$4,626,014 | \$28,733 | 45 | \$6,130,898 | \$136,242 |
| | Totals and Averages: | 311 | 290 | \$11,922,527 | \$41,112 | 94 | \$18,566,489 | \$197,516 |
| Southeast | | | | | | | | |
| | Southeast | 173 | 146 | \$5,788,991 | \$39,651 | 51 | \$7,549,656 | \$148,032 |
| | Totals and Averages: | 173 | 146 | \$5,788,991 | \$39,651 | 51 | \$7,549,656 | \$148,032 |
| Southwest | | | | | | | | |
| | Hamilton | 400 | 325 | \$12,315,555 | \$37,894 | 58 | \$22,274,531 | \$384,044 |
| | Montgomery | 166 | 141 | \$7,049,092 | \$49,994 | 48 | \$19,190,872 | \$399,810 |
| | Butler | 83 | 64 | \$1,103,474 | \$17,242 | 5 | \$1,445,000 | \$289,000 |
| | Southwest - Remainder | 80 | 71 | \$2,833,828 | \$39,913 | 24 | \$6,497,700 | \$270,738 |
| | Totals and Averages: | 729 | 601 | \$23,301,949 | \$38,772 | 135 | \$49,408,103 | \$365,986 |
| Unknown | | | | | | | | |
| | Unknown | 34 | 15 | \$1,200,217 | \$80,014 | 5 | \$1,145,177 | \$229,035 |
| | Totals and Averages: | 34 | 15 | \$1,200,217 | \$80,014 | 5 | \$1,145,177 | \$229,035 |
| | GRAND TOTALS and AVERAGES: | 3154 | 2584 | \$107,179,699 | \$41,478 | 741 | \$215,615,578 | \$290,979 |

OHIO

Appendix C, Exhibit 9

2005 -2014 Closed Claims

ALAE and Indemnity Payment by Region and County

| Region | County | Total Number of Claims | Percentage of Claims With Indemnity | Percentage of Claims Without Indemnity | Average Indemnity Amount | Average ALAE Amount |
|------------------|-----------|------------------------|-------------------------------------|--|--------------------------|---------------------|
| Central | | 4184 | 21.32% | 78.68% | \$295,230 | \$25,028 |
| | Franklin | 3600 | 20.39% | 79.61% | \$306,878 | \$23,614 |
| | Remainder | 584 | 27.05% | 72.95% | \$241,119 | \$33,573 |
| Northeast | | 16665 | 22.86% | 77.14% | \$312,153 | \$32,132 |
| | Cuyahoga | 8623 | 25.69% | 74.31% | \$347,601 | \$30,673 |
| | Lorain | 837 | 22.82% | 77.18% | \$272,837 | \$42,849 |
| | Mahoning | 1118 | 18.60% | 81.40% | \$213,799 | \$35,475 |
| | Remainder | 2412 | 21.35% | 78.65% | \$285,544 | \$34,485 |
| | Stark | 1137 | 18.47% | 81.53% | \$185,360 | \$32,300 |
| | Summit | 2538 | 18.52% | 81.48% | \$290,408 | \$29,098 |
| Northwest | | 4733 | 21.70% | 78.30% | \$259,441 | \$32,577 |
| | Lucas | 2257 | 21.09% | 78.91% | \$317,451 | \$33,816 |
| | Remainder | 2476 | 22.25% | 77.75% | \$209,326 | \$31,408 |

| Region | County | Total Number of Claims | Percentage of Claims With Indemnity | Percentage of Claims Without Indemnity | Average Indemnity Amount | Average ALAE Amount |
|------------------|------------|------------------------|-------------------------------------|--|--------------------------|---------------------|
| Southeast | | 1842 | 23.89% | 76.11% | \$222,160 | \$31,634 |
| | Southeast | 1842 | 23.89% | 76.11% | \$222,160 | \$31,634 |
| Southwest | | 6375 | 23.94% | 76.06% | \$287,590 | \$40,478 |
| | Butler | 538 | 20.45% | 79.55% | \$174,472 | \$24,315 |
| | Hamilton | 2783 | 22.39% | 77.61% | \$321,716 | \$37,687 |
| | Montgomery | 1881 | 25.84% | 74.16% | \$294,379 | \$49,879 |
| | Remainder | 1173 | 26.17% | 73.83% | \$248,123 | \$38,615 |
| Unknown | | 159 | 25.79% | 74.21% | \$183,265 | \$45,676 |
| | Unknown | 159 | 25.79% | 74.21% | \$183,265 | \$45,676 |

OHIO
2014 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 |
|--|-------------------------|-----------------------------|-----------------------|-------------------------|----------------------------------|----------------------------|------------------------------|
| Surgery - Orthopedic | 202 | 138 | \$3,245,939 | \$23,521 | 9 | \$2,498,141 | \$277,571 |
| Internal Medicine | 128 | 105 | \$3,047,519 | \$29,024 | 15 | \$4,187,500 | \$279,167 |
| Emergency Medicine | 108 | 101 | \$3,444,735 | \$34,106 | 19 | \$4,368,010 | \$229,895 |
| Surgery - General | 105 | 89 | \$2,805,533 | \$31,523 | 10 | \$4,235,000 | \$423,500 |
| Obstetrics/Gynecology | 104 | 90 | \$4,775,295 | \$53,059 | 21 | \$13,242,960 | \$630,617 |
| Radiology | 84 | 75 | \$2,099,007 | \$27,987 | 12 | \$3,595,866 | \$299,655 |
| Family Physicians/General Practitioners | 82 | 75 | \$4,109,706 | \$54,796 | 21 | \$5,690,572 | \$270,980 |
| Cardiovascular Disease | 63 | 39 | \$2,467,660 | \$63,273 | 8 | \$8,310,000 | \$1,038,750 |
| Anesthesiology | 40 | 33 | \$602,669 | \$18,263 | 4 | \$1,656,000 | \$414,000 |
| Other | 409 | 329 | \$9,825,624 | \$29,865 | 42 | \$11,748,291 | \$279,721 |
| TOTALS and AVERAGES: | 1325 | 1074 | \$36,423,688 | \$33,914 | 161 | \$59,532,339 | \$369,766 |

OHIO
2005 - 2014 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 | 15,466 | 13.7% | 86.3% | \$334,852 | \$30,615 |
| Internal Medicine | 1,822 | 10.6% | 89.4% | \$242,942 | \$30,783 |
| Family Physicians\General Practitioners | 1,359 | 19.4% | 80.6% | \$292,876 | \$34,680 |
| Emergency Medicine | 1,336 | 13.7% | 86.3% | \$283,059 | \$28,249 |
| Surgery - General | 1,314 | 13.6% | 86.4% | \$311,544 | \$35,274 |
| Surgery - Orthopedic | 1,255 | 12.0% | 88.0% | \$261,500 | \$21,738 |
| Obstetrics/Gynecology | 1,214 | 22.7% | 77.3% | \$441,941 | \$57,840 |
| Radiology | 1,028 | 11.7% | 88.3% | \$314,789 | \$24,945 |
| Anesthesiology | 649 | 14.0% | 86.0% | \$509,283 | \$23,059 |
| Cardiovascular Disease | 540 | 10.6% | 89.4% | \$465,783 | \$29,654 |

| Specialty | Total Number of Claims | Percentage of Claims With Indemnity | Percentage of Claims Without Indemnity | Average Indemnity Amount | Average ALAE Amount |
|---------------------|-------------------------------|--|---|---------------------------------|----------------------------|
| Neurology | 489 | 9.8% | 90.2% | \$532,973 | \$34,689 |
| Gastroenterology | 346 | 9.2% | 90.8% | \$450,023 | \$23,510 |
| Pediatrics | 325 | 12.3% | 87.7% | \$428,250 | \$27,680 |
| Surgery - Plastic | 308 | 12.7% | 87.3% | \$145,010 | \$26,307 |
| Pulmonary | 274 | 8.8% | 91.2% | \$293,630 | \$24,486 |
| Surgery - Cardiac | 257 | 6.6% | 93.4% | \$433,353 | \$28,343 |
| Ophthalmology | 219 | 19.2% | 80.8% | \$176,810 | \$19,056 |
| Urology | 218 | 14.2% | 85.8% | \$394,057 | \$19,677 |
| Surgery - Vascular | 195 | 10.3% | 89.7% | \$149,850 | \$29,795 |
| Surgery - Thoracic | 185 | 8.1% | 91.9% | \$369,433 | \$26,700 |
| Otorhinolaryngology | 183 | 22.4% | 77.6% | \$228,065 | \$28,282 |
| Hospitalists | 174 | 6.3% | 93.7% | \$458,282 | \$18,964 |
| Psychiatry | 161 | 16.1% | 83.9% | \$204,842 | \$29,462 |

| Specialty | Total Number of Claims | Percentage of Claims With Indemnity | Percentage of Claims Without Indemnity | Average Indemnity Amount | Average ALAE Amount |
|------------------------------------|------------------------|-------------------------------------|--|--------------------------|---------------------|
| Pathology | 131 | 20.6% | 79.4% | \$624,361 | \$24,912 |
| Surgery - Head | 125 | 6.4% | 93.6% | \$327,177 | \$27,368 |
| Nephrology | 120 | 5.0% | 95.0% | \$318,580 | \$20,088 |
| Gynecology | 115 | 22.6% | 77.4% | \$342,677 | \$36,746 |
| Hematology | 99 | 13.1% | 86.9% | \$434,102 | \$34,505 |
| Dermatology | 90 | 18.9% | 81.1% | \$58,626 | \$15,878 |
| Physical Medicine & Rehabilitation | 85 | 10.6% | 89.4% | \$732,778 | \$29,592 |
| Infectious Diseases | 81 | 6.2% | 93.8% | \$510,000 | \$16,804 |
| Surgery - Urological | 71 | 15.5% | 84.5% | \$203,727 | \$17,713 |
| Pain Management | 62 | 16.1% | 83.9% | \$235,500 | \$14,621 |
| Other | 58 | 15.5% | 84.5% | \$155,824 | \$16,862 |
| Unknown | 57 | 21.1% | 78.9% | \$106,917 | \$23,709 |
| Surgery - Colon & Rectal | 53 | 7.5% | 92.5% | \$445,000 | \$34,551 |

| Specialty | Total Number of Claims | Percentage of Claims With Indemnity | Percentage of Claims Without Indemnity | Average Indemnity Amount | Average ALAE Amount |
|--|------------------------|-------------------------------------|--|--------------------------|---------------------|
| Oncology | 53 | 13.2% | 86.8% | \$560,429 | \$26,254 |
| Endocrinology | 52 | 9.6% | 90.4% | \$274,333 | \$18,769 |
| Rheumatology | 40 | 17.5% | 82.5% | \$487,143 | \$23,600 |
| Physicians NOC | 39 | 10.3% | 89.7% | \$485,208 | \$22,448 |
| Surgery - Traumatic | 35 | 11.4% | 88.6% | \$459,375 | \$21,848 |
| Geriatrics | 35 | 8.6% | 91.4% | \$42,333 | \$18,959 |
| Intensive Care Medicine | 34 | 5.9% | 94.1% | \$387,500 | \$15,802 |
| Neonatal/Perinatal Medicine | 34 | 23.5% | 76.5% | \$627,083 | \$61,128 |
| Physicians Assistants | 30 | 16.7% | 83.3% | \$214,000 | \$14,039 |
| Surgery - Hand | 23 | 0.0% | 100.0% | \$0 | \$11,096 |
| General Preventive Medicine | 23 | 8.7% | 91.3% | \$200,000 | \$32,513 |
| Surgery - Pediatric | 20 | 15.0% | 85.0% | \$866,667 | \$12,469 |
| Family Physicians \General Practitioners with Delivery | 17 | 23.5% | 76.5% | \$228,750 | \$45,718 |

| Specialty | Total Number of Claims | Percentage of Claims With Indemnity | Percentage of Claims Without Indemnity | Average Indemnity Amount | Average ALAE Amount |
|-----------------------|-------------------------------|--|---|---------------------------------|----------------------------|
| Radiology Therapeutic | 16 | 25.0% | 75.0% | \$366,250 | \$21,927 |
| Surgery - Abdominal | 16 | 18.8% | 81.3% | \$95,500 | \$19,126 |

OHIO

2014 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 | 1325 | 1074 | \$36,423,688 | \$33,914 | 161 | \$59,532,339 | \$369,766 |
| Hospitals | 834 | 644 | \$36,230,356 | \$56,258 | 352 | \$115,656,764 | \$328,570 |
| Corporation | 549 | 510 | \$16,880,912 | \$33,100 | 71 | \$15,084,120 | \$212,452 |
| Other Medical Professionals | 247 | 181 | \$3,713,856 | \$20,519 | 65 | \$9,529,012 | \$146,600 |
| Nursing Home/Assisted Living | 116 | 102 | \$2,181,071 | \$21,383 | 70 | \$8,170,972 | \$116,728 |
| Other Facilities | 44 | 38 | \$1,119,676 | \$29,465 | 12 | \$4,645,691 | \$387,141 |
| Clinic | 34 | 31 | \$10,567,984 | \$340,903 | 7 | \$2,961,431 | \$423,062 |
| Pharmacy | 5 | 4 | \$62,155 | \$15,539 | 3 | \$35,250 | \$11,750 |
| TOTALS and AVERAGES: | 3154 | 2584 | \$107,179,699 | \$41,478 | 741 | \$215,615,578 | \$290,979 |

OHIO
2014 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.) | 874 | 733 | \$30,665,324 | \$41,835 | 183 | \$33,205,041 | \$181,448 |
| Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.) | 773 | 620 | \$27,058,029 | \$43,642 | 112 | \$45,677,687 | \$407,836 |
| Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.) | 672 | 575 | \$21,703,196 | \$37,745 | 123 | \$48,902,335 | \$397,580 |
| Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)/Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.) | 164 | 141 | \$5,766,460 | \$40,897 | 54 | \$15,631,239 | \$289,467 |

| 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) | 160 | 110 | \$3,055,589 | \$27,778 | 95 | \$10,626,569 | \$111,859 |
| Patient Monitoring-Related (Failure to Monitor, etc.) | 127 | 101 | \$4,324,897 | \$42,821 | 50 | \$7,088,817 | \$141,776 |
| Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.) | 124 | 106 | \$9,739,946 | \$91,886 | 38 | \$42,770,182 | \$1,125,531 |
| Other (No Listed Category Applies) | 124 | 97 | \$1,819,659 | \$18,759 | 31 | \$2,975,667 | \$95,989 |
| Anesthesia-Related (Improper Choice, Improper Administration, etc.) | 50 | 38 | \$1,445,905 | \$38,050 | 19 | \$6,480,880 | \$341,099 |

| 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.) | 37 | 22 | \$630,922 | \$28,678 | 16 | \$1,079,216 | \$67,451 |
| Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc.) | 32 | 24 | \$440,127 | \$18,339 | 13 | \$476,650 | \$36,665 |
| Policies & Procedures-Related (Failure To Follow, Negligent Credentialing, etc.)/Supervision-Related (Supervision of Residents, Nurses, etc.) | 17 | 17 | \$529,644 | \$31,156 | 7 | \$701,295 | \$100,185 |
| TOTALS and AVERAGES: | 3154 | 2584 | \$107,179,699 | \$41,478 | 741 | \$215,615,578 | \$290,979 |

OHIO

2005 - 2014 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 | 33958 | 22.8% | 77.2% | \$292,555 | \$32,926 |
| Anesthesia Related | 656 | 22.0% | 78.0% | \$536,732 | \$33,431 |
| Blood Related | 1696 | 32.7% | 67.3% | \$296,819 | \$37,298 |
| Breach of Confidentiality\Communication | 448 | 30.6% | 69.4% | \$149,587 | \$33,261 |
| Diagnosis-Related | 8508 | 17.5% | 82.5% | \$358,804 | \$36,729 |
| Equipment Related | 454 | 44.7% | 55.3% | \$111,609 | \$18,550 |
| Medical Treatment \Non-Obstetrical | 9182 | 18.7% | 81.3% | \$220,344 | \$25,960 |
| Obstetrics Related | 1456 | 31.4% | 68.6% | \$928,198 | \$95,548 |
| Other | 1700 | 21.0% | 79.0% | \$124,660 | \$17,411 |
| Patient Monitoring Related | 1147 | 38.9% | 61.1% | \$341,811 | \$36,976 |
| Policies & Procedures Related | 243 | 40.7% | 59.3% | \$130,595 | \$33,775 |
| Safety & Security Related | 1577 | 56.3% | 43.7% | \$92,542 | \$22,734 |
| Surgery Related | 6851 | 18.1% | 81.9% | \$280,852 | \$27,649 |

OHIO
2014 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 | 3033 | 2473 | \$96,834,159 | \$39,157 | 703 | \$180,163,890 | \$256,279 |
| Yes | 121 | 111 | \$10,345,540 | \$93,203 | 38 | \$35,451,689 | \$932,939 |
| TOTALS and AVERAGES: | 3154 | 2584 | \$107,179,699 | \$41,478 | 741 | \$215,615,578 | \$290,979 |

OHIO
2014 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 | 1055 | 958 | \$38,374,637 | \$40,057 | 219 | \$74,895,215 | \$341,987 |
| Emotional | 88 | 67 | \$832,009 | \$12,418 | 27 | \$737,672 | \$27,321 |
| Permanent Grave | 52 | 43 | \$7,702,469 | \$179,127 | 23 | \$24,597,619 | \$1,069,462 |
| Permanent Major | 253 | 199 | \$14,495,655 | \$72,842 | 68 | \$61,423,837 | \$903,292 |
| Permanent Minor | 305 | 234 | \$5,387,998 | \$23,026 | 44 | \$5,386,256 | \$122,415 |
| Permanent Significant | 298 | 273 | \$20,955,531 | \$76,760 | 64 | \$23,967,194 | \$374,487 |
| Temporary Low Significance | 106 | 63 | \$791,705 | \$12,567 | 39 | \$700,549 | \$17,963 |
| Temporary Major | 470 | 356 | \$12,174,526 | \$34,198 | 96 | \$14,197,602 | \$147,892 |
| Temporary Minor | 527 | 391 | \$6,465,168 | \$16,535 | 161 | \$9,709,633 | \$60,308 |
| TOTALS and AVERAGES: | 3154 | 2584 | \$107,179,699 | \$41,478 | 741 | \$215,615,578 | \$290,979 |

OHIO
2014 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) | 2035 | 1667 | \$62,712,978 | \$37,620 | 440 | \$137,009,800 | \$311,386 |
| Senior (Age 65+) | 792 | 672 | \$28,722,503 | \$42,742 | 215 | \$34,863,144 | \$162,154 |
| Minor (Ages 1 to 17) | 183 | 123 | \$6,767,612 | \$55,021 | 43 | \$12,096,313 | \$281,310 |
| Infant (Less than 1 year old) | 137 | 116 | \$8,659,180 | \$74,648 | 43 | \$31,646,321 | \$735,961 |
| Unknown | 7 | 6 | \$317,426 | \$52,904 | 0 | \$0 | \$0 |
| TOTALS and AVERAGES: | 3154 | 2584 | \$107,179,699 | \$41,478 | 741 | \$215,615,578 | \$290,979 |

OHIO
2005 - 2014 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 | 22,948 | 19.8% | 80.2% | \$269,760 | \$29,476 |
| Senior 65 + | 7,624 | 28.1% | 71.9% | \$155,084 | \$26,864 |
| Infant | 1,689 | 33.3% | 66.7% | \$897,137 | \$97,844 |
| Minor 1 - 17 | 1,560 | 29.2% | 70.8% | \$395,766 | \$38,621 |

OHIO
2014 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 | 1760 | 1423 | \$57,235,249 | \$40,222 | 417 | \$110,521,418 | \$265,039 |
| Male | 1394 | 1161 | \$49,944,450 | \$43,018 | 324 | \$105,094,160 | \$324,365 |
| TOTALS and AVERAGES: | 3154 | 2584 | \$107,179,699 | \$41,478 | 741 | \$215,615,578 | \$290,979 |

OHIO
2014 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) | 898 | 709 | \$28,545,768 | \$40,262 | 146 | \$44,887,234 | \$307,447 |
| Patient's Room, Including Patient Bathroom for Inpatient Areas Not Otherwise Specified | 479 | 415 | \$14,041,265 | \$33,834 | 130 | \$22,718,025 | \$174,754 |
| Medical Professional's Office | 476 | 408 | \$20,059,624 | \$49,166 | 96 | \$20,425,844 | \$212,769 |
| Emergency Room/Emergency Department | 340 | 304 | \$10,445,102 | \$34,359 | 73 | \$20,333,940 | \$278,547 |

| LOCATION | TOTAL CLAIMS | CLAIMS With ALAE | TOTAL ALAE | AVERAGE ALAE | CLAIMS With INDEMNITY | TOTAL INDEMNITY | AVERAGE INDEMNITY |
|---|---------------------|-------------------------|-------------------|---------------------|------------------------------|------------------------|--------------------------|
| Obstetrics Department (Labor & Delivery, Recovery & Post-Partum) | 140 | 119 | \$9,710,123 | \$81,598 | 44 | \$43,306,682 | \$984,243 |
| Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.) | 134 | 96 | \$5,011,388 | \$52,202 | 31 | \$16,465,233 | \$531,137 |
| Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care) | 125 | 110 | \$2,908,778 | \$26,443 | 52 | \$5,868,929 | \$112,864 |
| Other (No Listed Location Applies) | 122 | 103 | \$3,689,234 | \$35,818 | 33 | \$11,512,967 | \$348,878 |
| Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine) | 113 | 85 | \$2,369,661 | \$27,878 | 35 | \$6,803,126 | \$194,375 |
| Outpatient/Ambulatory Care Areas or Facilities | 101 | 64 | \$1,809,635 | \$28,276 | 30 | \$7,728,570 | \$257,619 |

| LOCATION | TOTAL CLAIMS | CLAIMS With ALAE | TOTAL ALAE | AVERAGE ALAE | CLAIMS With INDEMNITY | TOTAL INDEMNITY | AVERAGE INDEMNITY |
|---|---------------------|-------------------------|-------------------|---------------------|------------------------------|------------------------|--------------------------|
| Critical Care Unit (ICU/CCU/NICU) | 79 | 60 | \$4,757,139 | \$79,286 | 14 | \$7,272,800 | \$519,486 |
| Patient's Home | 57 | 51 | \$1,853,607 | \$36,345 | 17 | \$2,160,587 | \$127,093 |
| Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank) | 19 | 12 | \$222,331 | \$18,528 | 10 | \$1,771,733 | \$177,173 |
| Nursery/Pediatric Ward | 16 | 11 | \$411,133 | \$37,376 | 7 | \$660,025 | \$94,289 |
| Facility Support Areas (Including Administrative Areas, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms) | 13 | 7 | \$40,785 | \$5,826 | 5 | \$142,600 | \$28,520 |
| Recovery Room (Post-Anesthesia Care Unit) | 12 | 8 | \$434,099 | \$54,262 | 6 | \$1,370,194 | \$228,366 |

| LOCATION | TOTAL CLAIMS | CLAIMS With ALAE | TOTAL ALAE | AVERAGE ALAE | CLAIMS With INDEMNITY | TOTAL INDEMNITY | AVERAGE INDEMNITY |
|---|---------------------|-------------------------|-------------------|---------------------|------------------------------|------------------------|--------------------------|
| Mental Health (Includes Psychiatric and Drug & Alcohol Addiction) | 12 | 12 | \$708,605 | \$59,050 | 4 | \$754,572 | \$188,643 |
| Hospice Area or Facility | 9 | 4 | \$32,281 | \$8,070 | 3 | \$65,000 | \$21,667 |
| Physical Therapy Dept. | 9 | 6 | \$129,140 | \$21,523 | 5 | \$1,367,517 | \$273,503 |
| TOTALS and AVERAGES: | 3154 | 2584 | \$107,179,699 | \$41,478 | 741 | \$215,615,578 | \$290,979 |

OHIO
2005 - 2014 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 | 8,345 | 18.8% | 81.2% | \$301,290 | \$28,205 |
| Medical Professional Office | 6,447 | 20.1% | 79.9% | \$226,789 | \$26,232 |
| Emergency Department | 4,458 | 18.9% | 81.1% | \$232,697 | \$28,810 |
| Patient's Room | 4,453 | 27.0% | 73.0% | \$233,704 | \$33,103 |
| Other | 1,600 | 20.9% | 79.1% | \$193,253 | \$23,243 |
| Obstetrics Department | 1,575 | 31.8% | 68.2% | \$936,610 | \$99,872 |
| Radiology | 1,525 | 20.5% | 79.5% | \$230,168 | \$37,819 |
| Nursing Home | 1,308 | 36.9% | 63.1% | \$120,438 | \$24,431 |
| Outpatient\Ambulatory Care | 918 | 27.5% | 72.5% | \$251,985 | \$22,728 |
| Special Procedure Room | 849 | 21.6% | 78.4% | \$306,680 | \$33,389 |

| Location | Total Number of Claims | Percentage of Claims With Indemnity | Percentage of Claims Without Indemnity | Average Indemnity Amount | Average ALAE Amount |
|------------------------|-------------------------------|--|---|---------------------------------|----------------------------|
| Critical Care Unit | 789 | 20.4% | 79.6% | \$572,106 | \$37,329 |
| Patient's Home | 517 | 30.4% | 69.6% | \$223,034 | \$40,755 |
| Ancillary Services | 284 | 36.6% | 63.4% | \$214,212 | \$30,498 |
| Nursery/Pediatric Ward | 203 | 40.9% | 59.1% | \$593,471 | \$74,311 |
| Recovery Room | 158 | 34.2% | 65.8% | \$330,218 | \$70,526 |
| Facility Support Areas | 151 | 55.0% | 45.0% | \$53,564 | \$25,743 |
| Mental Health | 146 | 24.7% | 75.3% | \$181,251 | \$31,032 |
| Physical Therapy Dept | 141 | 38.3% | 61.7% | \$104,221 | \$18,651 |
| Hospice | 91 | 29.7% | 70.3% | \$80,761 | \$21,294 |