

Ohio 2015 Medical Professional Liability Closed Claim Report

January 2018

Ohio Medical Professional Liability Closed Claim Report - 2015

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 eleventh annual report to the General Assembly summarizing the Ohio medical professional liability closed claim data received by the Department for calendar year 2015. This report also includes comparisons of calendar year 2015 data with the data from the prior ten 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 2015 Closed Claims

- **Total Claims:** For 2015, a total of 2,800 claims were reported by 89 entities. Authorized insurers¹ reported the most claims, 1,425. Self-insured entities reported 1,144 claims; surplus lines insurers² reported 193 claims; and risk retention groups³ reported 38 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 2,134, had no indemnity payments, while nearly 24% of the claims or 666, closed with an indemnity payment. The total amount paid to claimants was \$274,979,308, an average of \$412,882 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 2,410. These expenses totaled \$94,225,610, an average of \$39,098 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, 161 closed within one year of being reported and had an average paid indemnity of \$219,426. That figure rose to \$423,943 for 188 claims closing in their second year. Eighteen claims closed seven or more years after being reported with an average indemnity payment of \$582,254.
- **ALAE and Age of Claim:** Allocated loss adjustment expense increased with the age of the claim, starting with an average of \$5,584 for claims that closed in the first year, and increasing to \$27,586 for claims that closed in the second year. For claims closing seven or more years after being reported the average ALAE was \$149,431.
- **Regional Comparisons:** Nearly half of the claims, or 1,359, came from Northeast Ohio. Of these, 23% or 314 resulted in indemnity payments totaling \$154,706,568. Fifty-six percent of the total dollar amount paid to claimants statewide in 2015 arose from Northeast Ohio claims. However, Central Ohio had the highest average paid indemnity of \$512,961. The breakdown of average paid indemnity for the remainder of Ohio, in descending order, is: Northeast-\$492,696; Southwest-\$287,419; Northwest-\$286,578; and Southeast-\$251,545.
- **Specialty Comparisons:** When claims were broken down by medical specialty, Internal Medicine had the most claims at 133 with twenty resulting in paid indemnity averaging \$347,292. For those specialties that are broken out, Radiology had the highest average paid indemnity of \$747,917 for six claims with payments, out of 77 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 764 with 140 resulting in paid indemnity. Obstetrics-related claims totaled 174. Of these, 54 resulted in indemnity payments averaging \$1,127,855, 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 2,800 claims that were closed in 2015, more than 76% closed with no indemnity payment. Included in this figure are five categories:
 - 64.89% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice;
 - 4.96% were dismissed by summary judgment or a directed verdict;
 - 3.68% ended with a verdict for the defendant;
 - 2.18% ended through a settlement;
 - 0.50% ended with alternative dispute resolution.
- The remaining 24% of the claims closed with an indemnity payment. Four categories of claims are included here:
 - 21.07% reached a settlement;
 - 2.43% used alternative dispute resolution;
 - .25% had a verdict for the plaintiff;
 - .04%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 \$20,128. The seven claims that were disposed of by a verdict for the plaintiff, with indemnity payment, had the highest average ALAE of \$212,583.

Exhibit 3 provides a comparison of the eleven 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 27% of the total and had the lowest average indemnity of \$219,426, and ALAE of \$5,584. Costs tended to grow significantly as the claims aged. The oldest category, claims that closed seven or more years later, had average indemnity payments of \$582,254 with the largest average ALAE of \$149,431. The category of greater than 3 years but less than 4 years had the largest average indemnity payments of \$597,238 and an average ALAE of \$61,071.

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 2,800 claims reported closed in 2015, nearly 24% or 666, generated an indemnity payment. Of these 666 claims, 81 claims or 12.2% generated an indemnity payment greater than \$1 million. These 81 claims generated indemnity payments of \$163.2 million or 59.3% of the total indemnity payments for all claims. Another 72 claims, or 10.8%, generated an indemnity payment below \$1 million but at least \$500,000. These 72 claims generated indemnity payments of \$49.3 million or 17.9% of the total indemnity payments for all claims. In 2015, 77.3% of the total paid indemnity was generated by 23% of the claims that closed with an indemnity payment.

In comparison, for 2014, 68% of the total paid indemnity was generated by 16.1% of the claims that closed with an indemnity payment.

Claims by Insurer Type (Appendix C, Exhibit 6)

A total of 89 entities reported closed claim information to the Department. The reporting entities are categorized as authorized (admitted) insurance companies, surplus lines insurance companies, risk retention groups and self-insurers/captives. Of the 2,800 closed claims that were reported, 50.9% of the claims were reported by admitted insurance companies and 40.9% 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 2015 closed claims.

Nearly half of the closed claims reported for 2015 were from the Northeast region. The claims from the Central Ohio region had the largest average indemnity payment. The Central Ohio region also incurred the largest average ALAE. Exhibit 9 displays the regional data for all eleven 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 12.6% of the claims resulted in an indemnity payment. Internal Medicine had the most closed claims in 2015.

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Of the physician specialties shown, Radiology had the highest average paid indemnity of \$747,917. Exhibit 11 displays the physician & surgeons' data for all eleven years combined for all specialties.

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

Exhibit 12 displays the 2015 closed claims experience for all the provider types. Forty-two percent of the 2,800 closed claims were reported for physicians and surgeons. The largest average paid indemnity was \$497,580 for claims reported for physicians and surgeons. The largest average ALAE of \$59,749 was for claims reported for hospitals. While 12.6% of the claims reported for a physician or surgeon resulted in an indemnity payment, nearly 44% of the claims reported for a hospital resulted in an indemnity payment.

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

The reporting entities identified the primary complaint or injury that led to the medical professional liability claim. Of the 2,800 claims reported as closed in 2015, 51% of the claims were split between two categories, Non-Obstetrical Medical Treatment and Diagnosis-Related. Non-Obstetrical Medical Treatment includes failure to treat, delay in treatment, and improper treatment. Diagnosis-Related includes failure to diagnose, misdiagnosis, and failure to diagnose. Obstetrics-Related claims had the highest average paid indemnity of \$1,127,855. Obstetrics-Related claims, including improper delivery method, improper management of pregnancy, and delay in delivery, also had the highest average ALAE of \$122,440. This data includes all medical provider types, including hospitals. Exhibit 14 displays the data for all eleven 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 2,800 closed claims reported, 181 or 6.5% were identified as birth injury claims. Of these 181 birth injury claims, 29% resulted in an indemnity payment. The average indemnity payment of a birth injury claim was \$1,042,561, over 2.5 times the overall average indemnity payment of \$412,882.

Of the 36,758 closed claims reported for calendar years 2005 through 2015, 1,618 or 4.4% were identified as birth injury claims. Of these 1,618 birth injury claims, 32% resulted in an indemnity payment. The average indemnity payment of the combined data for a birth injury claim was \$991,369 which is more than three times the overall average indemnity payment of \$302,094.

Severity of Injury (Appendix C, Exhibit 16)

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Of the 2,800 claims reported as closed in 2015, 942 or 34% of the claims were due to death, with an average paid indemnity of \$466,295. For claims with injuries identified as “permanent grave”, the average paid indemnity was \$1,643,833, an amount nearly four times the overall average indemnity payment. “Permanent grave” injuries include quadriplegia and brain damage, requiring lifelong dependent care.

Of the 36,758 claims reported as closed for calendar years 2005 through 2015, 12,498 or 34% were due to death. For closed claims resulting in death, nearly 20% closed with an indemnity payment which averaged \$374,555. Closed claims for injuries identified as “permanent grave” totaled 715 for the eleven years. For the closed claims that identified the injury as “permanent grave”, 29% closed with an indemnity payment which averaged \$1,205,900.

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

Of the 2,800 claims reported as closed, 64.9% of the claims identified the injured party as an adult, age 18 to 64. Adults ages 65 or older represented 26% of the claims. Infants and minors together represented 8.6% the claims. The average indemnity payment for infants was the highest for the various age groupings at \$976,307. Exhibit 18 displays the data for all eleven years combined for these groupings.

Gender of Injured Person (Appendix C, Exhibit 19)

Of the 2,800 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 \$376,549. When the injured party was a male, the average indemnity payment was \$463,905.

Of the 36,758 claims reported as closed for calendar years 2005 through 2015, 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 \$269,313. When the injured party was a male, the average indemnity payment was \$347,328. For females, 23.6% 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 2015 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 over 41% of the reported claims. The largest average indemnity payments were due to incidents that occurred in the Critical Care Units. The largest average ALAE amounts were due

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to incidents that occurred in the Nursery Ward. Exhibit 21 displays the data for all eleven 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
2015	2,800	36	\$537,773	\$240,954	\$124,469
TOTAL	36,758	8,226	\$400,500	---	\$45,341

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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
2015	2,800	2,764	\$410,978	\$125,000	\$37,913	3
TOTAL	36,758	28,532	\$277,129	---	\$29,421	27

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VIII. Conclusion

This eleventh 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 eleven years of data the following conclusions can be drawn:

- Most of the claims closed without a payment to the plaintiff. For all eleven 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 Appendix A

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.

Appendix B

(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.

Appendix B

(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

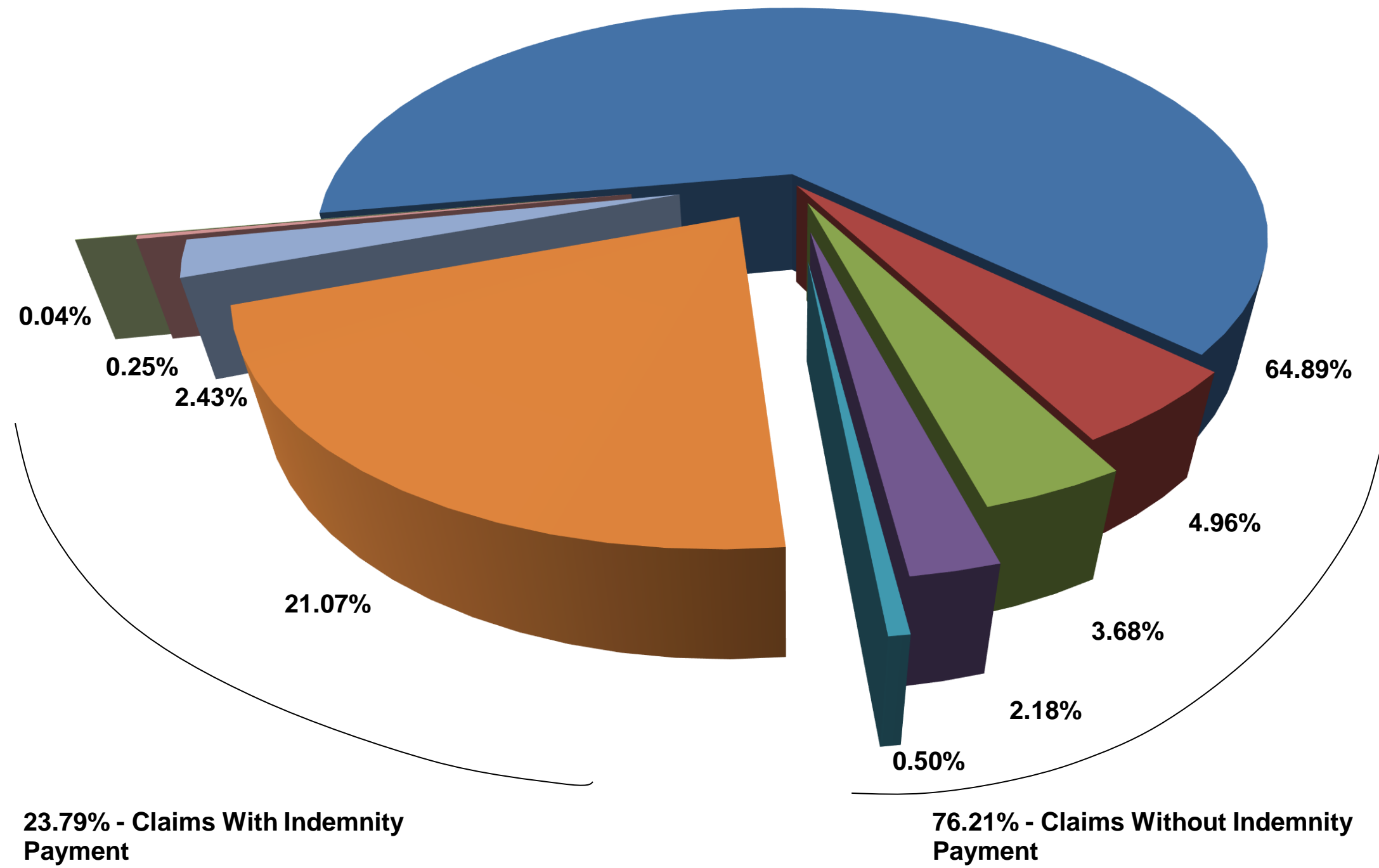
Statutory Authority: 3901.041 , 3929.302

Rule Amplifies: 3929.302

Prior Effective Dates: 1/2/2005

OHIO Closed Claims in 2015 Outcome of Malpractice Claims

2800 Closed Claims



Appendix C, Exhibit 1

- 64.89% Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- 4.96% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 3.68% Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity
- 2.18% Disposed of by Settlement Agreement -- Without Indemnity
- 0.50% Disposed of by Alternative Dispute Resolution -- Without Indemnity
- 21.07% Disposed of by Settlement Agreement -- With Indemnity
- 2.43% Disposed of by Alternative Dispute Resolution -- With Indemnity
- 0.25% Disposed of by Trial Verdict/Jury Verdict -- With Indemnity
- 0.04% Dismissed by Court - Summary Judgment/Directed Verdict -- With Indemnity

OHIO
2015 Closed Claims
ALAE and Indemnity Payments by Final
Disposition Description

Appendix C, Exhibit 2

FINAL DISPOSITION DESCRIPTION	TOTAL CLAIMS	PERCENTAGE of TOTAL	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	1817	64.9%	1621	\$32,627,595	\$20,128	0	\$0	\$0
Dismissed by Court -Summary Judgment/Directed Verdict -- Without Indemnity	139	5.0%	134	\$4,489,533	\$33,504	0	\$0	\$0
Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity	103	3.7%	96	\$11,548,779	\$120,300	0	\$0	\$0
Disposed of by Settlement Agreement -- Without Indemnity	61	2.2%	50	\$1,306,314	\$26,126	0	\$0	\$0
Disposed of by Alternative Dispute Resolution -- Without Indemnity	14	0.5%	11	\$449,822	\$40,893	0	\$0	\$0

FINAL DISPOSITION DESCRIPTION	TOTAL CLAIMS	PERCENTAGE of TOTAL	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Disposed of by Settlement Agreement -- With Indemnity	590	21.1%	427	\$37,889,722	\$88,735	590	\$202,630,635	\$343,442
Disposed of by Alternative Dispute Resolution -- With Indemnity	68	2.4%	63	\$4,395,915	\$69,776	68	\$66,423,352	\$976,814
Disposed of by Trial Verdict/Jury Verdict -- With Indemnity	7	0.3%	7	\$1,488,082	\$212,583	7	\$5,875,322	\$839,332
Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity	1	0.0%	1	\$29,849	\$29,849	1	\$50,000	\$50,000
TOTALS and AVERAGES:	2800	100.0%	2410	\$94,225,610	\$39,098	666	\$274,979,308	\$412,882

OHIO

Appendix C, Exhibit 3

Closed Claims for 2005- 2015 ALAE and Indemnity Payments

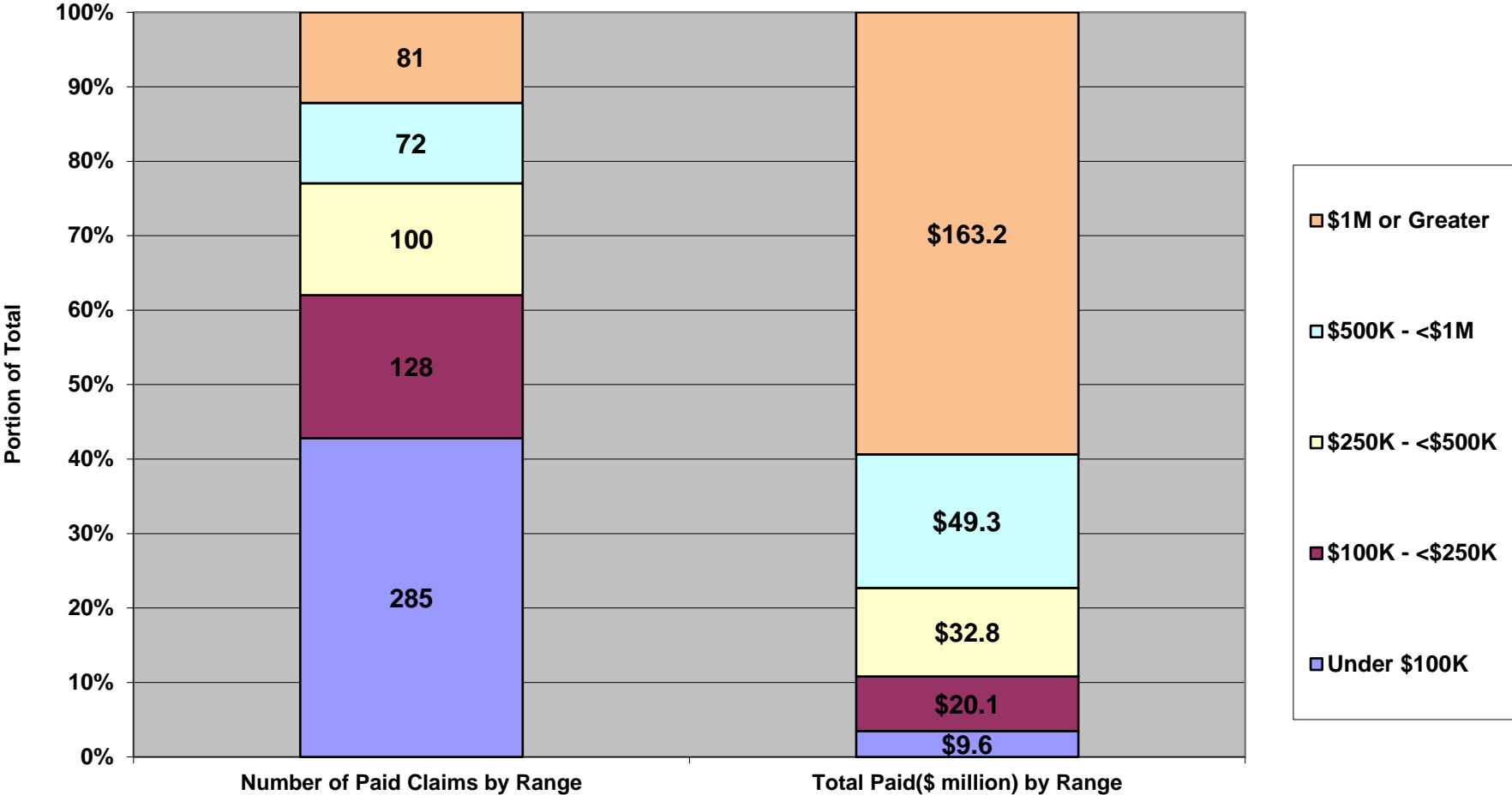
CLOSED CLAIM YEAR	NUMBER OF CLAIMS	PERCENTAGE OF CLAIMS WITH INDEMNITY	PERCENTAGE OF CLAIMS WITHOUT INDEMNITY	TOTAL INDEMNITY AMOUNT	AVERAGE INDEMNITY AMOUNT	TOTAL ALAE AMOUNT	AVERAGE ALAE AMOUNT
2005	5,051	20.7%	79.3%	\$281,764,938	\$269,374	\$113,194,565	\$24,443
2006	4,004	19.8%	80.2%	\$228,735,572	\$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
2015	2,800	23.8%	76.2%	\$274,979,308	\$412,882	\$94,225,610	\$39,098
TOTALS and AVERAGES:	36,758	22.9%	77.1%	\$2,537,888,878	\$302,094	\$1,035,747,874	\$33,406

OHIO
2015 Closed Claims
ALAE and Indemnity Payments by Age of Claim

Appendix C, Exhibit 4

AGE IN YEARS	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Less Than 1	761	587	\$3,277,904	\$5,584	161	\$35,327,603	\$219,426
1 But Less Than 2	813	697	\$19,227,747	\$27,586	188	\$79,701,340	\$423,943
2 But Less Than 3	620	560	\$25,503,672	\$45,542	154	\$72,582,870	\$471,317
3 But Less Than 4	303	282	\$17,222,161	\$61,071	79	\$47,181,828	\$597,238
4 But Less Than 5	136	122	\$8,333,316	\$68,306	34	\$11,370,492	\$334,426
5 But Less Than 6	114	109	\$12,740,986	\$116,890	32	\$18,334,597	\$572,956
7 or Greater	53	53	\$7,919,826	\$149,431	18	\$10,480,579	\$582,254
TOTALS and AVERAGES:	2800	2410	\$94,225,610	\$39,098	666	\$274,979,308	\$412,882

**OHIO
2015 Closed Claims
By Size of Payment**

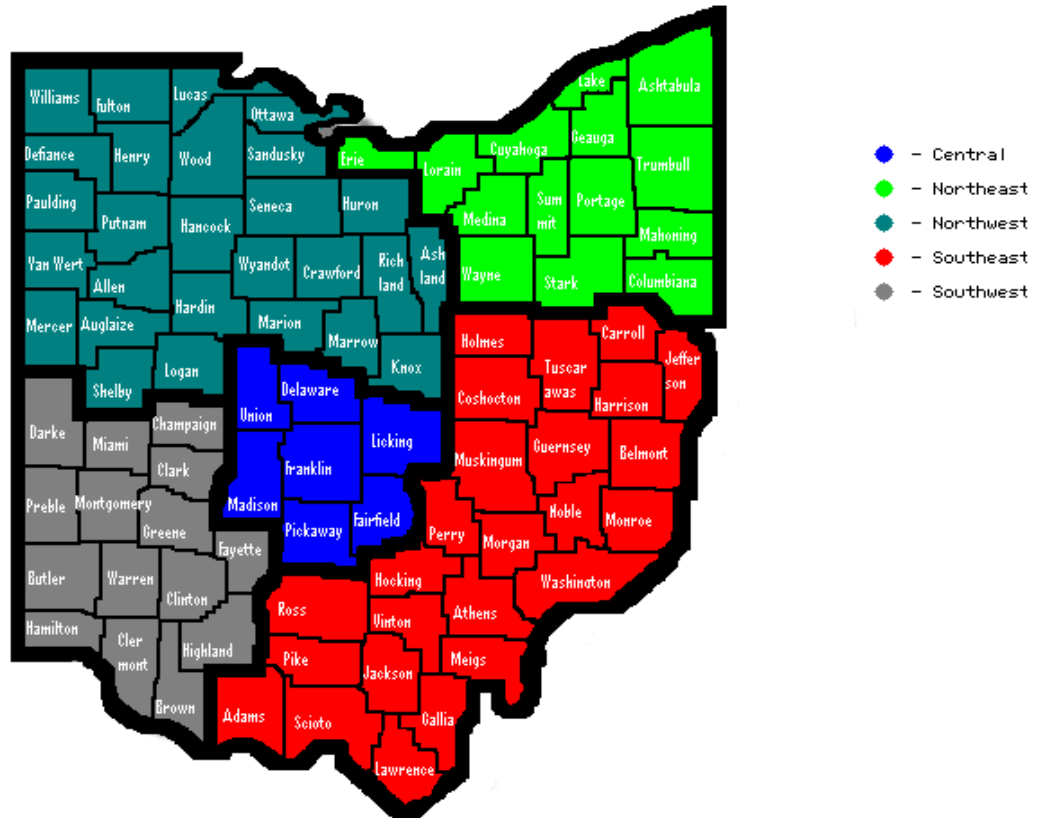


OHIO
2015 Closed Claims
ALAE and Indemnity Payments by Insurer Type

Appendix C, Exhibit 6

INSURING ENTITY TYPE	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Insurance Company - Authorized/Admitted	1425	1323	\$46,629,258	\$35,245	183	\$69,758,578	\$381,194
Insurance Company - Surplus Lines	193	173	\$5,544,904	\$32,051	78	\$21,272,360	\$272,723
Risk Retention Group	38	33	\$2,163,064	\$65,547	23	\$4,600,184	\$200,008
Self Insurers (Captives)	1144	881	\$39,888,384	\$45,276	382	\$179,348,186	\$469,498
TOTALS and AVERAGES:	2800	2410	\$94,225,610	\$39,098	666	\$274,979,308	\$412,882

Closed Claims 2015 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

2015 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	342	302	\$19,684,534	\$65,181	84	\$43,230,592	\$514,650
	Central - Remainder	58	53	\$1,196,372	\$22,573	7	\$3,448,880	\$492,697
Totals and Averages:		400	355	\$20,880,907	\$58,819	91	\$46,679,472	\$512,961
Northeast								
	Cuyahoga	648	481	\$19,137,695	\$39,787	185	\$109,079,738	\$589,620
	Summit	223	193	\$5,797,205	\$30,037	32	\$8,141,704	\$254,428
	Stark	156	150	\$2,865,193	\$19,101	24	\$6,112,680	\$254,695
	Mahoning	68	67	\$4,386,586	\$65,471	15	\$4,327,431	\$288,495
	Lorain	59	50	\$2,434,204	\$48,684	12	\$8,940,651	\$745,054
	Northeast - Remainder	205	182	\$5,770,126	\$31,704	46	\$18,104,363	\$393,573
Totals and Averages:		1359	1123	\$40,391,009	\$35,967	314	\$154,706,568	\$492,696

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE INDEMNITY	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Northwest								
	Lucas	127	116	\$4,281,141	\$36,906	35	\$12,398,323	\$354,238
	Northwest - Remainder	201	181	\$6,537,727	\$36,120	45	\$10,527,896	\$233,953
	Totals and Averages:	328	297	\$10,818,868	\$36,427	80	\$22,926,219	\$286,578
Southeast								
	Southeast	120	112	\$5,613,949	\$50,125	32	\$8,049,443	\$251,545
	Totals and Averages:	120	112	\$5,613,949	\$50,125	32	\$8,049,443	\$251,545
Southwest								
	Hamilton	246	215	\$5,423,293	\$25,225	55	\$17,556,519	\$319,209
	Montgomery	188	163	\$7,596,691	\$46,605	51	\$13,377,380	\$262,302
	Butler	67	60	\$1,112,732	\$18,546	11	\$2,387,331	\$217,030
	Southwest - Remainder	84	77	\$2,314,455	\$30,058	30	\$8,929,426	\$297,648
	Totals and Averages:	585	515	\$16,447,172	\$31,936	147	\$42,250,655	\$287,419
Unknown								
	Unknown	8	8	\$73,707	\$9,213	2	\$366,950	\$183,475
	Totals and Averages:	8	8	\$73,707	\$9,213	2	\$366,950	\$183,475
GRAND TOTALS and AVERAGES:		2800	2410	\$94,225,610	\$39,098	666	\$274,979,308	\$412,882

OHIO

2005 -2015 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		4584	21.44%	78.56%	\$315,386	\$28,116
	Franklin	3942	20.75%	79.25%	\$328,214	\$27,384
	Remainder	642	25.70%	74.30%	\$251,792	\$32,521
Northeast		18024	22.88%	77.12%	\$325,903	\$32,420
	Cuyahoga	9271	25.89%	74.11%	\$366,257	\$31,279
	Lorain	896	22.66%	77.34%	\$300,751	\$43,220
	Mahoning	1186	18.80%	81.20%	\$218,824	\$37,303
	Remainder	2617	21.44%	78.56%	\$294,402	\$34,264
	Stark	1293	18.10%	81.90%	\$192,472	\$30,592
	Summit	2761	18.18%	81.82%	\$288,114	\$29,175
Northwest		5061	21.87%	78.13%	\$261,402	\$32,831
	Lucas	2384	21.43%	78.57%	\$319,971	\$33,982
	Remainder	2677	22.26%	77.74%	\$211,186	\$31,772

Region	County	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Southeast		1962	24.06%	75.94%	\$224,153	\$32,908
	Southeast	1962	24.06%	75.94%	\$224,153	\$32,908
Southwest		6960	24.04%	75.96%	\$287,575	\$39,734
	Butler	605	20.00%	80.00%	\$178,341	\$23,637
	Hamilton	3029	22.38%	77.62%	\$321,512	\$36,600
	Montgomery	2069	25.95%	74.05%	\$291,333	\$49,585
	Remainder	1257	26.81%	73.19%	\$252,532	\$38,027
Unknown		167	25.75%	74.25%	\$183,275	\$43,415
	Unknown	167	25.75%	74.25%	\$183,275	\$43,415

OHIO
2015 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	133	122	\$5,764,664	\$47,251	20	\$6,945,833	\$347,292
Emergency Medicine	112	106	\$2,911,640	\$27,468	15	\$6,184,500	\$412,300
Surgery - Orthopedic	112	101	\$2,508,464	\$24,836	8	\$2,096,602	\$262,075
Obstetrics/Gynecology	106	96	\$6,578,986	\$68,531	25	\$16,560,386	\$662,415
Surgery - General	91	80	\$2,063,140	\$25,789	9	\$4,845,273	\$538,364
Family Physicians/General Practitioners	82	77	\$3,067,980	\$39,844	14	\$4,209,304	\$300,665
Radiology	77	67	\$2,458,165	\$36,689	6	\$4,487,500	\$747,917
Cardiovascular Disease	75	71	\$2,114,992	\$29,789	8	\$3,122,500	\$390,313
Anesthesiology	50	46	\$1,768,484	\$38,445	3	\$2,012,500	\$670,833
Other	346	293	\$10,159,449	\$34,674	41	\$23,675,005	\$577,439
TOTALS and AVERAGES:	1184	1059	\$39,395,963	\$37,201	149	\$74,139,403	\$497,580

OHIO

Appendix C, Exhibit 11

2005 - 2015 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	16,650	13.6%	86.4%	\$345,547	\$31,097
Internal Medicine	1,955	10.9%	89.1%	\$252,694	\$31,911
Emergency Medicine	1,448	13.7%	86.3%	\$292,850	\$28,184
Family Physicians\General Practitioners	1,441	19.2%	80.8%	\$293,270	\$34,977
Surgery - General	1,405	13.4%	86.6%	\$322,402	\$34,660
Surgery - Orthopedic	1,367	11.6%	88.4%	\$261,528	\$22,010
Obstetrics/Gynecology	1,320	22.8%	77.2%	\$460,253	\$58,710
Radiology	1,105	11.4%	88.6%	\$335,414	\$25,769
Anesthesiology	699	13.4%	86.6%	\$514,438	\$24,294
Cardiovascular Disease	615	10.6%	89.4%	\$456,495	\$29,672

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Neurology	521	9.6%	90.4%	\$547,654	\$35,697
Gastroenterology	368	8.7%	91.3%	\$450,023	\$22,823
Pediatrics	342	12.6%	87.4%	\$435,000	\$28,405
Surgery - Plastic	318	12.6%	87.4%	\$161,385	\$26,513
Pulmonary	291	8.9%	91.1%	\$293,351	\$24,843
Surgery - Cardiac	264	6.4%	93.6%	\$433,353	\$27,837
Urology	234	14.1%	85.9%	\$405,781	\$19,965
Ophthalmology	232	19.0%	81.0%	\$180,705	\$18,702
Surgery - Vascular	204	10.8%	89.2%	\$272,591	\$29,823
Surgery - Thoracic	199	9.0%	91.0%	\$333,385	\$27,656
Hospitalists	198	5.6%	94.4%	\$458,282	\$21,823
Otorhinolaryngology	197	22.8%	77.2%	\$329,792	\$32,464
Psychiatry	169	15.4%	84.6%	\$204,842	\$29,481

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Pathology	139	21.6%	78.4%	\$622,425	\$26,558
Surgery - Head	139	5.8%	94.2%	\$327,177	\$26,303
Gynecology	129	21.7%	78.3%	\$323,569	\$38,402
Nephrology	127	6.3%	93.7%	\$323,310	\$21,073
Hematology	111	12.6%	87.4%	\$415,952	\$32,728
Physical Medicine & Rehabilitation	98	9.2%	90.8%	\$732,778	\$26,336
Dermatology	95	17.9%	82.1%	\$58,626	\$15,512
Infectious Diseases	83	6.0%	94.0%	\$510,000	\$16,642
Pain Management	73	15.1%	84.9%	\$241,364	\$17,181
Surgery - Urological	73	15.1%	84.9%	\$203,727	\$17,298
Surgery - Colon & Rectal	64	7.8%	92.2%	\$468,000	\$35,504
Oncology	58	13.8%	86.2%	\$615,375	\$26,230
Unknown	57	21.1%	78.9%	\$106,917	\$23,709

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Endocrinology	53	11.3%	88.7%	\$253,611	\$22,390
Other	49	16.3%	83.7%	\$174,677	\$17,163
Rheumatology	45	17.8%	82.2%	\$551,250	\$26,227
Intensive Care Medicine	39	5.1%	94.9%	\$387,500	\$15,578
Physicians NOC	39	10.3%	89.7%	\$485,208	\$22,448
Neonatal/Perinatal Medicine	38	26.3%	73.7%	\$651,667	\$73,579
Physicians Assistants	38	15.8%	84.2%	\$186,958	\$12,722
Surgery - Traumatic	37	13.5%	86.5%	\$455,000	\$23,138
Geriatrics	36	8.3%	91.7%	\$42,333	\$18,782
Surgery - Hand	27	7.4%	92.6%	\$87,500	\$12,020
General Preventive Medicine	25	8.0%	92.0%	\$200,000	\$29,972
Surgery - Pediatric	20	15.0%	85.0%	\$866,667	\$12,469
Family Physicians\General Practitioners with Delivery	18	22.2%	77.8%	\$228,750	\$44,759

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Surgery - Abdominal	18	22.2%	77.8%	\$140,625	\$16,880
Radiology Therapeutic	18	22.2%	77.8%	\$366,250	\$19,761
Allergy/Immunology	11	9.1%	90.9%	\$5,000	\$12,877

OHIO

2015 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	1184	1059	\$39,395,963	\$37,201	149	\$74,139,403	\$497,580
Hospitals	743	586	\$35,013,099	\$59,749	324	\$157,593,477	\$486,400
Corporation	484	451	\$9,932,239	\$22,023	55	\$15,354,966	\$279,181
Other Medical Professionals	191	137	\$2,871,518	\$20,960	46	\$10,049,496	\$218,467
Nursing Home/Assisted Living	115	102	\$4,219,631	\$41,369	67	\$10,733,966	\$160,208
Clinic	49	46	\$1,681,753	\$36,560	8	\$3,572,000	\$446,500
Other Facilities	28	26	\$1,052,116	\$40,466	12	\$3,433,500	\$286,125
Pharmacy	6	3	\$59,292	\$19,764	5	\$102,500	\$20,500
TOTALS and AVERAGES:	2800	2410	\$94,225,610	\$39,098	666	\$274,979,308	\$412,882

OHIO

Appendix C, Exhibit 13

2015 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.)	764	680	\$19,922,350	\$29,298	140	\$56,246,264	\$401,759
Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.)	671	608	\$24,910,881	\$40,972	127	\$64,477,650	\$507,698
Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)	558	469	\$12,484,646	\$26,620	102	\$33,773,203	\$331,110
Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)	174	153	\$18,733,375	\$122,440	54	\$60,904,150	\$1,127,855

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)/Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)	147	118	\$4,686,045	\$39,712	47	\$15,375,653	\$327,142
Safety & Security-Related (Falls, Failure To Ensure Safety, Failure to Protect From Assault)	144	103	\$2,681,248	\$26,032	85	\$12,890,238	\$151,650
Other (No Listed Category Applies)	115	96	\$2,389,170	\$24,887	27	\$2,954,260	\$109,417
Patient Monitoring-Related (Failure to Monitor, etc.)	97	80	\$5,595,559	\$69,944	41	\$18,291,645	\$446,138
Anesthesia-Related (Improper Choice, Improper Administration, etc.)	49	41	\$1,276,956	\$31,145	12	\$3,269,371	\$272,448

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.)	39	28	\$411,677	\$14,703	14	\$1,510,821	\$107,916
Breach of Confidentiality/Communication-Related (Failure To Instruct, Failure to Obtain Consent, etc.)	24	20	\$579,034	\$28,952	9	\$2,149,706	\$238,856
Policies & Procedures-Related (Failure To Follow, Negligent Credentialing, etc.)/Supervision-Related (Supervision of Residents, Nurses, etc.)	18	14	\$554,671	\$39,619	8	\$3,136,348	\$392,043
TOTALS and AVERAGES:	2800	2410	\$94,225,610	\$39,098	666	\$274,979,308	\$412,882

OHIO
2005 - 2015 Closed Claims
ALAE and Indemnity Payments by Injury Type

Appendix C, Exhibit 14

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	36758	22.9%	77.1%	\$302,094	\$33,406
Anesthesia Related	705	22.1%	77.9%	\$516,402	\$33,264
Blood Related	1843	32.6%	67.4%	\$299,191	\$37,487
Breach of Confidentiality\Communication	472	30.9%	69.1%	\$155,090	\$33,038
Diagnosis-Related	9179	17.6%	82.4%	\$370,505	\$37,047
Equipment Related	493	44.0%	56.0%	\$111,370	\$18,246
Medical Treatment \Non-Obstetrical	9946	18.7%	81.3%	\$233,999	\$26,228
Obstetrics Related	1630	31.3%	68.7%	\$949,297	\$98,354
Other	1815	21.2%	78.8%	\$123,588	\$17,925
Patient Monitoring Related	1244	39.1%	60.9%	\$350,594	\$39,469
Policies & Procedures Related	261	41.0%	59.0%	\$150,143	\$34,172
Safety & Security Related	1721	56.5%	43.5%	\$97,706	\$23,009
Surgery Related	7409	18.1%	81.9%	\$284,669	\$27,572

OHIO
2015 Closed Claims
ALAE and Indemnity Payments by Birth Injury

Appendix C, Exhibit 15

BIRTH INJURY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
No	2619	2247	\$75,104,990	\$33,425	613	\$219,723,575	\$358,440
Yes	181	163	\$19,120,621	\$117,304	53	\$55,255,733	\$1,042,561
TOTALS and AVERAGES:	2800	2410	\$94,225,610	\$39,098	666	\$274,979,308	\$412,882

OHIO
2015 Closed Claims
ALAE and Indemnity Payments by Severity

Appendix C, Exhibit 16

SEVERITY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE AMT	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Death	942	853	\$33,433,161	\$39,195	211	\$98,388,338	\$466,295
Emotional	85	72	\$824,059	\$11,445	17	\$797,076	\$46,887
Permanent Grave	45	40	\$3,968,765	\$99,219	15	\$24,657,500	\$1,643,833
Permanent Major	289	258	\$20,714,178	\$80,288	89	\$91,995,441	\$1,033,657
Permanent Minor	240	190	\$5,459,442	\$28,734	57	\$9,506,947	\$166,789
Permanent Significant	244	232	\$14,691,629	\$63,326	49	\$27,624,660	\$563,769
Temporary Low Significance	89	54	\$562,361	\$10,414	33	\$877,564	\$26,593
Temporary Major	400	350	\$9,034,172	\$25,812	81	\$13,803,660	\$170,416
Temporary Minor	466	361	\$5,537,844	\$15,340	114	\$7,328,122	\$64,282
TOTALS and AVERAGES:	2800	2410	\$94,225,610	\$39,098	666	\$274,979,308	\$412,882

OHIO
2015 Closed Claims
ALAE and Indemnity Payments by Age

Appendix C, Exhibit 17

AGE RANGE	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Adult (Ages 18-64)	1817	1576	\$56,126,098	\$35,613	378	\$161,699,525	\$427,777
Senior (Age 65+)	728	620	\$18,561,286	\$29,938	197	\$41,107,653	\$208,668
Infant (Less than 1 year old)	149	128	\$15,077,775	\$117,795	51	\$49,791,652	\$976,307
Minor (Ages 1 to 17)	91	71	\$3,669,479	\$51,683	36	\$22,135,479	\$614,874
Unknown	15	15	\$790,972	\$52,731	4	\$245,000	\$61,250
TOTALS and AVERAGES:	2800	2410	\$94,225,610	\$39,098	666	\$274,979,308	\$412,882

OHIO
2005 - 2015 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	24,765	19.8%	80.2%	\$281,920	\$29,938
Senior 65 +	8,352	28.0%	72.0%	\$159,593	\$27,135
Infant	1,838	33.4%	66.6%	\$903,724	\$99,413
Minor 1 - 17	1,651	29.7%	70.3%	\$411,831	\$39,338

OHIO
2015 Closed Claims
ALAE and Indemnity Payments by Gender

Appendix C, Exhibit 19

GENDER	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Female	1544	1298	\$45,467,256	\$35,029	389	\$146,477,611	\$376,549
Male	1256	1112	\$48,758,354	\$43,847	277	\$128,501,697	\$463,905
TOTALS and AVERAGES:	2800	2410	\$94,225,610	\$39,098	666	\$274,979,308	\$412,882

OHIO
2015 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)	694	587	\$18,310,818	\$31,194	134	\$43,078,316	\$321,480
Medical Professional's Office	470	412	\$13,321,759	\$32,334	93	\$32,034,546	\$344,457
Emergency Room/Emergency Department	399	365	\$11,576,530	\$31,717	87	\$37,152,448	\$427,040
Patient's Room, Including Patient Bathroom for Inpatient Areas Not Otherwise Specified	372	324	\$12,651,965	\$39,049	89	\$34,400,252	\$386,520

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)	191	166	\$17,767,318	\$107,032	62	\$60,187,550	\$970,767
Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care)	136	119	\$5,939,364	\$49,911	64	\$10,245,877	\$160,092
Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine)	129	108	\$3,365,790	\$31,165	22	\$16,036,206	\$728,918
Other (No Listed Location Applies)	90	81	\$1,323,400	\$16,338	19	\$3,554,664	\$187,088
Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)	85	73	\$1,314,548	\$18,008	14	\$2,374,327	\$169,595
Critical Care Unit (ICU/CCU/NICU)	59	45	\$2,378,397	\$52,853	19	\$20,571,000	\$1,082,684

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Outpatient/Ambulatory Care Areas or Facilities	58	46	\$836,245	\$18,179	8	\$2,082,183	\$260,273
Patient's Home	47	36	\$2,158,420	\$59,956	17	\$7,086,778	\$416,869
Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)	19	13	\$1,245,821	\$95,832	11	\$2,473,246	\$224,841
Facility Support Areas (Including Administrative Areas, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)	13	6	\$118,078	\$19,680	11	\$574,637	\$52,240
Mental Health (Includes Psychiatric and Drug & Alcohol Addiction)	11	7	\$26,024	\$3,718	4	\$1,250,000	\$312,500
Recovery Room (Post-Anesthesia Care Unit)	10	9	\$492,415	\$54,713	4	\$579,929	\$144,982

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Physical Therapy Dept.	7	6	\$81,075	\$13,512	3	\$71,000	\$23,667
Nursery/Pediatric Ward	6	5	\$1,235,281	\$247,056	3	\$1,225,719	\$408,573
Hospice Area or Facility	4	2	\$82,363	\$41,181	2	\$631	\$315
TOTALS and AVERAGES:	2800	2410	\$94,225,610	\$39,098	666	\$274,979,308	\$412,882

OHIO
2005 - 2015 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	9,039	18.9%	81.1%	\$302,875	\$28,437
Medical Professional Office	6,917	20.0%	80.0%	\$234,685	\$26,650
Emergency Department	4,857	19.2%	80.8%	\$250,858	\$29,069
Patient's Room	4,825	26.7%	73.3%	\$244,247	\$33,571
Obstetrics Department	1,766	31.9%	68.1%	\$940,372	\$100,626
Other	1,690	20.9%	79.1%	\$192,921	\$22,830
Radiology	1,654	20.2%	79.8%	\$263,020	\$37,306
Nursing Home	1,444	37.9%	62.1%	\$125,077	\$26,796
Outpatient\Ambulatory Care	976	26.6%	73.4%	\$252,240	\$22,456
Special Procedure Room	934	21.1%	78.9%	\$296,938	\$31,855

Location	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Critical Care Unit	848	21.2%	78.8%	\$626,000	\$38,274
Patient's Home	564	30.9%	69.1%	\$241,972	\$42,302
Ancillary Services	303	38.0%	62.0%	\$215,229	\$34,082
Nursery/Pediatric Ward	209	41.1%	58.9%	\$587,021	\$79,956
Recovery Room	168	34.5%	65.5%	\$317,443	\$69,510
Facility Support Areas	164	57.3%	42.7%	\$53,409	\$25,360
Mental Health	157	25.5%	74.5%	\$194,376	\$29,572
Physical Therapy Dept	148	38.5%	61.5%	\$99,981	\$18,371
Hospice	95	30.5%	69.5%	\$75,213	\$21,863