

Ohio 2019 Medical Professional Liability Closed Claim Report

Ohio Medical Professional Liability Closed Claim Report - 2019

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 fifteenth annual report to the General Assembly summarizing the Ohio medical professional liability closed claim data received by the Department for calendar year 2019. This report also includes comparisons of calendar year 2019 data with the data from the prior fourteen calendar years. Copies of 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 2019 Closed Claims

- **Total Claims:** For 2019, a total of 2,467 claims were reported by 93 entities. Authorized insurers¹ reported the most claims, 1,120. Self-insured entities also reported 1,120 claims; surplus lines insurers² reported 186 claims; and risk retention groups³ reported 41 claims. (Exhibit 6)

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. Almost 74% of the claims, or 1,816, had no indemnity payments, while nearly 26.4% of the claims or 651, closed with an indemnity payment. The total amount paid to claimants was \$266,078,980, an average of \$408,723 per claim in which an indemnity payment was made. (Exhibit 6)
- **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 2,116. These expenses totaled \$101,253,078, an average of \$47,851 per claim. (Exhibit 6)
- **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, 158 closed within one year of being reported and had an average paid indemnity of \$219,202. That figure rose to \$426,662 for 192 claims closing in their second year. Eight claims closed at more than six years but less than seven years after being reported with an average indemnity payment of \$1,401,354. (Exhibit 4)
- **ALAE and Age of Claim:** Allocated loss adjustment expense generally increased with the age of the claim. Starting with an average of \$25,460 for claims that closed after one year but before the second. This increased to \$49,096 for claims that closed in the third year. For claims closing six years but less than seven years after being reported the average ALAE was \$132,506. (Exhibit 4)
- **Regional Comparisons:** Over fifty percent of the claims, or 1,248, came from Northeast Ohio. Of these, 25% or 314 resulted in indemnity payments totaling \$136,740,685. Over fifty-one percent of the total dollar amount paid to claimants statewide in 2019 arose from Northeast Ohio claims. When the county was identified, Central Ohio had the highest average paid indemnity of \$482,141. The breakdown of average paid indemnity for the remainder of Ohio, in descending order, is: Northeast-\$435,480; Northwest-\$358,308; Southwest-\$343,584; and Southeast-\$264,096. (Exhibit 8)
- **Specialty Comparisons:** When claims were broken down by medical specialty, Internal Medicine had the most claims at 145 with twelve resulting in paid indemnity averaging \$399,591. For those specialties that are broken out, Anesthesiology had the highest average paid indemnity of \$766,875 for eight claims with payments, out of 47 reported claims. (Exhibit 10)

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- **Treatment Comparisons:** Medical Treatment, Non-Obstetrical, such as failure to treat, improper treatment, or delay in treatment, produced the highest number of claims of 656 with 140 resulting in paid indemnity. Obstetrics-related claims totaled 103. Of these, 35 resulted in indemnity payments averaging \$835,366, the highest average payment for any type of injury. (Exhibit 13)

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 2,467 claims that were closed in 2019, more than 73% closed with no indemnity payment. Included in this figure are five categories:
 - 62.63% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice;
 - 2.55% ended through a settlement;
 - 5.19% were dismissed by summary judgment or a directed verdict;
 - 2.84% ended with a verdict for the defendant;
 - 0.41% ended with alternative dispute resolution.
- Approximately 26% of the claims closed with an indemnity payment. Four categories of claims are included here:
 - 23.15% reached a settlement;
 - 2.59% used alternative dispute resolution;
 - 0.32% had a verdict for the plaintiff;
 - 0.32%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 \$19,994. The claims that were disposed of by a verdict, without an indemnity payment, had the highest average ALAE of \$154,158.

Exhibit 3 provides a comparison of the fifteen years of data collected. The percentage of claims that resulted in an indemnity payment has remained at approximately 20-26%.

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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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 27.6% of the total and had the lowest average indemnity of \$219,202, and ALAE of \$34,258. Costs tended to grow significantly as the claims aged. The category of greater than 6 and less than 7 years had the largest average indemnity payments of \$1,401,354. This same category also had the largest average ALAE of \$132,506.

Claims by Size (Appendix C, Exhibit 5)

Of the 2,467 claims reported closed in 2019, approximately 26.3% or 651, generated an indemnity payment. Of these 651 claims, 56 claims or 8.6% generated an indemnity payment greater than \$1 million. These 56 claims generated indemnity payments of \$135 million or 50.8% of the total indemnity payments for all claims. Another 97 claims, or 14.9%, generated an indemnity payment below \$1 million but at least \$500,000. These 97 claims generated indemnity payments of \$65.4 million or 24.6% of the total indemnity payments for all claims. In 2019, 75.4% of the total paid indemnity was generated by 23.5% of the claims that closed with an indemnity payment.

In comparison, for 2018, 70.4% of the total paid indemnity was generated by 16.4% of the claims that closed with an indemnity payment.

Claims by Insurer Type (Appendix C, Exhibit 6)

A total of 93 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 2,467 closed claims that were reported, 45.4% of the claims were reported by admitted insurance companies and 45.4% 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 2019 closed claims.

Nearly 51% of the closed claims reported for 2019 were from the Northeast region. However, the claims from the Central region had the largest average indemnity

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payment as well as the largest average ALAE. Exhibit 9 displays the regional data for all fifteen 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 15% of the claims resulted in an indemnity payment. Internal Medicine had the most closed claims in 2019.

Of the physician specialties shown, Anesthesiology had the highest average paid indemnity of \$766,875. Exhibit 11 displays the physician & surgeons' data for all fifteen years combined for all specialties.

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

Exhibit 12 displays the 2019 closed claims experience for all the provider types. Thirty-eight percent of the 2,467 closed claims were reported for Physicians/Surgeons. The largest average paid indemnity was \$563,937 for claims reported for Hospitals. The largest average ALAE of \$88,546 was for claims reported for Hospitals. While 15% of the claims reported for a Physician/Surgeon resulted in an indemnity payment, 43% of the claims reported for a Hospital resulted in an indemnity payment.

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

The reporting entities identified the primary complaint or injury that led to the medical professional liability claim. Of the 2,467 claims reported as closed in 2019, approximately 70% of the claims were split between three categories, Diagnosis-Related, Medical Treatment-Non-Obstetrical, and Surgery-Related. Diagnosis-Related includes failure to diagnose, misdiagnosis, and delay in diagnosis. Medical Treatment Non-Obstetrical includes failure to treat, delay in treatment, and improper treatment. Surgery-Related includes delay in surgery and improper performance of surgery. Obstetrics-Related claims had the highest average paid indemnity of \$ 835,366. Obstetrics-Related claims include improper delivery method, improper management of pregnancy, and delay in delivery. Blood-Related claims had the highest average ALAE of \$168,843. This data includes all medical provider types, including hospitals. Exhibit 14 displays the data for all fifteen 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 2,467 closed claims reported, 98 or 4.0% were identified as birth injury claims. Of these 98 birth injury claims, nearly 33% resulted in an indemnity payment. The

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average indemnity payment of a birth injury claim was \$919,457, over twice the overall average indemnity payment of \$408,723.

Of the 47,299 closed claims reported for calendar years 2005 through 2019, 2,062 or nearly 4.4% were identified as birth injury claims. Of these 2,062 birth injury claims, nearly 33% resulted in an indemnity payment. The average indemnity payment of the combined data for a birth injury claim was \$1,031,173, which is more than three times the overall average indemnity payment of \$314,816.

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Severity of Injury (Appendix C, Exhibit 16)

Of the 2,467 claims reported as closed in 2019, 949 or 38.5% of the claims were due to death, with an average paid indemnity of \$527,607. For 2019, claims with injuries identified as “permanent major” had the highest average paid indemnity of \$1,303,031, an amount three times the overall average indemnity payment. “Permanent major” injuries include paraplegia, blindness or loss of two limbs.

Those claims which identified the injury as “permanent grave” have historically had the highest average paid indemnity. However, for 2019, the average indemnity payment for injuries identified as “permanent grave” was \$941,744. “Permanent grave” injuries include quadriplegia and severe brain damage, requiring lifelong dependent care.

Of the 47,299 claims reported as closed for calendar years 2005 through 2019, 15,952 or 33.7% were due to death. For closed claims resulting in death, 20.6% closed with an indemnity payment, which averaged \$392,221. Closed claims for injuries identified as “permanent grave” totaled 894 for the fifteen years. For the closed claims that identified the injury as “permanent grave”, 31.5% closed with an indemnity payment, which averaged \$1,217,356.

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

Of the 2,467 claims reported as closed, 62% of the claims identified the injured party as an adult, ages 18 to 64. Adults ages 65 or older represented 30.8% of the claims. Infants and minors together represented 6.6% the claims. The average indemnity payment for infants was the highest for the various age groupings at \$969,056. Exhibit 18 displays the data for all fifteen years combined for these groupings.

Gender of Injured Person (Appendix C, Exhibit 19)

Of the 2,467 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 \$319,105. When the injured party was a male, the average indemnity payment was \$533,596.

Of the 47,299 claims reported as closed for calendar years 2005 through 2019, 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 \$278,606. When the injured party was a male, the average indemnity payment was \$364,832. For females, 24.2% of the claims resulted in an indemnity payment, while for males, 22.5% resulted in indemnity payment.

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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 2019 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 39% of the reported claims. The largest average indemnity payment was due to incidents that occurred in the Obstetrics Department (Labor & Delivery, Recovery & Post-Partum). The largest average ALAE amounts were due to incidents that occurred in the Obstetrics Department. Exhibit 21 displays the data for all fifteen 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
2016	2,645	34	\$1,050,000	\$575,000	\$132,135
2017	2,428	25	\$2,321,616	\$517,500	\$396,023
2018	3,001	16	\$2,670,061	\$475,000	\$147,814
2019	2,467	20	\$412,500	\$350,000	\$135,800
TOTAL	47,299	8,321	\$417,381	---	\$47,202

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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
2016	2,645	2,611	\$271,260	\$75,000	\$38,933	0
2017	2,428	2,403	\$415,621	\$96,500	\$41,793	1
2018	3,001	2,985	\$286,360	\$85,000	\$33,091	1
2019	2,467	2,447	\$408,676	\$150,000	\$47,012	1
TOTAL	47,299	38,978	\$295,915	---	\$32,283	30

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VIII. Conclusion

This fifteenth 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 fifteen years of data the following conclusions can be drawn:

- Most of the claims closed without a payment to the plaintiff. For all fifteen 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.

Five Year Review (FYR) Dates: 8/29/2019 and 08/29/2024

Promulgated Under: [119.03](#)

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

Rule Amplifies: [3929.302](#)

Prior Effective Dates: 01/02/2005, 11/10/2014

Prior History: (Effective: 11/10/2014

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

Promulgated Under: 119.03

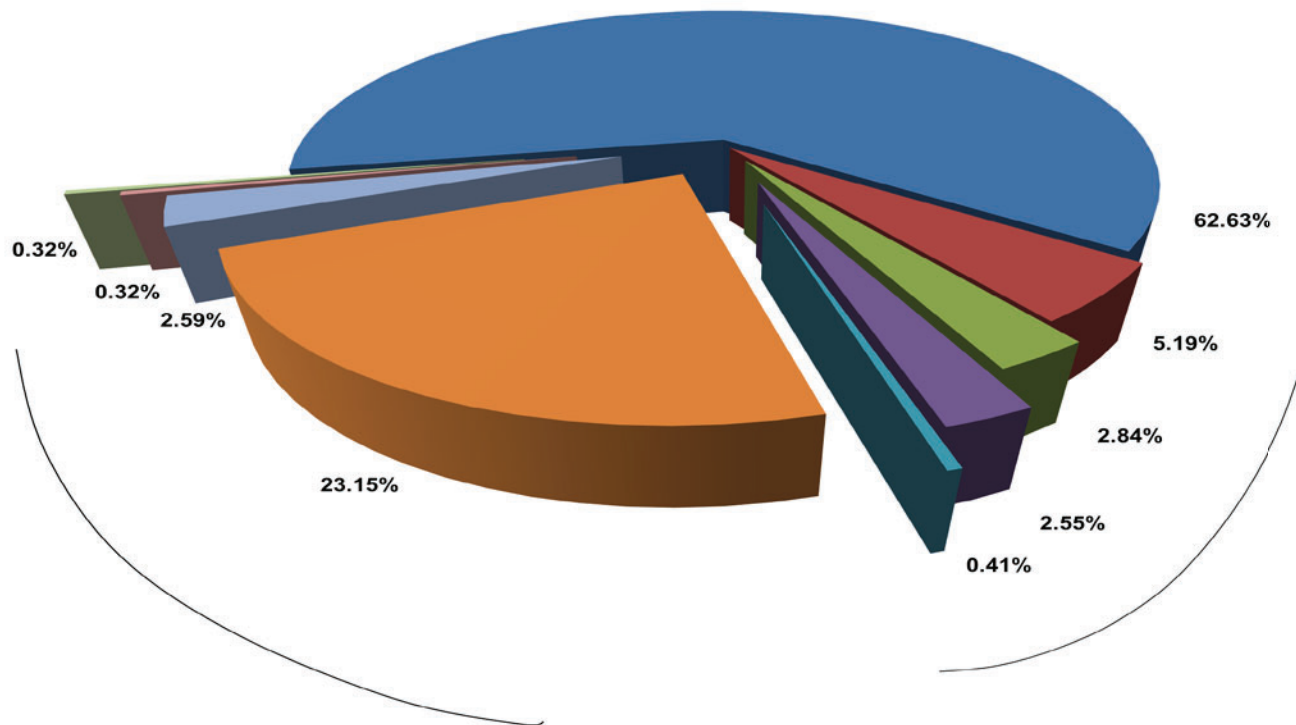
Statutory Authority: 3901.041, 3929.302

Rule Amplifies: 3929.302

Prior Effective Dates: 1/2/2005)

OHIO Closed Claims in 2019 Outcome of Malpractice Claims

2467 Closed Claims



26.38% - Claims With Indemnity Payment

73.62% - Claims Without Indemnity Payment

Appendix C, Exhibit 1

- 62.63% Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- 5.19% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 2.84% Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity
- 2.55% Disposed of by Settlement Agreement -- Without Indemnity
- 0.41% Disposed of by Alternative Dispute Resolution -- Without Indemnity
- 23.15% Disposed of by Settlement Agreement -- With Indemnity
- 2.59% Disposed of by Alternative Dispute Resolution -- With Indemnity
- 0.32% Disposed of by Trial Verdict/Jury Verdict -- With Indemnity
- 0.32% Dismissed by Court - Summary Judgment/Directed Verdict -- With Indemnity

OHIO
2019 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	1545	62.6%	1348	\$26,951,405	\$19,994	0	\$0	\$0
Dismissed by Court -Summary Judgment/Directed Verdict -- Without Indemnity	128	5.2%	120	\$5,006,363	\$41,720	0	\$0	\$0
Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity	70	2.8%	67	\$10,328,619	\$154,158	0	\$0	\$0
Disposed of by Settlement Agreement -- Without Indemnity	63	2.6%	56	\$1,271,492	\$22,705	0	\$0	\$0
Disposed of by Alternative Dispute Resolution -- Without Indemnity	10	0.4%	10	\$299,335	\$29,934	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	571	23.1%	440	\$49,923,070	\$113,462	571	\$203,101,119	\$355,694
Disposed of by Alternative Dispute Resolution -- With Indemnity	64	2.6%	59	\$5,469,641	\$92,706	64	\$58,207,907	\$909,499
Disposed of by Trial Verdict/Jury Verdict -- With Indemnity	8	0.3%	8	\$1,158,447	\$144,806	8	\$2,263,879	\$282,985
Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity	8	0.3%	8	\$844,708	\$105,588	8	\$2,506,076	\$313,260
TOTALS and AVERAGES:	2467	100.0%	2116	\$101,253,078	\$47,851	651	\$266,078,980	\$408,723

OHIO

Appendix C, Exhibit 3

Closed Claims for 2005 - 2019 ALAE and Indemnity Payments

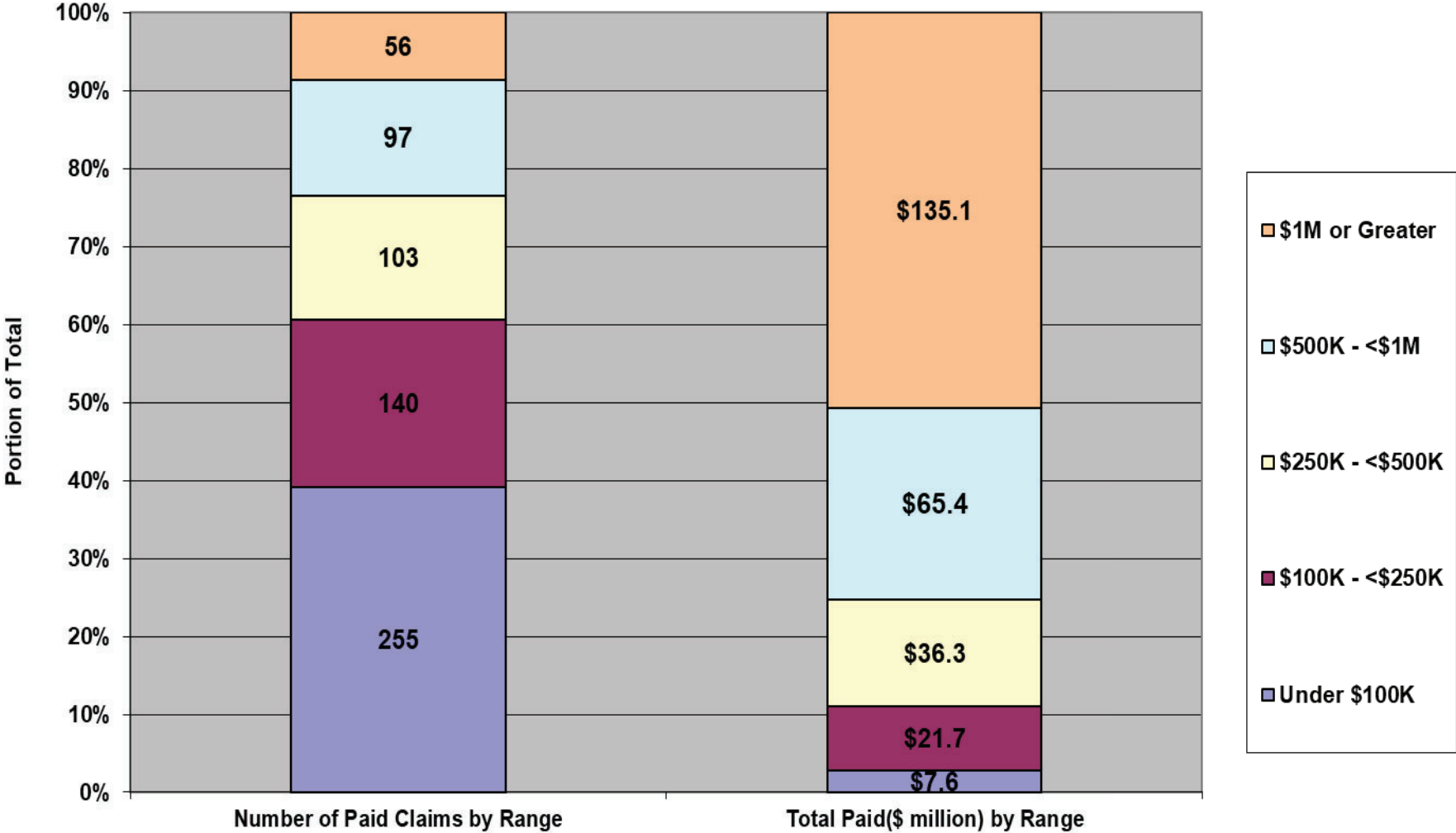
CLOSED CLAIM YEAR	NUMBER OF CLAIMS	PERCENTAGE OF CLAIMS WITH INDEMNITY	PERCENTAGE OF CLAIMS WITHOUT INDEMNITY	TOTAL INDEMNITY AMOUNT	AVERAGE INDEMNITY AMOUNT	TOTAL ALAE AMOUNT	AVERAGE ALAE AMOUNT
2005	5,051	20.7%	79.3%	\$281,764,938	\$269,374	\$113,194,565	\$24,443
2006	4,004	19.8%	80.2%	\$228,735,572	\$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
2016	2,645	24.7%	75.3%	\$181,805,013	\$278,415	\$91,234,810	\$40,334
2017	2,428	26.5%	73.5%	\$279,095,903	\$433,379	\$92,297,256	\$46,034
2018	3,001	24.8%	75.2%	\$227,067,976	\$305,610	\$84,069,715	\$33,735
2019	2,467	26.4%	73.6%	\$266,078,980	\$408,723	\$101,253,078	\$47,851

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
TOTALS and AVERAGES:	47,299	23.5%	76.5%	\$3,491,936,750	\$314,816	\$1,404,602,733	\$35,221

OHIO
2019 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	681	527	\$18,053,756	\$34,258	158	\$34,633,940	\$219,202
1 But Less Than 2	800	686	\$17,465,753	\$25,460	192	\$81,919,164	\$426,662
2 But Less Than 3	491	429	\$21,061,977	\$49,096	136	\$77,223,848	\$567,822
3 But Less Than 4	255	248	\$21,422,554	\$86,381	80	\$28,064,993	\$350,812
4 But Less Than 5	120	114	\$10,800,792	\$94,744	42	\$21,400,945	\$509,546
5 But Less Than 6	58	53	\$4,919,203	\$92,815	19	\$8,174,027	\$430,212
6 But Less Than 7	19	18	\$2,385,102	\$132,506	8	\$11,210,833	\$1,401,354
7 or More	43	41	\$5,143,941	\$125,462	16	\$3,451,231	\$215,702
TOTALS and AVERAGES:	2467	2116	\$101,253,078	\$47,851	651	\$266,078,980	\$408,723

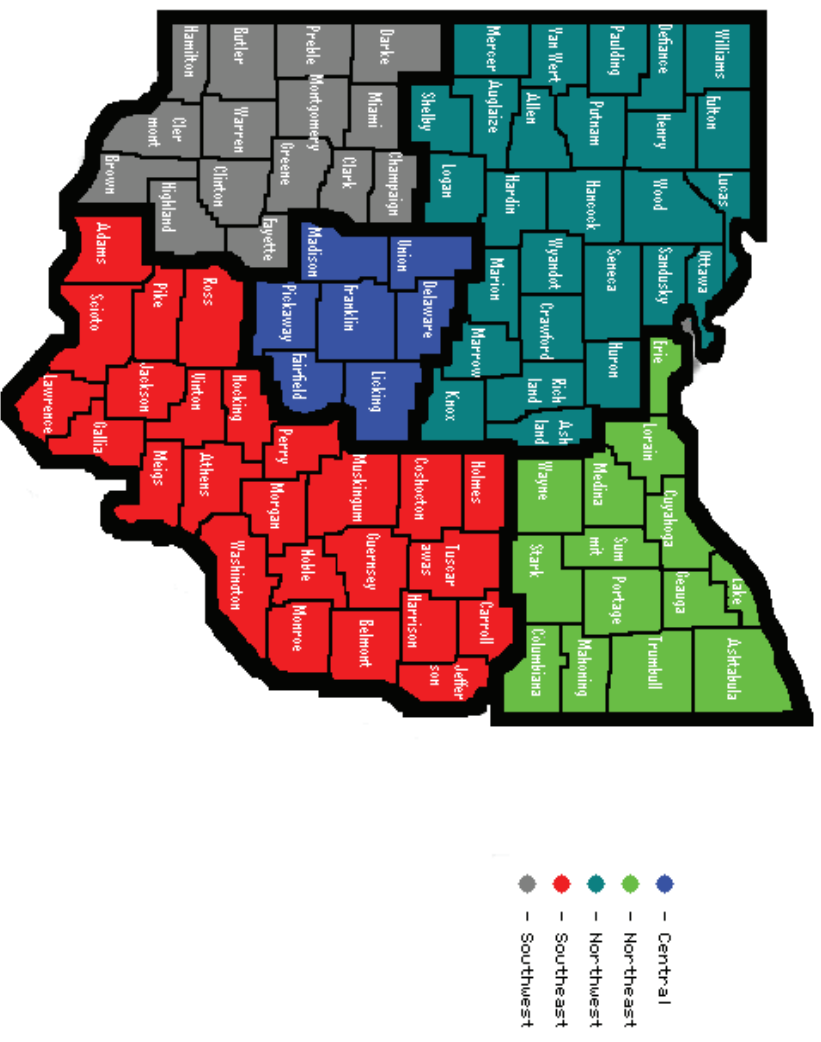
**OHIO
2019 Closed Claims
By Size of Payment**



OHIO
2019 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	1120	1072	\$39,310,626	\$36,670	174	\$71,108,690	\$408,671
Insurance Company - Surplus Lines	186	146	\$4,362,484	\$29,880	87	\$19,645,203	\$225,807
Risk Retention Group	41	40	\$2,246,337	\$56,158	20	\$4,237,093	\$211,855
Self Insurers (Captives)	1120	858	\$55,333,630	\$64,491	370	\$171,087,994	\$462,400
TOTALS and AVERAGES:	2467	2116	\$101,253,078	\$47,851	651	\$266,078,980	\$408,723

Closed Claims 2019 Regions



The counties displayed on the map include the following:

Central:

Delaware, Fairfield, Franklin, Licking, Madison, Pickaway, Union

Northeast:

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

Northwest:

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

Southeast:

Adams, Athens, Belmont, Carroll, Coshocot, 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

2019 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	294	269	\$27,849,493	\$103,530	89	\$43,936,316	\$493,666
	Central - Remainder	54	45	\$3,621,163	\$80,470	11	\$4,277,760	\$388,887
Totals and Averages:		348	314	\$31,470,656	\$100,225	100	\$48,214,076	\$482,141
Northeast								
	Cuyahoga	620	484	\$18,444,070	\$38,108	170	\$87,222,537	\$513,074
	Summit	153	125	\$6,227,574	\$49,821	39	\$12,425,098	\$318,592
	Stark	96	85	\$2,997,883	\$35,269	18	\$14,316,193	\$795,344
	Mahoning	60	57	\$2,859,885	\$50,173	14	\$5,505,000	\$393,214
	Lorain	78	70	\$1,528,106	\$21,830	20	\$6,845,570	\$342,279
	Northeast - Remainder	241	217	\$7,519,585	\$34,652	53	\$10,426,287	\$196,722
Totals and Averages:		1248	1038	\$39,577,103	\$38,128	314	\$136,740,685	\$435,480

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Northwest								
	Lucas	115	105	\$2,615,142	\$24,906	22	\$5,058,067	\$229,912
	Northwest - Remainder	179	162	\$6,841,402	\$42,231	46	\$19,306,873	\$419,715
	Totals and Averages:	294	267	\$9,456,544	\$35,418	68	\$24,364,939	\$358,308
Southeast								
	Southeast	122	117	\$6,373,062	\$54,471	42	\$11,092,042	\$264,096
	Totals and Averages:	122	117	\$6,373,062	\$54,471	42	\$11,092,042	\$264,096
Southwest								
	Hamilton	169	138	\$5,620,245	\$40,726	56	\$21,084,155	\$376,503
	Montgomery	135	110	\$4,017,316	\$36,521	23	\$7,181,788	\$312,252
	Butler	39	34	\$1,149,981	\$33,823	11	\$4,444,634	\$404,058
	Southwest - Remainder	100	88	\$3,203,754	\$36,406	32	\$9,206,662	\$287,708
	Totals and Averages:	443	370	\$13,991,295	\$37,814	122	\$41,917,238	\$343,584
Unknown								
	Unknown	12	10	\$384,419	\$38,442	5	\$3,750,000	\$750,000
	Totals and Averages:	12	10	\$384,419	\$38,442	5	\$3,750,000	\$750,000
GRAND TOTALS and AVERAGES:		2467	2116	\$101,253,078	\$47,851	651	\$266,078,980	\$408,723

OHIO

Appendix C, Exhibit 9

2005 - 2019 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		5932	22.86%	77.14%	\$333,556	\$39,242
	Central - Remainder	838	25.18%	74.82%	\$263,710	\$53,044
	Franklin	5094	22.48%	77.52%	\$346,427	\$36,929
Northeast		22853	23.39%	76.61%	\$343,305	\$33,742
	Cuyahoga	11412	26.70%	73.30%	\$390,815	\$33,317
	Lorain	1133	23.57%	76.43%	\$301,568	\$40,386
	Mahoning	1428	20.52%	79.48%	\$243,526	\$39,900
	Northeast - Remainder	3448	22.33%	77.67%	\$301,413	\$37,087
	Stark	1832	18.34%	81.66%	\$236,198	\$29,208
	Summit	3600	17.56%	82.44%	\$286,119	\$29,391

Region	County	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Northwest		6868	21.55%	78.45%	\$259,157	\$30,931
	Lucas	3517	19.56%	80.44%	\$280,032	\$28,031
	Northwest - Remainder	3351	23.63%	76.37%	\$241,023	\$34,049
Southeast		2411	25.88%	74.12%	\$221,174	\$35,224
	Southeast	2411	25.88%	74.12%	\$221,174	\$35,224
Southwest		9039	24.68%	75.32%	\$290,749	\$39,542
	Butler	828	22.58%	77.42%	\$205,546	\$25,931
	Hamilton	3892	24.18%	75.82%	\$317,359	\$38,194
	Montgomery	2705	24.62%	75.38%	\$299,907	\$46,740
	Southwest - Remainder	1614	27.08%	72.92%	\$255,952	\$37,393
Unknown		196	28.57%	71.43%	\$615,104	\$43,501
	Unknown	196	28.57%	71.43%	\$615,104	\$43,501

OHIO

Appendix C, Exhibit 10

2019 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	145	130	\$3,320,307	\$25,541	12	\$4,795,093	\$399,591
Emergency Medicine	119	113	\$4,201,295	\$37,180	19	\$7,385,000	\$388,684
Surgery - Orthopedic	76	61	\$2,888,158	\$47,347	17	\$3,498,000	\$205,765
Radiology	62	54	\$2,483,013	\$45,982	9	\$4,675,000	\$519,444
Family Physicians/General Practitioners	60	54	\$2,294,524	\$42,491	8	\$5,030,000	\$628,750
Obstetrics/Gynecology	58	53	\$3,407,725	\$64,297	13	\$4,570,000	\$351,538
Surgery - General	58	54	\$3,239,998	\$60,000	12	\$2,483,895	\$206,991
Anesthesiology	47	40	\$1,765,353	\$44,134	8	\$6,135,000	\$766,875
Cardiovascular Disease	44	31	\$1,722,926	\$55,578	10	\$4,086,231	\$408,623
Other	277	228	\$8,631,968	\$37,860	34	\$14,946,573	\$439,605
TOTALS and AVERAGES:	946	818	\$33,955,267	\$41,510	142	\$57,604,792	\$405,668

OHIO
2005 - 2019 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	20,977	13.5%	86.5%	\$357,725	\$31,973
Internal Medicine	2,395	11.4%	88.6%	\$273,283	\$31,443
Emergency Medicine	1,814	14.2%	85.8%	\$322,639	\$30,770
Family Physicians/General Practitioners	1,709	18.8%	81.2%	\$311,890	\$37,198
Surgery - General	1,675	14.4%	85.6%	\$330,943	\$37,116
Radiology	1,641	13.9%	86.1%	\$233,562	\$23,116
Surgery - Orthopedic	1,640	13.2%	86.8%	\$236,496	\$24,433
Obstetrics/Gynecology	1,565	23.5%	76.5%	\$505,987	\$60,934
Anesthesiology	885	13.2%	86.8%	\$513,118	\$26,223
Neurology	884	7.5%	92.5%	\$535,590	\$26,120

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Cardiovascular Disease	783	11.0%	89.0%	\$439,865	\$29,936
Gastroenterology	440	8.6%	91.4%	\$408,239	\$24,116
Pediatrics	396	13.1%	86.9%	\$457,436	\$35,368
Surgery - Plastic	367	13.1%	86.9%	\$317,999	\$26,915
Pulmonary	348	8.0%	92.0%	\$292,873	\$28,041
Otorhinolaryngology	327	16.5%	83.5%	\$361,679	\$32,110
Surgery - Cardiac	307	7.8%	92.2%	\$472,479	\$29,157
Urology	301	13.3%	86.7%	\$401,961	\$22,714
Hospitalists	287	6.3%	93.7%	\$426,459	\$26,073
Ophthalmology	286	17.1%	82.9%	\$182,939	\$18,214
Surgery - Vascular	254	12.2%	87.8%	\$282,156	\$32,580
Surgery - Thoracic	228	9.6%	90.4%	\$382,088	\$28,901
Psychiatry	209	16.3%	83.7%	\$204,688	\$35,767

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Physical Medicine & Rehabilitation	185	5.9%	94.1%	\$660,909	\$23,614
Gynecology	178	21.3%	78.7%	\$326,702	\$39,691
Pathology	163	20.2%	79.8%	\$639,477	\$26,855
Surgery - Head	161	5.6%	94.4%	\$293,602	\$27,542
Nephrology	149	5.4%	94.6%	\$323,310	\$20,161
Hematology	123	13.0%	87.0%	\$377,083	\$33,112
Dermatology	117	14.5%	85.5%	\$58,626	\$15,921
Infectious Diseases	102	4.9%	95.1%	\$510,000	\$18,894
Surgery - Urological	94	12.8%	87.2%	\$199,250	\$16,459
Oncology	85	12.9%	87.1%	\$493,000	\$25,965
Pain Management	81	13.6%	86.4%	\$241,364	\$18,180
Surgery - Colon & Rectal	80	12.5%	87.5%	\$481,548	\$72,001
Unknown	71	25.4%	74.6%	\$175,163	\$25,182

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Other	71	14.1%	85.9%	\$223,184	\$20,338
Physicians Assistants	68	13.2%	86.8%	\$382,972	\$24,806
Rheumatology	59	13.6%	86.4%	\$551,250	\$22,594
Endocrinology	58	10.3%	89.7%	\$253,611	\$22,016
Neonatal/Perinatal Medicine	50	20.0%	80.0%	\$651,667	\$66,284
Geriatrics	48	6.3%	93.8%	\$42,333	\$31,079
Intensive Care Medicine	47	6.4%	93.6%	\$305,000	\$26,244
Physicians NOC	43	9.3%	90.7%	\$485,208	\$21,667
Surgery - Traumatic	42	11.9%	88.1%	\$455,000	\$21,403
General Preventive Medicine	35	11.4%	88.6%	\$333,750	\$28,673
Surgery - Hand	30	6.7%	93.3%	\$87,500	\$12,210
Surgery - Pediatric	23	17.4%	82.6%	\$881,250	\$20,286
Family Physicians\General Practitioners with Delivery	22	27.3%	72.7%	\$427,500	\$66,443

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Radiology Therapeutic	20	20.0%	80.0%	\$366,250	\$18,330
Surgery - Abdominal	19	21.1%	78.9%	\$140,625	\$16,880
Allergy/Immunology	11	9.1%	90.9%	\$5,000	\$12,877

OHIO

2019 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	946	818	\$33,955,267	\$41,510	142	\$57,604,792	\$405,668
Hospitals	647	514	\$45,512,737	\$88,546	278	\$156,774,541	\$563,937
Corporation	472	439	\$11,994,699	\$27,323	71	\$21,369,447	\$300,978
Other Medical Professionals	184	163	\$3,078,142	\$18,884	49	\$10,272,961	\$209,652
Nursing Home/Assisted Living	150	134	\$5,207,658	\$38,863	95	\$18,500,297	\$194,740
Other Facilities	47	33	\$629,426	\$19,074	12	\$1,506,443	\$125,537
Clinic	17	14	\$859,901	\$61,422	0	0	0
Pharmacy	4	1	\$15,247	\$15,247	4	\$50,500	\$12,625
TOTALS and AVERAGES:	2467	2116	\$101,253,078	\$47,851	651	\$266,078,980	\$408,723

OHIO
2019 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.)	656	570	\$21,421,022	\$37,581	140	\$41,178,644	\$294,133
Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.)	545	506	\$20,622,357	\$40,756	111	\$60,475,938	\$544,828
Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)	523	428	\$18,016,760	\$42,095	127	\$71,262,428	\$561,121
Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)/Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)	144	117	\$19,754,683	\$168,843	60	\$27,404,091	\$456,735

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Other (No Listed Category Applies)	128	98	\$1,471,853	\$15,019	20	\$1,424,226	\$71,211
Safety & Security-Related (Falls, Failure To Ensure Safety, Failure to Protect From Assault)	125	91	\$3,055,606	\$33,578	67	\$10,442,778	\$155,862
Patient Monitoring-Related (Failure to Monitor, etc.)	112	104	\$3,936,108	\$37,847	53	\$17,814,240	\$336,118
Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)	103	97	\$9,987,329	\$102,962	35	\$29,237,827	\$835,366
Anesthesia-Related (Improper Choice, Improper Administration, etc.)	44	41	\$1,142,879	\$27,875	8	\$3,456,158	\$432,020

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Breach of Confidentiality/Communication-Related (Failure To Instruct, Failure to Obtain Consent, etc.)	38	24	\$407,875	\$16,995	10	\$1,135,927	\$113,593
Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc.)	31	22	\$718,168	\$32,644	14	\$659,648	\$47,118
Policies & Procedures-Related (Failure To Follow, Negligent Credentialing, etc.)/Supervision-Related (Supervision of Residents, Nurses, etc.)	18	18	\$718,436	\$39,913	6	\$1,587,076	\$264,513
TOTALS and AVERAGES:	2467	2116	\$101,253,078	\$47,851	651	\$266,078,980	\$408,723

OHIO
2005 - 2019 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	47299	23.5%	76.5%	\$314,816	\$35,221
Anesthesia Related	864	21.9%	78.1%	\$470,622	\$32,820
Blood Related	2394	32.7%	67.3%	\$307,443	\$45,784
Breach of Confidentiality\Communication	589	30.1%	69.9%	\$149,168	\$31,644
Diagnosis-Related	11917	17.8%	82.2%	\$385,593	\$35,911
Equipment Related	618	44.8%	55.2%	\$104,964	\$19,398
Medical Treatment \Non-Obstetrical	12548	18.6%	81.4%	\$237,485	\$27,213
Obstetrics Related	2088	32.4%	67.6%	\$996,086	\$103,851
Other	2356	21.5%	78.5%	\$121,435	\$19,299
Patient Monitoring Related	1736	40.4%	59.6%	\$319,632	\$48,348
Policies & Procedures Related	338	42.9%	57.1%	\$149,032	\$35,945
Safety & Security Related	2262	57.5%	42.5%	\$110,048	\$25,474
Surgery Related	9549	19.7%	80.3%	\$311,545	\$30,363

OHIO
2019 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	2369	2021	\$91,689,900	\$45,369	619	\$236,656,371	\$382,320
Yes	98	95	\$9,563,178	\$100,665	32	\$29,422,609	\$919,457
TOTALS and AVERAGES:	2467	2116	\$101,253,078	\$47,851	651	\$266,078,980	\$408,723

OHIO
2019 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	949	847	\$56,298,499	\$66,468	241	\$127,153,300	\$527,607
Emotional	91	75	\$987,829	\$13,171	23	\$1,778,573	\$77,329
Permanent Grave	30	28	\$1,196,662	\$42,738	14	\$13,184,423	\$941,744
Permanent Major	183	151	\$12,547,416	\$83,095	52	\$67,757,615	\$1,303,031
Permanent Minor	191	170	\$5,795,625	\$34,092	38	\$7,835,541	\$206,198
Permanent Significant	173	164	\$10,570,242	\$64,453	60	\$26,611,344	\$443,522
Temporary Low Significance	70	54	\$409,824	\$7,589	18	\$185,794	\$10,322
Temporary Major	329	285	\$7,880,287	\$27,650	96	\$16,839,468	\$175,411
Temporary Minor	451	342	\$5,566,693	\$16,277	109	\$4,732,923	\$43,421
TOTALS and AVERAGES:	2467	2116	\$101,253,078	\$47,851	651	\$266,078,980	\$408,723

OHIO
2019 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)	1529	1338	\$59,298,991	\$44,319	365	\$159,531,042	\$437,071
Senior (Age 65+)	759	616	\$30,567,485	\$49,623	227	\$59,920,302	\$263,966
Infant (Less than 1 year old)	98	96	\$7,937,977	\$82,687	35	\$33,916,943	\$969,056
Minor (Ages 1 to 17)	65	51	\$2,349,661	\$46,072	20	\$11,859,941	\$592,997
Unknown	16	15	\$1,098,965	\$73,264	4	\$850,753	\$212,688
TOTALS and AVERAGES:	2467	2116	\$101,253,078	\$47,851	651	\$266,078,980	\$408,723

OHIO
2005 - 2019 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	31,237	20.5%	79.5%	\$292,859	\$31,431
Senior 65 +	11,597	28.0%	72.0%	\$167,457	\$29,542
Infant	2,316	34.3%	65.7%	\$958,774	\$104,609
Minor 1 - 17	1,960	31.2%	68.8%	\$464,847	\$40,555

OHIO
2019 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	1388	1166	\$48,642,703	\$41,718	379	\$120,940,943	\$319,105
Male	1079	950	\$52,610,375	\$55,379	272	\$145,138,037	\$533,596
TOTALS and AVERAGES:	2467	2116	\$101,253,078	\$47,851	651	\$266,078,980	\$408,723

OHIO
2019 Closed Claims
ALAE and Indemnity Payments by Location

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Operating Suite (Includes Pre-Op & Operating Rooms)	589	488	\$20,741,596	\$42,503	140	\$68,410,159	\$488,644
Medical Professional's Office	374	342	\$8,642,277	\$25,270	81	\$21,376,254	\$263,904
Emergency Room/Emergency Department	352	327	\$13,045,227	\$39,894	66	\$32,391,409	\$490,779
Patient's Room, Including Patient Bathroom for Inpatient Areas Not Otherwise Specified	301	272	\$26,649,931	\$97,978	89	\$35,958,156	\$404,024

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care)	184	164	\$5,300,426	\$32,320	83	\$16,676,418	\$200,921
Other (No Listed Location Applies)	168	115	\$3,516,940	\$30,582	34	\$16,784,574	\$493,664
Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)	106	100	\$9,876,359	\$98,764	36	\$31,431,161	\$873,088
Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine)	87	71	\$3,104,623	\$43,727	28	\$9,270,049	\$331,073
Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)	71	52	\$2,583,384	\$49,680	22	\$12,470,388	\$566,836
Critical Care Unit (ICU/CCU/NICU)	63	52	\$2,541,702	\$48,879	13	\$4,662,490	\$358,653

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Outpatient/Ambulatory Care Areas or Facilities	63	48	\$1,483,442	\$30,905	14	\$8,751,290	\$625,092
Patient's Home	33	28	\$1,152,947	\$41,177	11	\$1,930,000	\$175,455
Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)	15	12	\$153,688	\$12,807	10	\$1,043,182	\$104,318
Nursery/Pediatric Ward	12	11	\$503,050	\$45,732	5	\$3,025,000	\$605,000
Facility Support Areas (Including Administrative Areas, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)	12	7	\$279,250	\$39,893	6	\$472,000	\$78,667
Recovery Room (Post-Anesthesia Care Unit)	10	8	\$468,775	\$58,597	2	\$2,838	\$1,419

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Physical Therapy Dept.	10	6	\$342,436	\$57,073	7	\$699,862	\$99,980
Mental Health (Includes Psychiatric and Drug & Alcohol Addiction)	9	9	\$638,420	\$70,936	3	\$625,000	\$208,333
Hospice Area or Facility	8	4	\$228,605	\$57,151	1	\$98,750	\$98,750
TOTALS and AVERAGES:	2467	2116	\$101,253,078	\$47,851	651	\$266,078,980	\$408,723

OHIO
2005 - 2019 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	11,492	20.1%	79.9%	\$325,379	\$30,903
Medical Professional Office	9,347	19.2%	80.8%	\$237,652	\$25,064
Emergency Department	6,097	19.5%	80.5%	\$279,517	\$32,125
Patient's Room	6,033	27.3%	72.7%	\$259,554	\$37,479
Obstetrics Department	2,246	32.9%	67.1%	\$964,362	\$104,830
Other	2,146	21.4%	78.6%	\$228,802	\$25,062
Nursing Home	2,086	40.2%	59.8%	\$139,467	\$33,760
Radiology	2,073	21.4%	78.6%	\$264,524	\$37,343
Outpatient\Ambulatory Care	1,229	26.8%	73.2%	\$268,651	\$24,098
Special Procedure Room	1,205	23.2%	76.8%	\$294,219	\$33,623

Location	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Critical Care Unit	1,066	20.6%	79.4%	\$626,493	\$39,259
Patient's Home	686	31.5%	68.5%	\$224,308	\$41,604
Ancillary Services	382	39.0%	61.0%	\$200,530	\$31,207
Nursery/Pediatric Ward	270	37.0%	63.0%	\$624,993	\$81,361
Facility Support Areas	228	63.6%	36.4%	\$45,312	\$25,806
Mental Health	201	25.4%	74.6%	\$292,210	\$38,424
Physical Therapy Dept	200	41.5%	58.5%	\$105,126	\$21,059
Recovery Room	192	32.8%	67.2%	\$337,532	\$68,133
Hospice	120	28.3%	71.7%	\$71,743	\$23,467