

Ohio 2021 Medical Professional Liability Closed Claim Report

Ohio Medical Professional Liability Closed Claim Report – 2021

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 seventeenth annual report summarizing the Ohio medical professional liability closed claim data received by the Department for calendar year 2021. 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 summarizing the closed claim data on a statewide basis. The data is summarized in this report in order to maintain the confidentiality of the specific data filed by each reporting entity.

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

III. Data Collection

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

IV. Description of Analysis

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

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

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- **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 2021 Closed Claims

- **Total Claims:** For 2021, a total of 1,945 claims were reported by 85 entities. Self-insured entities reported the most claims, 930. Authorized insurers¹ reported 793 claims; surplus lines insurers² reported 186 claims; and risk retention groups³ reported 36 claims. (Exhibit 5)

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. Approximately 70% of the claims, or 1,366, had no indemnity payments, almost 30% of the claims or 579, closed with an indemnity payment. The total amount paid to claimants was \$230,342,095, an average of \$397,827 per claim in which an indemnity payment was made. (Exhibit 5)
- **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 1,665. These expenses totaled \$72,189,132, an average of \$43,357 per claim. (Exhibit 5)
- **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, 111 closed within one year of being reported and had an average paid indemnity of \$469,963. That figure rose to \$543,472 for 18 claims closing in their sixth year. 33 claims closed at seven or more years after being reported with an average indemnity payment of \$250,799. (Exhibit 3)
- **ALAE and Age of Claim:** Allocated loss adjustment expense generally increased with the age of the claim. Starting with an average of \$8,907 for claims that closed within one year of being reported. This increased to \$115,967 for claims that closed in the seventh year. For claims closed at seven or more years after being reported the average ALAE was \$61,521. (Exhibit 3)
- **Regional Comparisons:** Approximately forty-nine percent of the claims, or 954, came from Northeast Ohio. Of these, almost 26% or 246 resulted in indemnity payments totaling \$124,439,944. Over fifty-four percent of the total dollar amount paid to claimants statewide in 2021 arose from Northeast Ohio claims. Central Ohio had the highest average paid indemnity of \$513,544. The breakdown of average paid indemnity for the remainder of Ohio, in descending order: Northeast-\$505,853; Northwest-\$340,239; Southeast-\$264,507; and Southwest-\$235,925. (Exhibit 7)
- **Specialty Comparisons:** When claims were broken down by medical specialty, Surgery - Orthopedic had the most claims at 118 with 48 resulting in paid indemnity averaging \$118,661. For those specialties that are broken out, Family Physicians/General Practitioners had the highest average paid indemnity of \$865,831 for eight claims with payments, out of 51 reported claims. (Exhibit 8)

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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 556 with 99 resulting in paid indemnity. Blood-Related/Medication-Related claims totaled 83. Of these, 34 resulted in indemnity payments averaging \$1,118,442, the highest average payment for any type of injury. (Exhibit 10)

VII. Detailed Findings and Comparison with Prior Years

Claims by Outcome (Appendix C, Exhibits 1 and 2)

Reporting entities were asked to indicate the method of final disposition for each closed claim:

- Of the 1,945 claims that were closed in 2021, more than 70% closed with no indemnity payment. Included in this figure are five categories:
 - 57.48% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice.
 - 5.76% ended through a settlement.
 - 4.58% were dismissed by summary judgment or a directed verdict.
 - 1.13% ended with a verdict for the defendant.
 - 1.29% ended with alternative dispute resolution.
- Approximately 30% of the claims closed with an indemnity payment. Four categories of claims are included here:
 - 24.83% reached a settlement.
 - 4.11% used alternative dispute resolution.
 - 0.51% had a verdict for the plaintiff.
 - 0.31%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 \$19,468. The claims that were disposed of by a verdict, without an indemnity payment, had the highest average ALAE of \$132,372.

Age of Claim (Appendix C, Exhibit 3)

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 23.8% of the total and had the lowest average ALAE of \$8,907 but had the third highest average indemnity of \$469,963. Costs tended to grow as the claims aged. The category of greater than 5 but less than 6

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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years had the largest average indemnity payments of \$543,472. The category of greater than 6 but less than 7 years had the largest average ALAE of \$115,967.

Claims by Size (Appendix C, Exhibit 4)

Of the 1,945 claims reported closed in 2021, approximately 29.8% or 579, generated an indemnity payment. Of these 579 claims, 54 claims or 9.3% generated an indemnity payment greater than \$1 million. These 54 claims generated indemnity payments of \$136.4 million or 59.2% of the total indemnity payments for all claims. Another 52 claims, or 9.0%, generated an indemnity payment below \$1 million but at least \$500,000. These 52 claims generated indemnity payments of \$36.0 million or 15.6% of the total indemnity payments for all claims. In 2021, 74.8% of the total paid indemnity was generated by 18.3% of the claims that closed with an indemnity payment.

Claims by Insurer Type (Appendix C, Exhibit 5)

A total of 85 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 1,945 closed claims that were reported, 40.8% of the claims were reported by admitted insurance companies and 47.8% were reported by self-insurers/captives.

Claims by Region (Appendix C, Exhibits 6 and 7)

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 6, while Exhibit 7 displays claim data for the regions for calendar year 2021 closed claims.

Approximately 49% of the closed claims reported for 2021 were from the Northeast region. The claims from the Central region had the largest average indemnity payment and the Central region also had the largest average ALAE, when the county was identified.

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Claims by Physician Specialty (Appendix C, Exhibits 8)

Exhibit 8 displays six physician and surgeon specialties. All other specialties are grouped together as “Other” to maintain confidentiality. Approximately 20% of the claims resulted in an indemnity payment. Surgery - Orthopedic had the most closed claims in 2021.

Of the physician specialties shown, Family Physicians/General Practitioners had the highest average paid indemnity of \$865,831.

Claims by Medical Provider Type (Appendix C, Exhibit 9)

Exhibit 9 displays the 2021 closed claims experience for all the provider types. Almost 39% of the 1,945 closed claims were reported for Physicians/Surgeons. The largest average paid indemnity was \$568,735 for claims reported for Hospitals. The largest average ALAE of \$77,853 was for claims reported for Hospitals. While 20% of the claims reported for a Physician/Surgeon resulted in an indemnity payment, 51% of the claims reported for a Hospital resulted in an indemnity payment.

Claims by Type of Injury (Appendix C, Exhibits 10)

The reporting entities identified the primary complaint or injury that led to the medical professional liability claim. Of the 1,945 claims reported as closed in 2021, almost 71% 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. However, Blood-Related/Medication-Related claims had the highest average paid indemnity of \$1,118,442. Blood-Related/Medication-Related claims include wrong blood type, wrong medication, and wrong dosage. Obstetrics-Related claims include improper delivery method, improper management of pregnancy, and delay in delivery. Obstetrics-Related claims had the highest average ALAE of \$109,277. This data includes all medical provider types, including hospitals.

Birth Injury Claims (Appendix C, Exhibit 11)

Reporting entities identified whether the closed claim was due to a birth injury. Of the 1,945 closed claims reported, 70 or 3.6% were identified as birth injury claims. Of these 70 birth injury claims, over 38% resulted in an indemnity payment. The average indemnity payment of a birth injury claim was \$1,272,427, over three times the overall average indemnity payment of \$397,827.

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Severity of Injury (Appendix C, Exhibit 12)

Of the 1,945 claims reported as closed in 2021, 685 or 35.2% of the claims were due to death, with an average paid indemnity of \$655,300. For 2021, claims with injuries identified as “permanent major” had the highest average paid indemnity of \$984,005, an amount more than two 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 2021, the average indemnity payment for injuries identified as “permanent grave” was \$777,385. “Permanent grave” injuries include quadriplegia and severe brain damage, requiring lifelong dependent care.

Age of Injured Person (Appendix C, Exhibits 13)

Of the 1,945 claims reported as closed, 59.8% of the claims identified the injured party as an adult, ages 18 to 64. Adults ages 65 or older represented 29.9% of the claims. Infants and minors together represented 9.8% the claims. The average indemnity payment for infants was the highest for the various age groupings at \$1,421,807.

Gender of Injured Person (Appendix C, Exhibit 14)

Of the 1,945 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 \$297,915. When the injured party was a male, the average indemnity payment was \$542,005.

Location of Injury (Appendix C, Exhibits 15)

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 15, the greatest number of claims for 2021 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 41.1% of the reported claims. The largest average indemnity payment was due to incidents that occurred in the Nursery/Pediatric Ward. The largest average ALAE amounts were due to incidents that also occurred in the Nursery/Pediatric Ward.

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

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.

Of the 1,945 claims reported as closed in 2021, 1,936 are post-SB 281 claims. For the post-SB 281 claims, the average indemnity payment is \$400,359 with an average ALAE payment of \$43,400. The median indemnity payment in 2021 for the post-SB 281 is \$110,000. The lower median indemnity payment compared to the average indemnity payment implies there are several large post-SB 281 claims that cause the average indemnity to be higher than the median. There are only 9 claims from pre-SB 281. This small number of claims makes the statistical information for these claims meaningless.

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. Any analysis of trends in claims should include information on risk management efforts along with changes in the law.

The following conclusions can be drawn from this annual report:

- Most of the claims closed without a payment to the plaintiff.
- Most of the claims had costs in the form of ALAE.
- Higher value claims tend 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

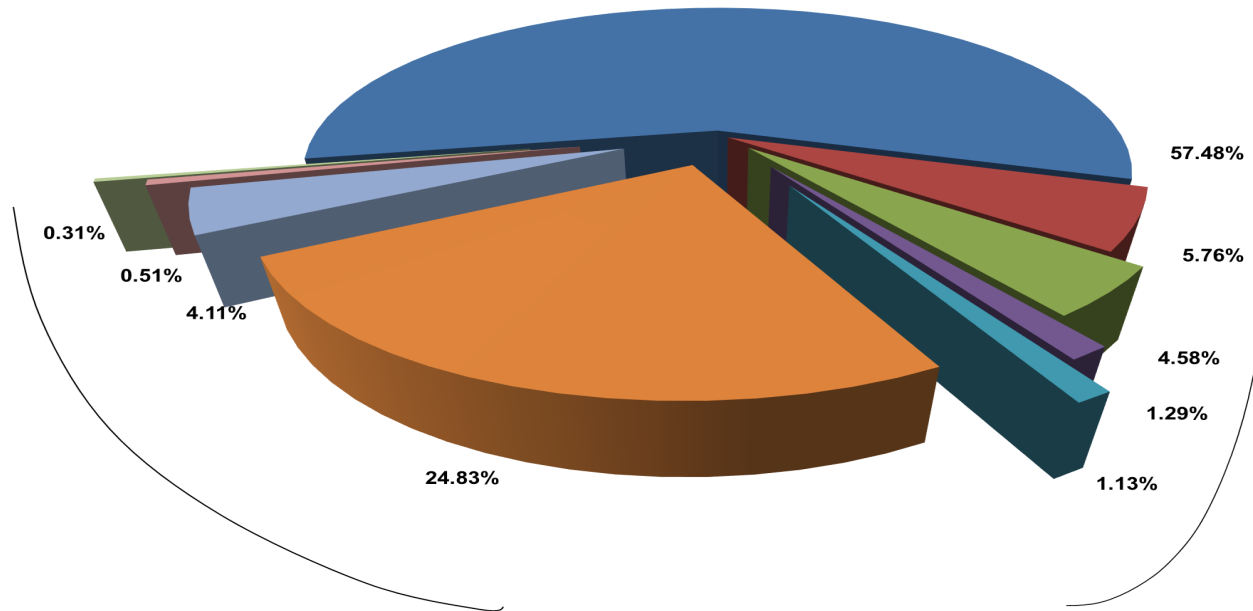
Statutory Authority: 3901.041, 3929.302

Rule Amplifies: 3929.302

Prior Effective Dates: 1/2/2005)

OHIO Closed Claims in 2021 Outcome of Malpractice Claims

1945 Closed Claims



Appendix C, Exhibit 1

- 57.48% Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- 5.76% Disposed of by Settlement Agreement -- Without Indemnity
- 4.58% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 1.29% Disposed of by Alternative Dispute Resolution -- Without Indemnity
- 1.13% Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity
- 24.83% Disposed of by Settlement Agreement -- With Indemnity
- 4.11% Disposed of by Alternative Dispute Resolution -- With Indemnity
- 0.51% Disposed of by Trial Verdict/Jury Verdict -- With Indemnity
- 0.31% Dismissed by Court - Summary Judgment/Directed Verdict -- With Indemnity

29.76 - Claims With Indemnity Payment

70.24% - Claims Without Indemnity Payment

OHIO
2021 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	1118	57.5%	989	\$19,253,588	\$19,468	0	\$0	\$0
Disposed of by Settlement Agreement -- Without Indemnity	112	5.8%	72	\$4,637,734	\$64,413	0	\$0	\$0
Dismissed by Court -Summary Judgment/Directed Verdict -- Without Indemnity	89	4.6%	86	\$4,130,717	\$48,032	0	\$0	\$0
Disposed of by Alternative Dispute Resolution -- Without Indemnity	25	1.3%	13	\$1,378,780	\$106,060	0	\$0	\$0
Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity	22	1.1%	22	\$2,912,184	\$132,372	0	\$0	\$0

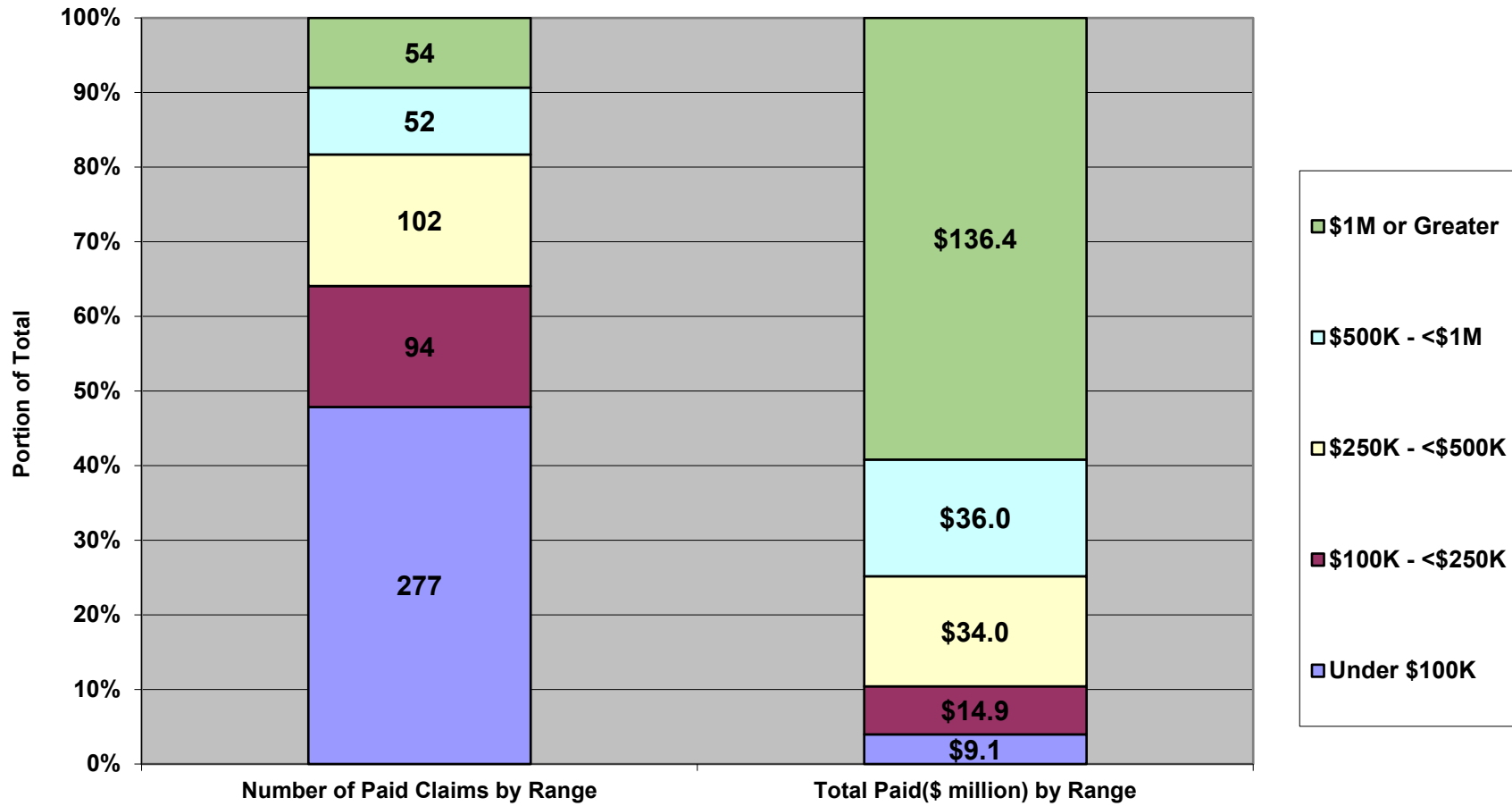
FINAL DISPOSITION DESCRIPTION	TOTAL CLAIMS	AVG	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Disposed of by Settlement Agreement -- With Indemnity	483	24.8%	393	\$31,708,213	\$80,682	483	\$171,550,681	\$355,177
Disposed of by Alternative Dispute Resolution -- With Indemnity	80	4.1%	75	\$7,600,479	\$101,340	80	\$53,618,459	\$670,231
Disposed of by Trial Verdict/Jury Verdict -- With Indemnity	10	0.5%	10	\$548,463	\$54,846	10	\$5,077,475	\$507,747
Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity	6	0.3%	5	\$18,974	\$3,795	6	\$95,480	\$15,913
TOTALS and AVERAGES:	1945	100.0%	1665	\$72,189,132	\$43,357	579	\$230,342,095	\$397,827

OHIO
2021 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	462	325	\$2,894,707	\$8,907	111	\$52,165,925	\$469,963
1 But Less Than 2	656	586	\$14,270,073	\$24,352	157	\$61,131,900	\$389,375
2 But Less Than 3	358	331	\$18,604,725	\$56,208	122	\$57,268,992	\$469,418
3 But Less Than 4	217	211	\$16,239,313	\$76,964	69	\$18,739,551	\$271,588
4 But Less Than 5	85	83	\$8,118,587	\$97,814	32	\$16,516,850	\$516,152
5 But Less Than 6	47	39	\$3,965,885	\$101,689	18	\$9,782,500	\$543,472
6 But Less Than 7	65	47	\$5,450,436	\$115,967	37	\$6,460,000	\$174,595
7 or Greater	55	43	\$2,645,406	\$61,521	33	\$8,276,377	\$250,799
TOTALS and AVERAGES:	1945	1665	\$72,189,132	\$43,357	579	\$230,342,095	\$397,827

**OHIO
2021 Closed Claims
By Size of Payment**

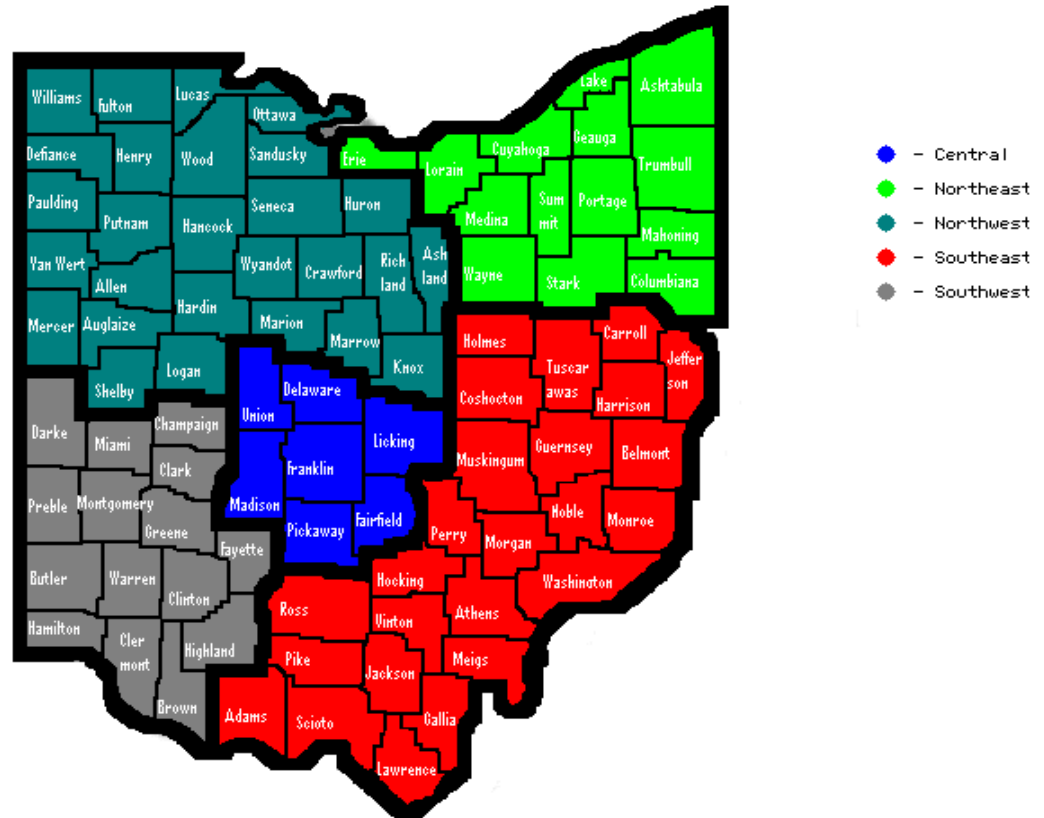
Appendix C, Exhibit 4



OHIO
2021 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	793	718	\$22,921,647	\$31,924	137	\$42,227,954	\$308,233
Insurance Company - Surplus Lines	186	156	\$4,167,726	\$26,716	76	\$18,813,441	\$247,545
Risk Retention Group	36	35	\$1,349,851	\$38,567	12	\$1,575,000	\$131,250
Self Insurers (Captives)	930	756	\$43,749,908	\$57,870	354	\$167,725,701	\$473,801
TOTALS and AVERAGES:	1945	1665	\$72,189,132	\$43,357	579	\$230,342,095	\$397,827

Closed Claims 2021 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

2021 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	171	153	\$10,942,336	\$71,519	54	\$32,189,818	\$596,108
	Central - Remainder	37	31	\$1,364,891	\$44,029	14	\$2,731,161	\$195,083
Totals and Averages:		208	184	\$12,307,227	\$66,887	68	\$34,920,979	\$513,544
Northeast								
	Cuyahoga	516	442	\$17,563,696	\$39,737	134	\$88,290,734	\$658,886
	Summit	127	117	\$4,850,887	\$41,461	34	\$13,505,013	\$397,206
	Stark	91	84	\$3,500,845	\$41,677	21	\$6,713,534	\$319,692
	Mahoning	56	45	\$1,042,112	\$23,158	12	\$1,718,000	\$143,167
	Lorain	38	33	\$1,033,241	\$31,310	15	\$5,977,500	\$398,500
	Northeast - Remainder	126	113	\$5,372,918	\$47,548	30	\$8,235,163	\$274,505
Totals and Averages:		954	834	\$33,363,699	\$40,004	246	\$124,439,944	\$505,853

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Northwest								
	Lucas	75	69	\$2,018,422	\$29,252	21	\$4,005,054	\$190,717
	Northwest - Remainder	169	158	\$5,542,033	\$35,076	51	\$20,492,136	\$401,807
	Totals and Averages:	244	227	\$7,560,455	\$33,306	72	\$24,497,190	\$340,239
Southeast								
	Southeast	79	57	\$2,949,842	\$51,752	28	\$7,406,196	\$264,507
	Totals and Averages:	79	57	\$2,949,842	\$51,752	28	\$7,406,196	\$264,507
Southwest								
	Hamilton	214	164	\$7,293,001	\$44,470	115	\$20,004,715	\$173,954
	Montgomery	139	109	\$5,620,956	\$51,568	24	\$8,973,125	\$373,880
	Butler	23	20	\$760,809	\$38,040	8	\$1,330,000	\$166,250
	Southwest - Remainder	80	66	\$2,014,373	\$30,521	16	\$8,147,947	\$509,247
	Totals and Averages:	456	359	\$15,689,140	\$43,702	163	\$38,455,787	\$235,925
Unknown								
	Unknown	4	4	\$318,770	\$79,692	2	\$622,000	\$311,000
	Totals and Averages:	4	4	\$318,770	\$79,692	2	\$622,000	\$311,000
GRAND TOTALS and AVERAGES:		1945	1665	\$72,189,132	\$43,357	579	\$230,342,095	\$397,827

OHIO

Appendix C, Exhibit 8

2021 Closed Claims ALAE and Indemnity Payments by Physician Specialty

PHYSICIAN SPECIALTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Surgery - Orthopedic	118	81	\$1,784,849	\$22,035	48	\$5,695,711	\$118,661
Internal Medicine	115	107	\$3,329,114	\$31,113	20	\$5,932,501	\$296,625
Emergency Medicine	76	70	\$3,493,166	\$49,902	11	\$3,224,554	\$293,141
Radiology	52	45	\$1,203,538	\$26,745	7	\$2,800,000	\$400,000
Family Physicians/General Practitioners	51	47	\$2,138,508	\$45,500	8	\$6,926,651	\$865,831
Obstetrics/Gynecology	37	33	\$1,900,452	\$57,589	13	\$4,495,295	\$345,792
Other	303	267	\$11,073,061	\$41,472	44	\$13,688,994	\$311,113
TOTALS and AVERAGES:	752	650	\$24,922,688	\$38,343	151	\$42,763,706	\$283,203

OHIO
2021 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	752	650	\$24,922,688	\$38,343	151	\$42,763,706	\$283,203
Hospitals	462	387	\$30,129,037	\$77,853	236	\$134,221,511	\$568,735
Corporation	400	355	\$9,705,089	\$27,338	67	\$31,116,280	\$464,422
Other Medical Professionals	151	131	\$2,987,409	\$22,805	37	\$8,000,556	\$216,231
Nursing Home/Assisted Living	131	107	\$3,103,509	\$29,005	73	\$13,236,724	\$181,325
Other Facilities	27	20	\$783,180	\$39,159	10	\$875,350	\$87,535
Clinic	21	14	\$558,129	\$39,866	5	\$127,968	\$25,594
Pharmacy	1	1	\$92	\$92	0	\$0	\$0
TOTALS and AVERAGES:	1945	1665	\$72,189,132	\$43,357	579	\$230,342,095	\$397,827

OHIO
2021 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.)	556	470	\$13,859,031	\$29,487	99	\$24,103,765	\$243,472
Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)	464	391	\$15,416,068	\$39,427	159	\$45,732,110	\$287,623
Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.)	354	315	\$19,772,812	\$62,771	80	\$56,253,721	\$703,172
Patient Monitoring-Related (Failure to Monitor, etc.)	119	113	\$3,052,981	\$27,018	53	\$13,897,680	\$262,220

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Safety & Security-Related (Falls, Failure To Ensure Safety, Failure to Protect From Assault)	104	87	\$2,431,528	\$27,949	51	\$7,212,195	\$141,416
Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)	84	75	\$8,195,793	\$109,277	30	\$32,730,519	\$1,091,017
Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)/Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)	83	70	\$5,590,925	\$79,870	34	\$38,027,011	\$1,118,442
Other (No Listed Category Applies)	75	60	\$825,226	\$13,754	24	\$5,459,523	\$227,480
Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc.)	33	21	\$388,407	\$18,496	20	\$1,045,307	\$52,265

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Anesthesia-Related (Improper Choice, Improper Administration, etc.)	33	31	\$1,466,033	\$47,291	12	\$4,605,753	\$383,813
Breach of Confidentiality/Communication-Related (Failure To Instruct, Failure to Obtain Consent, etc.)	22	16	\$500,279	\$31,267	8	\$340,700	\$42,588
Policies & Procedures-Related (Failure To Follow, Negligent Credentialing, etc.)/Supervision-Related (Supervision of Residents, Nurses, etc.)	18	16	\$690,048	\$43,128	9	\$933,811	\$103,757
TOTALS and AVERAGES:	1945	1665	\$72,189,132	\$43,357	579	\$230,342,095	\$397,827

OHIO
2021 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	1875	1604	\$64,173,276	\$40,008	552	\$195,986,577	\$355,048
Yes	70	61	\$8,015,856	\$131,407	27	\$34,355,519	\$1,272,427
TOTALS and AVERAGES:	1945	1665	\$72,189,132	\$43,357	579	\$230,342,095	\$397,827

OHIO
2021 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	685	633	\$29,842,013	\$47,144	149	\$97,639,716	\$655,300
Emotional	77	64	\$1,604,308	\$25,067	19	\$860,334	\$45,281
Permanent Grave	54	45	\$3,025,849	\$67,241	19	\$14,770,324	\$777,385
Permanent Major	166	139	\$10,593,574	\$76,213	67	\$65,928,352	\$984,005
Permanent Minor	228	172	\$7,776,772	\$45,214	94	\$11,990,874	\$127,562
Permanent Significant	140	122	\$5,488,001	\$44,984	36	\$13,031,088	\$361,975
Temporary Low Significance	58	41	\$477,441	\$11,645	22	\$279,554	\$12,707
Temporary Major	233	215	\$8,963,988	\$41,693	79	\$21,206,740	\$268,440
Temporary Minor	304	234	\$4,417,186	\$18,877	94	\$4,635,114	\$49,310
TOTALS and AVERAGES:	1945	1665	\$72,189,132	\$43,357	579	\$230,342,095	\$397,827

OHIO
2021 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)	1163	1014	\$38,385,440	\$37,855	294	\$122,301,225	\$415,991
Senior (Age 65+)	581	496	\$17,728,688	\$35,743	192	\$39,640,462	\$206,461
Minor (Ages 1 to 17)	116	83	\$7,933,254	\$95,581	60	\$23,702,033	\$395,034
Infant (Less than 1 year old)	75	65	\$8,009,707	\$123,226	30	\$42,654,209	\$1,421,807
Unknown	10	7	\$132,043	\$18,863	3	\$2,044,167	\$681,389
TOTALS and AVERAGES:	1945	1665	\$72,189,132	\$43,357	579	\$230,342,095	\$397,827

OHIO
2021 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	1071	905	\$37,435,452	\$41,365	342	\$101,886,984	\$297,915
Male	874	760	\$34,753,680	\$45,729	237	\$128,455,112	\$542,005
TOTALS and AVERAGES:	1945	1665	\$72,189,132	\$43,357	579	\$230,342,095	\$397,827

OHIO

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)	492	398	\$14,860,726	\$37,339	179	\$48,524,062	\$271,084
Medical Professional's Office	307	269	\$9,559,684	\$35,538	77	\$26,943,892	\$349,921
Emergency Room/Emergency Department	269	247	\$14,454,151	\$58,519	54	\$32,439,442	\$600,730
Patient's Room, Including Patient Bathroom for Inpatient Areas Not Otherwise Specified	241	210	\$8,998,904	\$42,852	62	\$46,364,156	\$747,809

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)	198	173	\$4,642,790	\$26,837	76	\$14,044,231	\$184,793
Other (No Listed Location Applies)	112	89	\$2,724,972	\$30,618	33	\$2,543,984	\$77,090
Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)	83	71	\$8,177,364	\$115,174	29	\$34,470,519	\$1,188,639
Outpatient/Ambulatory Care Areas or Facilities	55	52	\$1,942,760	\$37,361	16	\$6,699,634	\$418,727
Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)	49	37	\$1,062,985	\$28,729	9	\$1,382,976	\$153,664
Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine)	44	37	\$1,835,006	\$49,595	10	\$8,713,324	\$871,332

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Critical Care Unit (ICU/CCU/NICU)	22	20	\$622,185	\$31,109	5	\$2,438,500	\$487,700
Patient's Home	20	16	\$388,181	\$24,261	9	\$576,500	\$64,056
Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)	18	18	\$889,941	\$49,441	4	\$650,630	\$162,658
Facility Support Areas (Including Administrative Areas, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)	9	8	\$139,513	\$17,439	4	\$202,000	\$50,500
Recovery Room (Post-Anesthesia Care Unit)	7	6	\$772,477	\$128,746	3	\$660,000	\$220,000
Hospice Area or Facility	6	5	\$126,320	\$25,264	2	\$47,500	\$23,750

LOCATION	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Mental Health (Includes Psychiatric and Drug & Alcohol Addiction)	6	3	\$308,945	\$102,982	4	\$324,500	\$81,125
Nursery/Pediatric Ward	5	4	\$680,252	\$170,063	2	\$3,304,200	\$1,652,100
Physical Therapy Dept.	2	2	\$1,977	\$988	1	\$12,045	\$12,045
TOTALS and AVERAGES:	1945	1665	\$72,189,132	\$43,357	579	\$230,342,095	\$397,827