



Ohio 2023 Medical Professional Liability Closed Claim Report

Ohio Medical Professional Liability Closed Claim Report – 2023

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 2023. 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 2023 Closed Claims

- **Total Claims:** For 2023, a total of 1,839 claims were reported by 92 entities. Authorized insurers¹ reported the most claims, 784. Self-insured entities reported 773 claims; surplus lines insurers² reported 164 claims; and risk retention groups³ reported 118 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 68% of the claims, or 1,249, had no indemnity payments, 32.1% of the claims or 590, closed with an indemnity payment. The total amount paid to claimants was \$273,706,913, an average of \$463,910 per claim in which an indemnity payment was made. (Exhibit 2)
- **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 1,758. These expenses totaled \$90,689,938, an average of \$51,587 per claim. (Exhibit 2)
- **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, 131 closed within one year of being reported and had an average paid indemnity of \$309,168. That figure rose to \$676,198 for 91 claims closing in their fourth year. 25 claims closed at seven or more years after being reported with an average indemnity payment of \$507,633. (Exhibit 3)
- **ALAE and Age of Claim:** Allocated loss adjustment expenses generally increased with the age of the claim. Starting with an average of \$11,746 for claims that closed within one year of being reported. This increased to \$117,612 for claims that closed in the sixth year. For claims closed at seven or more years after being reported the average ALAE was \$327,067. (Exhibit 3)
- **Regional Comparisons:** Approximately fifty percent of the claims, or 912, came from Northeast Ohio. Of these, almost 29% or 260 resulted in indemnity payments totaling \$146,008,279. Over fifty-three percent of the total dollar amount paid to claimants statewide in 2023 arose from Northeast Ohio claims. Northeast Ohio had the highest average paid indemnity of \$561,576. The breakdown of average paid indemnity for the remainder of Ohio, in descending order: Central-\$500,996; Southwest-\$371,508; Northwest-\$352,901; and Southeast-\$243,258. (Exhibit 7)
- **Specialty Comparisons:** When claims were broken down by medical specialty, Internal Medicine had the most claims at 87 with 18 resulting in paid indemnity averaging \$283,982. For those specialties that are broken out, Emergency Medicine had the highest average paid indemnity of \$1,610,787 for 13 claims with payments, out of 61 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 736 with 195 resulting in paid indemnity. Diagnosis-Related claims totaled 309. Of these, 82 resulted in indemnity payments averaging \$927,978, the highest average payment for any type of injury. (Exhibit 10)

VII. Detailed Findings

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 1,839 claims that were closed in 2023, approximately 68% closed with no indemnity payment. Included in this figure are five categories:
 - 39.1% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice.
 - 13.8% were dismissed by summary judgment or a directed verdict.
 - 9.4% ended through a settlement.
 - 3.2% ended with a verdict for the defendant.
 - 2.4% ended with alternative dispute resolution.
- Approximately 32% of the claims closed with an indemnity payment. Four categories of claims are included here:
 - 28.1% reached a settlement.
 - 3.3% used alternative dispute resolution.
 - 0.4% had a verdict for the plaintiff.
 - 0.3%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 \$22,200. The claims that were disposed of by a verdict, with an indemnity payment, had the highest average ALAE of \$189,214.

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 28.2% of the total and had the lowest average ALAE of \$11,746 and also had the second lowest average indemnity of \$309,168. Costs tended to grow as the claims aged. The category of greater than 3 but less

⁴ Some of these breakdowns may not add up to 100% due to rounding.

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than 4 years had the largest average indemnity payments of \$676,198. The category of greater than 7 years had the largest average ALAE of \$327,067.

Claims by Size (Appendix C, Exhibit 4)

Of the 1,839 claims reported closed in 2023, approximately 32.1% or 590, generated an indemnity payment. Of these 590 claims, 63 claims or 10.7% generated an indemnity payment greater than \$1 million. These 63 claims generated indemnity payments of \$166.0 million or 60.6% of the total indemnity payments for all claims. Another 76 claims, or 12.9%, generated an indemnity payment below \$1 million but at least \$500,000. These 76 claims generated indemnity payments of \$52.4 million or 19.1% of the total indemnity payments for all claims. In 2023, 79.8% of the total paid indemnity was generated by 23.6% of the claims that closed with an indemnity payment.

Claims by Insurer Type (Appendix C, Exhibit 5)

A total of 92 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 1,839 closed claims that were reported, 42.6% of the claims were reported by admitted insurance companies and 42.0% 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 2023 closed claims.

Approximately 50% of the closed claims reported for 2023 were from the Northeast region. The claims from the Northeast region had the largest average indemnity payment and the Southwest region 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 seven physician and surgeon specialties. All other specialties are grouped together as “Other” to maintain confidentiality. Approximately 19% of the claims resulted in an indemnity payment. Internal medicine had the most closed claims in 2023.

Of the physician specialties shown, Emergency Medicine had the highest average paid indemnity of \$1,616,787.

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

Exhibit 9 displays the 2023 closed claims experience for all the provider types. Approximately 32.5% of the 1,839 closed claims were reported for Physicians/Surgeons. The largest average paid indemnity was \$656,602 for claims reported for Hospitals. The largest average ALAE of \$87,579 was for claims reported for Hospitals. While 19% of the claims reported for a Physician/Surgeon resulted in an indemnity payment, 48% 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 1,839 claims reported as closed in 2023, almost 74% of the claims were split between three categories, Medical Treatment/Non-Obstetrical, Surgery-Related, and Diagnosis-Related. Medical Treatment/Non-Obstetrical includes failure to treat, improper treatment, or delay in treatment. Diagnosis-Related includes failure to diagnose, misdiagnose, and delay in diagnosis. Surgery-Related includes delay in surgery and improper performance of surgery. Diagnosis-Related claims had the highest average paid indemnity of \$927,978. Obstetrics-Related claims include improper delivery method, improper management of pregnancy, and delay in delivery. These type of claims had the highest average ALAE of \$274,923. 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 1,839 closed claims reported, 44 or 2.4% were identified as birth injury claims. Of these 44 birth injury claims, over 52% resulted in an indemnity payment. The average indemnity payment of a birth injury claim was \$1,081,196, over two times the overall average indemnity payment of \$463,910.

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Severity of Injury (Appendix C, Exhibit 12)

Of the 1,839 claims reported as closed in 2023, 763 or 41.5% of the claims were due to death, with an average paid indemnity of \$592,271. For 2023, claims with injuries identified as “permanent grave” had the highest average paid indemnity of \$2,448,636, an amount more than five times the overall average indemnity payment. “Permanent grave” injuries include quadriplegia and severe brain damage, requiring lifelong dependent care.

Age of Injured Person (Appendix C, Exhibits 13)

Of the 1,839 claims reported as closed, 62.4% of the claims identified the injured party as an adult, ages 18 to 64. Adults ages 65 or older represented 33.2% of the claims. Infants and minors together represented 4.5% the claims. The average indemnity payment for minors was the highest for the various age groupings at \$2,016,040.

Gender of Injured Person (Appendix C, Exhibit 14)

Of the 1,839 claims reported as closed, 58% of the claims reported the injured party as female and 42% of the claims reported the injured party as male. When the injured party was a female, the average indemnity payment was \$417,424. When the injured party was a male, the average indemnity payment was \$534,134.

Location of Injury (Appendix C, Exhibits 15)

Reporting entities identified the 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 2023 was generated by incidents that occurred in the medical professional’s office, followed by incidents that occurred in the operating suite. These two locations represent 39.3% of the reported claims. The largest average indemnity payment was due to incidents that occurred in the Obstetrics Department. The largest average ALAE amounts were also due to incidents that occurred in the Obstetrics Department.

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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 1,839 claims reported as closed in 2023, all 1,839 are post-SB 281 claims. For the post-SB 281 claims, the average indemnity payment is \$463,910 with an average ALAE payment of \$51,587. The median indemnity payment in 2023 for the post-SB 281 is \$145,000. 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 zero claims from pre-SB 281 for 2023.

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

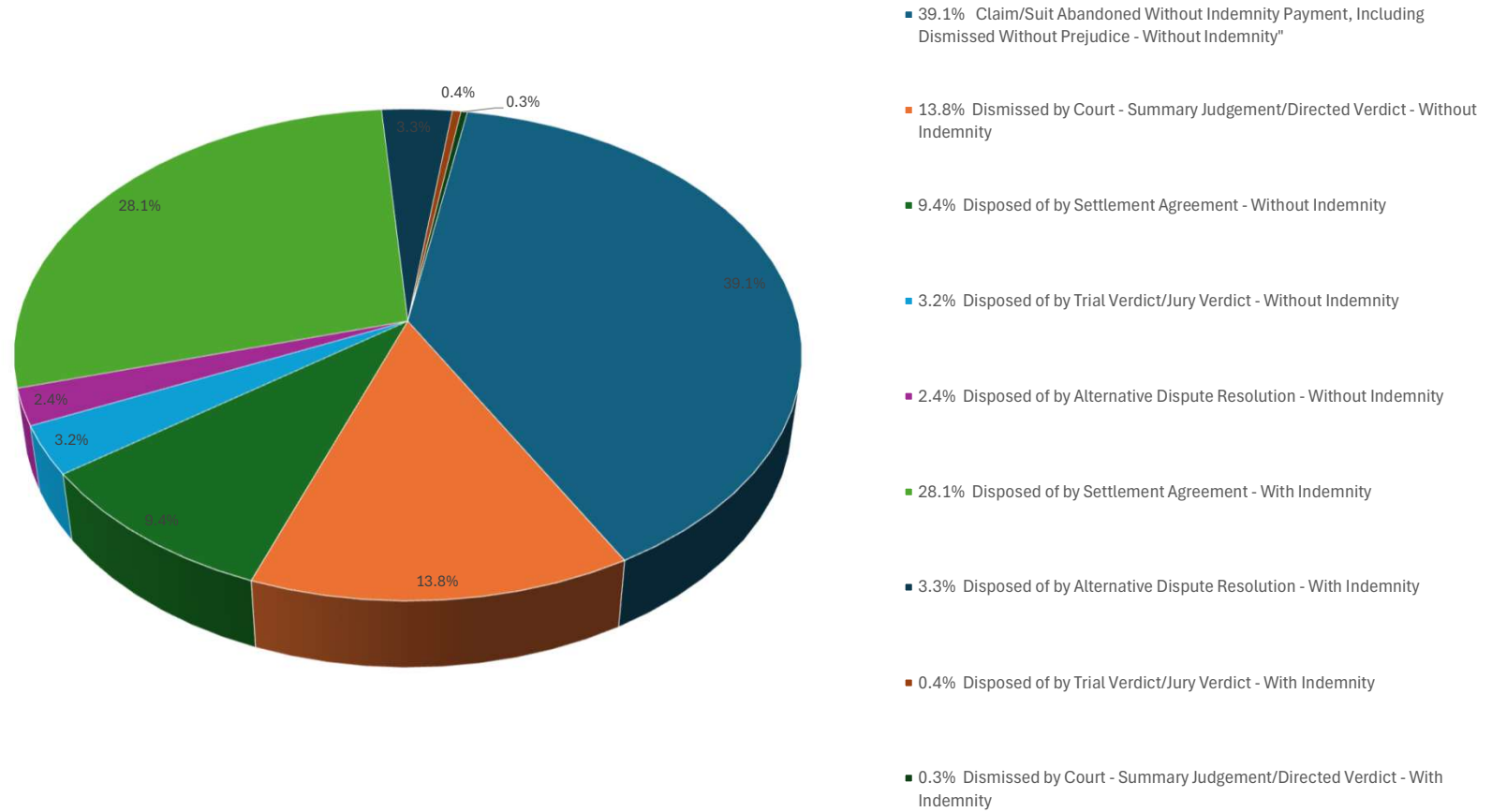
Statutory Authority: 3901.041, 3929.302

Rule Amplifies: 3929.302

Prior Effective Dates: 1/2/2005)

OHIO
Closed Claims in 2023
Outcome of Malpractice Claims

1839 Closed Claims



OHIO

2023 Closed Claims

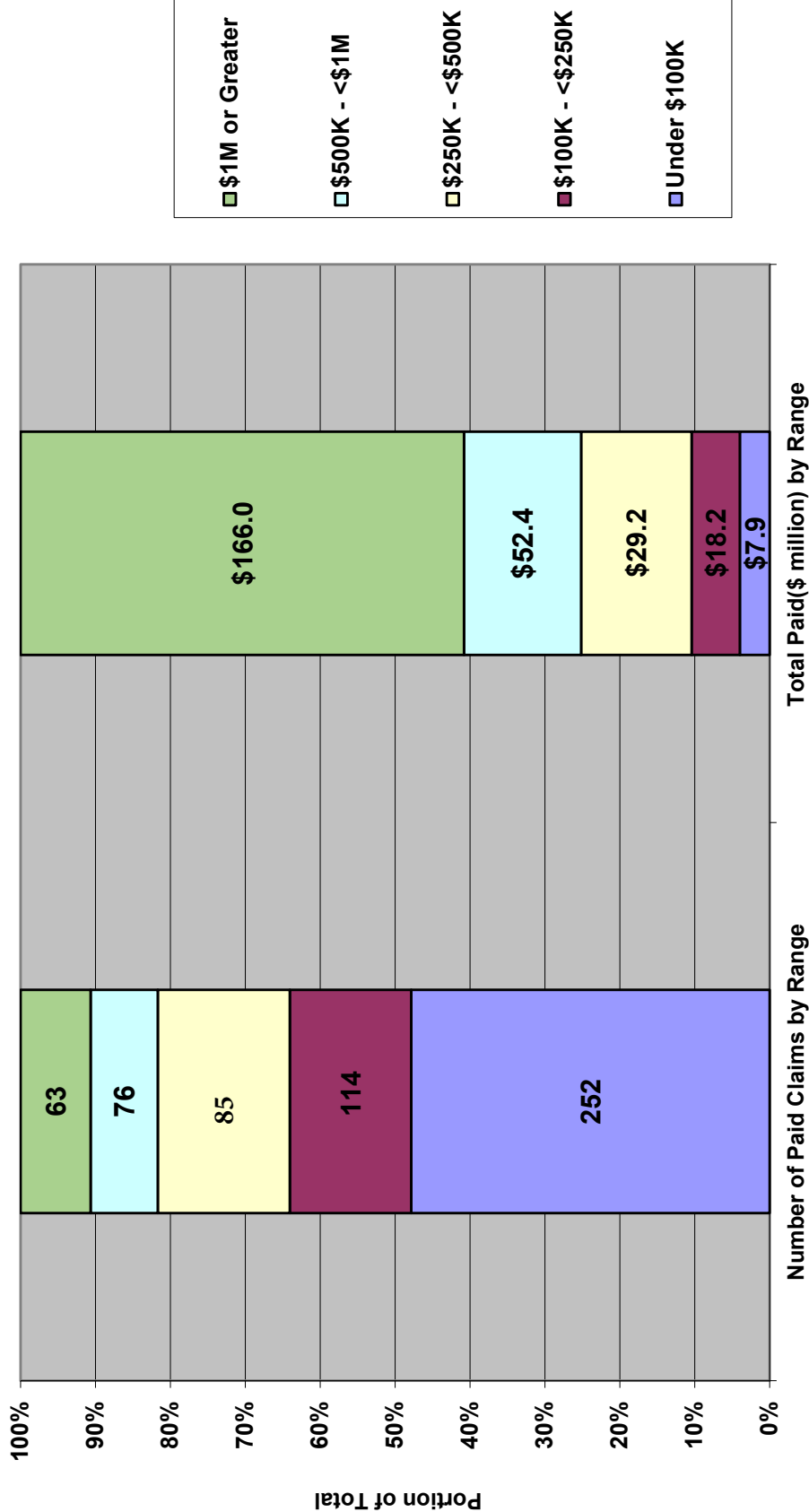
ALAE and Indemnity Payments by Final Disposition Description

DISPOSITION	TOTAL CLAIMS	Average	CLAIMS WITH ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Claim or Suit Abandoned WITHOUT Indemnity Payment	719	39.1%	719	\$ 15,961,726	22,200	0	\$0	\$0
Summary Judgement/Directed Verdict WITHOUT indemnity Payment	253	13.8%	253	\$ 6,450,628	25,497	0	\$0	\$0
Disposed of by Settlement Agreement – WITHOUT Indemnity Payment	173	9.4%	173	\$ 3,033,514	17,535	0	\$0	\$0
Disposed of by Trial – Verdict WITHOUT indemnity	59	3.2%	59	\$ 7,729,518	131,009	0	\$0	\$0
Disposed of by Alternative Dispute Resolution – WITHOUT Indemnity Payment	45	2.4%	45	\$ 1,505,037	33,445	0	\$0	\$0
Dismissed by Court - Summary Judgement/Directed Verdict WITH indemnity Payment	5	0.3%	5	\$ 389,356	\$ 77,871	5	\$ 4,500,000	\$900,000
Disposed of by Trial – Verdict WITH indemnity Payment	8	0.4%	8	\$ 1,513,715	\$ 189,214	8	\$ 8,656,034	\$1,082,004
Disposed of by Alternative Dispute Resolution – WITH Indemnity Payment	60	3.3%	57	\$ 5,257,095	\$ 92,230	60	\$ 53,643,519	\$894,059
Disposed of by Settlement Agreement – WITH Indemnity Payment	517	28.1%	439	\$ 48,849,349	\$ 111,274	517	\$ 206,907,360	\$400,208
	1839	100%	1758	\$ 90,689,938	\$ 51,587	590	\$ 273,706,913	\$463,910

OHIO
2023 Closed Claims
ALAE and Indemnity Payments by Age of Claim

AGE OF CLAIM	TOTAL CLAIMS	CLAIMS WITH ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Less Than 1	518	457	5,367,937	11,746	131	40,501,073	309,168
1 But less than 2	466	455	13,984,041	30,734	118	42,078,511	356,598
2 But less than 3	343	340	17,808,916	52,379	130	73,288,465	563,757
3 But less than 4	247	247	13,210,022	53,482	91	61,534,022	676,198
4 But less than 5	137	132	14,758,410	111,806	56	30,920,003	552,143
5 But less than 6	68	68	7,997,582	117,612	30	8,747,332	291,578
6 But less than 7	21	21	5,134,483	244,499	9	3,946,675	438,519
7 or Greater	39	38	12,428,546	327,067	25	12,690,833	507,633
	1839	1758	90,689,937.83	51,587	590	273,706,913.02	463,910

OHIO
2023 Closed Claims
By Size of Payment

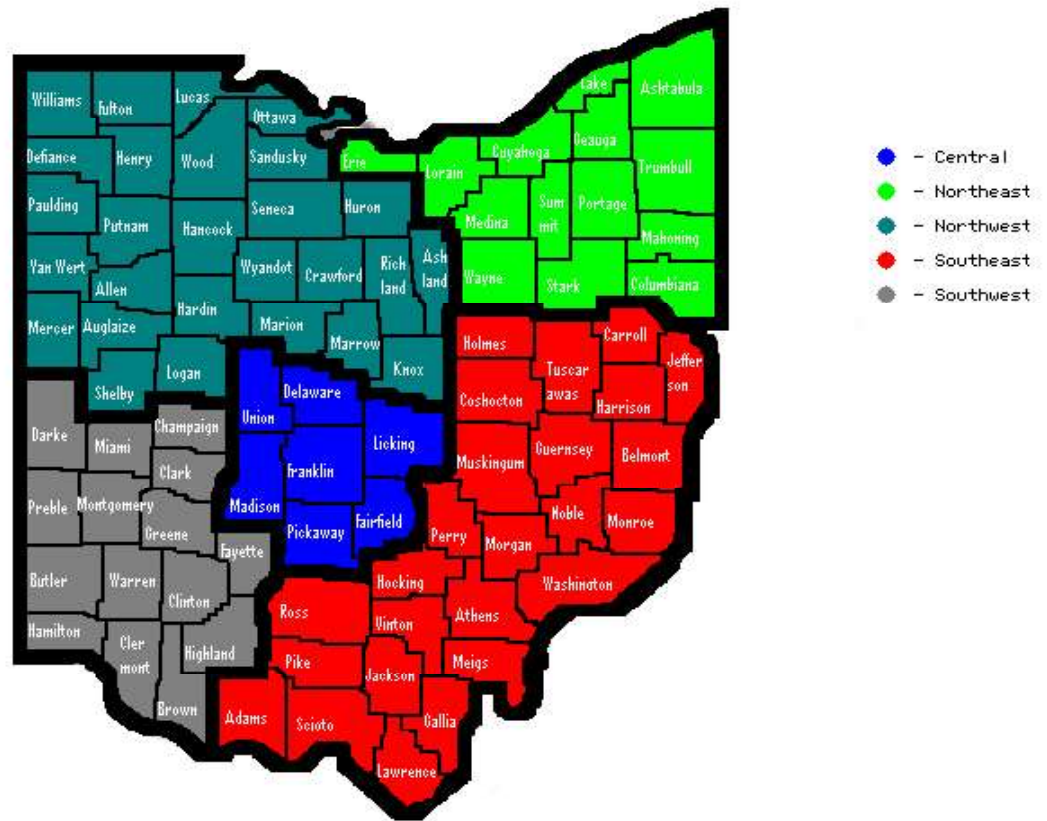


2023 Closed Claims

ALAE and Indemnity Payments by Insurer Type

AGE IN YEARS	TOTAL CLAIMS	CLAIMS WITH ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Insurance Company - Authorized/Admitted	784	775	27,878,274	35,972	196	57,509,882	293,418
Self Insurers (Captives)	773	706	51,482,394	72,921	320	197,356,997	616,741
Insurance Company - Surplus Lines	164	161	5,967,137	37,063	50	12,037,534	240,751
Risk Retention Group	118	116	5,362,133	46,225	24	6,802,500	283,438
	1839	1758	90,689,937.83	51,587	590	273,706,913.02	463,910

Closed Claims 2023 Regions



The counties displayed on the map include the following:

Central:

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

Northeast:

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

Northwest:

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

Southeast:

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

Southwest:

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

2023 Closed Claims
ALAE and Indemnity Payments by Region and County

REGION	COUNTY	TOTAL CLAIMS	CLAIMS WITH ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Central								
	Franklin	165	155	8,089,469	52,190	69	33,653,253	487,728
	Central Remainder	49	46	1,929,701	41,950	15	8,430,701	562,047
Total and Averages:		214	201	10,019,170	49,847	84	42,083,954	500,999
Northeast								
	Cuyahoga	413	384	14,442,427	37,610	116	75,242,923	648,646
	Summit	115	108	3,665,290	33,938	37	15,912,853	430,077
	Stark	90	90	4,468,046	49,645	21	7,219,013	343,763
	Mahoning	69	68	3,014,532	44,331	19	8,902,500	468,553
	Lake	59	59	2,542,435	43,092	11	4,192,500	381,136
	Central Remainder	166	157	7,106,952	45,267	56	34,538,490	616,759
Total and Averages:		912	866	35,239,682	40,692	260	146,008,279	561,570
Northwest								
	Lucas	169	164	3,970,886	24,213	61	9,284,997	152,213
	Northwest Remainder	119	113	4,309,020	38,133	37	25,299,298	683,765
Total and Averages:		288	277	8,279,907	29,891	98	34,584,295	352,901

2023 Closed Claims
ALAE and Indemnity Payments by Region and County

REGION	COUNTY	TOTAL CLAIMS	CLAIMS WITH ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Southeast	Southeast	90	87	5,213,880	59,930	31	7,540,985	243,258
Total and Averages:		90	87	5,213,880	59,930	31	7,540,985	243,258
Southwest								
	Hamilton	135	129	9,210,854	71,402	47	13,275,969	282,467
	Montgomery	101	100	15,858,681	158,587	31	16,318,196	526,393
	Butler	26	26	3,273,409	125,900	16	7,898,985	493,687
	Central Remainder	69	68	3,176,167	46,708	20	4,858,750	242,938
Total and Averages:		331	323	31,519,110	97,582	114	42,351,901	371,508
Unknown	Unknown	4	4	418,189	104,547	3	1,137,500	379,167
Total and Averages:		4	4	418,189	104,547	3	1,137,500	379,167
Grand Total and Averages:		1839	1758	90,689,938	51,587	590	273,706,913	463,910

OHIO
2023 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	87	87	3,449,003	39,644	18	5,111,667	283,982
Emergency Medicine	61	61	3,804,391	62,367	13	20,940,228	1,610,787
Family Physicians\General PR actioners	38	38	1,836,958	48,341	8	3,326,667	415,833
Surgery - Orthopedic	35	35	1,514,366	43,268	7	3,621,667	517,381
Radiology	35	34	1,286,659	37,843	7	5,925,000	846,429
Physicians	33	33	1,225,395	37,133	6	1,835,000	305,833
Obstetrics/Gynecology	32	31	2,809,838	90,640	11	3,600,736	327,340
Cardiovascular Disease	26	26	2,199,571	84,599	3	4,045,000	1,348,333
Other	251	249	8,128,823	32,646	38	13,486,622	354,911
Total and Averages:	598	594	26,255,005	44,200	111	61,892,587	557,591

OHIO
2023 Closed Claims
ALAE and Indemnity Payments by Medical Provider Type

MEDICAL PROVIDER TYPE	TOTAL CLAIMS	CLAIMS WITH ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Physician/Surgeon	598	594	26,255,005	44,200	111	61,892,587	557,591
Hospital	484	428	37,483,235	87,578	233	152,988,200	656,602
Corporation/Partnership Coverage	384	377	14,381,708	38,148	89	27,900,750	313,492
Nursing Home/Assisted Living Facility/Skilled Nursing/Rehab	167	163	6,529,985	40,061	109	22,449,964	205,963
Nursing-Related Profession	67	67	1,734,615	25,890	7	1,986,900	283,843
Related Profession	49	45	837,030	18,601	18	1,288,696	71,594
Clinic/Health Center	44	39	1,326,992	34,025	13	1,681,816	129,370
All Other Profession Types	22	21	1,182,878	56,328	4	727,500	181,875
Other	24	24	958,491	39,937	6	2,790,500	465,083
Total and Averages:	1839	1758	90,689,938	51,587	590	273,706,913	463,910

OHIO
2023 Closed Claims
ALAE and Indemnity Payments by Injury Type

Appendix C, Exhibit 10

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.)	736	725	27,476,496	37,899	195	74,899,841	384,102
Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.)	309	299	19,557,362	65,409	82	76,094,161	927,978
Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)	308	287	12,642,152	44,049	90	43,128,838	479,209
Safety & Security-Related (Falls, Failure To Ensure Safety, Failure to Protect From Assault)	123	114	3,427,580	30,066	69	9,651,668	139,879
Other (No Listed Category Applies)	78	73	2,623,971	35,945	20	3,699,852	184,993
Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)	72	60	3,482,895	58,048	38	21,417,320	563,614
Patient Monitoring-Related (Failure to Monitor, etc.)	70	70	4,014,636	57,352	35	14,311,500	408,900
Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)	53	51	14,021,066	274,923	28	22,722,553	811,520
Anesthesia-Related (Improper Choice, Improper Administration, etc.)	35	29	1,003,390	34,600	12	1,761,739	146,812

2023 Closed Claims

ALAE and Indemnity Payments by Injury Type

INJURY DESCRIPTION	TOTAL CLAIMS	CLAIMS WITH ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc.)	19	18	666,075	37,004	9	2,815,914	312,879
Communication-Related (Failure To Instruct, Failure to Obtain Consent, etc.)	15	13	801,067	61,621	5	345,622	69,124
Supervision-Related (Supervision of Residents, Nurses, etc.)	13	12	762,946	63,579	4	2,575,000	643,750
Other	8	7	210,302	30,043	3	215,000	71,667
Total and Averages:	1839	1758	90,689,938	51,587	590	273,639,008	463,795

OHIO
2023 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	1795	1715	77,346,654	45,100	567	248,839,413	438,870
Yes	44	43	13,343,284	310,309	23	24,867,500	1,081,196
Total and Averages:	1839	1758	90,689,938	51,587	590	273,706,913	463,910

OHIO

2023 Closed Claims
ALAE and Indemnity Payments by Severity Type

SEVERITY DESCRIPTION	TOTAL CLAIMS	CLAIMS WITH ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Death	763	748	37,198,625	49,731	226	133,853,280	592,271
Emotional	84	75	1,133,485	15,113	17	1,150,401	67,671
Permanent Grave	41	38	12,845,783	338,047	22	53,870,000	2,448,636
Permanent Major	78	78	7,581,810	97,203	23	27,038,439	1,175,584
Permanent Minor	131	122	5,152,667	42,235	47	8,081,652	171,950
Permanent Significant	132	129	11,262,467	87,306	41	29,666,893	723,583
Temporary Insignificant	71	61	1,671,827	27,407	28	1,880,417	67,158
Temporary Major	244	236	6,345,524	26,888	78	8,763,378	112,351
Temporary Minor	295	271	7,497,750	27,667	108	9,402,453	87,060
Total and Averages:	1839	1758	90,689,938	51,587	590	273,706,913	463,910

OHIO

2023 Closed Claims
ALAE and Indemnity Payments by Injury Age Group

AGE GROUP	TOTAL CLAIMS	CLAIMS WITH ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Adult (Ages 18-64)	1147	1085	46,039,726	42,433	355	154,325,405	434,719
Senior (Age 65+)	610	597	25,689,126	43,030	203	64,055,215	315,543
Minor (Ages 1 to 17)	45	43	7,315,002	170,116	14	28,224,559	2,016,040
Infant (Less than 1 year old)	37	33	11,646,084	352,912	18	27,101,734	1,505,652
Total and Averages:	1839	1758	90,689,938	51,587	590	273,706,913	463,910

OHIO

2023 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	1066	1019	44,924,069	44,086	355	148,185,455	417,424
Male	772	738	45,760,869	62,007	235	125,521,459	534,134
Binary	1	1	5,000	5,000	0	-	-
Total and Averages:	1839	1758	90,689,938	51,587	590	273,706,913	463,910

OHIO
2023 Closed Claims
ALAE and Indemnity Payments by Injury Location

INJURY LOCATION	TOTAL CLAIMS	CLAIMS WITH ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Medical Professional's Office	390	379	13,514,984	35,660	116	33,853,578	291,841
Operating Suite (Includes Pre-Op & Operating Rooms)	332	311	13,649,933	43,890	98	50,581,239	516,135
Emergency Room/Emergency Department	246	238	14,706,687	61,793	60	55,021,868	917,031
Nursing Home (Includes Assisted Living, Extended Care & Long-	235	231	7,514,562	32,531	103	21,896,940	212,592
Patient's Room, Including Patient Bathroom for Inpatient Areas Not	173	163	7,774,043	47,694	56	20,347,088	363,341
Other (No Listed Location Applies)	122	115	5,134,679	44,649	32	12,310,156	384,692
Special Procedure Room (Includes Cardiac Cath Lab, EEG,	60	54	2,712,999	50,241	24	13,024,209	542,675
Obstetrics Department (Labor & Delivery, Recovery & Post-	59	58	14,345,287	247,333	26	29,439,436	1,132,286
Radiology (Includes Mammography, CT, MRI, Radiation	56	52	2,155,677	41,455	15	11,837,500	789,167
Outpatient/Ambulatory Care Areas or Facilities	48	44	1,689,533	38,398	17	2,877,740	169,279

OHIO
2023 Closed Claims
ALAE and Indemnity Payments by Injury Location

INJURY LOCATION	TOTAL CLAIMS	CLAIMS WITH ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS With INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
Patient's Home	38	36	1,289,210	35,811	10	2,986,965	298,697
Critical Care Unit (ICU/CCU/NICU)	35	35	4,345,951	124,170	15	11,953,342	796,889
Ancillary Services (Includes Laboratory, Pharmacy, and Blood	10	8	112,945	14,118	3	310,712	103,571
Other	35	34	1,743,447	51,278	15	7,266,140	484,409
Total and Averages:	1839	1758	90,689,938	51,587	590	273,706,913	463,910