



Ohio Administrative Code

Rule 3364-10-09 Reporting professional liability claim payments.

Effective: [March 23, 2020](#)

(A) Policy statement

It is the policy of the university of Toledo ("university") to follow a consistent and legally compliant procedure when the university makes payment(s) in settlement of a professional liability claim or to satisfy a judgment order pertaining to allegations of professional liability and when such payments are made on behalf of a named defendant ("defendant") who is a participant ("participant") in the university of Toledo's professional liability insurance program ("insurance program").

(B) Purpose of policy

To define the responsibilities of the university in regard to the reporting of payments made as a result of alleged professional liability to assure compliance to all state and federal laws and regulations.

(C) Procedure

(1) Reporting to the state medical board of Ohio

(a) The university will notify the state medical board of Ohio within thirty days after the final disposition of any written claim for damages, arising from patient care, when:

(i) The physician, physician assistant, or anesthesiology assistant who is a defendant of the written claim is a participant in the university's insurance program; and

(ii) The final disposition of the written claim results in payment made on behalf of a defendant which exceeds twenty-five thousand dollars or as such other requirements set forth in Ohio law as they may be amended from time to time.



(b) For purposes of reporting to the state medical board of Ohio, the following will apply:

(i) The amount of payment will mean the aggregate gross settlement, not including court costs or other litigation costs.

(ii) The present value of future payments will be used in calculating the aggregate gross settlement in cases of structured payments.

(iii) In cases involving multiple insurance program defendants where payment exceeds twenty-five thousand dollars but no specific allocation is made in the disposition of the claim by the settlement or judgment order, a report will be filed with the state medical board for each of the defendants upon whose behalf the payment is made.

(iv) Payments made solely for damages not arising from patient care will not be reported.

(v) The waiver of an outstanding debt or charge for services will not be construed as a payment.

(c) Each notification to the state medical board will include the following:

(i) The name and address of the person submitting the notification;

(ii) The name of the university of Toledo;

(iii) The name and address of the defendant of the claim;

(iv) The name of the person filing the written claim (plaintiff);

(v) The date of final disposition;

(vi) The amount of payment; and

(vii) If applicable, the identity of the court in which the final disposition took place.



(2) Reporting to the national practitioner data bank ("NPDB"):

(a) The university will notify the NPDB within thirty days of the date that a payment is made in settlement of, or in satisfaction in whole or in part of a written claim or judgment, arising from patient care for a participant in the university's insurance program with regard to the physician, dentist, or other health care provider who is the subject of the claim.

(b) For purposes of reporting to the NPDB, the following will apply:

(i) Reporting payment(s) to the NPDB requires that:

(a) The participant be named in the caption or body of a written complaint or claim demanding monetary payment for alleged damages; and

(b) The participant is named in a settlement release or final adjudication related to the alleged incident.

(ii) Reports will be submitted to the NPDB when professional liability payments are made for the benefit of licensed residents or fellows who are participants in the insurance program;

(iii) Payments made for the benefit of medical or dental students are not reportable to the NPDB, but all other health care professionals licensed under Ohio law are reportable;

(iv) A payment made to settle a professional liability claim or action is not reportable to the NPDB if the participant is dismissed from the lawsuit prior to the settlement or judgment due to lack of involvement in the alleged incident.

(v) A payment made at the low end of a high-low agreement that is in place prior to a verdict will not be reported to the NPDB if the fact-finder rules in favor of the participant and assigns no liability to the participant; and

(vi) A complaint filed in any competent court asserting a professional liability claim and demanding payment constitutes a written claim for damages.



(c) Each notification to the NPDB will include a narrative description of the acts or omissions and injuries and illnesses upon which the professional liability action or claim was based, including the following:

(i) Age of the claimant at the time of the initial alleged event;

(ii) Sex of the claimant;

(iii) Patient type (inpatient, outpatient, or both);

(iv) Initial event or medical condition of the patient (words that best describe the diagnosis);

(v) Procedure performed or treatment rendered by the participant as provider to the patient for the medical condition described;

(vi) Claimant's allegation (the occurrence that precipitated the claim of damages);

(vii) Associated legal or other issues which have an impact on the claim; and

(viii) The outcome.