



Ohio Administrative Code

Rule 3901-1-65 Medical malpractice annual filing requirements.

Effective: February 13, 2025

(A) Purpose

The purpose of this rule is to safeguard the interest of the public by allowing reasonable inspection and analysis of insurers' rating plans on an annual basis for the regulation and monitoring of medical malpractice premium rates.

(B) Authority

This rule is adopted pursuant to the authority vested in the superintendent under sections 3901.041, 3937.04 and 3937.12 of the Revised Code.

(C) Annual rate filing requirement

(1) Every insurer issued a certificate of authority to write medical malpractice insurance in this state and that issues such insurance in this state, shall at a minimum, file annually with the superintendent of insurance, appropriate information and exhibits, in support of the insurer's existing rating plan. If at any time the superintendent of insurance finds that a rate no longer complies with sections 3937.01 to 3937.17 of the Revised Code, the superintendent may, in accordance with section 3937.04 of the Revised Code, state that the rate shall no longer be effective.

(2) In lieu of the filing required in paragraph (C)(1) of this rule a carrier may annually file for a rate adjustment in accordance with section 3937.03 of the Revised Code.

(3) Included with a filing required in paragraph (C)(1) or (C)(2) of this rule, every insurer that issues medical malpractice insurance in this state, shall file the average, minimum, and maximum deviation from manual rates due to individual risk premium modifications, also known as schedule rating credits and debits, or discretionary credits and debits, applied by the insurer during a twelve month period which ends no more than six months before the date of the filing. If at any time the



superintendent of insurance finds that the credits and debits exceed the maximum allowed or may result in inadequate rates or be destructive of competition or detrimental to solvency of insurers, the superintendent may in accordance with section 3937.04 of the Revised Code state that the rate shall no longer be effective.

(D) Superintendent's discretionary authority

Extensions of time for the filing required under paragraph (C) of this rule may be granted by the superintendent upon a showing by the insurer the reasons for requesting such extension and a determination by the superintendent of good cause for the extension. The request for an extension must be submitted in writing not less than ten days prior to the due date of the required filing.

(E) Severability

If any portion of this rule or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the rule or related rules which can be given effect without the invalid portion or application, and to this end the provisions of this rule are severable.