



Ohio Administrative Code

Rule 4731-15-03 Malpractice reporting requirement.

Effective: [March 31, 2010](#)

(A) Any insurer providing professional liability insurance or any other entity that seeks to indemnify the professional liability of any person holding a valid certificate issued pursuant to Chapter 4730., 4731., 4760., 4762., or 4774. of the Revised Code shall notify the board within thirty days after the final disposition of any written claim for damages where such disposition results in a payment which exceeds twenty-five thousand dollars.

(B) For purposes of division (D) of section 4730.32 of the Revised Code, division (D) of section 4731.224 of the Revised Code, division (D) of section 4760.16 of the Revised Code, division (D) of section 4762.16 of the Revised Code, division (D) of section 4774.16 of the Revised Code, and this rule:

(1) The amount of payment shall mean the aggregate gross settlement, not including court costs or other litigation costs;

(2) The present value of future payments shall be utilized in calculating the aggregate gross settlement in cases of structured payments;

(3) In cases involving multiple defendants where payment exceeds twenty-five thousand dollars but no specific allocation is made in the disposition of the claim, a report shall be filed with the board for each of the defendants upon whose behalf the payment is made;

(4) Payments made solely for damages not arising from patient care need not be reported;

(5) The waiver of an outstanding debt is not construed as a payment.

(C) Each notification to the board shall include the following:

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



- (2) The identity of the insurer or other indemnifying entity;
 - (3) The name and address of the insured who is the subject of the claim;
 - (4) The name of the person filing the written claim;
 - (5) The date of final disposition;
 - (6) The amount of payment;
 - (7) If applicable, the identity of the court in which the final disposition took place.
- (D) An insurer that reports a medical malpractice payment to the national practitioner data bank may satisfy the reporting requirement of this rule by timely filing a copy of the national practitioner data bank medical malpractice report with the board.
- (E) The reports received under division (D) of section 4730.32 of the Revised Code, division (D) of section 4731.224 of the Revised Code, division (D) of section 4760.16 of the Revised Code, division (D) of section 4762.16 of the Revised Code, division (D) of section 4774.16 of the Revised Code, and this rule shall be listed for periodic review by the secretary and supervising member at least once every three months. The review shall determine the need to investigate possible violations of Chapter 4730., 4731., 4760., 4762., or 4774. of the Revised Code or any rule of the board.