

Instructions for Preparation of the Tennessee Health Care Liability Reporting Form for Facilities and Providers for the Reporting Period of January 1, 2011 through December 31, 2011

Reporting Entity

To determine whether an individual, company or other entity qualifies as a “reporting entity” under the law, please refer to the Tennessee Health Care Liability Reporting Act (the Act), Tenn. Code Ann. §§ 56-54-101, *et seq.*

Tenn. Code Ann. §§ 56-54-101, *et seq.*, may be viewed by entering the statute number in the “Search” box at the following web address:

<http://www.lexisnexis.com/hottopics/tncode/>.

Determining the applicability of the Act is the responsibility of each reporting entity.

Penalties

Failure to submit all required information in the reporting form prescribed by the Commissioner on or before the March 1 deadline will subject a reporting entity to a penalty of \$100 per day in accordance with Tenn. Code Ann. § 56-54-109. For those reporting in a timely manner, the Division will notify you if there are questions or corrections are necessary. You will be allowed seven (7) days from the date of the notification to answer or correct the issues before penalties of \$100 per day begin accruing.

Submit Claims Information

All entities who have claims information to report must compile the data on the 2011 reporting form prescribed by the Department. The Tennessee Health Care Liability Reporting Form for Facilities and Providers (“reporting form”) can be found at the Department’s website at <http://tn.gov/commerce/insurance/medExpRpt.shtml>. The completed and compliant reporting form must be submitted on compact disk (“CD”) to the address listed at the end of these instructions. The reporting entity name must be clearly marked on the CD. Please be assured that the report shall not identify any individual entity or health care provider pursuant to Tenn. Code Ann. § 56-54-111.

The CD containing a complete and compliant report must be received at the address listed at the end of these instructions on or before March 1, 2012.

If there are no new or closed claims for 2011 and no previous pending claims, so there is nothing to report, send an electronic notice accordingly to the address listed on the back page of these instructions.

Information and Guidelines for the 2011 Reporting Form due March 1, 2012:

- The reporting form is a Microsoft Excel workbook that contains three (3) separate worksheets for pending claims, closed claims, and multiple attorneys. It is essential that the reporting entity use the appropriate worksheet to report all claims.
- A separate reporting form must be submitted for each individual reporting entity in the format prescribed by the Commissioner. Group reporting cannot be accepted.
- Reporting entities must complete the contact information at the top of the reporting form on the pending and closed worksheets. This portion of the reporting form includes shaded areas. Successful insertion of the required information automatically removes the shading. This information is required to confirm compliance with the Act.
- Instructions have been embedded within the reporting form. To view the instructions for filling out the form, hold the cursor over the first row under each column heading. These instructions explain the correct formatting and type of data required. In some instances if the reporting entity attempts to include information in a format other than the established format, an error message will occur.
- The reporting form will expand to include additional rows as needed to accommodate the number of claims to be reported.
- All data submitted in the reporting form must be submitted on a CD in the form prescribed by the Commissioner. Reporting entities must use the updated form dated 2011 in Excel 2010. If any other form is used, it will be rejected. Rejected submissions will cause the reporting entity to be in non-compliance, and penalties set forth in the Act may apply.
- The reporting form shall contain information identifying those claims that have been subject to settlement, judgment, or alternative dispute resolution (mediation and otherwise) which were contained in a prior report as a pending claim. If a claim was disclosed on the previous year's report and the claim number was changed, identify the old and new claim numbers in a cover letter.
- The reporting form shall contain the name and mailing address of the claimant's attorney. This must be the name of the individual attorney, not the name of the law firm. If there was more than one (1) attorney who worked on the claim, the word "multi" should be placed in first, middle and last name fields of the attorney; then, each attorney's information should be provided on the multiple attorney tab of the worksheet.
- If there is no law suit filed, the docket number should be left blank. If a date field is not applicable, such as date of judgment when no lawsuit has been filed, it may

be left blank. Also, if there is no judgment, the column that would indicate to whom the judgment favored should be left blank. No other column requiring information other than currency data should be left blank; instead, enter “unk” for unknown, “NA” for not applicable, or “none”, as appropriate.

- Any column requiring currency data which is left blank will be assumed to be zero (0).
- Do not space at the beginning of any column. Use the tab key to navigate across the row.
- When drop down menus are available, choose from the selection. Do not type in these fields.
- The Department expects reporting entities to use due diligence to discern the facts required to be reported.
- All data located in columns should be in alpha-numeric format unless otherwise stated. When using numeric data, only regular decimal formats should be used. No compressed or binary (small or larger integer) data will be accepted as valid.
- All licensed healthcare providers and facilities have a license number issued by the Tennessee Department of Health (DOH) or by the Tennessee Department of Mental Health & Development Disabilities (TDMHDD). The DOH license number should be expressed numerically without any other characters [e.g. -- hyphens (-)] or spaces within the license number. To verify a DOH license number for a facility, please visit the DOH website at http://health.state.tn.us/HCF/Facilities_Listings/facilities.htm. To verify a license number for a provider, please visit the DOH website at <http://health.state.tn.us/licensure/default.aspx>. To verify if a TDMHDD facility is licensed, please visit the TDMHDD website at <https://mhddapps.state.tn.us/Licensure/Inquiry.aspx?RPT=TDMHDD%20License%20Inquiry>. If licensed by TDMHDD the word “yes” should be entered in this field. If the facility or provider is not required to have a DOH or TDMHDD license, enter not applicable as “NA” in this field.
- Each claim must include an incident identifier when a claim has been filed against more than one defendant. The incident identifier for each companion claim must be identified with a hyphen (-) and a letter of the alphabet beginning with A, B, C, etc.
- If the insured is a facility, enter “N/A – not applicable” from the drop down menus in the columns for the provider type and the provider’s specialty.
- The Health Care Facility Location refers to the location within the facility where the incident occurred, i.e. Emergency Room, Patient Room, Operating Room, Office, Residence, etc.
- The Non-Economic Payments should be the insuring entities best estimate.
- There is an embedded formula in columns 52-90 (pending tab) and 53-92 (closed tab) checking for the presence of a correct entry in columns listed in their individual headings. If information has been correctly entered in each column, a prompt of “Good” should appear on each row under the columns listed above. If “Good” does not show in the prompt columns, check the column heading showing “Not Good” or “Required” and change information in those specific columns. “Good” should, then, appear in the prompt columns. If not, repeat the process

until the incorrect information is located and corrected, and “Good” appears in all prompt columns listed above.

Information Not in the Reporting Entity’s Control

If information is not reported because it is not within the control of the reporting entity, the reporting entity should document the action(s) it undertook in an effort to obtain such information and provide such documentation to the Department. The Department expects the reporting entity to use due diligence to discern the facts required to be reported.

Please note that this instruction does not apply to the license existence or license number of the healthcare provider or facility. Such license information is readily accessible on the Tennessee Department of Health or Tennessee Department of Mental Health & Development Disabilities websites as noted above and must be included in the reporting form. Failure to provide such information will cause the reporting entity to be in non-compliance and penalties outlined in the Act may apply.

Contact Information

A completed and compliant reporting form should be marked “Confidential” and mailed to the address listed below.

Questions should be sent in writing via U.S. Mail, hand delivered, facsimile, or electronic message to the following:

Tennessee Health Care Liability Reporting
c/o Ms. Jacquie Fortenberry
Tennessee Department of Commerce and Insurance
Insurance Division – Policy Analysis Section
Davy Crockett Tower, Fourth Floor
500 James Robertson Parkway
Nashville, Tennessee 37243-1133
Telephone: (615) 532-5340
Facsimile: (615) 741-0648
Jacquie.Fortenberry@tn.gov