Instructions for Preparation of the Tennessee Health Care Liability Reporting Form for Facilities and Providers for the Reporting Period of January 1, 2019 through December 31, 2019

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 ("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 may subject a reporting entity to a penalty of one hundred dollars ($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 if 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 one hundred dollars ($100) per day may begin accruing.

Submit Claims Information

All entities who have claims information to report must compile the data on the 2019 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 https://www.tn.gov/commerce/insurance/consumer-resources/health-insurance-information.html. 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, 2020.

If there are no new or closed claims for 2019 and no previous pending claims, there is nothing to report. Reporting entities that have nothing to report must send an electronic notice to the address listed on the back page of these instructions stating the facts.

Information and Guidelines for the 2019 Reporting Form due March 1, 2020:

- 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. Once the form is opened, folder-like tabs should be seen at the bottom of the screen, identifying "pending," "closed," and "multiple attorney" tabs.
- A separate reporting form must be submitted for each individual reporting entity in the format prescribed by the Commissioner. Group reporting will not be accepted.
- All data submitted in the reporting form must be submitted on a CD in the form prescribed by the Commissioner. Reporting entities must complete submit the 2019 form using Excel software. 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. DO NOT cut and paste from previous reports.
- DO NOT delete rows within the form or all the formula checks established will not work appropriately. Rather than delete the row entirely, delete the information entered in the row. It is permissible to leave a row blank when necessary, as long as every field in the row is blank.
- Encrypted reports will not be accepted.
- Instructions have been embedded within the reporting form. To view the instructions for filling out the form, hold the cursor over each row under the 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.
- No column which requires currency data should contain a negative number. No currency data field should be left blank. If no currency data is applicable to a specific field, leave the dash (-) already in the field or enter a zero (0). The currency fields are programmed in an accounting format. When a zero (0) is entered, it will automatically be replaced with a dash (-).
- Do not enter a 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 selections provided. Do not type in these fields.

- All data located in columns should be in alpha-numeric format unless otherwise stated. When using numeric data, only use zero (0) or round to the nearest dollar amount.
- In addition to any new or closed claims, the reporting form shall contain information identifying any claims 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.
- 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. This information is required to confirm compliance with the Act.
- When a claim has been filed against more than one defendant (companion claim), each subsequent claim must include an incident identifier. 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.
- 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 & Substance Abuse Services (TDMHSAS).
  To verify a DOH license number for a facility, please visit the DOH website at https://apps.health.tn.gov/facilityListings/.
  To verify a license number for a provider, please visit the DOH website at https://apps.health.tn.gov/Licensure/default.aspx.
  To verify if a TDMHSAS facility is licensed, please visit the TDMHSAS website at https://mh.tn.gov/Licensure/Inquiry.aspx?RPT=TDMHSAS%20License%20Inquiry.
  If the facility or provider is not required to have a DOH or TDMHSAS license, enter not applicable as "NA" in this field.
- Choices for columns 5 (Specialty), 11 (Location) and 13 (City/Town) are contingent upon the related prior columns being completed first. For example, drop-down menu choices for column 5 (Specialty) will not be available until a choice is made for column 4 (Provider Type).
- If a lawsuit was filed and a specific dollar amount was claimed in the lawsuit, enter the dollar amount claimed in column 20. If the lawsuit states, "…in excess of…" and then a specific dollar amount, enter this dollar amount as the damages claimed by the lawsuit.
- If there is no lawsuit 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 and the column indicating whether there was a resolution prior to trial should be left blank. No other columns should be left blank.
- The Non-Economic Payments should be the insuring entities <u>best estimate</u>.
- The reporting form shall contain the name <u>and</u> 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 each name and address field of the attorney; then, each attorney's information should be provided on the multiple attorney tab of the worksheet. If the case was "pro bono" or "pro se," the appropriate words should be placed in each name and address field of the attorney. If there was no attorney, enter none or "NA," as appropriate in each name and address field of the attorney.

- There is an embedded formula in columns 56-101 (pending tab) and 57-103 (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," "WRONG," or "Required" and change information in those specific columns. "Good" should, then, appear in the prompt columns.

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 the above 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 & Substance Abuse Services 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
500 James Robertson Parkway
Nashville, Tennessee 37243-1133

Telephone: (615) 532-5340
Facsimile: (615) 741-0648
Jacquie.Fortenberry@tn.gov