RULES
OF
TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF INSURANCE

CHAPTER 0780-01-84

MEDICAL AND PROFESSIONAL MALPRACTICE CLAIMS AND EXPENSE REPORTING

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0780-01-84-.01 PURPOSE.

The purpose of this Chapter is to provide a reporting form and instructions for insuring entities, self-insurers, facilities and providers to submit reports required to be filed with the commissioner pursuant to T.C.A. §§ 56-54-101, *et seq*.

***Authority**: 2008 Tenn. Pub. Act Ch. 1009, T.C.A. §§ 56-2-301, 56-54-101, et seq., and 56-54-110.* ***Administrative History:** Original rule filed August 11, 2005; effective October 25, 2005. Amendment filed January 16, 2007, effective April 1, 2007. Amendment filed February 3, 2009; effective April 19, 2009.*

0780-01-84-.02 SCOPE.

This Chapter shall apply to all persons that meet the definition of a reporting entity under Rule 0780-01-84-.04, and shall apply to all medical malpractice claims in this state, regardless of whether or how they are covered by medical professional liability insurance. This Chapter shall not apply to the state or those employed by the state to the extent that their medical malpractice liability is not covered by an insurance entity.

Authority: 2008 Tenn. Pub. Act Ch. 1009, T.C.A. §§ 56-2-301, 56-54-101, et seq., and 56-54-110. **Administrative History:** Original rule filed August 11, 2005; effective October 25, 2005. Amendment filed January 16, 2007; effective April 1, 2007. Amendment filed February 3, 2009; effective April 19, 2009.

0780-01-84-.03 AUTHORITY.

This Chapter is promulgated pursuant to the authority granted the commissioner under T.C.A. §§ 56-54-101, *et seq*.

***Authority**: 2008 Tenn. Pub. Act Ch. 1009, T.C.A. §§ 56-2-301, 56-54-101,* et seq., *and 56-54-110.* ***Administrative History:** Original rule filed August 11, 2005; effective October 25, 2005. Amendment filed January 16, 2007; effective April 1, 2007. Amendment filed February 3, 2009; effective April 19, 2009.*

0780-01-84-.04 DEFINITIONS.

As used in this Chapter, unless the context otherwise requires:

(1) "Claim" means:

(a) A demand for monetary damages for injury or death caused by medical malpractice; or

(b) A voluntary indemnity payment for injury or death caused by medical malpractice.

(2) "Claimant" means a person, including a decedent's estate, who is seeking or has sought monetary damages for injury or death caused by medical malpractice.

(3) "Closed claim" means a claim that has been settled or otherwise disposed of by the insuring entity, self-insurer, facility or provider. A claim may be closed with or without an indemnity payment to a claimant.

(4) "Commissioner" means the commissioner of commerce and insurance.

(5) "Companion claims" means separate claims involving the same incident of medical malpractice made against other providers or facilities.

(6) "Department" means the Tennessee Department of Commerce and Insurance.

(7) "Economic damages" means objectively verifiable monetary losses, including medical expenses, loss of earnings, burial costs, loss of use of property, cost of replacement or repair, cost of obtaining substitute domestic services, and loss of business or employment opportunities.

(8) "Health care facility" or "facility" means an entity licensed under Title 68, including a clinic, diagnostic center, hospital, laboratory, mental health center, nursing home, office, surgical facility, treatment facility, or similar place where a health care provider provides health care to patients.

(9) "Health care provider" or "provider" means:

(a) A person licensed in either title 63, except chapter 12, or 68 to provide health care or related services including, but not limited to, an acupuncturist, a physician, a surgeon, an osteopathic physician, a dentist, a nurse, an optometrist, a podiatrist, a chiropractor, a physical therapist, a psychologist, a pharmacist, an optician, a physician assistant, a certified professional midwife, an orthopedic physician assistant, or a nurse practitioner. If the person is deceased, this includes his or her estate or personal representative; or

(b) An employee or agent of a person described in subparagraph (a) of this Paragraph, acting in the course and scope of his or her employment. If the employee or agent is deceased, this includes his or her estate or personal representative.

(10) "Insurance entity" or "insuring entity" means:

(a) An authorized insurer;

(b) A captive insurer;

(Rule 0780-01-84-.04, continued)

(c) A joint underwriting association;

(d) A patient compensation fund;

(e) A risk retention group; or

(f) An unauthorized insurer that provides surplus lines coverage.

(11) "Medical malpractice" means an actual or alleged negligent act, error, or omission in providing or failing to provide health care services.

(12) "Noneconomic damages" means subjective, nonmonetary losses, including pain, suffering, inconvenience, mental anguish, disability, or disfigurement incurred by the injured party, emotional distress, loss of society and companionship, loss of consortium, humiliation and injury to reputation, and destruction of the parent-child relationship.

(13) "Pending Claims" means claims that have not been paid pursuant to a settlement or judgment but have been made known to the reporting entity either by a lawsuit or some other manner.

(14) "Person" means an individual or business entity.

(15) "Reporting entity" means the following:

(a) Every insurance entity providing medical malpractice insurance or professional liability insurance to a Tennessee health care institution licensed under Title 68;

(b) Every insurance entity providing medical malpractice insurance or professional liability insurance to any health care provider or health care facility;

(c) Every health care institution licensed pursuant to Title 68 or professional listed in this Rule, except the state and those employed by the state, who does not maintain professional liability insurance; or

(d) Counsel for claimants who are required to submit information as required by T.C.A. § 56-54-101 and 2008 Tenn. Public Chapter 1009, for the purposes of levying civil penalties pursuant to Rule 0780-01-84-.06.

(16) "Self-insurer" means any health care provider, facility, or other individual or entity that assumes operational or financial risk for claims of medical malpractice.

***Authority**: 2008 Tenn. Pub. Act Ch. 1009, T.C.A. §§ 56-2-301, 56-54-101, et seq., and 56-54-110.* ***Administrative History:** Original rule filed August 11, 2005; effective October 25, 2005. Amendment filed January 16, 2007; effective April, 2007. Amendment filed February 3, 2009; effective April 19, 2009.*

0780-01-84-.05 ANNUAL CLAIMS DATA SUBMISSION REQUIREMENT.

(1) All reporting entities, with the exception of those enumerated in Rule 0780-1-84-.04(15)(d) shall individually submit to the commissioner by March 1 of every year, a claims data file containing all information required by this Chapter for medical or professional malpractice claims and expenses for all claims open and pending as of the last day of the preceding calendar year, and those claims closed in the preceding calendar year and any adjustments to data reported in prior years. Additionally, all reporting entities shall separately list the total

from the inception date of any filed claim those damages and defense expenses found in subparagraph (l) of Paragraph (3) this Rule.

(2) The claims data file shall be comprised of two (2) data sheets--the Closed Claims Sheet and the Pending Claims Sheet, as set forth and explained in more detail in Appendix A. To the greatest extent possible, the format and coding protocol shall be consistent with the format and coding protocol for data reported to the National Practitioner Data Bank.

(3) Each claims data file sheet shall contain the following data as set forth and explained in more detail in Appendix A listed by medical specialty of provider, if any:

(a) The name of the reporting insuring entity, self-insurer, facility or provider;

(b) The address of the reporting insuring entity, self-insurer, facility or provider;

(c) The name, telephone number and electronic mail address of a contact person for the reporting insuring entity, self-insurer, facility or provider;

(d) Claim and incident identifiers, including:

1. A claim identifier assigned to the claim by the insuring entity, self-insurer, facility or provider; and

2. An incident identifier if companion claims have been made by a claimant;

(e) The policy limits of the medical professional liability insurance policy covering the claim;

(f) License number of health care institution or professional;

(g) Information about the health care facility where the

1. The type of health care facility where the medical malpractice incident occurred;

2. The primary location within a facility where the medical malpractice incident occurred; and

3. The geographic location, by city and county, where the medical malpractice incident occurred;

(h) Information about the claimant, including:

1. The injured person’s sex and age on the incident

2. Claimant’s social security number, to the extent that the claimant’s social security number is available to the reporting entity; and

3. The severity of malpractice injury using the National Practitioner Data Bank severity scale;

(i) The following significant dates:

1. The date of the incident that was the proximate

2. The date notice was given to the insuring entity, self-insurer, facility or provider;

3. The date a suit was filed, if any was filed;

4. The date of the final indemnity payment, if any; and

5. The date of the final action by the insuring entity, self-insurer, facility or provider to close the action if the action has been closed;

(j) Information about the damages asserted by the

1. Damages asserted by the claimant other than amounts asserted by a lawsuit; and

2. Damages asserted by the claimant through a lawsuit; if damages are asserted by the claimant through a lawsuit, the date of the filing of the lawsuit;

(k) Settlement information that identifies the timing and final method of claim disposition, including:

1. Claims settled by the parties;

2. Claims disposed of by a court, including the date disposed;

3. Claims disposed of by alternative dispute resolution, such as arbitration, mediation, private trial, and other common dispute resolution methods; and

4. Whether the settlement occurred before or after trial, if a trial occurred;

(l) Specific information about indemnity payments and defense and cost containment expenses, including:

1. For claims disposed of by a court that result in a verdict or judgment that itemizes damages:

(i) The total verdict or judgment;

(ii) If there is more than one (1) defendant, the total indemnity paid by or on behalf of this facility or provider;

(iii) Economic damages;

(iv) Noneconomic damages;

(v) Punitive damages, if applicable; and

(vi) Defense and cost containment expenses, including court costs, attorneys' fees, and costs of expert witnesses; and

2. For claims that do not result in a verdict or judgment that itemizes damages:

(i) The total amount of settlement;

(Rule 0780-01-84-.05, continued)

(ii) If there is more than one (1) defendant, the total indemnity paid by or on behalf of this facility or provider;

(iii) The insuring entity's or self-insurer's best estimate of economic damages included in the settlement;

(iv) The insuring entity's or self-insurer's best estimate of noneconomic damages included in the settlement;

(v) Defense and cost containment expenses, including court costs, attorneys' fees, and costs of expert witnesses; and

(vi) Amounts paid in connection with other legal expenses not previously identified;

(m) The reason for the medical malpractice claim. The reporting entity must use the same allegation group and specific allegation codes that are used for mandatory reporting to the National Practitioner Data Bank;

(n) The name of the attorney(s) representing the claimant for those claims on which amounts are paid to the claimant and reported under subparagraph (l).

(4) Reports shall also contain information identifying those open or pending claims which were contained in a prior report.

(5) Reporting entities should report all claims arising from acts or omissions occurring in this state, even where the claimant is not a Tennessee resident. In the event that a judgment reported by a reporting entity is from a court outside of this state, the reporting entity should notify the Department of such so that it can be properly noted on its report.

(6) Any column left blank by the reporting entity will be assumed to be "not applicable" if any information other than that requiring currency data, and if currency data is required, will be assumed to be zero (0).

Authority: *2008 Tenn. Pub. Act Ch. 1009, T.C.A. §§ 56-2-301, 56-54-101, et seq., and 56-54-110.* ***Administrative History:*** *Original rule filed January 16, 2007; effective April 1, 2007. Amendment filed February 3, 2009; effective April 19, 1009.*

0780-01-84-.06 REPORTING REQUIREMENTS FOR COUNSEL FOR CLAIMANTS.

Counsel for claimants asserting claims covered by this Chapter shall provide, by March 1 of each year, information about fee arrangements with claimants to the commissioner. Such information shall include the following:

(1) The name of the reporting attorney;

(2) The address of the reporting attorney;

(3) The name, telephone number and electronic mail address of the reporting attorney;

(4) The number used to internally identify or a claim number for each individual and unique claim;

(5) The date of the incident that was the proximate cause of the claim;

(6) The claimant's social security number; and

(7) The portion of any payment received by claimant's counsel for each individual and unique claim number pursuant to either a settlement or judgment.

The information reported under this Rule will only be reported in the aggregate to the speaker of the senate and the speaker of the house of representatives and will be kept confidential by the commissioner.

***Authority**: 2008 Tenn. Pub. Act Ch. 1009, T.C.A. §§ 56-2-301, 56-54-101,* et seq., *and 56-54-110.* ***Administrative History:** Original rule filed August 11, 2005; effective October 25, 2005. Amendment filed January 16, 2007; effective April 1, 2007. Amendment filed February 3, 2009; effective April 19, 2009.*

0780-01-84-.07 FORMAT FOR SUBMITTED DATA.

(1) All data submitted to the commissioner on the claims data file shall be submitted on a Compact Disk or three-and-one-half inch (3½") computer data disk in the form created by the commissioner. All data submitted to the commissioner from counsel for claimants shall be submitted on a form adopted by the commissioner.

(2) All data located in columns shall be in alpha-numeric format unless otherwise stated. When using numeric data, only regular decimal formats will be acceptable. No compressed or binary (small integer or large integer) data will be accepted as valid.

(3) All date data shall be Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2)-digit month (with leading zeros when necessary), a slash (/), a two (2)-digit day (with leading zeros when necessary), a slash (/), and a four (4)-digit year.

(4) Social Security Number data shall be presented in the following format: the first, second and third characters must be numerals, the fourth character must be a hyphen (-), the fifth and sixth characters must be numerals, the seventh character must be a hyphen (-), and the eighth, ninth, tenth and eleventh characters must be numerals.

(5) License number data shall be presented in the format of the entire license number expressed numerically without any other characters [e.g.--hyphens (-)] or spaces within the license number.

All currency data shall be in units of U.S. dollars rounded to the nearest whole dollar amount. Leading zeros and the dollars signs are not necessary but may be used so long as the currency fields are consistent.

***Authority**: 2008 Tenn. Pub. Act Ch. 1009, T.C.A. §§ 56-2-301, 56-54-101,* et seq., *and 56-54-110.* ***Administrative History:** Original rule filed February 3, 2009; effective April 19, 2009.*

0780-01-84-.08 PENALTY.

Any reporting entity that fails to comply with the provisions of this Chapter shall be subject to a civil penalty of one hundred dollars ($100) per day. Any reporting entity subject to this civil penalty may request an administrative hearing to contest the penalty assessment. The prevailing party of any such

(Rule 0780-01-84-.08, continued)

hearing will be entitled to the costs of bringing or defending the action.

***Authority**: 2008 Tenn. Pub. Act Ch. 1009, T.C.A. §§ 56-2-301, 56-54-101, et seq., and 56-54-110.* ***Administrative History:** Original rule filed February 3, 2009; effective April 19, 2009.*

0780-01-84-.09 SEVERABILITY.

If any provision of this Chapter or the application thereof to any person or circumstance is held invalid for any reason, the invalidity shall not affect the other provisions or any other application of this Chapter which can be given effect without the invalid provisions or application. To this end all provisions of this Chapter are declared to be severable.

***Authority**: 2008 Tenn. Pub. Act Ch. 1009, T.C.A. §§ 56-2-301, 56-54-101, et seq., and 56-54-110.* ***Administrative History:** Original rule filed February 3, 2009; effective April 19, 2009.*

0780-01-84-.10 EFFECTIVE DATE.

The effective date of this Chapter or any amendments thereto shall be as set forth below.

***Authority**: 2008 Tenn. Pub. Act Ch. 1009, T.C.A. §§ 56-2-301, 56-54-101, et seq., and 56-54-110.* ***Administrative History:** Original rule filed February 3, 2009; effective April 19, 2009.*

APPENDIX A

SPREADSHEET NAME, FIELD REQUIREMENT OR COLUMN HEADING	DESCRIPTION OF DATA SOUGHT	TECHNICAL FORMATTING OF DATA SOUGHT
Pending Claims Spreadsheet	This should contain information for pending claims that have been asserted through a lawsuit or by other means. This should not include information on claims that have been paid pursuant to a settlement or judgment.	
Closed Claims Spreadsheet	This should contain information for claims that have been paid pursuant to a settlement or judgment, including claims that were settled or adjudicated with the condition of open medical treatment for the claimant.	
Entity Name	This should be the name of the entity submitting the information required by T.C.A. §§ 56-54-101, *et seq*, and this Chapter.	Data shall be in alpha-numeric format and reflect the name of the entity as found in the entity's licensure materials (e.g.—insurance company's certificate of authority).
Entity Address 1	This should be the address of the entity submitting the information required by T.C.A. §§ 56-54-101, *et seq*, and this Chapter.	Data shall be in alpha-numeric format and reflect the home office address of the entity.

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Entity Address 2	This field may be used if the address of the entity is more than one (1) line, but may be left blank if the address of the entity is only one (1) line.	Data shall be in alpha-numeric format and reflect the home office address of the entity.
Entity Address City	This should be the address city of the entity submitting the information required by T.C.A. §§ 56-54-101, *et seq*, and this Chapter.	Data shall be in alpha-numeric format and reflect the home office address city of the entity.
Entity Address State	This should be the address state of the entity submitting the information required by T.C.A. §§ 56-54-101, *et seq*, and this Chapter.	Data shall be in alpha-numeric format and reflect the home office address state of the entity. The address state shall be two (2) capitalized characters conforming to the United States Postal Service's state abbreviations conventions.
Entity Address ZIP Code	This should be the address ZIP Code of the entity submitting the information required by T.C.A. §§ 56-54-101, *et seq*, and this Chapter.	Data shall be in numeric format and reflect the home office address zip code of the entity. This field shall be presented as a five (5) digit numeral. If applicable, the five (5) digit zip code may be followed by the United States Postal Service's "+4" code, in which case the sixth character must be a plus sign (+), with the seventh, eighth, ninth and tenth characters being numerals.
Entity Contact Person	This should be the name of a contact person representing the entity submitting the information required by T.C.A. §§ 56-54-101, *et seq*, and this Chapter.	Data shall be in alpha-numeric format, with the first name of the contact person stated first, followed by a space, followed by the last name of the contact person.
Entity Contact Telephone Number	This should be the telephone number of a contact person representing the entity submitting the information required by T.C.A. §§ 56-54-101, *et seq*, and this Chapter.	Data shall be in alpha-numeric format. The first three (3) characters must be the area code. The fourth character must be a hyphen. The fifth, sixth, and seventh characters must be the three (3) digit prefix that follows the area code. The eighth character must be a hyphen. The ninth, tenth, eleventh, and twelfth characters must be the last four (4) digits of the phone number. If there is an extension that should be

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		entered, an “x” or an “X” shall be placed in the thirteenth position followed immediately by the extension number with a maximum of six (6) alpha-numeric characters.
Entity Contact Electronic Mail Address	This should be the electronic mail address of a contact person representing the entity submitting the information required by T.C.A. §§ 56-54-101, *et seq*, and this Chapter	Data shall be in alpha-numeric format and reflect the full electronic mail address of the entity contact person.
Claim and Incident Identifier	This should be the identifier assigned to the claim or incident, if companion claims have been made by a claimant, by the insuring entity, self-insurer, facility or provider.	Data shall be in alpha-numeric format and as found in the reporting entity’s records.
Type of Health Care Professional	This should list the type of health care professional against whom the claim was made.	Data shall be chosen from a listing of health care professional options found on the commissioner’s form.
Health Care Professional Specialty (if applicable)	This should list the medical specialty of the health care professional against whom the claim was made.	Data shall be chosen from a listing of health care professional specialty options found on the commissioner’s form.
License Number	This should be the health care institution or provider’s license or certificate number.	Data shall be presented in the format of the entire license number expressed numerically without any other characters [e.g.—hyphens (-)] or spaces within the license number.
Health Care Facility Type	This should be the type of health care facility where the medical malpractice incident occurred.	Data shall be chosen from a listing of health care facility options found on the commissioner’s form.
Health Care Facility Location	This should be the primary location within a facility where the medical malpractice incident occurred.	Data shall be in alpha-numeric format and reflect the primary location within a facility where the medical malpractice incident occurred.
Incident Location City	This should be the address city of the location where the medical malpractice incident occurred.	Data shall be in alpha-numeric format and reflect the address city where the medical malpractice incident occurred.
Incident Location County	This should be the address county of the location where the medical malpractice incident occurred.	Data shall be in alpha-numeric format and reflect the address county where the medical malpractice incident occurred.
Date of Incident	This should be the date on which	Data shall be in Gregorian USA

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	the incident that was the proximate cause of the medical malpractice claim.	format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year.
Type for Claim	This should be the reason for the medical malpractice claim. The reporting entity must use the same allegation group and specific allegation codes that are used for mandatory reporting to the National Practitioner Data Bank.	Data shall be in alpha-numeric format and use the allegation group and specific allegation codes that are used for mandatory reporting to the National Practitioner Data Bank.
Date of Notice	This should be the date on which notice was provided to the insuring entity, self-insurer, facility or provider.	Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year.
Injured Person's Sex	This should be the gender of the injured person.	Data shall be chosen from a listing of gender options found on the commissioner's form.
Injured Person's Age	This should be the age of the injured person on the date of the incident.	Data shall be presented as a numeral and should reflect the age of the injured person as of the date of the incident.
Claimant's Social Security Number	This should be the Social Security Number held by the person making the claim.	Data shall be presented in the following format: the first, second and third characters must be numerals, the forth character must be a hyphen (-), the fifth and sixth characters must be numerals, the seventh character must be a hyphen (-), and the eighth, ninth, tenth and eleventh characters must be numerals. (XXX-XX-XXXX)
Severity of Malpractice Injury	This should be the severity of the malpractice injury using the National Practitioner Data Bank severity scale.	Data shall be in alpha-numeric format and reflect the severity of the malpractice injury using the National Practitioner Data Bank severity scale.
Policy Limits	This should be the policy limits of the medical professional liability insurance policy covering the claim.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.
Asserted Damages (other	This should include an amount	Data shall be presented as

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than set forth in lawsuit)	that has been asserted against a reporting entity in a manner other than by filing a lawsuit.	currency data in units of U.S. dollars rounded to the nearest whole dollar amount. If data is entered in this column, no data should be entered in the column titled “Damages Claimed by Lawsuit”.
Damages Claimed by Lawsuit	This should include the amount of damages asserted against a reporting entity in a lawsuit.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount. If data is entered in this column, no data should be entered in the column titled “Asserted Damages (other than set forth in lawsuit)”.
Date of the Filing of a Lawsuit	This should be the date that any lawsuit was filed asserting damages against a reporting entity.	Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year. Data should be entered in this column only if data is also entered in the column titled “Damages Claimed by Lawsuit”.
Amount Paid by Settlement	This should include the total amount paid pursuant to a settlement between the injured person and the insuring entity, self-insurer, facility or provider. If there is more than one (1) defendant, this should include the total indemnity paid by or on behalf of this facility or provider.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount. If data is entered in this column, no data should be entered in the column titled “Amount Paid by Judgment”.
Amount Paid by Judgment	This should include the total amount paid pursuant to a judgment against the insuring entity, self-insurer, facility or provider. If there is more than one (1) defendant, this should include the total indemnity paid by or on behalf of this facility or provider.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount. If data is entered in this column, no data should be entered in the column titled “Amount Paid by Settlement”.
Amount Paid by Alternative Dispute Resolution	This should include the total amount paid pursuant to alternative dispute resolution, such as arbitration, mediation, private trial and other common	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount. If data is entered in this column, no data

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	dispute resolution methods, by the insuring entity, self-insurer, facility or provider. If there is more than one (1) defendant, this should include the total indemnity paid by or on behalf of this facility or provider.	should be entered in the column titled "Amount Paid by Settlement".
Did Settlement Occur Prior to Trial	This should state whether the settlement was reached before or after the date of the trial.	Data shall be chosen from a listing of yes or no options found on the commissioner's form.
Economic Damages Paid Pursuant to Judgment	This should include the amount of the judgment that was identified as economic damages.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.
Non-Economic Damages Paid Pursuant to Judgment	This should include the amount of the judgment that was identified as non-economic damages.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.
Punitive Damages Paid Pursuant to Judgment	This should include the amount of the judgment that was identified as punitive damages.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.
Economic Damages Paid Pursuant to Settlement or Other	This should include insuring entity's or self-insurer's best estimate of the amount of economic damages included in the settlement.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.
Non-Economic Damages Paid Pursuant to Settlement or Other	This should include the insuring entity's or self-insurer's best estimate of the amount of non-economic damages included in the settlement.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.
Attorney Fees Paid to Defense Counsel	This should include the amount that was paid to defend the medical or professional malpractice claim. This should not include the expense related to expert witness fees, court costs, deposition costs, and other legal expenses.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.
Expert Witness Fees Paid in Defense of Claim	This should include the expert witness fees that were expended by the reporting entity.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.
Court Costs Paid in Defense of Claim	This should include the court costs that were expended by the reporting entity.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.
Other Legal Fees and/or Defense Costs	This should include any other legal fees or defense costs not specifically identified that were expended by the reporting entity.	Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.

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Date of Final Indemnity Payment (if applicable)	This should be the date in which the insuring entity, self-insurer, facility or provider made its final payment to the injured person.	Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year.
Date Claim Was Closed	This should be the date in which final action was taken by the insuring entity, self-insurer, facility or provider to close the claim.	Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year.
Name of Attorney Representing the Claimant	This should name the attorney(s) representing the claimant and who received attorneys fees from representing the claimant.	Data shall be in alpha-numeric format, with the first name of the attorney stated first, followed by a space, followed by the last name of the attorney.

***Authority**: 2008 Tenn. Pub. Act Ch. 1009, T.C.A. §§ 56-2-301, 56-54-101, et seq., and 56-54-110.*
***Administrative History**: Original rule filed February 3, 2009; effective April 19, 2009.*