

## **Instructions for Preparation of the Tennessee Medical Malpractice Counsel for Claimant Reporting Form for the Reporting Period of January 1, 2010 through December 31, 2010**

### **Applicable Law**

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.michie.com/tennessee/lpext.dll?f=templates&fn=main-h.htm&cp=tncode>.

### **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 attorney 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 fourteen (14) days from the date of the notification to answer or correct the issues before penalties of \$100 per day begin accruing.

### **Information and Guidelines for the 2010 Counsel for Claimant Reporting Form due March 1, 2011:**

- Each claimant attorney who worked on a case shall report fee arrangements, even if pro bono, including their portion of any payment received pursuant to settlement, judgment, or alternative dispute resolution, less case-specific expenses. A separate reporting form prescribed by the Commissioner must be submitted by each individual attorney receiving a fee. If only one attorney within a firm received the fee, that attorney is required to report the total fees received. If the check was sent to the firm, either the lead counsel shall report all fees or each individual attorney shall report a prorated share of the fees. If the lead counsel reports the fee arrangements, the requested information for all other attorneys who worked on the case should be listed on the “Multiple Attorney” spreadsheet of the reporting form. A separate line should be used for reporting each additional attorney working on a case. Group reporting cannot be accepted.
- Do not report pending claims; report only those that have been adjudicated, settled or resolved through a method of alternative dispute resolution.
- Attorneys must complete the contact information at the top of the reporting form. 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 law.

- 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 attorney 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.
- The reporting form is a Microsoft Excel workbook that contains two (2) worksheets. All data submitted in the reporting form must be submitted on a compact disk (“CD”) or through electronic mail at the address listed at the end of these instructions. The complete and compliant report must be received at the contact address listed at the end of these instructions on or before March 1, 2011. The reporting attorney’s name must be clearly marked on the CD. Reporting attorneys must use the updated form dated 2010. The form can be found on our web site at [www.state.tn.us/commerce/insurance/medExpRpt.html](http://www.state.tn.us/commerce/insurance/medExpRpt.html).
- Any column requiring currency data which is left blank will be assumed to be zero (0).
- The Department expects attorneys to use due diligence to discern the facts required to be reported. In the past, claimants’ counsel have disagreed with insurers or facilities as to whether certain claims fall within these reporting requirements. This Department reports to the General Assembly medical malpractice claim information as reported by insurers, facilities and providers. As such, reports regarding fee arrangements associated with these claims are being sought.
- 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.
- There is an embedded formula in columns 12-14 checking for the presence of a correct entry in columns 1, 2 and 4. If information has been correctly entered in columns 1, 2 and 4, a prompt of “Good” should appear in columns 12-14 of each row where information was entered. If “Good” does not show in the prompt columns, check the column heading showing “Not Good” and change information in columns 1, 2, or 4, appropriately. “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 columns 12-14.

COLUMN HEADING	DESCRIPTION OF DATA SOUGHT	TECHNICAL FORMATING OF DATA SOUGHT
(1) Docket Number	This should be the docket number assigned to the case if a lawsuit was filed.	Data should be in alpha-numeric format.
(2) Tracking Number	This should be the identifier assigned to the claim or your internal file name or number.	Data should be in alpha-numeric format.
(3)	This should be the date on	Data should be in Gregorian USA

Date of Incident	which the incident occurred that was the proximate cause of the med mal 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.
(4) Was a Lawsuit Filed?	This should be a “yes” or “no” answer.	Data should be selected from the drop down menu provided on the reporting form.
(5) Claimant’s Social Security Number	This should be the social security number held by the person making the claim.	Data shall be entered in numerals without dashes.
(6) Portion of Settlement Amount Received By Claimant’s Counsel as Fees in 2010	This should be the portion of fee received in 2010 by the reporting attorney from a settlement.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount.
(7) Total Settlement Amount	This should be the total settlement amount paid to claimant, including all expenses and attorney fees.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest dollar amount.
(8) Portion of Judgment Amount Received By Claimant’s Counsel as Fees in 2010	This should be the portion of fee received in 2010 by reporting attorney through judgment.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest dollar amount.
(9) Total Judgment Amount	This should be the total judgment amount awarded to claimant; including all expenses and attorney fees.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest dollar amount.
(10) Portion of Alternative Dispute Resolution (ADR) by Mediation Amount Received By Claimant’s Counsel as Fees in 2010	This should be the portion of fee received by reporting attorney in 2010 through an alternative dispute resolution by mediation.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest dollar amount.

(11) Total ADR by Mediation Amount	This should be the total alternative dispute resolution by mediation amount awarded to claimant; including all expenses and attorney fees.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest dollar amount.
(12) Portion of ADR Other Than by Mediation Amount Received By Claimant's Counsel as Fees in 2010	This should be the portion of fees received by reporting attorney in 2010 through an alternative dispute resolution other than by mediation.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest dollar amount.
(13) Total ADR Other Than by Mediation Amount	This should be the total alternative dispute resolution other than by mediation amount awarded to claimant; including all expenses and attorney fees.	Data should be presented as currency data in units of U.S. dollars rounded to the nearest dollar amount.

**Contact Information**

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

Tennessee Medical Malpractice 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](mailto:Jacquie.Fortenberry@tn.gov)