

RULES  
OF  
THE 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**0780-01-84-.01 REPEALED.**

**Authority:** T.C.A. §§ 56-2-301; 56-32-118; 56-54-101, et seq.; and 56-54-110; and 2008 Tenn. Pub. Acts, Ch. 1009. **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. Repeal filed September 23, 2024; effective December 22, 2024.

**0780-01-84-.02 REPEALED.**

**Authority:** T.C.A. §§ 56-2-301; 56-32-118; 56-54-101, et seq.; and 56-54-110; and 2008 Tenn. Pub. Acts, Ch. 1009. **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. Repeal filed September 23, 2024; effective December 22, 2024.

**0780-01-84-.03 REPEALED.**

**Authority:** T.C.A. §§ 56-2-301; 56-32-118; 56-54-101, et seq.; and 56-54-110; and 2008 Tenn. Pub. Acts, Ch. 1009. **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. Repeal filed September 23, 2024; effective December 22, 2024.

**0780-01-84-.04 REPEALED.**

**Authority:** T.C.A. §§ 56-2-301; 56-32-118; 56-54-101, et seq.; and 56-54-110; and 2008 Tenn. Pub. Acts, Ch. 1009. **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. Repeal filed September 23, 2024; effective December 22, 2024.

**0780-01-84-.05 REPEALED.**

**Authority:** T.C.A. §§ 56-2-301; 56-32-118; 56-54-101, et seq.; and 56-54-110; and 2008 Tenn. Pub. Acts, Ch. 1009. **Administrative History:** Original rule filed January 16, 2007; effective April 1, 2007. Amendment filed February 3, 2009; effective April 19, 2009. Repeal filed September 23, 2024; effective December 22, 2024.

**0780-01-84-.06 REPEALED.**

**Authority:** T.C.A. §§ 56-2-301; 56-32-118; 56-54-101, et seq.; and 56-54-110; and 2008 Tenn. Pub. Acts, Ch. 1009. **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. Repeal filed September 23, 2024; effective December 22, 2024.

**0780-01-84-.07 REPEALED.**

**Authority:** T.C.A. §§ 56-2-301; 56-32-118; 56-54-101, *et seq.*; and 56-54-110; and 2008 Tenn. Pub. Acts, Ch. 1009. **Administrative History:** Original rule filed February 3, 2009; effective April 19, 2009. Repeal filed September 23, 2024; effective December 22, 2024.

**0780-01-84-.08 REPEALED.**

**Authority:** T.C.A. §§ 56-2-301; 56-32-118; 56-54-101, *et seq.*; and 56-54-110; and 2008 Tenn. Pub. Acts, Ch. 1009. **Administrative History:** Original rule filed February 3, 2009; effective April 19, 2009. Repeal filed September 23, 2024; effective December 22, 2024.

**0780-01-84-.09 REPEALED.**

**Authority:** T.C.A. §§ 56-2-301; 56-32-118; 56-54-101, *et seq.*; and 56-54-110; and 2008 Tenn. Pub. Acts, Ch. 1009. **Administrative History:** Original rule filed February 3, 2009; effective April 19, 2009. Repeal filed September 23, 2024; effective December 22, 2024.

**0780-01-84-.10 REPEALED.**

**Authority:** T.C.A. §§ 56-2-301; 56-32-118; 56-54-101, *et seq.*; and 56-54-110; and 2008 Tenn. Pub. Acts, Ch. 1009. **Administrative History:** Original rule filed February 3, 2009; effective April 19, 2009. Repeal filed September 23, 2024; effective December 22, 2024.

**APPENDIX A**

<b>SPREADSHEET NAME, FIELD REQUIREMENT OR COLUMN HEADING</b>	<b>DESCRIPTION OF DATA SOUGHT</b>	<b>TECHNICAL FORMATTING OF DATA SOUGHT</b>
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, <i>et seq.</i> , 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, <i>et seq.</i> , and this Chapter.	Data shall be in alpha-numeric format and reflect the home office address of the entity.
Entity Address 2	This field may be used if the address of the entity is more	Data shall be in alpha-numeric format and reflect the home

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	than one (1) line, but may be left blank if the address of the entity is only one (1) line.	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, <i>et seq</i> , 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, <i>et seq</i> , 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, <i>et seq</i> , 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, <i>et seq</i> , 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, <i>et seq</i> , 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 entered, an "x" or an "X" shall be placed in the thirteenth position followed immediately by the extension number with a

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		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, <i>et seq</i> , 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 the incident that was the proximate cause of the medical malpractice 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

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		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 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. (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 than set forth in lawsuit)	This should include an amount that has been asserted against a reporting entity in a manner other than by filing 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 "Damages Claimed by Lawsuit".

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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 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.	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".
Did Settlement Occur Prior to Trial	This should state whether the settlement was reached before	Data shall be chosen from a listing of yes or no options

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	or after the date of the trial.	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.
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	Data shall be in Gregorian USA

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	final action was taken by the insuring entity, self-insurer, facility or provider to close the 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.
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:** T.C.A. §§ 56-2-301; 56-54-101, et seq.; and 56-54-110; and 2008 Tenn. Pub. Acts, Ch. 1009.

**Administrative History:** Original rule filed February 3, 2009; effective April 19, 2009.