

# THA Data Release Policy

June 15, 2026

## Uniform Billing (UB) Discharge Data

### Background and Definitions

Since July 1994, hospitals have been required by T.C.A. 68-1-108 to submit Uniform Billing (UB) discharge data to the Tennessee Department of Health (TDH). This legislation also requires TDH to share the data with THA and allows THA to share the statewide data (except the patient identifiers) with THA members.

THA member hospitals submit the data through the THA Health Information Network (HIN). Non-member hospitals submit the data directly to TDH.

The Missouri Hospital Association's Hospital Industry Data Institute (HIDI) is THA's data vendor and processes the data for all member hospitals.

In the following discussion, these definitions are used to refer to UB discharge data:

“Proprietary Data” refers to UB discharge data that has not yet been finalized (and thus, is subject to change) and has not yet been made public by the TDH but is available for use by THA and HIN participants. Proprietary Data includes data from THA members only.

“Public Data” refers to UB discharge data that have been finalized, verified and made available to the public by the Tennessee Department of Health. TDH typically makes a calendar year of data public approximately 18 months after the end of that calendar year. For example, calendar year 2020 data became publicly available in February of 2022.

In partnership with HIDI, THA makes Proprietary Data available to THA members for analysis via the HIDI Market Optics platform and also allows members to subscribe to limited data sets. Both options are updated on a quarterly basis.

Once non-member data becomes Public Data, THA will add it to Market Optics and will make it available to subscribers of the limited data sets.

To clarify the appropriate uses of Proprietary Data and Public Data, THA, in conjunction with the THA Data Policy Committee, has developed the following policy for its use and release.

### Use of Proprietary and Public Data by THA Member Hospitals and Health Systems

- Internal Use
  - In alignment with all applicable state and federal laws, all internal uses of Proprietary Data and Public Data are **permitted**, except:
    - The member hospital or health system is responsible for educating all staff who are provided access to Proprietary or Public Data about the limitations of use that are specified in THA's Data Release Policy.
    - Hospitals may develop presentations or reports from this data and share with physicians on the medical staff. It is the hospital's responsibility to protect this information from public disclosure. It is highly recommended that any reports and presentations include the following language on each page:

“The information provided in this report is proprietary to THA Health Information Network

(THA HIN) participants. Proprietary Data is not public and is restricted to internal use only by THA member hospitals.”

- External Use (any use of Proprietary Data or Public Data outside of your employees, medical staff, and medical staff administrators)
  - All external uses are **prohibited**, except:
    - Data for your own hospital or health system may be released without restriction.
    - Data may be shared with a consultant, but THA must be notified in writing and the consultant must sign an agreement that they will only use the data in support of that hospital and the data must be destroyed at the end of project.
    - The data may be used for contract negotiations.
    - The data may be used in public financial disclosures.
    - The data may be used in health planning, including matters before the Tennessee Health Facilities Commission.
    - Any public use of Proprietary Data must be notated as provisional and subject to change.

### Use of Proprietary and Public Data by the Tennessee Hospital Association (THA)

- Internal Use
  - In alignment with all applicable state and federal laws, all internal uses by THA are **permitted**.
- External Use
  - All external uses by THA are **prohibited**, except:
    - Release to the media: THA may release aggregate data to the media for advocacy purposes or to respond to a particular issue. THA will not release hospital-specific data to the media unless THA has received appropriate facility permission to do so.
    - Release for research purposes, release to non-member facilities and other organizations
      - THA will provide aggregate data when appropriate.
      - THA will not release hospital-identifiable Proprietary Data to these groups without first receiving appropriate facility permission.
      - Hospital-identifiable data may be released for research purposes with approval from the hospitals that are identified. The researcher will be required to sign an agreement stating that the data will be used only for the approved purposes, and no hospitals will be identified in the presentation of research results without appropriate facility permission.
    - Release for Interstate Data Exchange: Hospital-identifiable data may be released for interstate data exchange purposes in accordance with the Interstate Data Sharing provisions of the THA Health Information Network Agreement signed by HIN participating hospitals and THA. The reciprocating hospital or hospital association will be required to sign an agreement stating that they will be bound by an obligation of confidentiality consistent with the obligation of HIN participants as set forth in the Confidentiality of Information section of the THA HIN Agreement. This agreement provides that the data will be used only for internal analyses, and no Tennessee hospitals will be identified in any presentation of data outside of the reciprocating hospital or association without appropriate facility permission.
    - Release to THA-Contracted Data Vendors: THA may release Proprietary Data to data vendors that have entered into contracts with THA for the sole purpose of providing data services to THA member hospitals. Vendors will be required to sign agreements that include the same provisions as those in the Disclosure of Confidential Information section of the THA HIN Agreement.

## Joint Annual Report of Hospitals (JARH) Data

All Joint Annual Report data are collected by the Health Statistics Facilities Unit within the Tennessee Department of Health. These data are available to the public as soon as the Department finalizes the data each year. THA maintains copies of the Joint Annual Report data and may provide this data to any member hospital upon request.

Members may secure the data [directly from the Department of Health](#) and may use that data either publicly or privately for any purpose they deem appropriate. In any release of JARH data, the source of data should be cited by members as Joint Annual Report of Hospitals, Tennessee Department of Health.

## Admission, Discharge, Transfer (ADT) HL7 Data

**Background** In 2016, TennCare began requesting that hospitals send real-time ADT data to TennCare to support providers participating in their Patient Centered Medical Home and Health Link initiatives. THA's members requested THA develop an ADT data program similar to the UB Discharge data program whereby THA would collect all-payer ADT data from each hospital, reformat the data to meet TennCare specifications and establish a single feed to provide the requested data for TennCare enrollees. In addition, the THA Board desired for THA to return all appropriate data for all payers to participating hospitals that would support hospital operations including readmissions reductions.

The THA Board approved for THA to develop this member service in October 2016. The goals established by the Board included:

- Provide THA member control over the use of ADT data and ensure that subscribers to the notification service (like TennCare) only have access to data for their attributed patients/population.
- Support the cost of onboarding hospitals to avoid extra costs for hospitals.
- Ensure hospital access to the ADT data (for their attributed patients) at no additional cost to the hospitals.

THA subcontracted to establish an encounter notification system (ENS) to accept the data from the hospitals or third parties as defined in the ADT Service Manual, match hospital records to current TennCare eligibility files and transmit the TennCare data to TennCare.

Over time, the ENS that powers this program was made available to other entities (physician practices, accountable care organizations, and health plans) to allow them to subscribe to ADT notifications regarding their attributed patients.

### Use of ADT Data

THA will operate the ADT Service on behalf of participating hospitals with guidance and oversight from the THA ADT Technical Subcommittee, the THA Data Policy Committee, and ultimately the THA Board of Directors.

The purposes and activities for which THA, its subcontractors, hospitals, and subscribers may access, use, or disclose ADT data shall be limited to treatment, payment, health care operations, and public health activities, as those terms are used and defined in 45 C.F.R. §§ 160 and 164, and in all cases only as permitted by applicable state and federal law including without limitation, the CMS Interoperability and Patient Access final rule.

Notwithstanding any of the foregoing, participants are prohibited from using or disclosing ADT data for purposes related to market share analysis or opportunity identification.

# DataBank

In 2022, THA contracted with the Colorado Hospital Association (CHA) to begin collecting monthly hospital utilization and financial data via CHA's DATABANK program. THA receives statewide and hospital-level data from this program to support advocacy efforts. Participating hospitals are provisioned with access to a reporting platform that allows them to analyze their own submitted data (to support data quality improvement) and comparative reports that allow them to benchmark their hospital against national and state-based peer groups. To ensure the confidentiality of hospital data, the state-based peer groups will be evaluated routinely by THA to ensure they contain at least 5 unique hospitals.

## Use of DataBank Data by Participating THA Member Hospitals and Health Systems

- Internal Use
  - All internal uses of DataBank Data are **permitted**.
- External Use
  - All external uses of DataBank Data are **prohibited**.

## Use of DataBank Data by THA

- Internal Use
  - All internal uses of DataBank Data are **permitted**.
- External Use
  - All external uses of DataBank Data are **prohibited**, except:
    - THA may release aggregated DATABANK data for advocacy purposes or to respond to a particular issue. The data will be aggregated at the state level, regional, or by hospital-type. Hospital-specific data may only be released with approval from hospitals that are identified.

## Penalty for Hospital Violation of the Data Release Policy

Any member hospital that violates this policy, knowingly or unknowingly, is subject to the disciplinary actions. For a first violation, the facility or system will be issued a warning and required to submit a corrective action plan that includes educating their staff who use or potentially could use the THA HIN data about the policy and providing documentation to THA of the date, participants and the extent of the education. Any second violation within three years of the first violation will be subject to a disciplinary action to be recommended to the THA Board by the Data Policy Committee. The Data Policy Committee may recommend, and the Board may implement penalties that restrict access to all HIN data for a period of time not to exceed four quarters and/or restrict access to THA's Market Optics platform for a period of time not to exceed one year. The extent of the penalty will be based on the type and severity of the violation including how much data were released and the accuracy of the data released.

## Revision History

- Revised 6/15/2026 (updated DataBank uses – enabled participating hospitals access to comparative analytics, limited use to internal only)
- Revised 9/10/2024 (2024 overhaul - enabled health planning and financial disclosure use by hospitals for UB discharge data)
- Revised 8/10/2023 (Updates to ADT data use to align w/HIPAA and Information Blocking Requirements)
- Revised 6/12/2022 (DataBank data use by THA)
- Revised 7/11/2018 (Additional ADT data use cases)
- Revised 3/24/2017 (ADT HL7 Data)
- Revised 2/2/2016 (format changes only)
- Revised 12/4/2015
- Revised 9/14/2012
- Revised 3/16/2012
- Revised 9/17/2010
- Revised 12/18/2009
- Revised 12/8/2006
- Revised 2/10/2006