THA DATA RELEASE POLICY

UB DISCHARGE DATA

Background:

Since July 1994, hospitals have been required by T.C.A. 68-1-108 to submit UB discharge claims data to the state of Tennessee, Department of Health. This legislation also requires the state to share the data with THA and allows THA to release all the data except the patient identifiers.

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

The Missouri Hospital Association's Hospital Industry Data Institute (HIDI) is THA's data vendor and processes the data for all member hospitals. HIDI also provides THA quarterly databases produced through the HIN.

In the following discussion, "proprietary data" refers to data that has not yet been made public by the Tennessee Department of Health but is available for use by THA and HIN participants.

"Public data" refers to data that have been finalized, verified and made available to the public by the Tennessee Department of Health. The public data includes data from all HIN member hospitals and the hospitals that submit data directly to the Department.

To clarify the appropriate uses of the data, THA, in conjunction with the THA Data Policy Committee, has developed the following policy for release of UB discharge data.

RELEASE TO THE MEDIA:

1. THA will not release hospital-specific proprietary data to the media, masked or unmasked, unless THA has received appropriate facility permission.
2. THA will provide aggregate proprietary data to the media when appropriate.
3. THA may only release hospital-specific data, public or proprietary, to the media for advocacy purposes or to respond to a particular issue.

RELEASE FOR RESEARCH PURPOSES:

1. Epidemiological data will be released in an aggregate form without restrictions. Individual hospitals cannot be identified in this unrestricted release.
2. 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 TO MEMBER FACILITIES AND RELEASE BY MEMBER FACILITIES:

1. THA members may receive current, proprietary UB discharge data in accordance with the provisions of the agreements between THA and the hospitals. This includes release of current data with all hospital and physician identifiers for the hospital's internal uses. The hospital may use the data for contract negotiation.

2. In media or other marketing campaigns, the hospital may not use THA HIN proprietary data, other than the data for their own hospital. The member may release public UB data without restrictions if the data have been acquired from the Tennessee Department of Health. Members may not publicly release any proprietary UB HIN data that identifies other hospitals or infers information about other hospitals (for example: hospital A does more of x procedure than any other hospital in Shelby county) without approval from THA to do so.

3. Consultants performing work for HIN participants or other member facilities may receive the data to which the HIN participant or other member is entitled. Requests for data to be used by consultants must be submitted by the hospital for which the consultant is working. However, the consultant must sign an agreement that he/she only will use that data for the consulting project with the facility, and the data will be returned to the facility for which they are consulting, returned to THA, or destroyed at the end of project.

4. Hospitals may use the THA HIN utilization data for proceedings of the Tennessee Health Services and Development Agency (HSDA) provided that the data are aggregated at least at the zip code level of the patient address and do not include the names of any hospitals <u>except that</u> THA HIN proprietary data may be presented in a "masked" format (i.e., Hospital A, Hospital B, etc.) for proceedings of the HSDA as long as the comparison information provides data for *at least* five (5) masked hospitals. This exception is allowed <u>only</u> for HSDA proceedings. This disclosure of HIN data for this purpose is allowed only to show utilization and patient migration patterns and trends. Disclosure of data related to charges is not allowed for these proceedings.

5. Other than the uses stated above, hospitals may not give access to the actual THA HIN data base or extracts from the HIN data base including the reported claims data that identifies other hospitals to anyone other than their employees. However, hospitals may develop presentations or reports from proprietary THA HIN data and share these with the physicians on the medical staff. Copies of these reports or presentations should not be provided to the physicians to the extent possible. However, if copies of reports including THA HIN proprietary data are released to the medical staff, these copies must include the following note on each page of the presentation or report:

   "The information provided in this report is proprietary to THA Health Information Network (THA HIN) participants. Proprietary data is not public and is <u>restricted to internal use only</u> by THA member hospitals. This information must be kept confidential and protected from unauthorized disclosure or use by hospital agents, third party vendors, employees or others."

   The hospital will be responsible for educating all physicians who receive information from the proprietary data that identifies any other hospital about the prohibition on use and release of the proprietary THA HIN data as outlined in this document.

RELEASE TO NON-MEMBER FACILITIES, OTHER ORGANIZATIONS OR THE GENERAL PUBLIC:

1. THA will not release hospital-identifiable, proprietary data to these groups without first receiving appropriate facility permission, except as specifically allowed by this policy.
2. THA will provide aggregate data when appropriate.
3. THA may release public data to these groups. However, the recipient of the data may not cite THA as the source of the data without explicit approval from THA to do so.
4. THA may release proprietary data, as approved by the THA Data Policy Committee and the THA Board, to payers for posting on their web sites for consumer use. HIN members may not extract proprietary data from payer sites for use in any marketing or media campaigns.
5. THA may post proprietary data, as approved by the THA Reimbursement Committee and the THA Board, on a public web site maintained by THA, for Tennessee hospital transparency.

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.

SUBMISSION TO THE TENNESSEE DEPARTMENT OF HEALTH:

In accordance with the Department's formal request and with the recommendation of the THA Data Policy Committee and THA Board of Directors; THA will include full patient names in the data provided to the Department.

JOINT ANNUAL REPORT OF HOSPITALS (JARH) DATA

Background:

All Joint Annual Report data are collected by the Office of Health Statistics 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.

RELEASE OF JOINT ANNUAL REPORT OF HOSPITALS (JARH) DATA:

1. THA members may use the JARH utilization data from THA for proceedings of the Tennessee Health Services and Development Agency (HSDA) provided that the data do not include the names of any hospitals. This disclosure may only include data to show utilization and patient migration patterns and trends. Members may secure the data directly from the Department of Health and may use that data in HSDA proceedings with no restrictions.
2. Members may not cite THA as the source of the JARH data obtained from THA in any media release if the data identifies another hospital or includes a comparison of hospitals. 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 either instance, the source of the data should be cited as Joint Annual Report of Hospitals.

ADMISSION, DISCHARGE, TRANSFER (ADT) HL7 DATA

Background:

In 2016, TennCare began requesting that hospitals voluntarily provide real-time ADT messages to TennCare to support the State Innovation Model (SIM) grant primary care transformation activities. The state requested data for all payers and also intended for the real-time messages to support health information exchange in Tennessee. Member hospitals requested that THA develop a program similar to the UB Discharge data program whereby THA would collect the information 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. To that end, a participating hospital may receive data provided by other participating hospitals for patients included in the ADT transmissions by the participating hospital.

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 TennCare use of the messages, and ensure TennCare only has access to data for TennCare enrollees for the purpose of care coordination.
- Ensure that THA and its members control the ADT data.
- Support the cost of onboarding hospitals to avoid extra costs for hospitals.
- Ensure hospitals access to the ADT data 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.

The THA Board agreed that additional value can be provided to Tennessee hospitals by returning data to the hospitals for any patients seen by that hospital or for their patients seen by any other hospital. The first use case approved by the THA Board was for 30- or 90-day readmissions notifications.

The THA Board approved the following uses of the data:

USE OF ADT DATA BY TENNCARE

THA will restrict the use of the ADT data by the TennCare bureau, through a contractual agreement between THA and the bureau, to only allow uses to support TennCare enrollees' primary care physician/medical home care management.

USE OF ADT DATA BY PARTICIPATING HOSPITALS

A participating hospital may use the data that hospital provided for their own patients returned to them by THA for purposes the respective facility deems appropriate.

Participating hospitals may use the data for their patients that has been provided by other hospitals for internal purposes deemed appropriate by the hospital leadership provided that such use is in accordance with applicable law and this Data Release Policy. Participating hospitals may not release patient- or facility-identifiable data provided by other hospitals to any entity for any purpose except for treatment and care management of the identified patient or as otherwise required by law. For any other purpose, data provided by other facilities may only be released in a de-identified (patient and reporting facility), aggregate form for calculating and reporting hospital performance. De-identification must comply with applicable HIPAA standards.

Consultants performing work for participating hospitals may receive the data to which the participating hospital is entitled. However, the consultant must sign an agreement that he/she only will use that data for the consulting project with the facility in compliance with HIPAA and any other state or federal laws relating to privacy and security of patient data, and the data will be returned to the facility for which they are consulting, returned to THA, or destroyed at the end of project.

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

USE OF ADT DATA BY THA

THA may provide real-time ADT messages for TennCare enrollees to the TennCare bureau for hospital emergency room and inpatient encounters to support TennCare's provision of data to any TennCare enrollee's attributed primary care physician.

THA may provide a participating facility all ADT data, submitted by any participating hospital, related to patients seen in that facility. The data will include all ADT messages received by the ENS for a period of up to 12 months from the date of discharge on the facility's patient records submitted to ENS by the facility.

THA may return a data set to participating facilities that includes all records submitted by that facility with any available value-added fields created by THA or a THA subcontractor.

THA may use the data to prepare and report ADT Service performance data to the participating facility, the THA Board and to the TennCare bureau for any participating facility. This report would include number of notifications of each type submitted by the facility during a specified time frame and may include information related to the completeness of submitted ADT messages.

THA may release de-identified ADT data (patient and reporting facility) for advocacy purposes or to respond to a particular issue.

Any uses of the data beyond those listed above must be approved in advance by the THA ADT Technical Subcommittee, THA Data Policy Committee, and the THA Board.

PENALTY FOR HOSPITAL VIOLATION OF THE THA 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 MarketIQ 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.

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