

**OFFICE OF HEALTHCARE STATISTICS  
HDDS TRANSMITTAL INFORMATION**

**All hospitals that submit UB-04 claims data to the State must complete and return this form with each data submission.**

**I. Person Completing Form**

Date			
Name			
Job Title			
Telephone Number		Fax Number	
Contact Email			
Administrator/CEO Name			
Administrator Email		Phone Number	

Please include Area Codes for Phone & Fax Numbers

**II. Quarterly Submission**

<i>Quarter</i>		<i>Year</i>		<i>Original</i>		<i>Replace</i>		<i>Test</i>	
<b>Media Specifications</b>		<b>CD</b>		<b>Secure Website</b>				<b>Zip and password protect all files.</b>	

**III. Facility Information**

Facility Name	JARID	IP	OP	Record Count	File Name (.txt)

(For additional facilities use another sheet)

**THIS FORM MUST ACCOMPANY YOUR DATA**

<b>Please E-Mail, Fax or include sheet with data when data is submitted.</b>	
<b>Email: <a href="mailto:Healthcare.Statistics@tn.gov">Healthcare.Statistics@tn.gov</a></b>	<b>Fax: 615-253-5187</b>

*The mission of the Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee.*

## Instructions for filling out the HDDS Transmittal Information Sheet Ph-3924 (revision 9/2019)

Please fill out all information on this sheet with submitted data.

Submit all files – inpatient and outpatient – using the following file name format:

### File Name - 12345q1IPYY.txt

1. The first five digits is the state assigned or Joint Annual Report Identification (JARID) for the facility.
2. The quarter that is submitted – **q1**, etc.
3. Bill/patient type – **IP** or **OP**
4. Two digit year - YY
5. All files submitted should be in .txt format
6. All data must be submitted in two separate files – inpatient and outpatient.
7. Please submit this form with data.

Email [Healthcare.Statistics@tn.gov](mailto:Healthcare.Statistics@tn.gov) if you are not set up to submit data through the state's Secure File Transfer Protocol (SFTP) site.



Division of Population Health Assessment

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