



## THA HIN Statewide Database Order Form, Data Elements and Pricing Schedule

To order a THA HIN database, THA member hospital should complete the form below and FAX to 615-401-7475. If a consultant, third-party vendor or other agent of the hospital will have access to the data, the attached Confidentiality Agreement must be completed prior to purchase. For more information, contact Jean Young, VP, THA Information Services, toll-free: 1-866-284-2446.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Hospital/System: \_\_\_\_\_

Address to mail data to: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Purchase Order # \_\_\_\_\_

**(NOTE: No order can be invoiced without a purchase order number.)**

1. Year(s) Requested: \_\_\_\_\_

2. Dataset(s) Requested (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Inpatient           | <input type="checkbox"/> with APR-DRGs | <input type="checkbox"/> with APS-DRGs |
| <input type="checkbox"/> Ambulatory Surgery  | (must be licensed by 3M)               | (extra fee charged)                    |
| <input type="checkbox"/> ER/Observation      |  |  |
| <input type="checkbox"/> Diagnostic Services |  |  |

3. File Format Requested (check only one):

- Microsoft Access 2003 (with tab-delimited linkable files)
- Tab delimited Text (txt) file
- Fixed ASCII
- Other format (MUST BE pre-approved by THA), specify: \_\_\_\_\_

4. Database Area:

- Statewide (All hospitals and all geographic areas)
- Selected Geographic Areas (Discharges only for residents of counties, zip codes, etc., defined below)
- Selected Hospitals (Discharges only from hospitals listed below (regardless of residence))
- Other: \_\_\_\_\_

Area Definition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**THA HIN Statewide Database  
Data Elements**

1. **Admit Date**
2. **Admit Diagnosis**
3. **Admit Hour**
4. **Admit Type**
5. **Age**
6. **APR-DRGs** (available only if hospital is licensed by 3M)
7. **APS-DRGs** (extra fee charged)
8. **Charge(s)**
9. **Diagnosis Codes** (Primary and up to 17 other diagnoses)
10. **Discharge Date**
11. **Do No Resuscitate (DNR) Flag**
12. **E-Code(s)**
13. **Ethnicity**
14. **Facility ID**
15. **Fatal Error Flag \***
16. **HCPCS Code(s)**
17. **Length of Stay (LOS)**
18. **MDC**
19. **MSDRG**
20. **MSDRG Service Line**
21. **Patient Discharge Status**
22. **Patient Residence Zip Code** (digits 1-5 only)
23. **Patient Residence County**
24. **Patient Residence State**
25. **Payer** (Primary, Secondary, Tertiary)
26. **Physician IDs** (State License Numbers and NPIs)
27. **Point of Origin (POO)**
28. **Present on Admission (POA)**
29. **Procedure Codes** (Principal for IP and OP and up to 5 other procedure codes for IP only)
30. **Race**
31. **Record Type** (IP, AS, ER, OBS, DS)
32. **Revenue Codes**
33. **Sex**
34. **Unique Record ID**

Appropriate Lookup tables will accompany the dataset(s).

\* If record has 1 or more fatal errors, the record will be flagged. A fatal error file will also be provided to indicate what the fatal errors were for each flagged record.

Note: The database fields that are made available to hospitals may be revised if the Tennessee Department of Health makes changes to the reporting requirement, such as adding new fields or discontinuing the collection of fields from the reporting requirement.

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## THA HIN Statewide Database Pricing Schedule

Available Datasets:

- 1) Inpatient, 2) Ambulatory Surgery, 3) ER/Observation, 4) Diagnostic Services

	To Purchase ONE DATASET	To Purchase TWO DATASETS	To Purchase THREE or MORE DATASETS
Discharges*			
>500,000	\$7,500	\$12,750	\$18,000
<500,000	\$5,000	\$8,500	\$12,000
<250,000	\$2,500	\$4,250	\$6,000
<100,000	\$1,500	\$2,550	\$3,600
<50,000	\$1,000	\$1,700	\$2,400

\* Discharges = the number of inpatient discharges in the dataset. The dataset pricing above reflects pricing for a basic dataset based on either 1) all records, 2) discharges for a geographic area, or 3) discharges for a group of hospitals.

While more detailed datasets (i.e., selected hospitals and selected geographic areas, or a specific patient age group for a selected geographic area) are available, fees for these subsets will be higher than the above. Call the THA HIN (1-866-284-2446) for cost estimate.

The cost of additional datasets (as shown above) includes 30% off the cost of the original dataset. For example, the cost of a statewide database with three or more datasets would be \$18,000 (\$7,500 for the 1<sup>st</sup> dataset + 5,250 for the second dataset + 5,250 for the third or more dataset).

Invoices will include appropriate sales taxes based on dataset purchase prices.

### **Inpatient Database Severity-Adjustment Options**

- 1) APR-DRG (3M) – Severity assignments available at no charge for members with 3M APR-DRG license.
- 2) APS-DRG (The Delta Group) – APS-DRG Assignment, Relative Charge Weight and Relative LOS Weight available per the schedule below.

Discharges	Database Pricing	APS-DRG Fees	Database w/ APS-DRGs Total
>500,000	\$7,500	\$3,000	\$10,500
<500,000	\$5,000	\$2,500	\$7,500
<250,000	\$2,500	\$2,000	\$4,500
<100,000	\$1,500	\$1,400	\$2,900
<50,000	\$1,000	\$1,000	\$2,000

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**THA Health Information Network Agreement  
Confidentiality Agreement**

Per the terms of the THA Health Information Network (HIN) Agreement ("Agreement"), the HIN Member ("Provider") indicated below has agreed to make a condition of any disclosure of or access to the contents of the THA HIN Statewide Database ("Database") to its agents, third party vendors, employees or others ("Agent") that Agent is bound by the following terms and conditions:

1. Agent will hold Database, data notes (hereinafter "data notes" refers to documentation, either electronic or printed, containing data that may affect the analysis in the Database), and any reports, affiliated documents or products produced from the same in confidence and protect the proprietary rights of THA subject to the terms of Section 4.1 "NON-DISCLOSURE OF CONFIDENTIAL INFORMATION" of Agreement and described otherwise therein.
2. Agent is prohibited from releasing, publishing or otherwise transferring possession of Database, data notes, and any reports, affiliated documents or products produced from the same to any other entity other than the Provider indicated below.
3. Agent is prohibited from duplicating Database, data notes, and any reports, affiliated documents or products produced from the same and must provide written proof of either (1) return to Provider, or (2) destruction of Database or reports or products produced from the same upon completion of use.
4. Agent is prohibited from incorporating any of the data derived from the Database into any product or calculation, including development of national averages, other than to meet the specific needs of the Provider listed below. Such products or calculations may not be made available to any entity other than the Provider listed below. This prohibition applies during the entire time period the Agent has access to the data.

In addition, Provider agrees to have the Agent sign a Limited Data Set Use Agreement in order to comply with HIPAA requirements.

By signing below, Provider and Agent indicate that they have read and agree to comply with the preceding terms and conditions.

Indicate what year(s) of data are being provided to agent/vendor: \_\_\_\_\_

**Provider (Hospital/System):**

**Agent or Vendor:**

\_\_\_\_\_  
**Hospital/System Name**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

A copy of this signed statement must be provided to and approved by THA prior to Provider granting Agent access to databases described above.

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