



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

To order a THA HIN database, THA member hospitals shall complete the form below and submit a scanned copy via email to Larissa Lee, llee@tha.com. If a consultant, third-party vendor or other agent of the hospital will have access to the data, the attached Confidentiality Agreement and Notice of Business Associate Agreement by Third Party or Agent must be completed and provided to THA prior to purchase. For more information, contact Larissa Lee, Director, THA Health Information Network (THA HIN), toll-free: 1-866-284-2446.

Name: _____ Phone: _____

Title: _____ Email: _____

Hospital/System: _____

Address: _____

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):

- checkbox Inpatient with APR-DRGs with SIC model (relative charge and LOS weights)
checkbox Ambulatory Surgery (must be licensed by 3M) (extra fee charged)
checkbox ER/Observation
checkbox Diagnostic Services

3. File Format Requested (check only one):

- checkbox Microsoft Access 2010 (with tab-delimited linkable files)
checkbox Tab delimited Text (txt) file
checkbox Fixed ASCII
checkbox Other format (MUST BE pre-approved by THA), specify: _____

4. Database Area:

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

Area Definition: _____

**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. Bill type**
- 8. Charge(s)**
- 9. Diagnosis Codes** (Primary and up to 17 other diagnoses)
- 10. Discharge Date**
- 11. Do Not 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. SIC Model** (relative charge and LOS weights - extra fee charged)
- 35. Unique Record ID**

Appropriate Lookup tables and ancillary data files will accompany the dataset(s).

* If record has one (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.

THA HIN Statewide Database Pricing Schedule

THA Member Facility Pricing

Available Datasets:

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

Discharges*	To Purchase ONE DATASET	To Purchase TWO DATASETS	To Purchase THREE or MORE DATASETS
>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

**Pricing for THA member hospitals.

*Discharges = the number of inpatient discharges in the dataset. The dataset pricing above reflects pricing for a basic dataset based on 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 1st 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.

THA Non-Member Pricing

The pricing above reflects a 50% discount for THA members that are participating in THA's Health Information Network (HIN). For non-member subscribers that are permitted by THA's Data Release Policy to purchase or subscribe to datasets, the costs referenced above would not include the discount. As an example, the cost to purchase one full dataset of >500,000 discharges would be \$15,000, or the cost to purchase 3 or more datasets of >500,000 discharges would be \$36,000.

Any re-release of the data must be approved by THA and an additional \$9,000 will be added to any Non-THA member wishing to distribute the data or a value-added product using these data.

Inpatient Database Severity-Adjustment Options

- 1) APR-DRG (3M) – Severity assignments available at no charge for members with a 3M APR-DRG license.
- 2) SIC Model – Relative charge weight and relative LOS weight available per the schedule below.

Discharges	Database Pricing	SIC Model Fees	Database w/SIC Model 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

**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 Disclosure of Confidential Information section of the THA HIN 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 Business Associate Agreement and 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 the Agent or Third Party access to databases described above.

Notice of Business Associate Agreement by Third Party or Agent

This is to certify that the named third party or agent signed a Business Associate Agreement with the Provider.

Indicate what year(s) of data are being provided to the agent/third party: _____

Provider (Hospital/System)

Agent or Third Party

Provider Name

Company Name

Signature

Signature

Print Name

Print Name

Title

Title

Date

Date

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