



Kansas Hospital
ASSOCIATION

KANSAS HOSPITAL ASSOCIATION (KHA)

DATA REQUEST INFORMATION SHEET FOR NON-KHA MEMBER ORGANIZATIONS

To request data from the Kansas Hospital Association's Inpatient or Outpatient Database, please complete the following information and mail or fax (785/233-6955) to the attention of Sally Othmer, KHA Director of Data Services. Reach Sally by telephone 785-276-3118 or email sothmer@kha-net.org. KHA will provide an estimated cost quote and delivery date. The cost of the limited data set to non-members is \$6,000 per fiscal year of data. **All requests** are subject to approval from the Kansas Hospital Association Board of Directors. *A list of available elements is below.*

Customer Information

Organization: _____

Name: _____

Title: _____ Date: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

1. Describe your organization; its ownership, purpose and major activities.

2. Is this request being made under contract (consultant), grant or on behalf of another organization? Please specify.

3. What is the purpose of the request and how will the data be used? (Please be specific and complete in your answer.)

4. Please specify the level of information (hospital-specific, group(s) of hospitals, statewide, etc.) If other than statewide, please identify the hospitals and/or groups to be included.
 - 4a. Please indicate which Fiscal Years (October – September) of data you require.



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5. Will individual hospitals be identified by name, code or county? Please specify.
6. If any hospitals specified in your request do not choose to participate, do you still want the information for those who do? Please explain the level of participation desired.
7. What time constraints affect this data request? (Please understand that the Association process will require some time to complete prior to the provision of data.)
8. Please specify the individuals or organizations that will be given access to this information.
9. Do you intend to publish or distribute these data outside your organization? If so, please explain.

Upon KHA Board approval, the Limited Data Set may be released to non-members for a \$6,000 per fiscal year (Oct-Sept) processing fee. The available Limited Data Set elements are below:

| | | | |
|-------------|---------------------------|---------|-----------------------------|
| CNTRL | Random Patient Identifier | PRIPAY | Primary Payer |
| HOSP | Hospital Medicare number | SECPAY | Secondary Payer |
| ZIP | Patient ZIP Code | TERPAY | Tertiary Payer |
| STATECOUNTY | Patient County Code | ETHN | Ethnicity |
| DOB | Date of Birth | RACE | Race |
| SEX | Sex | ATTPHY | Attending Physician |
| ADATE | Admit Date | PROCPHY | Procedure Physician |
| ADMTYPE | Admit Type | POS | Place of Service |
| SOURCE | Source of Admission | DRG | DRG |
| ADMHR | Hour of Admission | MDC | Medical Diagnostic Category |
| DISCHR | Hour of Discharge | DIAG | ICD-9 Diagnosis Codes |
| STATUS | Discharge Status | PROC | ICD-9 Procedure Codes |
| DDATE | Date of Discharge | | |