

# SERVICES & FEES



## The IHIN Core Package Includes:

- Direct Secure Messaging
- Patient Look-Up
- Optional Web Based Access
- Immunization Registry (IRIS) Connectivity
- Electronic Submission of Reportable Diseases (IDSS)
- Submit C-CDA to State Cancer Registry
- Submission of Quality Metrics



## Hospital Fees\*

| Net Patient Revenue**          | IHIN Annual Fee |
|--------------------------------|-----------------|
| Under \$15M Annually           | \$5,000         |
| \$15M – Under \$25M Annually   | \$7,500         |
| \$25M – Under \$50M Annually   | \$10,000        |
| \$50M – Under \$100M Annually  | \$20,000        |
| \$100M – Under \$150M Annually | \$30,000        |
| \$150M – Under \$250M Annually | \$45,000        |
| \$250M – Under \$500M Annually | \$60,000        |
| \$500M – Under \$750M Annually | \$80,000        |
| \$750M + Annually              | \$100,000       |

## Provider Practice Fees

| Practice Size (across all locations) | IHIN Annual Fee |
|--------------------------------------|-----------------|
| FQHC/RHC                             | \$500           |
| 1 – 5 Providers                      | \$500           |
| 6 – 10 Providers                     | \$1,000         |
| 11 – 20 Providers                    | \$1,500         |
| 21 – 30 Providers                    | \$2,000         |
| 31 – 60 Providers                    | \$2,500         |
| 61 – 90 Providers                    | \$3,000         |
| Over 90 Providers                    | \$4,000         |

## \*Group Rates

Hospitals who meet the requirements below are eligible for reduced pricing.

- The system must consist of two or more hospitals or locations with an ownership or management agreement.
- The IHIN participation agreement must cover all owned or managed hospitals within the system.
- All hospitals must use the same infrastructure for electronic health records, including a master patient index (MPI) or similar patient matching platform.

\*\*Fees based on net patient revenue use figures reported annually to the American Hospital Association via the Iowa Hospital Association.

To learn more about your fee adjustment, call 866-924-4636.

## Pharmacy Fees

| Pharmacy Type                | IHIN Annual Fee |
|------------------------------|-----------------|
| Independent                  | \$1,000         |
| Chain (1 – 15 Locations)     | \$5,000         |
| Chain (16 or More Locations) | \$10,000        |

## Lab Fees

| Lab Type    | IHIN Annual Fee |
|-------------|-----------------|
| Independent | \$1,000         |
| Affiliated  | \$5,000         |

## Local Public Health Agencies

| Agency Type        | IHIN Annual Fee |
|--------------------|-----------------|
| Rural              | \$250           |
| Micropolitan       | \$500           |
| Urban/Metropolitan | \$750           |



## Long-Term Care, Assisted Living Fees

| Organization Size | IHIN Annual Fee |
|-------------------|-----------------|
| Up to 50 Beds     | \$500           |
| 51 – 100 Beds     | \$750           |
| 101 – 150 Beds    | \$1,250         |
| 151 – 200 Beds    | \$1,750         |
| 201 – 300 Beds    | \$2,250         |
| 301 – 400 Beds    | \$2,750         |
| Over 400 Beds     | \$3,000         |

## Home Health, Behavioral Health, Therapy Fees

| Organization Size | IHIN Annual Fee |
|-------------------|-----------------|
| 1 – 5 Providers   | \$500           |
| 6 – 10 Providers  | \$750           |
| 11 – 20 Providers | \$1,250         |
| 21 – 30 Providers | \$1,750         |
| 31 – 60 Providers | \$2,250         |
| 61 – 90 Providers | \$2,750         |
| Over 90 Providers | \$3,000         |

### Notes:

- Fees are paid in advance and prorated by day to state fiscal year (July 1 – June 30).
- Fees based on provider count include the sum of all providers from multiple sites who are legally affiliated with the organization. This includes full-time, part-time, primary care, and specialty providers.
- Fees based on bed count include beds as licensed by the Iowa Department of Inspections and Appeals.
- Cases in which one organization signs the IHIN Participation Agreement on behalf of multiple locations or providers assumes that the signing entity has legal authority over all named accounts for that organization. This includes, but is not limited to, the authority to fulfill audit requirements.
- IHIN services are available for provider types not listed on this document. Please contact Iowa e-Health for pricing.
- Fees are subject to change annually.

Contact Us:  
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 (866) 924-4636

