Office of Health Care Access
Certificate of Need Application

Final Decision

Applicants:	**Greenwich Hospital and Greenwich Endoscopy Center, LLC**
Docket Number:	**06-30864-CON**
Project Title:	**Termination of Services by Greenwich Hospital at The Endoscopy Center of Greenwich Hospital and the Establishment and Operation of a Freestanding Gastroenterology Center by Greenwich Endoscopy Center, LLC**
Statutory Reference:	**Section 19a-638, Connecticut General Statutes**
Filing Date:	**June 22, 2007**
Decision Date:	**September 4, 2007**
Default Date:	**September 20, 2007**
Staff:	**Laurie K. Greci**

Project Description: Greenwich Hospital proposes to terminate services at The Endoscopy Center of Greenwich Hospital, 500 West Putnam Street, Greenwich and Greenwich Endoscopy Center, LLC, proposes to establish and operate a freestanding gastroenterology center at 500 West Putnam Street, Greenwich, Connecticut, at a total capital cost of $372,888.

Nature of Proceeding: On June 22, 2007, the Office of Health Care Access ("OHCA") received the Certificate of Need ("CON") application of Greenwich Hospital and Greenwich Endoscopy Center, LLC to terminate services at The Endoscopy Center of Greenwich

Hospital, 500 West Putnam Street, Greenwich, and to establish and operate a freestanding endoscopy center at 500 West Putnam Street, Greenwich, Connecticut, by Greenwich Endoscopy Center, LLC, at a total capital cost of $372,888. The Applicants are health care facilities or institutions as defined by Section 19a-630, of the Connecticut General Statutes ("C.G.S.").

Pursuant to Section 19a-638, C.G.S., a notice to the public concerning OHCA's receipt of the Applicants' Letter of Intent was published in *The Greenwich Times* November 17, 2006. Pursuant to Section 19a-638, three individuals or an individual representing an entity with five or more people had until July 13, 2007, the twenty-first calendar day following the filing of the Applicants' CON application, to request that OHCA hold a public hearing on the Applicants' proposal. OHCA received no hearing requests from the public.

OHCA's authority to review and approve, modify or deny this application is established by Section 19a-638, C.G.S. The provisions of this section, as well as the principles and guidelines set forth in Section 19a-637, C.G.S., were fully considered by OHCA in its review.

Findings of Fact

Clear Public Need
Contribution of the Proposal to the Quality and Accessibility of Health Care Delivery in the Region
Impact on the Applicant's Current Utilization Statistics

1. Greenwich Hospital ("Hospital") is an acute-care hospital located at 5 Perryridge Road, Greenwich. *(April 9, 2007, Initial CON Submission, page 284)*

2. The Hospital currently provides endoscopic services at The Endoscopy Center of Greenwich Hospital ("ECGH") located at 500 West Putnam Avenue, Greenwich, Connecticut. *(April 9, 2007, Initial CON Submission, page 284)*

3. Greenwich Health Care Services, Inc. ("GHCSI") is the parent corporation for the Hospital and for Greenwich Health Services, Inc. ("GHSI"). *(April 9, 2007, Initial CON Submission, page 12)*

4. Greenwich Endoscopy Center, LLC ("GEC") is a joint venture limited liability company established by GHSI and a group of gastroenterology physicians ("physicians") practicing in the Hospital's service area. The GEC is not a tax exempt entity. *(November 9, 2006 Letter of Intent, pages 1 and 10)*

5. GHSI, and not the Hospital, will hold the interest in the GEC for tax and system organizational reasons. *(June 21, 2007, Completeness Response, page 6)*

6. Through the GEC, GHSI and the physicians propose to operate a freestanding gastroenterology center ("GI Center") in order to provide colonoscopies and other endoscopic procedures to patients residing within the Hospital's service area. *(November 9, 2006 Letter of Intent, page 10)*

7. The purpose of the proposal is for the Hospital to establish a collaborative arrangement with physicians involved in gastroenterology services enabling the Hospital to recruit and retain staff physicians. Many physicians look for opportunities to perform procedures in freestanding ambulatory enters where they have direct involvement in the operation of such a center. *(April 9, 2007, Initial CON Submission, page 3)*

8. The proposal will not result in any facility expansion, as the GI Center will be located in the established facility previously operated by the ECGH. The facility has 4 procedure rooms, 13 pre/post-procedure areas, and 2 step-down recliners. The overall physical layout of the facility will remain unchanged and the overall capacity of the facility to deliver services will be unaffected. *(April 9, 2007, Initial CON Submission, page 6 and 335)*

9. The physicians will continue to provide inpatient and outpatient surgical services at the Hospital. Patients referred by primary care providers to the physicians may be treated at the GEC or the Hospital depending on their needs. *(June 21, 2007, Completeness Submission, page 6)*

10. The Hospital based the need for the GI Center on the following:
    a. Accessibility of a freestanding facility for patients and the suitability of a freestanding ambulatory setting for screening patients; and
    b. The growth in the use of endoscopic procedures due to the ability to perform excision of gastrointestinal polyps and cancers without open surgery.
    c. The recruitment of gastroenterologists and colorectal surgeons.

    (April 9, 2007, Initial CON Submission, pages 3 and 4)

11. The members of the GEC are listed in the following table:

Table 1: Members of the GEC

Member	Class	Ownership Percentage
Physician-Members	A	59.5%
Greenwich Health Services, Inc.	B	25.5%
Constitution Surgery Centers, LLC	C	15.0%

(June 21, 2007, Completeness Submission, page 48)

12. There are six physician-members in the GEC. Each physician-member is an internist specializing in gastroenterology. *(April 9, 2007, Initial CON Submission, page 9 and Exhibit 5)*

13. To be admitted as a Class A member to the GEC, the physician-members must be a physician or group practice that is in a position to refer patients directly to the GI Center and perform procedures at the GI Center. In addition, at least one-third of the physician's or group practice's medical practice income must have been derived from

the performance of procedures on the list of Medicare-covered procedures for ambulatory surgical centers and at least one-third of the procedures performed were performed at the GI Center. *(April 9, 2007, Initial CON Submission, page 49)*

14. Non-owner physicians will be authorized to utilize the GI Center to perform procedures provided that they qualify to maintain privileges at the Hospital. *(June 21, 2007, Completeness Response, page 6)*

15. The GEC will affiliate with Constitution Surgery Centers ("CSC") for management services. CSC will provide for services to GEC, including managing costs, maintaining physician relations and overseeing the accounts receivable. *(April 9, 2007, Initial CON Submission, page 3 and June 21, 2007, Completeness Response, page 1)*

16. The GI Center's proposed service area is comprised of the following towns:

Table 2: Proposed Service Area

Service Area	**State**	**Towns**
Primary	Connecticut	Darien, Greenwich, New Canaan, Stamford
	New York	Harrison, Mamaroneck, Port Chester, Rye
Secondary	Connecticut	Fairfield, Norwalk, Weston, Westport, Wilton
	New York	Armonk, Bedford, Bedford Hills, Hartsdale, Katonah, Mount Kisco, Mount Vernon, New Rochelle, Pound Ridge, Purchase, Scarsdale, South Salem, White Plains

(April 9, 2007, Initial CON Submission, page 31)

17. The following table reports the actual number of procedures performed for residents of service area towns by fiscal year:

Table 3: Actual Procedure Volume for Residents of Service Area Towns

Service Area	Town, State	Fiscal Year			
		2004	2005	2006	2007*
Primary	Greenwich, CT	2,446	2,391	2,550	2,626
	Stamford, CT	437	484	458	472
	Darien, CT	109	115	146	150
	New Canaan, CT	72	88	91	94
	Port Chester, NY	283	348	372	383
	Rye, NY	463	594	517	533
	Mamaroneck, NY	120	178	209	215
	Harrison, NY	113	148	162	167
	Larchmont, NY	87	97	116	120
	Primary Service Area Total	**4,130**	**4,443**	**4,621**	**4,760**
Secondary	CT Towns	225	264	245	252
	NY Towns	285	336	344	349
	Secondary Service Area Total	**510**	**600**	**589**	**601**
	All Other Towns	514	516	561	577
	Grand Total	**5,154**	**5,559**	**5,771**	**5,938**

* Annualized volume based on YTD actual.

(June 21, 2007, Completeness Response, pages 18 to 20)

18. The projected numbers of procedures to be performed in the first three years at the GEC are given in the following table. The projected procedure volume is based on a projected 3% increase in growth rate from FY 2007.

Table 4: GEC's Projected Number of Procedures

Service Area	Town, State	Fiscal Year		
		2008	2009	2010
Primary	Greenwich, CT	2705	2786	2870
	Stamford, CT	486	500	515
	Darien, CT	155	160	164
	New Canaan, CT	119	122	126
	Port Chester, NY	395	406	419
	Rye, NY	548	565	582
	Mamaroneck, NY	222	228	235
	Harrison, NY	172	177	182
	Larchmont, NY	123	127	131
	Primary Service Area Total	**4,925**	**5,071**	**5,224**
Secondary	CT Towns	**260**	**267**	**276**
	NY Towns	**342**	**652**	**364**
	Secondary Service Area Total	**602**	**919**	**640**
	All Other Towns	**595**	**316**	**631**
	Grand Total	**6,122**	**6,306**	**6,495**

(April 9, 2007, Initial CON Submission, page 31)

19. GEC proposes to be accredited by the Accreditation Association for Ambulatory Health Care and will follow the Standard Practice Guidelines of the American Gastroenterology Association. Nelson Bonheim, M.D. will serve as the GI Center's Medical Director. Kenneth Rosenquest of CSC will service at the GI Center's Administrator. *(April 9, 2007, Initial CON Submission, page 3 and June 21, 2007, Completeness Response, page 8)*

20. The proposed hours of operation for the GEC will be Monday through Friday from 8:00 a.m. to 3:30 p.m. *(April 9, 2007, Initial CON Submission, page 5)*

21. Section 19a-613 of the Connecticut General Statutes authorizes OHCA to collect patient-level outpatient data from health care facilities or institutions, as defined in Section 19a-630.

Financial Feasibility of the Proposal and its Impact on the Applicants' Rates and Financial Condition
Rates Sufficient to Cover Proposed Capital and Operating Costs
Impact of the Proposal on the Interests of Consumers of Health Care Services and Payers for Such Services
Consideration of Other 19a-637, C.G.S. Principles and Guidelines

22. The total capital cost for the proposal is $372,888, the fair market value of the assets that the Hospital is contributing to the GEC. *(June 21, 2007, Completeness Response, page 51)*

23. No construction or renovations are required with the proposal. *(April 9, 2007, Initial CON Submission, page 15)*

24. The GEC is projecting the following revenues and expenses with the proposal for its first three years of operations:

Table 5: GEC's Projected Revenues and Expenses

Projected:	**FY 2008**	**FY 2009**	**FY 2010**
Revenue from Operations	$6,147,000	$6,331,000	$6,521,000
Total Operating Expense	3,388,000	3,484,000	3,585,000
Gain from Operations	**$2,759,000**	**$2,847,000**	**$2,936,000**

(April 9, 2007, Initial CON Submission, page 336)

25. The Hospital is projecting the following revenues and expenses with the proposal for FYs 2008, 2009, and 2010:

Table 6: The Hospital's Projected Revenues and Expenses

Projected:	**FY 2008**	**FY 2009**	**FY 2010**
Total Net Patient Revenue	$263,389,000	$274,192,000	$283,994,000
Operating Revenue from GEC	704,000	726,000	749,000
Revenue from Operations	$264,093,000	$274,918,000	$284,743,000
Total Operating Expense	261,985,000	272,712,000	282,612,000
Gain from Operations	**$ 2,108,000**	**$ 2,206,000**	**$ 2,131,000**

(June 21, 2007, Completeness Submission, page 55)

26. The following current payer mix reflects the volume and payer mix for the gastrointestinal services provided by the Hospital at the ECGH. The GEC expects the payer mix to remain during the next three years.

Table 7: Current and Projected Payer Mix

	Payer Percent (%)			
Payer	**Current**	**FY 2008**	**FY 2009**	**FY 2010**
Medicare	14	14	14	14
Medicaid	0.5	0.5	0.5	0.5
TriCare (CHAMPUS)	0	0	0	0
Total Government	**14.5**	**14.5**	**14.5**	**14.5**
Commercial Insurers	84	84	84	84
Uninsured	1	1	1	1
Workers Compensation	0.5	0.5	0.5	0.5
Total Non-Government	**85.5**	**85.5**	**85.5**	**85.5**
Total Payer Mix	**100**	**100**	**100**	**100**

(April 9, 2007, Initial CON Submission, page 18)

27. As a freestanding endoscopy center, the fee paid to GEC for procedures performed for Medicare patients will be reduced over what they would generally cost when performed by the Hospital. With changes to the Medicare fee schedule set to take effect in 2008, the reimbursement for ambulatory surgery centers are scheduled to be less that the Hospital's reimbursement rates. The proposal will result in a net savings for the government payer networks. *(April 9, 2007, Initial CON Submission, page 18)*

28. The Operating Agreement for GEC reflects commitments by all the parties to the provision of medically necessary services to all patients regardless of payment source or ability to pay. *(April 9, 2007, Initial CON Submission, page 3)*

29. The approval of the Hospital is required in order for the GEC to:
    a. Adopt or implement any policies, procedures, standards or regulations not consistent with the charity and free care policies of the Hospital; or
    b. Take any action that would in the sole reasonable discretion of the Hospital jeopardize the tax-exempt status of the Hospital, GHSI, or GHCSI establish under Section 501(c)(3) of the Internal Revenue Code.

    (April 9, 2007, Initial CON Submission, page 303)

30. The GEC will obtain a new Medicare provider number. *(April 9, 2007, Initial CON Submission, page 13)*

31. There is no State Health Plan in existence at this time. *(April 9, 2007, Initial CON Submission, page 2)*

32. The Hospital adduced evidence that this proposal is consistent with its long-range plans. *(April 9, 2007, Initial CON Submission, page 2)*

33. The Hospital stated that it has undertaken energy conservation, group purchasing, and the application of technology to improve productivity and contain costs. *(April 9, 2007, Initial CON Submission, page 10)*

34. The Hospital's teaching and research responsibilities will be not changed by implementation of the proposal. *(April 9, 2007, Initial CON Submission, page 10)*

35. There are no distinguishing characteristics of the Hospital's or GEC's patient/physician mix. *(April 9, 2007, Initial CON Submission, page 11)*

36. The GEC has provided evidence that it has technical, financial, and managerial competence. *(April 9, 2007, Initial CON Submission, Exhibit 5)*

37. The GI Center's rates are sufficient to cover the proposed capital and operating costs associated with the proposal. *(April 9, 2007, Initial CON Submission, page 336)*

Rationale

The Office of Health Care Access ("OHCA") approaches community and regional need for Certificate of Need ("CON") proposals on a case-by-case basis. CON applications do not lend themselves to general applicability due to a variety of factors that may affect any given proposal; e.g., the characteristics of the population to be served, the nature of the existing services, the specific types of services proposed to be offered, the current utilization of services and the financial feasibility of the proposal.

Greenwich Hospital ("Hospital") proposes to terminate its services at The Endoscopy Center of Greenwich Hospital, located at 500 West Putnam Street, Greenwich. Under a joint venture of Greenwich Health Services, Inc. ("GHSI") and a group of gastroenterology physicians ("physicians") practicing in the Hospital's service area, the GEC will establish and operate the Greenwich Endoscopy Center ("GI Center").

The GEC proposes to operate a freestanding gastroenterology center ("GI Center") in order to provide colonoscopies and other endoscopic procedures to patients residing within the Hospital's service area. The purpose of the proposal is for the Hospital to establish a collaborative arrangement with physicians involved in gastroenterology service enabling the Hospital to recruit and retain staff physicians. Many physicians look for opportunities to perform procedures in freestanding ambulatory enters where they have direct involvement in the operation of such a center. The Hospital based the need for the GI Center on the increase accessibility that a freestanding facility provide to patients, the growth in the use of endoscopic procedures to perform excisions of polyps and cancers without requiring open surgery, and the ability of the Hospital to recruit, and retain, gastroenterologists and colorectal surgeons.

The proposal will not result in any facility expansion, as the GI Center will be located in the established facility previously operated by the Hospital. The facility has 4 procedure rooms, 13 pre/post-procedure areas, and 2 step-down recliners. The overall physical layout of the facility will remain unchanged and the overall capacity of the facility to deliver services will be unaffected. The physicians will continue to provide inpatient and outpatient surgical services at the Hospital. Patients referred by primary care providers to the physicians may be treated at the GEC or the Hospital depending on their needs.

It is proposed that the physician-members will own 59.5% of the GEC, GHSI will own 25.5% and Constitution Surgery Centers, LLC ("CSC") will own 15%. CSC will provide the management services for the GI Center. The Hospital expects that the establishment of the GI Center through the GEC will enable it to recruit and retain qualified physicians. The physicians will be able to participate and have input in the ownership and operation of the freestanding endoscopy facility. The joint venture, along with its affiliation with CSC, will provide Connecticut residents with access to the quality outpatient endoscopic care in a cost-effective manner.

The total capital cost for the proposal is $372,888, the fair market value of the assets that the Hospital is contributing to the GEC. The GEC is projecting that the operation of the GI

Center will result in a net revenue gain of $2,759,000, $2,847,000, and $2,936,000 in Fiscal Years 2008, 2009, and 2010, respectively. The Hospital will realize as other operating revenue $704,000, $726,000, and $749,000 in Fiscal Years 2008, 2009, and 2010, respectively, as its share of the net revenue gain from the GEC. Although OHCA cannot draw any conclusions, the Applicants' financial projections, and the volumes that they were based upon, appear to be reasonable and achievable. The establishment and operation of the GI Center by GEC will contribute favorably to the quality of services provided, the ongoing accessibility of these services, and the cost of these services.

Order

Based upon the foregoing Findings and Rationale, the Certificate of Need application of Greenwich Hospital to terminate services at The Endoscopy Center of Greenwich Hospital, 500 West Putnam Street, Greenwich and the proposal of Greenwich Endoscopy Center, LLC, to establish and operate a freestanding gastroenterology center at 500 West Putnam Street, Greenwich, Connecticut, at a total capital cost of $372,888, is hereby GRANTED, subject to conditions:

1. This authorization shall expire on September 4, 2008. If the termination of services by Greenwich Hospital at The Endoscopy Center of Greenwich Hospital and the establishment of the Greenwich Endoscopy Center and start of operations by Greenwich Endoscopy Center, LLC have not been completed by that date, Greenwich Hospital and the Greenwich Endoscopy Center, LLC must seek further approval from OHCA to complete the project beyond that date.

2. Greenwich Hospital and Greenwich Endoscopy Center, LLC ("Applicants") shall not exceed the approved total capital cost of $372,888. In the event that the Applicants learn of potential cost increases or expects that final capital costs for the proposal exceeds those approved, the Applicants shall notify OHCA immediately.

3. Greenwich Endoscopy Center, LLC must report date of the commencement of operations at the Greenwich Endoscopy Center to OHCA within one month of the commencement date.

4. Beginning in January 2008, Greenwich Endoscopy Center, LLC shall provide OHCA with utilization reports on a quarterly basis. The data elements and the format and submission requirements are described in Attachment 1. Each quarterly report shall include the name and telephone number of the person that OHCA may contact for data inquiries. In addition to basis data analyses, OHCA will use the submitted data to assure that residents of the Greenwich and the surrounding towns have appropriate access to the respective facility.

5. Should Greenwich Endoscopy Center, LLC propose to change ownership or change, expand, or terminate services or change the number of operating rooms and/or procedure rooms at the facility located at 500 West Putnam Street, Greenwich, Greenwich Endoscopy Center LLC shall file with OHCA appropriate documentation regarding such proposal, including either a Certificate of Need Determination Request or a Certificate of Need Letter of Intent.

Should the Applicants fail to comply with any of the aforementioned conditions, OHCA reserves the right to take additional action as authorized by law.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the
Office of Health Care Access

September 4, 2007 ***Signed by Commissioner Vogel***

_____ _____

Date Cristine A. Vogel
Commissioner

CAV: lkg

Attachment 1

Greenwich Endoscopy Center, LLC shall submit patient-specific data as listed and defined below for those patients that receive service, care, diagnosis, or treatment at its facility located at 500 West Putnam Street, Greenwich, Connecticut.

This information may be extracted from either the medical abstract or billing records or both and submitted to the Office of Health Care Access (OHCA) in accordance with this Attachment.

I. The data are to be submitted in **comma delimited file(s)** or **Excel file(s)** on a computer disk or electronically.

II. Column headers to be used are listed below in parentheses after the name of each data element.

III. Data formats to be followed are listed for each data element.

IV. The disk or file should be clearly marked with the applicant's/facility's name, file name, docket number and its contents.

V. Accompanying the data submission, the applicant/facility must submit a full written description of the data submitted and its record layout.

VI. Initial data shall be submitted at the end of the first quarter of 2008. Data for a calendar quarter shall be filed before the end of the calendar quarter following the calendar quarter in which the encounter was recorded. This data set shall contain the data records for each individual encounter from that facility during the preceding calendar quarter. For example, the data set to be filed before June 30, 2008, shall contain the data records for each individual encounter at that facility from January 1, 2008 until March 31, 2008.

VII. All data collected by OHCA will be subject to the laws and regulations of the State of Connecticut and the Office of Health Care Access regarding its collection, use, and confidentiality.

Outpatient Facility Encounter Data Layout

#	Description	Field Name	Data Type	Start	Stop
1	Facility ID -CMS assigned National Provider Identifier (effective May 23, 2005) or OHCA assigned SID # or the last four digits of the Medicare Provider Number for the unit from which the patient was discharged for the encounter being recorded.	facid	Char(10)	1	10
2	Fiscal Year – Hospital fiscal year runs from October 1 of a calendar year to September 30 of the following calendar year and is the year of discharge.	fy	Char(4)	11	12
3	Quarter – The quarter of discharge. January 1 – March 31 - 2 April 1 – June 30 - 3 July 1 - September 30 - 4 October 1 – December 31 - 1	quart	Char(1)	13	13
4	Medical Record Number – unique patient identification number assigned to each patient for whom services are provided by a facility that distinguishes by itself the encounter of an individual patient from the encounter of all other patients for that facility. **Format: string (20, zero filled to left if fewer that 20 characters)**	mrn	Char(20)	14	33
5	Patient Control Number – unique number assigned by the facility to each patient's individual encounter that distinguishes the medical and billing records of the encounter. **Format: string (20, zero filled to left if fewer that 20 characters)**	patcont	Char(20)	34	53
6	Social Security Number – patient's SSN **Format: string (9, exclude hyphens)**	ssn	Char(9)	54	62
7	Date of birth – the month, day, and year of birth of the patient whose encounter is being recorded. **Format: date (8, mmddyyyy)**	dob	Date	63	70
8	Sex – patient's sex, to be numerically coded as follows: 1. Male = 1 2. Female = 2 3. Not determined = 3	sex	Char(1)	71	71
9	Race – patient-identified designation of a category from the following list, and coded as follows: A. White = 1	race	Char(1)	72	72

#	Description	Field Name	Data Type	Start	Stop
9	B. Black/African American = 2 C. American Indian/Alaska Native = 3 D. Native Hawaiian/Other Pacific Island (e.g., Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander.) = 4 E. Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, other Asian) = 5 F. Two or more races = 6 G. Some other race = 7 H. Unknown = 8				
10	Ethnicity – patient-identified ethnic origin from categories listed and coded as follows: A. Hispanic/Latino (i.e., Mexican, Puerto Rican, Cuban or other Hispanic or Latino) = 1 B. Non-Hispanic/Latino = 2	pat_eth	Char(1)	73	73
11	Patient's State – patient indicated state of primary residence.	patstate	Char(2)	74	75
12	Town – patient indicated town of primary residence.	twn_cty	Char(3)	76	78
13	Zip Code – zip code of the patient's primary residence	patzip	Char(5)	79	83
14	Relationship to Insured1 – means the categories of patient's relationship to the identified insured or sponsor as listed below: 1. Self = 1 2. Spouse = 2 3. Child = 3 4. Other = 4	r_insure1	Char(3)	84	86
15	Employment status (e_stat) – means the categories of patient's employment status as listed below: 1. Employed = 1 2. Full-time student = 2 3. Part-time student = 3 4. Retired = 4 5. Other = 5	e-stat	Char(1)	87	87
16	Insured1's employer – means the name of the insured's employer.	employ1	Char(50)	88	137
17	Insured1's state of residence – means the insured's state of primary residence.	i1_state	Char (2)	138	139

#	Description	Field Name	Data Type	Start	Stop
18	Insured2's employer – means the name of the insured's employer.	employ2	Char (50)	140	189
19	Insured2's state of residence – means the insured's state of primary residence.	i2_state	Char (2)	190	191
20	Insured3's employer – means the name of the insured's employer.	employ3	Char (50)	192	241
21	Insured3's state of residence – means the insured's state of primary residence.	i3_state	Char (2)	242	243
22	Principal Diagnosis – the ICD-9-CM code for the condition which is established after the study to be chiefly responsible for the encounter being recorded. **Format: String (5, do not include decimal place -- decimal place is implied)**	dx1	Char(5)	244	248
23	Secondary Diagnoses (dx2 through dx10) – the ICD-9-CM codes for the conditions, exclusive to the principal diagnosis, which exist at the time the patient was treated or which developed subsequently to the treatment and which affect the patient's treatment for the encounter being recorded. Diagnoses which are associated with an earlier encounter and which have no bearing on the current encounter shall not be recorded as secondary diagnoses. **Format: String (5, do not include decimal place -- decimal place is implied)**	dx2	Char(5)	249	253
24	As defined in (23)	dx3	Char(5)	254	258
25	As defined in (23)	dx4	Char(5)	259	263
26	As defined in (23)	dx5	Char(5)	264	268
27	As defined in (23)	dx6	Char(5)	269	273
28	As defined in (23)	dx7	Char(5)	274	278
29	As defined in (23)	dx8	Char(5)	279	283
30	As defined in (23)	dx9	Char(5)	284	288
31	As defined in (23)	dx10	Char(5)	289	293
32	E-code (ecode1 to ecode3) – The ICD-9-CM codes for external cause of injury, poisoning or adverse effect. **Format: string (5, do not include decimal place -- decimal place is implied)**	ecode1	Char(5)	294	298
33	As defined in (32)	ecode2	Char(5)	299	303
34	As defined in (32)	ecode3	Char(5)	304	308
35	Date of service– the month, day, and year for each procedure, service or supply. "To (dost) & From	dosf	Date	309	316

#	Description	Field Name	Data Type	Start	Stop
35	(dosf)" are for a series of identical services provider recorded. **(Format: date (8, mmddyyyy)**				
36	As defined in (35)	dost	Date	317	324
37	Principal Procedure - the HCPCS/CPT code for the procedure most closely related to the principal diagnosis that is performed for the definitive treatment of the patient.	px1	Char(5)	325	329
38	Modifier (mod1 & mod2) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod1	Char(2)	330	331
39	As defined in (38)	mod2	Char(2)	332	333
40	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum1	Char(2)	334	335
41	Units of services – number of days for multiple days or units of supply.	Units1	Num (4)	336	339
42	Charge – charge for the listed service	Charge1	Num (6)	340	345
43	Secondary Procedure (px2 through px10) – the HCPCS/CPT codes for other significant procedures.	Px2	Char(5)	346	350
44	Modifier (mod3 & mod4) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod3	Char(2)	351	352
45	As defined in (38)	mod4	Char(2)	353	354
46	Dx Reference Number (dxnum) – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum2	Char(2)	355	356
47	Units of services – number of days for multiple days or units of supply.	Units2	Num (4)	357	360
48	Charge – charge for the listed service.	Charge2	Num (6)	361	366
49	As defined in (43)	px3	Char(5)	367	371
50	Modifier (mod5 & mod6) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod5	Char(2)	372	373
51	As defined in (38).	mod6	Char(2)	374	375

#	Description	Field Name	Data Type	Start	Stop
52	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum3	Char(2)	376	377
53	Units of services – number of days for multiple days or units of supply.	Units3	Num (4)	378	381
54	Charge – charge for the listed service	Charge3	Num (6)	382	387
55	As defined in (43).	px4	Char(5)	388	392
56	Modifier (mod7 & mod8) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod7	Char(2)	393	394
57	As defined in (38).	mod8	Char(2)	395	396
58	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum4	Char(2)	397	398
59	Units of services – number of days for multiple days or units of supply.	Units4	Num (4)	399	402
60	Charge – charge for the listed service.	Charge4	Num (6)	403	408
61	As defined in (43).	px5	Char(5)	409	413
62	Modifier (mod9 & mod10) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code	mod9	Char(2)	414	415
63	As defined in (38)	mod10	Char(2)	416	417
64	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum5	Char(2)	418	419
65	Units of services – number of days for multiple days or units of supply.	Units5	Num (4)	420	423
66	Charge – charge for the listed service.	Charge5	Num (6)	424	429
67	As defined in (43).	px6	Char(5)	430	434
68	Modifier (mod11 & mod12) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod11	Char(2)	435	436
69	As defined in (38).	mod12	Char(2)	437	438
70	Dx Reference Number (dxnum) – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum6	Char(2)	439	440

#	Description	Field Name	Data Type	Start	Stop
71	Units of services – number of days for multiple days or units of supply.	Units6	Num (4)	441	444
72	Charge – charge for the listed service.	Charge6	Num (6)	445	450
73	As defined in (43).	px7	Char(5)	451	455
74	Modifier (mod13 & mod14) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod13	Char(2)	456	457
75	As defined in (38).	mod14	Char(2)	458	459
76	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum7	Char(2)	460	461
77	Units of services – number of days for multiple days or units of supply.	Units7	Num (4)	462	465
78	Charge – charge for the listed service.	Charge7	Num (6)	466	471
79	As defined in (43).	px8	Char(5)	472	476
80	Modifier (mod15 & mod16) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod15	Char(2)	477	478
81	As defined in (38).	mod16	Char(2)	479	480
82	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum8	Char(2)	481	482
83	Units of services – number of days for multiple days or units of supply.	Units8	Num (4)	483	486
84	Charge – charge for the listed service.	Charge8	Num (6)	487	492
85	As defined in (43).	px9	Char(5)	493	497
86	Modifier (mod17 & mod18) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod17	Char(2)	498	499
87	As defined in (38).	mod18	Char(2)	500	501
88	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum9	Char(2)	502	503
89	Units of services – number of days for multiple days or units of supply.	Units9	Num (4)	504	507
90	Charge – charge for the listed service.	Charge9	Num (6)	508	513
91	As defined in (43).	px10	Char(5)	514	518

#	Description	Field Name	Data Type	Start	Stop
92	Modifier (mod19 & mod20) – means by which a physician indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code.	mod19	Char(2)	519	520
93	As defined in (38).	mod20	Char(2)	521	522
94	Dx Reference Number (dxnum) – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum10	Char(2)	523	524
95	Units of services – number of days for multiple days or units of supply.	Units10	Num (4)	525	528
96	Charge – charge for the listed service.	Charge10	Num (6)	529	534
97	Payment sources (Primary (ppayer), Secondary (spayer) and Tertiary (tpayer)) - the major payment sources that were expected at the time the dataset was completed, from the categories listed below: Self pay = A Worker's Compensation = B Medicare = C Medicaid = D Commercial Insurance Company = E Medicare Managed Care = F Medicaid Managed Care = G Commercial Insurance Managed Care = H CHAMPUS or TRICARE = I Other Government Payment = J Title V = Q No Charge or Free Care = R Other = M	ppayer	Char(1)	535	535
98	As defined in (97).	spayer	Char(1)	536	536
99	As defined in (97).	tpayer	Char(1)	537	537

#	Description	Field Name	Data Type	Start	Stop
100	Payer Identification (payer1, payer2, payer3) – the insured's group number (or National Plan ID) that identifies the payer organization from which the facility expects, at the time of the encounter, some payment for the bill. Up to three payer organizations shall be reported in the order of their expected contributions to the payment of the facility's bill. **Format: string (9, zero filled to left if fewer than 9 characters)**	payer1	Char(5)	538	542
101	As defined in (100).	payer2	Char(5)	543	547
102	As defined in (100).	payer3	Char(5)	548	552
103	Encounter type – indicates the priority of the encounter. Emergent = 1 Urgent = 2 Elective = 3	etype	Char(1)	553	553
104	Referring Physician - State license number or NPI of the physician primarily responsible for the patient for this encounter.	rphysid	Char(10)	554	559
105	Attending Physician – State license number or NPI identifying the provider who performed the service/treatment/procedure.	pphysdocid	Char(10)	560	565
106	Operating Physician – State license number or NPI identifying the provider who performed the service/treatment/procedure.	ophysid	Char(10)	566	575
107	Charges – Sum of all charges for this encounter.	chrg_tot	Num(8)	576	583
108	Disposition – the circumstances of the patient's discharge, categories of which are defined below: Discharged to home or self care, (routine discharge) 01 Discharged or transferred to another short term general hospital for inpatient care 02 Discharged or transferred to a skilled nursing facility (SNF) 03 Discharged or transferred to an intermediate care facility (ICF) 04 Transferred to another type of institution for inpatient care 05 Discharged or transferred to a home under care of an organized home health service organization 06 Left or discontinued care against medical advice 07	pstat	Char(2)	584	585

#	Description	Field Name	Data Type	Start	Stop
108	Discharged or transferred to home under the care of a home IV Provider 08 Admitted as an inpatient to this hospital 09 09 Expired 20 Expired at home 40 Expired in a medical facility (e.g. hospital, SNF, ICF or free-standing hospice) 41 Expired – place unknown 42 Hospice – home 50 Hospice – medical facility 51 Discharged or transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital 62 Discharged or transferred to Medicare certified long term care hospital (LTCH) 63 Discharged or transferred to a nursing facility certified under Medicaid but not certified under Medicare 64 Discharged or transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital 65				

Please provide all new categories of a data element indicate by the external code sources specified in the National Electronic Data Interchange Transaction Set Implementation Guide Section C.