Office of Health Care Access
Certificate of Need Application

Final Decision

Hospital:	**Bridgeport Hospital**
Docket Number:	**07-30966-CON**
Project Title:	**Establishment of an Urgent Care Walk-In Medical Center in Fairfield, Connecticut**
Statutory Reference:	**Section 19a-638, C.G.S.**
Filing Date:	**November 14, 2007**
Public Hearing Date:	**Not Applicable**
Decision Date:	**February 7, 2008**
Default Date:	**February 12, 2008**

Project Description: Bridgeport Hospital ("Hospital") proposes the establishment of an urgent care walk-in medical Center in Fairfield, Connecticut at a total capital expenditure of $829,715.

Nature of Proceedings: On November 14, 2007, the Office of Health Care Access ("OHCA") received the completed Certificate of Need ("CON") application of the Hospital for the establishment of an urgent care walk-in medical center in Fairfield, Connecticut at a total capital expenditure of $829,715. The Hospital is a health care facility or institution 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 Hospital's Letter of Intent was published in *The Connecticut Post*, on July 30, 2007. OHCA received no responses from the public concerning the Hospital's proposal.

Pursuant to Section 19a-638, C.G.S., three individuals or an individual representing an entity with five or more people had until December 5, 2007, the twenty-first calendar day following the filing of the Hospital's CON application, to request that OHCA hold a public hearing on the Hospital's proposal. OHCA received no hearing requests from the public.

OHCA's authority to review and approve, modify or deny this proposal 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
Impact on the Hospital's Current Utilization Statistics
Contribution of the Proposal to the Accessibility and Quality of Health Care Delivery in the Region

1. Bridgeport Hospital ("Hospital") is an acute care hospital located at 267 Grant Street in Bridgeport, Connecticut. *(May 10, 2007, Letter of Intent)*

2. The Hospital is proposing the establishment of an urgent care walk-in medical center ("Center") to be located at 309 Stillson Road, Fairfield, Connecticut to offer patients an alternative site to the Emergency Department ("ED") to reduce non life threatening visits to the ED. *(November 14, 2007, CON Application, pages 3, 4, &8)*

3. The Hospital reported the primary service area ("PSA") for this proposal as the towns of Bridgeport, Easton and Fairfield. The secondary service area ("SSA") was reported as the towns of Weston and Westport. *(November 14, 2007, CON Application, page 5)*

4. The Hospital stated that most of the walk-out ED patients presented with complaints that can be treated at a walk-in medical center site, including abdominal pain, headache, nausea, back pain, leg pain, fever, cough, ear ache, asthma, animal bites, etc. *(November 14, 2007, CON Application, page 3)*

5. The proposed Center will offer urgent (non life threatening) care for pediatric and adult patients, similar to those provided at a private physician's office, on a walk-in basis. *(November 14, 2007, CON Application, page 3)*

6. The services offered at the proposed Center will include:

Table One: Services offered at the Proposed Center

Category of Services	Related Services
Sick Visits	Colds, fevers, sore throats, ear infections, urinary tract infections, etc.
Stitches	
Fractures	x-rays and splints
Workers compensation injuries	
General medical care	
Management of chronic medical problems	Diabetes, high blood pressure, high cholesterol, etc.
Physician exam for work, school, camp or sports	
Immunizations	Pneumonia, flu, meningitis, tetanus, etc.

(November 14, 2007, CON Application, page 3)

7. The proposed Center will also be equipped with five (5) examination rooms, an x-ray machine, an EKG machine and a blood drawing station to support the services offered at the Center. *(November 14, 2007, CON Application, page 3)*

8. The Hospital chose the town of Fairfield for the location of the proposed Center for the following reasons:

- To establish a community presence in one of its primary service area towns;
- Close proximity to two major highways;
- Proposed location was at one time a medical office that included exam rooms; therefore, reduces the cost of renovations and construction associated with this proposal; and
- Existing Hospital physician presence.

(October 12, 2007, Completeness Letter Responses, page 4)

9. The Hospital currently has 89 associated physicians practicing in Fairfield. The specialties are as follows: Behavioral Health (3), Internal Medicine (33), Neurology (4), Neurosurgery (1), OBGYN (8), Orthopedics & Rehabilitation (13), Pediatrics (14) and Surgeons (13). *(October 12, 2007, Completeness Letter Responses, Attachment I)*

10. The table below illustrates the number of non-admitted patients who utilized the Hospital's ED for the past three fiscal years by town from the proposed service area:

Table Two: Historical ED Volume by Town (Walk-In Type Specific Patients)

Town	2004	2005	2006
Bridgeport`	19,486	17,717	18,368
Easton	117	127	100
Fairfield	1,044	908	890
Trumbull	721	611	605
Weston	9	11	3
Westport	37	35	41
Totals:	***21,414***	***19,409***	***20,007***

Note: The volume reported in this table is specific to patients who presented to the ED with conditions similar to those detailed in Finding of Fact # 7 (Walk-In Clinic type of services) *(November 14, 2007, CON Application, page 6)*

11. The Hospital is projecting the following utilization for the proposed Center:

Table Four: Projected Center's Utilization

FY 2008	FY 2009	FY 2010	FY 2011
4,895*****	9,439	10,164	10,851

Note: *****FY 2008 is based on 9 months
The Hospital projects 25%, 47% and 50% for FYs 2008, 2009 and 2010, respectively of the patients currently utilizing the Hospital ED for similar services.
FY 2011, the 3rd full year of operation is anticipated to grow at 6% from the projected visits in FY 2010, which represents a 54% shift from the Hospital's ED.
The Hospital has derived these volumes based on the experience of urgent care providers.
(October 12, 2007, Completeness Letter Responses, page 5)

12. According to the Hospital, the following table illustrates the existing providers of similar services in the proposed service area:

Table Five: Existing Providers in the Service Area

Provider's Name	Affiliated Physician(s) by Specialty
Fairfield Family Medical Center	Ale DemMatteo, D.O., Medicine/Primary Care
First Aid Immediate Care Medical Center of Trumbull	Richard Zangrillo, M.D., Internal Medicine
St. Vincent's Immediate HealthCare- Bridgeport	Syed Hussain, M.D., Internal Medicine Muna Mian, M.D., Internal Medicine
St. Vincent's Immediate HealthCare- Fairfield	Multiple Physicians- Unknown
Westport Family Health	Unknown

(November 14, 2007, CON Application, page 7)

13. The proposed hours of operation for the Center are 8 am to 8 pm, Monday through Friday and 9 am to 5 pm on Saturday and Sunday.
(November 14, 2007, CON Application, page 7)

Financial Feasibility of the Proposal and its Impact on the Hospital's Rates and Financial Condition
Impact of the Proposal on the Interests of Consumers of Health Care Services and Payers for Such Services
Consideration of Other Section 19a-637, C.G.S. Principles and Guidelines

14. The associated capital expenditure for this proposal is as follows:

Table Six: Associated Capital Expenditure

Medical Equipment (Purchase)	$52,240
Imaging Equipment (lease)	$83,373
Construction/Renovation	$662,475
Total Capital Expenditure	**$829,715**

(November 14, 2007, CON Application, page 13)

15. The Hospital proposes to fund this proposal through its equity, specifically through funded depreciation. *(November 14, 2007, CON Application, page 15)*

16. The Hospital expects incremental losses to the proposal of $309,000 for FY 2008, and gains from operations of $5,000, $117,000 and $436,000 for FYs 2009, 2010 and 2011, respectively. *(October 12, 2007, Completeness Letter Responses, 45)*

17. The Hospital's first year incremental loss is due to costs associated with opening the Center. As the volume increases start in Year 2 (and beyond), the Hospital is projecting gains from operation of the Center. *(November 14, 2007, CON Application, page 18)*

18. The Hospital stated that it would charge an urgent care rate of $391 for its services at the proposed Center. This rate is lower than what the Hospital charges at its ED which is $463 for Level 1 services and $605 for Level 2 services. *(October 12, 2007, Completeness Letter Responses, pages 47-50 and December 27, 2007, Responses to OHCA's Supplemental Questions)*

19. The Hospital based its urgent care average rate of $391 off its existing charges in its ED for lower acuity visits and the expenses for the proposed Center including staffing and overhead. *(December 18, 2007, Responses to OHCA's Supplemental Questions)*

20. Patients will be charged co-payment for an urgent care visit. The co-payments that the individuals pay at health care points of service are established by individual insurances carriers and vary from carrier to carrier, plan to plan and employer to employer. The Hospital presented the following example of co-payments to show the difference between the different health care points of service:

Treatment Location	Co-Payment
Emergency Department	$70, waived upon admission to hospital
Urgent Care Facility	$35
Physician Office	$20

(January 7, 2008, Follow up Supplemental Responses of December 27, 2007)

21. The Hospital stated that it will "develop a communication plan to educate and inform patients utilizing the proposed urgent care center that their insurance carrier may charge them an urgent care co-payment versus a primary care visit co-payment for their visit." *(January 7, 2008, Follow up Supplemental Responses of December 27, 2007)*

22. The Hospital's payer mix is not expected to change as a result of the proposed Center in Fairfield. The projected payer mix for the first three years of operation of the proposal is as follows:

Table Seven: Projected Payer Mix with the CON Proposal

Payer Description	Year 1	Year 2	Year 3
Medicare (including managed care)	39.40%	39.40%	39.40%
Medicaid (including managed care)	22.90%	22.90%	22.90%
CHAMPUS or TriCare	0.10%	0.10%	0.10%
Total Government	**62.40%**	**62.40%**	**62.40%**
Commercial Insurers	32.70%	32.70%	32.70%
Uninsured	3.90%	3.90%	3.90%
Workers Compensation	1.0%	1.0%	1.0%
Total Non-Government	**37.60%**	**37.60%**	**37.60%**
Total Payer Mix	**100%**	**100%**	**100%**

(November 14, 2007, CON Application, page 17)

23. The proposed Center will be added to the Hospital's Connecticut acute care license as a satellite facility, and the Hospital will bill for services provided at the proposed Center. *(November 14, 2007, CON Application, pages 12-13)*

24. The Hospital will establish a new cost center for the proposed Center, which will be 4055 Urgent Care/Walk-In Center. *(November 14, 2007, CON Application, page 13)*

25. There is no State Health Plan in existence at this time. *(November 14, 2007, CON Application, page 2)*

26. The Hospital stated that this proposal is consistent with its long-range plan. *(November 14, 2007, CON Application, page 2)*

27. The Hospital has improved productivity and contained costs in the past year by the application of energy conservation, group purchasing, re-engineering, and the application of technology. *(November 14, 2007, CON Application, page 11)*

28. The proposal will not result in any change to the Hospital's research responsibilities. *(November 14, 2007, CON Application, page 11)*

29. There are no distinguishing characteristics of the Hospital's patient/physician mix that makes the proposal unique. *(November 14, 2007, CON Application, page 11)*

30. The Hospital has sufficient technical and managerial competence and expertise to provide efficient and adequate service to the public. *November 14, 2007, CON Application, pages 9-10, and Attachment III)*

31. The Hospital's rates are sufficient to cover the capital expenditure and operating costs associated with the proposal. *(October 12, 2007, Completeness Letter Responses, 45)*

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, which 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.

Bridgeport Hospital ("Hospital") is an acute care hospital located at 267 Grant Street in Bridgeport, Connecticut. The Hospital is proposing to establish an urgent care walk-in medical center ("Center") at 309 Stillson Road in Fairfield, Connecticut. The proposed Center in Fairfield will offer urgent (non life threatening) care for pediatric and adult patients on a walk-in basis. The Hospital will offer the following types of urgent care services: sick visits; stitches; fractures; workers compensation injuries; general medical care; management of chronic medical problems; physician exams for work, school, camp or sports; and immunizations.

The Hospital chose Fairfield as the location of the Center in order to establish a community presence in one of its service area towns. In 2006, 34.7% of the non-admitted patients who utilized the ED for walk-in type services were from the primary service area. In 2006, approximately 31% of the patients who presented to ED had conditions that could have been treated at an urgent care walk-in type of clinic. Further, eighty nine (89) Hospital affiliated physicians from various specialties currently have offices located in Fairfield. The proposed Center will offer Hospital patients in the service area an alternative site for their urgent care type of service and will provide the Hospital additional capacity for patients with serious life threatening conditions. Based on the evidence, the Hospital's proposal will improve both the accessibility and quality of care of patients in its service area.

The capital expenditure associated with this proposal is $829,715. The Hospital will fund this proposal through an equity contribution, specifically through funded depreciation. The Hospital projects a loss incremental to the proposal for the first year of operation of $(309,000); however, the Hospital projects gains incremental to the proposal for years two through four of this proposal of $5,000, $117,000 and $436,000, respectively. Although OHCA can not draw any conclusions, the Hospital's volume and financial projections upon which they are based appear to be reasonable and achievable.

ORDER

Based on the foregoing Findings and Rationale, the Certificate of Need application of Bridgeport Hospital ("Hospital") to establish and operate an urgent care walk-in medical center ("Center") to be located at 309 Stillson Road, in Fairfield, Connecticut, at an associated capital expenditure of $829,715, is hereby **Approved**, subject to the following conditions:

1. This authorization expires on December 31, 2008. Should the Hospital's proposal not be completed by that date, the Hospital must seek further approval from OHCA to complete the project beyond that date.

2. The Hospital shall not exceed the approved capital cost of $829,715. In the event that the Hospital learns of potential cost increases or expects that the final project costs will exceed those approved, the Hospital shall notify OHCA immediately

3. The Center will be added as a satellite facility on the Hospital's license and will function as a satellite facility of the Hospital. The Hospital shall notify OHCA in writing of the commencement date of operation of urgent care services in Fairfield within 15 days of operation of the Center.

4. The Hospital is authorized only to provide the categories of urgent care services listed in Finding of Fact #6. If in the future, the Hospital wishes to add new services or new categories of services that may be considered beyond the level of urgent care (i.e. emergent care), it must file with OHCA a completed CON Determination Form.

5. The Hospital shall develop a communication plan that educates and informs the patients about the Center's rate structure for the services offered at the Center and shall submit a copy of the communication plan to OHCA within 15 days subsequent to the operation of the Center.

6. The Hospital shall provide OHCA with utilization reports for the Center 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 basic data analyses, OHCA will use the submitted data to assure that residents of Fairfield and the surrounding towns have appropriate access to the respective facility.

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

Signed by Commissioner Vogel on February 7, 2008

_____ _____

Date Cristine Vogel
Commissioner

Attachment 1

Bridgeport Hospital shall submit patient-specific data as listed and defined below for those patients that receive service, care, diagnosis, or treatment at the urgent care walk-in medical center ("Center") to be located at 309 Stillson Road, in Fairfield, 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 files (*.csv)** or **Excel file (*.xls)** 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. All required quarterly data submissions shall be filed with OHCA before the end of the calendar quarter following the calendar quarter in which the encounter was recorded. The 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 on or before June 30 of each year shall contain the data records for each individual encounter at that facility from January 1 through March 31. If a facility commences operations during a calendar quarter rather than on day one of the calendar quarter, the first quarterly filing is due upon completion of a full quarter of data and will contain all data for the initial partial quarter of operation and the first full quarter of operation.

VII. Each data set, including the initial data set, submitted to OHCA shall include the name and telephone number of the person that OHCA may contact for data inquiries.

VIII. 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
(For Institutions)

DATA RECORD TYPE 1					
#	**Description**	**Field Name**	**Data Type**	**Start**	**Stop**
1	Record Type Indicator: **01**	recid	Num(2)	1	2
2	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)	3	12
3	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)	13	16
4	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)	17	17
5	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)	18	37
6	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)	38	57
7	Social Security Number – patient's SSN	ssn	Char(9)	58	66
	Format: string (9, hyphens are implied). Blank if unknown				
8	Date of birth – the month, day, and year of birth of the patient whose encounter is being recorded. **Format: date (8, yyyy-mm-dd)**	dob	Date	67	74
9	Sex – patient's sex, to be numerically coded as follows: 1. Male = 1 2. Female = 2 3. Not determined = 3	sex	Char(1)	75	75
10	Race – patient-identified designation of a category from the following list, and coded as follows: A. White = 1	race	Char(1)	76	76

	B. Black/African American = 2 C. American Indian/Alaska Native = 3 D. Native Hawaiian/Other Pacific Island = 4 (e.g., Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander.) E. Asian (e.g., Asian Indian, Chinese, Filipino, = 5 Japanese, Korean, Vietnamese, other Asian) F. Two or more races = 6 G. Some other race = 7 H. Unknown = 8				
11	Ethnicity – patient-identified ethnic origin from categories listed and coded as follows: A. Hispanic/Latino = 1 (i.e., Mexican, Puerto Rican, Cuban or other Hispanic or Latino) B. Non-Hispanic/Latino = 2	pat_eth	Char(1)	77	77
12	Patient's State – patient indicated state of primary residence.	patstate	Char(2)	78	79
13	Town – patient indicated town of primary residence.	twn_cty	Char(3)	80	82
14	Zip Code - zip code of the patient's primary residence	patzip	Char(5)	83	87
15	Relationship to Insured1 – means the patient's relationship to the identified insured or sponsor. The categories of which are defined below and will be kept up-to-date to reflect current National Uniform Billing Committee (NUBC) guidelines: (A) Patient is insured/Self = 01 (B) Spouse = 02 (C) Natural child/Insured financial responsibility = 03 (D) Natural child/Insured does not have financial responsibility = 04 (E) Step child = 05 (F) Foster child = 06 (G) Ward of the court = 07 (H) Employee = 08 (I) Unknown = 09 (J) Handicapped dependent = 10 (K) Organ donor = 11 (L) Cadaver donor = 12 (M) Grandchild = 13 (N) Niece/Nephew = 14 (O) Injured plaintiff = 15 (P) Sponsored dependent = 16 (Q) Minor dependent of a minor dependent = 17 (R) Parent = 18 (S) Grandparent = 19 (T) Life partner = 20	r_insure1	Char(3)	88	90

16	Employment status (e_stat) – means the patient's employment status. The categories of which are defined below and will be kept up-to-date to reflect current National Uniform Billing Committee (NUBC) guidelines: (A) Employed full time = 1 (B) Employed part time = 2 (C) Not employed = 3 (D) Self employed = 4 (E) Retired = 5 (F) On active military duty = 6 (G) Unknown = 9	e_stat	Char(1)	91	91
17	Insured1's employer – means the name of the insured's employer. Blank if unknown or not applicable.	employ1	Char(50)	92	141
18	Insured1's state of residence – means the insured's state of primary residence. Blank if unknown or not applicable.	i1_state	Char (2)	142	143
19	Insured2's employer – means the name of the insured's employer. Blank if unknown or not applicable	employ2	Char (50)	144	193
20	Insured2's state of residence – means the insured's state of primary residence. Blank if unknown or not applicable.	i2_state	Char (2)	194	195
21	Insured3's employer – means the name of the insured's employer. Blank if unknown or not applicable.	employ3	Char (50)	196	245
22	Insured3's state of residence – means the insured's state of primary residence. Blank if unknown or not applicable.	i3_state	Char (2)	246	247
23	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)	248	248
24	As defined in (19). **Blank if not applicable**.	spayer	Char(1)	249	249
25	As defined in (19). **Blank if not applicable.**	tpayer	Char(1)	250	250

26	Payer Identification (payer1, payer2, payer3) – the insured's payer (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(9)	251	259
27	As defined in (22). Blank if not applicable.	payer2	Char(9)	260	268
28	As defined in (22). Blank if not applicable.	payer3	Char(9)	269	277
29	Encounter type – indicates the priority of the encounter. Emergent = 1 Urgent = 2 Elective = 3	etype	Char(1)	278	278
30	Operating Physician – CT Provider ID or NPI identifying the provider who performed the service/treatment/procedure	ophysid	Char(10)	279	288
31	Attending Physician – CT Provider ID or NPI of the physician primarily responsible for the patient for this encounter.	pphysdoc id	Char(10)	289	298
32	Charges – Total charges for this encounter. **(Round the actual value on bill to the nearest whole dollar amount, zero filled and right justified)**	chrg_tot	Num(8)	299	306

33	Disposition – the circumstances of the patient's discharge. The categories of which are defined below and will be kept up-to-date to reflect current National Uniform Billing Committee (NUBC) guidelines: 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 Discharged or transferred to home under the care of a home IV Provider 08 Admitted as an inpatient to this hospital 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	pstat	Char(2)	307	308
34	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)	309	313
35	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)	314	318
36	As defined in (31).	dx3	Char(5)	319	323

37	As defined in (31).	dx4	Char(5)	324	328
38	As defined in (31).	dx5	Char(5)	329	333
39	As defined in (31).	dx6	Char(5)	334	338
40	As defined in (31).	dx7	Char(5)	339	343
41	As defined in (31).	dx8	Char(5)	344	348
42	As defined in (31).	dx9	Char(5)	349	353
43	As defined in (31).	dx10	Char(5)	354	358
44	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)	359	363
45	As defined in (40).	ecode2	Char(5)	364	368
46	As defined in (40).	ecode3	Char(5)	369	373
47	Principal Procedure – the ICD-9-CM code for the procedure most closely related to the principal diagnosis that is performed for the definitive treatment of the patient. Blank if not applicable or not coded. **Format: String (4, do not include decimal place -- decimal place is implied)**	px1	Char(4)	374	377
48	Secondary Procedure (px2 through px10) – the ICD-9-CM codes for other procedures. Blank if not applicable or not coded. **Format: String (4, do not include decimal place -- decimal place is implied)**	px2	Char(4)	378	382
49	As defined in (44).	px3	Char(4)	383	386
50	As defined in (44).	px4	Char(4)	387	390
51	As defined in (44).	px5	Char(4)	391	393
52	As defined in (44).	px6	Char(4)	394	397
53	As defined in (44).	px7	Char(4)	398	401
54	As defined in (44).	px8	Char(4)	402	405
55	As defined in (44).	px9	Char(4)	406	409
56	As defined in (44).	px10	Char(4)	410	413
57	Referring Physician - State license number or NPI of the physician that referred the patient to the service/treatment/procedure rendered.	rphysid	Char(10)	414	423

DATA RECORD TYPE 2*					
#	**Description**	**Field Name**	**Data Type**	**Start**	**Stop**
1	Record Type Indicator: **02**	recid	Num(2)	1	2
2	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)	3	12
3	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)	13	32
4	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)	33	52
5	Social Security Number – patient's SSN. **Format: string (9, hyphens are implied)**	ssn	Char(9)	53	61
6	Revenue Code - A UB-92 code that identifies a specific accommodation, ancillary service or billing calculation	rev	Char(4)	62	65
7	HCPCS Code – A uniform code used to report procedures, services and supplies for reimbursement. **Blank if not applicable.**	hcpc	Char(5)	66	70
8	First Modifier Code – 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. **Blank if not applicable.**	mod1	Char(2)	71	72
9	Second Modifier Code 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. **Blank if not applicable.**	mod2	Char(2)	73	74
10	Third Modifier Code – 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. **Blank if not applicable.**	mod3	Char(2)	75	76
11	Fourth Modifier Code 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. **Blank if not applicable.**	mod4	Char(2)	77	78
12	Units of Service –number of days for multiple days or units of supply	units	Num (4)	79	82

13	Charges – charge for the listed service. **Round the actual value contained on the discharge's bill to the nearest whole dollar amount, zero filled and right justified)**	chrg	Num (6)	83	88
14	Service Date – The month, day, and year for each procedure, service or supply. **Format: date (8, yyyy-mm-dd)**	servdate	Date	89	96

Please submit Data Record Type 1 and Record type 2 in two separate files.

*You will need multiple rows of Data Record Type 2 to report all HCPCS/CPT and revenue codes recorded for an encounter; however there should be only unique occurrences of combinations of revenue and HCPCS codes and of revenue codes (if no HCPCS code is assigned) for an encounter.

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