



Office of Health Care Access Certificate of Need Application

Final Decision

Applicant: Hartford Surgery Center, LLC d/b/a
HEALTHSOUTH Surgery Center of Hartford

Docket Number: 06-30738-RCN

Project Title: Request for Reconsideration of the Final Decision
under Docket No.: 06-30738-CON

Statutory Reference: Section 4-181a, Connecticut General Statutes

Filing Date: April 3, 2007

Hearing Date: June 14, 2007

Decision Date: July 20, 2007

Default Date: July 26, 2007

Staff: Steven W. Lazarus

Project Description: Hartford Surgery Center, LLC d/b/a HEALTHSOUTH Surgery Center of Hartford (“Applicant or Center”) requests the reconsideration of the Office of Health Care Access’ (“OHCA”) final decision rendered under Docket No.: 06-30738-CON, under which the Applicant requested authorization to sell 60 percent total ownership interest in the Center, with no associated capital expenditure.

Nature of Proceedings: On April 3, 2007, the Applicant filed a Petition for Reconsideration of the final decision rendered under Docket No.: 06-30738-CON denying the Applicant’s request for authorization to sell 60 percent total ownership interest in the Center, with no associated capital expenditure. The Applicant is a health care facility or institution as defined by Conn. Gen. Stat. § 19a-630.

Conn. Gen. Stat. § 4-181a (a) (1) provides in relevant part that “a party in a contested case may, within fifteen days after the personal delivery or mailing of the final decision, filed with the agency a petition for reconsideration on the ground that: (A) an error of fact or law should be corrected; (B) new evidence has been discovered that materially affects the merits of the case and which for good reasons was not presented in the agency proceeding; or (C) other good cause for reconsideration has been shown.”

Pursuant to § 4-181a (a)(1), the Applicant requested the reconsideration of the final decision under Docket Number 06-30738-CON, issued on March 20, 2007 asserting that good cause existed for OHCA to reconsider its final decision denying authorization for the Applicant to sell up to 60 percent total ownership interest in the Center. Specifically, the Applicant alleged that the Final Decision was based upon flawed assumptions and/or errors of fact or law.

Although a thorough review of the record and the final decision failed to reveal any flawed assumptions and/or errors of fact or law, OHCA decided a reconsideration of its Final Decision would be appropriate in light of additional evidence presented by the Applicant in support of its Petition for Reconsideration that had not previously been available to OHCA before rendering its final decision under Docket Number 06-30738-CON on March 20, 2007. Accordingly, on April 27, 2007, OHCA granted the Applicant’s request to reconsider the final decision under Docket Number 06-30738-CON and advised the Applicant that a hearing would be held.

A public hearing regarding the request for reconsideration was held on June 14, 2007, pursuant to § 4-181a (a) (3). On May 22, 2007, the Applicant was notified of the date, time and place of the hearing. A notice to the public was published in the *Hartford Courant* on May 25, 2007. Commissioner Cristine A. Vogel served as Presiding Officer for this case. The public hearing was conducted as a contested case in accordance with the provisions of the Uniform Administrative Procedure Act (Chapter 54 of the Connecticut General Statutes) and § 4-181a.

OHCA’s authority to reconsider this matter, and to approve, modify, or deny this proposal is established by § 4-181a (a). The authority to review, approve, modify, or deny the original Certificate of Need, Docket No. 06-30738-CON was established by Conn. Gen. Stat. § 19a-638. The provisions of these sections, as well as the principles and guidelines set forth in Conn. Gen. Stat. § 19a-637, were fully considered by OHCA in final decision under Docket No.: 06-30738-CON.

Findings of Fact

Clear Public Need

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

1. Hartford Surgery Center, LLC d/b/a HEALTHSOUTH Surgery Center of Hartford ("Applicant or Center"), located at 100 Retreat Avenue, Hartford, Connecticut, is a freestanding, multi-specialty outpatient surgical facility. (*May 1, 2006, Letter of Intent, DN: 06-30738-CON*)

2. The Center currently offers the following ambulatory surgical services:

Table 1: Services presently offered at the Center

Gastroenterology	General Surgery
Gynecology	Ophthalmology
Otolaryngology	Orthopedics
Pain Management	Plastic Surgery
Podiatry	Urology

(*September 28, 2006, Initial CON Application, page 27, DN: 06-30738-CON*)

3. The Center's primary service area includes the following towns:

Table 2: Primary Service Area Towns

Avon	Bloomfield	East Hartford	Farmington
Glastonbury	Hartford	Manchester	New Britain
Rocky Hill	Simsbury	South Windsor	West Hartford
Wethersfield	Windsor		

(*September 28, 2006, Initial CON Application, page 7, DN: 06-30738-CON*)

4. The Center's secondary service area includes the following towns:

Table 3: Secondary Service Area Towns

Berlin	Burlington	Canton	Cromwell
East Hampton	Ellington	Enfield	Granby
Hebron	Marlborough	Meriden	New Hartford
Plainville	Tolland	Torrington	Windsor Locks
Vernon			

(*September 28, 2006, Initial CON Application, page 7, DN: 06-30738-CON*)

5. On March 20, 2007, the Office of Health Care Access ("OHCA") denied the Certificate of Need ("CON") request by the Applicant for the authorization for the sale of additional ownership interests Harford Surgery Center, LLC d/b/a

HEALTHSOUTH Surgery Center of Hartford, under final decision, Docket No.: 06-30738-CON. (April 3, 2007, *Petition for Reconsideration*, Docket No.: 06-30738-RCN)

6. On April 3, 2007, pursuant to § 4-181a (a) (1), the Applicant filed a Petition for Reconsideration of the final decision rendered under Docket No.: 06-30738-CON denying the Applicant's request for authorization to sell 60 percent total ownership interest in the Center.
7. The Applicant testified that it would request OHCA define to "up to 60 percent" of ownership interest in this proposal as "up to and including 60 percent."
(June 14, 2007, *Applicant Testimony, Public Hearing Testimony*, DN: 06-30738-RCN)
8. According to the Applicant, it would sell ownership interests in the Center as incentive to increase the usage of the surgical operating rooms. The Applicant did not provide any documentation regarding this under Docket No. 06-30738-CON.
(September 28, 2006, *Initial CON Application*, page 7, December 22, 2006, *Completeness Letter Responses, Exhibit A*, DN: 06-30738-CON)
9. The Applicant based the need for the proposed sale of ownership interest on the following:
 - a. Loss of physicians
 - b. Decrease in surgical suite use by the physicians; and
 - c. Declining surgical volumes.The Applicant did not provide sufficient documentation regarding this under Docket No.: 06-30738-CON.
(September 28, 2006, *Initial CON Application*, pages 4-6, DN: 06-30738-CON)
10. According to the Applicant, the Center's utilization for fiscal years ("FY") FY 2003-2006, is as follows:

Table 5: Center's FY 2003-2006 Utilization

	2003	2004	2005	2006
Total Cases	4,912	3,650	2,827	2,827

Note: Optimal capacity per the Applicant is approximately 1,600 cases annually per room.

The Applicant based capacity on each room being available 10 hour per day, 254 days per year.
(September 28, 2006, *Initial CON Application*, pages 8-9 and 124 and March 13, 2007, *Additional Correspondence Received from the Applicant*, DN: 06-30738-CON, April 3, 2007, *Petition for Reconsideration, Exhibit H*, DN: 06-30738-RCN)

11. The Applicant presented the following table to illustrate the decline in the number of physicians performing procedures at the Center:

Table 6: Center's Physician on Staff

Fiscal Year	Physicians	Change from previous year	% Change
2004	89	-	0%
2005	77	(12)	(13.5%)
2006	65	(12)	(15.6%)

(April 3, 2007, *Petition for Reconsideration*, page 8, DN: 06-30738-RCN)

12. The Applicant stated that the decline in volume is a result of multiple factors, including the retirement of physicians who utilized the Center for their surgeries, the reduction or discontinuance of certain physician practices and the fact that several physicians have ceased performing procedures at the Center in order to start their own facilities and/or to utilize competing facilities. *(September 28, 2006, Initial CON Application, page 4, DN: 06-30738-CON)*
13. According to the Applicant, in late 2006 the Applicant entered into discussions with a group of orthopedic surgeons employed by The Hand Center (“THC”), currently comprised of three (3) orthopedists, and who are in the process of recruiting two (2) additional physicians to join their practice. *(April 3, 2007, Petition for Reconsideration, page 13, DN: 06-30738-RCN)*
14. According to the Applicant, the Applicant and THC signed an Indication of Interest on December 20, 2006, whereby the Applicant agreed to offer THC at least forty (40) percent interest in the Center and subject to regulatory approval (60) percent interest. In support of its Petition for Reconsideration, the Applicant provided OHCA with a copy of the Indication of Interest. *(April 3, 2007, Petition for Reconsideration, page 13 and Exhibit D, DN: 06-30738-RCN)*
15. The Indication of Interest contained a Confidentiality Clause, which specifically provided that “all matters addressed in the Indication of Interest” were considered “confidential information.” Additionally, the Applicant and THC each agreed to retain all confidential information received in strict confidence, not to use any confidential information for their own benefit or without the consent of the other party and “to obtain prior approval from the other party regarding the contents of any public statements regarding the transaction contemplated by this Indication of Interest.” *(April 3, 2007, Petition for Reconsideration, Exhibit D, p.3, DN: 06-30738-RCN)*
16. In support of its Petition for Reconsideration, the Applicant noted the following:
 - On January 31, 2007, a Confidential Private Placement Memorandum¹ was issued, which permitted physicians’ practices, including THC, until March 30, 2007 to subscribe to sixty (60) membership units;
 - THC conducting due diligence with regard to the purchase of interests in the Center, on or about March 30, 2007, AMW Group, LLC (an entity comprised of the physician members of THC) executed a Subscription Agreement;
 - According to the Subscription Agreement, on or about April 1, 2007, AMW owns forty-nine (49) percent of the membership interests in the Center; and
 - Monies paid by AMW for the purchase of an additional eleven (11) percent of the membership interests are being held in escrow pending OHCA’s authorization. If OHCA decides to authorize the sale of the

¹ A draft of the Confidential Private Placement Memorandum was submitted with the Original CON application.

additional eleven (11) percent membership interest, AMW will automatically become the owner of eleven (11) more units.
(April 3, 2007, Request for Reconsideration, pages 13-14 and Exhibit D,E & G, DN: 06-30738-RCN)

17. The Applicant did not inform OHCA of their discussions with THC or provide OHCA a signed and/or completed copy of the Indication of Interest prior to its rendering of the final decision under Docket No.: 06-30738-CON. As noted above, however, the Confidentiality Clause prohibited disclosure of the Indication of Interest and the transaction contemplated by the Indication of Interest.
18. Joanne Roche, Administrator for the Center testified that the physicians who acquired 49% membership interest in March of 2007 have already brought 72 of their procedures to the Center. *(June 8, 2007, Prefiled Testimony of Joanne Roache, RN, CAPA, Administrator at the Center and June 14, 2007, Public Hearing Testimony, DN: 06-30738-RCN)*
19. Danny Bundren, Vice President of Development, Ambulatory Surgery Division HealthSouth Corporation testified to that syndication of interests is intended to encourage (and to a certain extent require) utilization of a facility by the investing surgeons. Federal law and HealthSouth policies require physicians who invest in ambulatory surgical facilities such as the Center to perform at least 1/3rd of their procedures at the facility in which they have invested. *(June 8, 2007, Prefiled Testimony of Danny Bundren, Vice President Ambulatory Surgery Division HealthSouth Corporation and June 14, 2007, Public Hearing Testimony, DN: 06-30738-RCN)*
20. According to the Applicant, the proposed sale of additional ownership interests in the Center will provide the following benefits:
 - a. Enhance quality of care and ensure continued access to services;
 - b. Increase efficiency through additional physician practices;
 - c. Improve physician time with patients;
 - d. Increase recruitment of out-of-area surgeons to practice in urban setting;
 - e. Increase utilization; and
 - f. Improve financial stability of the Center.*(September 28, 2006, Initial CON Application, pages 2 & 4-6, DN: 06-30738-CON)*
21. The Applicant stated this proposal will not lead to any changes in any services currently offered at the Center. *(September 28, 2006, Initial CON Application, page 2, DN: 06-30738-CON)*

22. The Applicant actual and projects the following utilization as a result of this proposal:

Table 7: Center’s Actual and Projected Utilization for FYs 2007-2009

	2007	2008	2009
Total cases without the proposal	2,671	2,724	2,779
Incremental cases	550	561	572
Total cases with the proposal	3,221	3,285	3,351

Note: Incremental cases are reported as number of cases as a direct result of this proposal
The Applicant is basing the projected volumes on its historical experience, and the incremental volume projections have been revised (increased) to reflect the sale of additional ownership interest to AMW Group, LLC (The Hand Center).
(April 3, 2007, Request for Reconsideration, page 16 and Exhibit H, DN: 06-30738-RCN)

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

23. There is no capital expenditure associated with this proposal. *(September 28, 2006, Initial CON Application, pages 24&25, DN: 06-30738-CON)*
24. The projected payer mix for the Center is as follows:

Table 8: Center’s Projected Payer Mix

Payer	Current Payer Mix	Year 1 Projected Payer Mix	Year 2 Projected Payer Mix	Year 3 Projected Payer Mix
Medicare	10%	10%	10%	10%
Medicaid	4%	4%	4%	4%
CHAMPUS & TriCare				
Total Govnt. Payers	14%	14%	14%	14%
Commercial Insurers	85.9%	85.9%	85.9%	85.9%
Uninsured				
Workers Compensation	0.1%	0.1%	0.1%	0.1%
Total Non-Govnt. Payers	86%	86%	86%	86%
Payer Mix	100%	100%	100%	100%

(September 28, 2006, Initial CON Application, page 27, DN: 06-30738-CON)

25. The Applicant reported a loss from net income for FY 2006 of (\$1,016,967). *(April 3, 2007, Request for Reconsideration, page 16 & Exhibit H, DN: 06-30738-RCN)*

26. After the implementation of this proposal, the Applicant projects net income, incremental to the proposal of \$1,016,967, \$1,047,476, and \$1,078,900 in FYs 2007, 2008, and 2009, respectively. *(April 3, 2007, Request for Reconsideration, page 16 and Exhibit H, DN: 06-30738-RCN)*
27. There is no State Health Plan in existence at this time. *(September 28, 2006, Initial CON Application, page 2, DN: 06-30738-CON)*
28. The proposal is consistent with the Applicant's long-range plan. *(September 28, 2006, Initial CON Application, page 13, DN: 06-30738-CON)*
29. The Applicant's proposal will not change the Applicant's teaching or research responsibilities. *(September 28, 2006, Initial CON Application, page 18, DN: 06-30738-CON)*
30. There are no distinguishing characteristics of the patient/physician mix with regard to the proposal. *(September 28, 2006, Initial CON Application, page 18, DN: 06-30738-CON)*
31. This proposal will aid the Applicant in improved productivity and cost containment. *(September 28, 2006, Initial CON Application, page 5, DN: 06-30738-CON)*
32. The Applicant has sufficient technical and managerial competence to provide efficient and adequate service to the public. *(September 28, 2006, Initial CON Application, page 16 & Exhibit B, DN: 06-30738-CON)*
33. The Applicant's rates are sufficient to cover the proposed operating costs. *(September 28, 2006, Initial CON Application, pages 124&126, DN: 06-30738-CON)*

Rationale

The Office of Health Care Access (“OHCA”) approaches community and regional need for the proposed service on a case by case basis. Certificate of Need (“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 proposed services.

Hartford Surgery Center, LLC d/b/a HEALTHSOUTH Surgery Center of Hartford (“Applicant or Center”) is requesting that OHCA reconsider its final decision under Docket No.: 06-30738-CON and authorize the Applicant to sell 60 percent of total ownership interest in the Center. The Center is a multi-specialty ambulatory surgery center, consisting of two (2) operating rooms and one (1) procedures room.

The Applicant based the need for the proposal on the fact that the Center has been experiencing declining ambulatory surgery volumes, due to the loss of physicians and decreased surgical suite usage. According to the Applicant the loss of physicians has been due to multiple factors, including physician retirements, reduction or discontinuance of certain physician practices, and physicians ceasing to perform procedures at the Center in order to start their own facilities and/or utilize competing facilities. The proposed sale of the ownership interest of 60% of the Center will provide incentive for the physicians to utilize the Center for its surgical procedures. Federal law and HealthSouth policies require physicians who invest in ambulatory surgical facilities such as the Center, to perform at least 1/3rd of their procedures at the facility in which they have invested.

Furthermore, the Applicant submitted additional evidence in support of its Petition for Reconsideration demonstrating that the Applicant sold up to 49% ownership interest to AMW Group, LLC (an entity of The Hand Center, an orthopedic specialty group) subsequent to the rendering of the final decision under Docket No. 06-30738-CON. The three new physician owners have already performed 72 procedures at the Center and are in the process of recruiting two additional orthopedic surgeons to join their practice. Additionally, the Applicant has a legally binding commitment from AMW Group, LLC to purchase the remaining 11 percent ownership percentage for a total of 60 percent, upon CON approval from OHCA. The proposed sale of sixty percent ownership by the Center to physicians will enhance access to outpatient ambulatory surgery services provided at the Center.

There is no associated capital expenditure related to this proposal. The Applicant has stated that this proposal will provide financial stability to the Center based on physician recruitment and associated utilization. Even though the Applicant reported a net income incremental loss of (\$1,016,967) for FY 2006, with the sale of 49 percent of ownership interest in the Center and projected increases in utilization, the Applicant is projecting a net income incremental to the proposal of \$1,016,967, \$1,047,476 and \$1,078,900 for

FYs 2007, 2008 and 2009, respectively. Based upon the information submitted by the Applicant, these financial projections appear to be reasonable.

In summary, pursuant to § 4-181a (a), the Applicant is requesting that OHCA reconsider its final decision under Docket No.: 06-30738-CON, in which the Applicant requested that OHCA authorize the sale of additional ownership interests (total of 60 percent). The Applicant requested the reconsideration of the final decision under Docket No.: 06-30738-CON, issued on March 20, 2007, asserting that good cause existed for OHCA to reconsider the decision based upon allegedly flawed assumptions of fact and/or errors of fact or law. A thorough review of the entire record under Docket No.: 06-30738-CON, however, failed to reveal any flawed assumptions of fact and/or errors of fact or law on the part of OHCA. Rather, OHCA denied the Applicant's request for CON approval because the Applicant failed to demonstrate that physicians would purchase the ownership shares in the Center and that the purchase of those shares would actually yield an increase in utilization of the Center.

Nonetheless, after careful consideration, OHCA finds that the additional evidence presented by the Applicant in support of its Petition for Reconsideration and testimony provided during the proceedings held pursuant to § 4-181a (a) (3) materially affects the merits of the case. Specifically, the Applicant submitted the Subscription Agreement executed by THC on March 30, 2007 and accepted by the Applicant on April 1, 2007. Upon acceptance of the agreement by the Applicant, THC owns 49% interest in the Center and could potentially own 60% interest in the Center pending CON approval of a sale of 60% ownership interest in the Center. The Applicant also demonstrated that utilization of the Center by THC had increased since the purchase of 49% ownership interest in that THC has already performed 72 procedures at the Center since April 1, 2007. The aforementioned evidence demonstrates that physicians have purchased ownership in the Center and that the purchase has in fact yielded an increase in utilization of the Center; therefore, OHCA's primary concerns with the original CON application have been alleviated.

Based upon the evidence submitted and the testimony provided at the hearing on this matter, OHCA concludes that the Applicant has demonstrated a clear need for the request to sell additional ownership interests in the Center of 60%.

Order

Based upon the foregoing Findings and Rationale, the final decision rendered on March 20, 2007 under Docket Number 06-30738-CON is hereby **VACATED** and the Hartford Surgery Center, LLC d/b/a HEALTHSOUTH Surgery Center of Hartford's ("Applicant" or "Center") request for authorization to sell additional ownership interest in the Center of 60 percent is hereby **GRANTED**, subject to the following conditions:

1. This authorization shall expire December 31, 2007. Should the Applicant's project not be completed by that date, the Applicant must seek further approval from OHCA to complete the project beyond that date.
2. After the implementation of the proposal, the following will occur:
 - the Applicant as the General Partner will retain 40% total ownership in the Center and maintain control of the Center;
 - a total of 60% of the ownership interest will be sold to physician and physician group(s).
3. If in the future there is any change in the percentage of ownership of the General Partner or any change in control of the Center, the Applicant may be required to file a CON Determination Form with OHCA.
4. The Applicant must file within 30 days of the completion of this proposal any and all signed, dated and completed agreements indicating the sale of the remaining 11 percent ownership interest in the Center.
5. If there is any change in the existing services provided at the Center, the Applicant shall file with this office a Certificate of Need Determination form.
6. The Applicant shall provide OHCA with utilization reports on a quarterly basis. The data elements and the format and submission requirements are described in Attachment 1. The Applicant shall include in the quarterly report 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 the greater Hartford area have appropriate access to the site.

Should the Applicant fail to comply 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

July 20, 2007

Signed by Cristine A. Vogel
Commissioner

CAV; swl

Attachment 1

Hartford Surgery Center, LLC d/b/a HEALTHSOUTH Surgery Center of Hartford's ("Applicant" or "Center") shall submit patient-specific data as listed and defined below for those patients that receive service, care, diagnosis or treatment at the Center. 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 ASCII or Excel format on a computer disk.
- II. Column headers to be used are listed below in field name 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 in which the facility begins to provide the service for which it is licensed. Subsequent 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, 2004, shall contain the data records for each individual encounter at that facility from January 1, 2004 until March 31, 2004.
- 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 (For Professionals)

#	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 than 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 than 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 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 = 5 (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, other Asian) F. Two or more races = 6 G. Some other race = 7 H. Unknown = 8	race	Char(1)	72	72
10	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)	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.	tw_n_pty	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_insured1	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

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)” are for a series of identical services provider recorded.	dosf	Date	309	316

	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
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
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
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	ppayer	Char(1)	535	535

	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				
98	As defined in (97).	spayer	Char(1)	536	536
99	As defined in (97).	tpayer	Char(1)	537	537
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	pstat	Char(2)	584	585

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			

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.