Office of Health Care Access
Certificate of Need

Final Decision

Applicants: **Connecticut Surgical Group, P.C. and Hartford Hospital**

Docket Number: **04-30307-CON**

Project Title: **Establishment of the West Hartford Surgery Center**

Statutory Reference: **Sections 19a-638 and 19a-639, Connecticut General Statutes**

Filing Date: **March 24, 2005**

Decision Date: **May 20, 2005**

Default Date: **June 22, 2005**

Staff: **Laurie Greci**

Project Description: Connecticut Surgical Group, P.C. and Hartford Hospital ("Applicants"), d/b/a West Hartford Surgery Center, LLC, propose to establish and operate an ambulatory surgery center to be located on Memorial Drive in West Hartford, Connecticut, at an associated capital expenditure of $4,650,721.

Nature of Proceeding: On March 24, 2005, the Office of Health Care Access ("OHCA") received the Certificate of Need ("CON") application of Connecticut Surgical Group, P.C. and Hartford Hospital ("Applicants"), d/b/a West Hartford Surgery Center, LLC seeking authorization to establish and operate an ambulatory surgery center to be located on Memorial Drive in West Hartford, Connecticut, at a total capital expenditure of $4,650,721. Hartford Hospital is a health care facility or institution as defined by Section 19a-630 of the Connecticut General Statutes ("C.G.S.").

A notice to the public concerning OHCA's receipt of the Applicants' Letter of Intent was published on June 19, 2004, in *The Hartford Courant.* OHCA received no responses from the public concerning the Applicants' proposal.

OHCA's authority to review and approve, modify or deny this proposal is established by Sections 19a-638 and 19a-639, C.G.S. The provisions of these sections, as well as the principles and guidelines set forth in Section 19a-637, C.G.S., were considered by OHCA in its review.

Findings of Fact

Clear Public Need
Proposal's Contribution to the Quality and Accessibility of Health Care Delivery in the Region
Impact on the Applicants' Current Utilization Statistics on Delivery in the Region
Impact of the Proposal on the Interests of Consumers of Health Care Services and Payers for Such Services

1. Hartford Hospital ("Hospital") is an acute care hospital located at 85 Seymour Street, Hartford, Connecticut. *(November 12, 2004, Initial CON Submission, page 54)*

2. The following towns make up the primary service area for HH:

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

(November 12, 2004, Initial CON Submission, pages 3 and 4)

3. Connecticut Surgical Group ("CSG") is the multi-specialty group practice of physicians and surgeons. CSG has thirty-seven (37) physicians practicing in one of the following specialties: thoracic surgery; vascular surgery; vascular and interventional radiology; podiatric surgery; plastic and reconstructive surgery; hand surgery; general surgery; laparoscopic surgery; breast surgery; surgical oncology; head and neck surgery; bariatric surgery; colon and rectal surgery; and urological surgery. *(November 12, 2004, Initial CON Submission, page 54)*

4. CSG and the Hospital ("Applicants") have agreed to organize and operate a limited liability company, the West Hartford Surgery Center, LLC, ("WHSC") for the purpose of establishing a facility for the provision of ambulatory surgery and related care services ("Surgery Center"). Although WHSC is a for-profit company, the Surgery Center must be compatible with and in furtherance of the charitable purposes of the Hospital. As the Hospital is an organization exempt from federal

income taxation, the newly formed company must operate in such a manner as to not jeopardize the Hospital's status as a federal tax exempt organization exempt and it may not generate any unrelated business taxable income. *(March 24, 2005, Completeness Response, page 15)*

5. The Applicants propose to locate the Surgery Center in Building C on Memorial Drive in West Hartford. The building will be part of a new development in the town of West Hartford. To date, an official street address has not been assigned by the town. Currently, Building C is located on site maps as facing Memorial Drive. *(February 3, 2005, Completeness Response, page 1)*

6. The Hospital will lease one floor of the proposed four story building. The Hospital will then sublease 15,000 square feet of space to WHSC. *(February 3, 2005, Initial CON Submission, page 1 and 10)*

7. The Surgery Center will contain two (2) operating rooms, one (1) shelled operating room, and one (1) endoscopy/procedure room. *(November 12, 2004, Initial CON Submission, page2)*

8. Each Applicant has a 50% interest in WHSC. The management of WHSC will be vested in a Management Committee. The Management Committee shall consist of six individuals, three will be designated by the Hospital and three will be designated by CSG. The Management Committee will arrange for the management and administration of the business affairs of the Surgery Center. *(March 24, 2005, Completeness Response, pages 24 and 71)*

9. The Management Committee will designate the Medical Director of the Surgery Center. The Medical Director shall be nominated by CSG and approved by the Management Committee. The Medical Director must at all times be both an employee of CSG and on the active medical staff of the Hospital. The Medical Director will be the chief operating officer of the Surgery Center. *(March 24, 2005, Completeness Response, pages 29 and 30)*

10. The draft operating agreement states that each member and economic interest owner agrees to comply with the charity care policy of WHSC. The charity care policy requires the Surgery Center to:
    - Accept any and all patients covered by Medicare and Medicaid;
    - Hold annually free health educational programs and seminars;
    - Provide free or reduced charge health care services to the poor or indigent, based on the ability to pay;
    - Provide adequate notices on the premises about the availability of charity care; and
    - Prepare quarterly a report detailing the compliance of the Surgery Center and its clinicians with the charity care policy and submit the report to the Management Committee of the Company.

    (March 24, 2005, Completeness Response, pages 37 and 73)

11. The services proposed for the Surgery Center are currently being offered at the Hospital. Patients will be given the choice of using the Surgery Center or the Hospital for their ambulatory surgery. *(November 12, 2004, Initial CON Submission, page 2)*

12. The Applicants based the need for the Surgery Center on:
    - Advances in ambulatory surgical procedures;
    - Patient convenience; and
    - Changes in physician/hospital relationships.

    (November 12, 2004, Initial CON Submission, page 2)

13. The Applicants stated that advancements in medical technology, anesthesiology, and surgical techniques allow procedures to be done outside a hospital environment. *(March 24, 2005, Initial CON Submission, page 2)*

14. The Applicants stated that patients have been requesting a more suburban site for minor ambulatory surgery procedures. The patients are requesting the Surgery Center for the travel convenience and easier parking. *(February 3, 2005, Completeness Response, page 2)*

15. Freestanding centers provide a pleasant environment for patients and physicians. Surgeons' time is more efficient because operating rooms are turned over quickly and schedules are not disrupted by emergency cases. *(March 24, 2005, Initial CON Submission, page 20)*

16. There have been changes in the physician/hospital relationship. Previously, only hospitals offered ambulatory surgery services. Today freestanding centers exist, as well as physician owned and operated facilities. The Applicants' proposal presents a new model of the hospital/physician partnership that will provide these services in a licensed and accredited facility. *(February 3, 2005, Completeness Response, page 2)*

17. The Hospital's current operating room environment includes facilities within five interconnected hospital buildings and encompasses a total of 41 operating rooms, three post-anesthesia recovery areas and support spaces. These facilities are within approximately 95,000 square feet on the third, fourth, and fifth floor levels. The Hospital's operating room is a very large and complex environmental encompassing a range of facilities developed over a span of more than 55 years. There are some weaknesses associated with limitations in the physical environment, including operating room sizes and configuration, and capacity limitation within the post-anesthesia care unit. *(March 24, 2005, Completeness Response, pages 2 and 3)*

18. The main Operating Room is a mix of ambulatory and inpatient surgical cases, with the majority being inpatient cases. The Ambulatory Surgery Unit treats mostly ambulatory surgical patients but does not have the capacity by itself to treat the total number of ambulatory surgical procedures that are scheduled. *(March 24, 2005, Completeness Response, page 3)*

19. The numbers of ambulatory surgical cases performed in the last three years for the Applicant's primary service area (PSA) and statewide and the percent increase from the previous year is shown in the table below:

Table 1: Hartford Hospital Surgical Volume

Service	2002	2003	2004	Number of Operating Rooms Available in 2004
Inpatient	13,567	13,953	13,776	30
Outpatient	15,320	15,756	15,293	11
GI Procedures	11,285	11,589	13,314	10

(March 24, 2005, Completeness Response, page 1)

20. The numbers reported for FYs 2002, 2003, and 2004 in the following table are the total number of ambulatory surgeries by CSG surgeons performed at the Hospital. The numbers reported for 2006, 2007, and 2008 are those ambulatory surgeries by CSG's surgeons that are projected to be performed at the Surgery Center.

Table 2: Historical and Projected Ambulatory Surgical Volumes for Physicians of CSG

Fiscal Year	2002	2003	2004	2005[1]	2006	2007	2008
Number of Surgeries	3,500	3,930	4,201	-	3,164	3,259	3,357
Number of GI/Endoscopy Procedures	2,646	2,879	3,401	-	1,927	1,985	2,044
Total	**6,146**	**6,809**	**7,602**	**-**	**5,091**	**5,244**	**5,401**

[1] The numbers for 2005 were not reported as the actual numbers are not available and no projected numbers are required for the Surgery Center.

(March 24, 2005, Completeness Response, page 4)

21. The Hospital expects that 75% of the ambulatory surgery cases performed by CSG surgeons will be performed at the Surgery Center. *(March 24, 2005, Completeness Response, page 4)*

22. The Hospital expects 11% fewer surgical procedures to be performed at the Hospital in Fiscal Year 2007 due to the proposal. *(March 24, 2005, Completeness Response, page 3)*

23. The Hospital expects replacement ambulatory surgery volume to come from:
    - Increases in the population;
    - Aging of the population;
    - Recruitment of new surgeons; and
    - Providing existing surgeons with increased operating room block time.

    (November 12, 2004, Initial CON Submission, page 15 and February 3, 2005, Completeness Response, page 5)

24. The Applicant reported that the census within the primary service area was 608,399 in 2000. The census in 2003 was estimated at 616,124 and the projected census in 2008 is 633,182. *(November 12, Initial CON Submission, pages 3 and 4)*

25. The projected volume for the Surgery Center is expected to come primarily from the surgeons' current patient base. *(November 12, 2005, Initial CON Submission, page2)*

26. It is anticipated that the patients that will make up the majority of the Surgery Center's volume will come the town of West Hartford and those towns that are within easy highway and road access to West Hartford. *(November 12, Initial CON Submission, page 3)*

27. The Applicants stated that the proposal will not impact the other providers within the Applicants' proposed service area. The other providers include Saint Francis Hospital and Medical Center, John Dempsey Hospital, and HEALTHSOUTH in Hartford. *(November 12, Initial CON Submission, page 5)*

28. Utilization projections by specialty mix for the Surgery Center are as follows:

Table 3: Utilization Projections by Specialty Mix for the Surgery Center

		Number of Cases		
Specialty	**Average % of Total Cases**	**Year 1**	**Year 2**	**Year 3**
General Surgery	24.0	1,224	1,261	1,299
Urology	12.5	621	690	659
Plastic Surgery	15.1	770	793	817
Podiatry	6.9	351	362	372
Colorectal	3.9	198	204	210
Subtotal	62.3	3,164	3,310	3,357
	37.7	1,927	1,985	2,044
Total, including GI/Endoscopy		**5,091**	**5,295**	**5,401**

(November 12, 2004, Initial CON Submission, page 5)

29. The utilization projections were developed by the Applicants' consultant, SCA, as a result of a detailed CPT 4 code review for all outpatient procedures done by CSG surgeons. Conversion rates experienced by surgeons for those codes at other surgery centers developed and or managed by SCA were applied to the calculated number of procedures. The projected conversion rates were reviewed and accepted by CSG surgeons. *(February 3, 2005, Completeness Response, page 3)*

30. The Ambulatory Care Centers of America, an ambulatory surgery center management and development company, places the capacity of an ambulatory operating room at up to 1,500 cases per year, assuming a one shift operation. *(August 6, 2003, OHCA Docket 03-30017-CON Final Decision, page 5)*

31. The proposed hours of operation for the Surgery Center will be Monday through Friday, 7:30 a.m. to 4:30 p.m. *(November 12, 2004, Initial CON Submission, page 5)*

32. The Applicants propose to seek licensure for the Surgery Center as a free standing outpatient ambulatory surgical facility. *(November 12, 2004, Initial CON Submission, page 8)*

33. The Surgery Center proposes to become accredited by the Joint Commission on Accreditation of Hospitals Organization and the Accreditation Association for Ambulatory Health Care. *(November 12, 2004, Initial CON Submission, page 16)*

34. The Surgery Center's quality assurance plan and program will be developed by the Medical Director and approved by the Board of Directors. A Quality Assurance Committee chaired by the Medical Director and comprised of physicians and nurses will meet regularly to assure compliance with the plan. *(November 12, 2004, Initial CON Submission, page 7)*

Financial Feasibility of the Proposal and its Impact on the Applicant's Rates and Financial Condition
Consideration of Other Section 19a-637, C.G.S. Principles and Guidelines

35. The proposal has a capital expenditure of $4,650,721 as follows:

Table 4: Components of the Proposed Capital Expenditure

Component	Projected Capital Expenditure
Medical Equipment, purchased	$ 1,425,062
Imaging Equipment, purchased	111,050
Non-Medical Equipment, purchased	206,237
Legal and Consulting, capitalized	160,500
Construction/Renovation (net)	1,563,000
Total Capital Expenditure	**$3,465,849**

(March 24, 2005, Completeness Response, page 5)

36. The leasehold improvement costs consist of the following:

Table 5: Leasehold Improvement Costs

Construction Component	Cost
Building Work	$ 1,670,372
Architectural & Engineering	262,500
Contingency Allowance	262,500
Inflation Adjustment	52,500
Tenant Allowance	687,500
Total Construction/Renovation Cost, net of tenant allowance	**$1,563,000**

(March 24, 2005, Completeness Response, page 5)

37. The tenant allowance for the leased space will be $55 per square foot, lowering the construction cost by $687,500. *(March 24, 2005, Initial CON Submission, page 5)*

38. The Hospital had a cash equivalent balance on October 31, 2004 of $19,882,000. *(February 3, 2005, Completeness Response, page 5)*

39. The proposal will be funded with $1,643,806 for working capital and start up capital. The Applicants will contribute an equal amount each from operating funds. There will be an equipment loan of $1,568,144, a leasehold improvement loan of $2,023,085 and a working capital loan of $768,860. *(November 12, 2004, Initial CON Submission, page 13)*

40. The projected payer mix for the Surgery Center's first three years of operation is as follows:

Table 6: Projected Payer Mix for the Surgery Center

Provider	Government Payers	Non-Government Payers
Hartford Hospital, current	28.5	71.5
Connecticut Surgical Group, current	36.6	63.4
West Hartford Surgery Center, projected	36.6	63.4

(February 3, 2005, Initial CON Submission, page 5)

41. The Surgery Center is projecting the following gains from operations for the first three years of operation as follows:

Table 7: Surgery Center Gains from Operations

Fiscal Year	Gain from Operations
2007	$ 682,949
2008	$ 737,142
2009	$ 859,874

(February 3, 2005, Initial CON Submission, page 20

42. The proposed start date for operations at the Surgery Center is October 2006. which is the first month in Fiscal Year 2007. *(February 3, 2005, Completeness Response, page 4)*

43. The Hospital projects that the proposal will result in incremental losses to the Hospital of $3,163,465, $3,214,911, and $2,754,073 in Fiscal Years 2007, 2008, and 2009, respectively. The Hospital projects that it will realize non-operating revenues from the Surgery Center of $207,205, $231,715, and $291,275, in Fiscal Years 2007, 2008, and 2009, respectively. *(February 3, 2005, Completeness Response, page 18)*

44. The Hospital's financial Pro Forma assumed no backfill of surgical cases. The Hospital has been very successful at replacing lost volume from the orthopedic and eye surgeries that migrated to freestanding ambulatory surgery centers in Rocky Hill and Newington, respectively. *(February 3, 2005, Completeness Response, page 5)*

45. CSG submitted compiled financial statements to OHCA. The statements reported total assets of $2,542,672 and a cash balance of $1,183,258 as of December 31, 2003. *(November 12, 2004, Initial CON Submission, page 70)*

46. Section 19a-613, C.G.S., authorizes OHCA to collect patient-level outpatient data from health care facilities or institutions as defined in Section 19a-630, C.G. S. *(February 3, 2005, Completeness Response, pages 70 and 74)*

47. There is no State Health Plan in existence at this time. *(November 12, 2004, Initial CON Submission, page 2)*

48. The Applicants have adduced evidence that this proposal is consistent with their long-range plans. *(November 12, 2004, Initial CON Submission, page 2)*

49. In the past year, the Applicants have not undertaken any of the following activities to improve productivity and contain costs: energy conservation, reengineering, group purchasing and the application of technology. *(November 12, 2004, Initial CON Submission, page 8)*

50. The proposal will not result in changes to the Applicants' teaching and research responsibilities. *(November 12, 2004, Initial CON Submission, page 8)*

51. There are no distinguishing characteristics of the Applicants' patient/physician mix. *(November 12, 2004, Initial CON Submission, page 8)*

52. The Hospital has sufficient technical, financial and managerial competence to provide efficient and adequate services to the public. *(November 12, 2004, Initial CON Submission, Attachment 2)*

53. The Applicants' rates are sufficient to cover the proposed capital expenditure and operating expenses associated with the proposal. *(February 3, 2005, Completeness Response, page 18)*

Rationale

The Office of Health Care Access ("OHCA") approaches community and regional need for the proposed service on case by case basis. Certificate of Need ("CON") applications do not lend themselves to general applicability due to a variety of complexity 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 Hospital's ("Hospital') current operating room environment includes facilities within five interconnected hospital buildings and on three separate levels. The Hospital's operating room facilities encompass a total of 41 operating rooms, three post-anesthesia recovery areas and support spaces. The Hospital's operating room is a very large and complex environment developed over a span of more than 55 years. There are some weaknesses associated with limitations in the physical environment, including operating room sizes and configuration, and capacity limitation within the post-anesthesia care unit. In FY 2004, the total number of surgeries performed at the Hospital exceeded 42,000 procedures, including inpatient and outpatient surgeries and gastrointestinal procedures. The Ambulatory Surgery Unit treats mostly ambulatory surgical patients but does not have the capacity by itself to treat the total number of ambulatory surgical procedures that are scheduled.

The Applicants asserted that advancements in technology and changes in the relationship between hospitals and physicians, as well as patient convenience, have created a need for a freestanding ambulatory surgery center. As a joint venture, Connecticut Surgical Group ("CSG") and the Hospital are proposing to establish an ambulatory surgery center ("Surgery Center") in West Hartford. The proposal is for the construction of a two operating room and one procedure room facility for ambulatory procedures only. As a freestanding ambulatory surgery center, the surgeons' time will be more efficient because operating rooms are turned over quickly and schedules are not disrupted by emergency cases. In addition, the facility will have a single, shelled operating room for future growth. The Hospital proposes to lease one floor of a still-to-be-constructed four story building in a new development in the town of West Hartford. The Hospital will sublease the space for the Surgery Center to the West Hartford Surgery Center, LLC ("WHSC"), the name of the company formed to establish and manage the new facility. Based on the above, OHCA finds that the Applicants have demonstrated that its request for the construction of a facility in West Hartford will contribute to the accessibility of health services in its service area.

The Hospital's total outpatient surgical volume, including gastrointestinal procedures, exceeded 28,000 procedures in 21 operating rooms in FY ("Fiscal Year") 2004. In FY 2004, the CSG surgeons performed 7,602 of those procedures. The Applicants expect that 75% of the procedures performed by CSG surgeons will be performed at the Surgery Center once it is in operation. The projected volumes for FYs 2006, 2007, and 2008 are

5,091, 5,244, and 5,401 procedures, respectively, with gastrointestinal procedures being 38% of the volume. The Surgery Center's projected volume is expected to come primarily from existing CSG practice patients and the increase of population both in number and age that may require surgery. The Hospital expects an 11% decrease in the number of surgical procedures in FY 2007 due to the establishment of the Surgery Center. The Hospital expects to replace the volume through the projected increases in, and aging of, the service area's population, the recruitment of new surgeons, and the provision of additional operating room block time to surgeons.

As the Hospital is an organization exempt from federal income taxation, the Applicants will manage the Surgery Center in a manner that is compatible with the Hospital's charitable purposes. The operating agreement includes provisions that establish the charity care requirements for the Surgery Center. The Surgery Center's charity care policy requires the acceptance of any and all patients covered by Medicare and Medicaid and free or reduced charges to poor or indigent patients. The Applicants' proposal will improve the quality of health care services in the region and is in the best interests of consumers and payers.

The proposal's total capital expenditure of $3,465,849 will be financed with the Applicants' equity and loans. The Applicants project revenue gains from operations at the Surgery Center of $682,949, $737,142, and $859,874 for FYs 2007, 2008, and 2009, respectively. If volume projections are achieved, the Applicants' revenues appear sufficient to cover the proposed capital expenditure and operating costs associated with the project. Therefore, the Applicants' financial projections appear reasonable.

In summary, the proposal of Connecticut Surgical Group, Inc. and Hartford Hospital to establish a two-operating room, one endoscopy room ambulatory surgery center in West Hartford will provide the Applicants' current patients an alternative location for obtaining minor ambulatory surgical procedures. The Hospital's charitable purposes will continue to be in effect and all patients will be able to choose to have their surgeries performed either at the Hospital in Hartford or at the Surgery Center in West Hartford.

Therefore, based on the foregoing Findings and Rationale, the Certificate of Need application of Connecticut Surgical Group, P.C. and Hartford Hospital, d/b/a West Hartford Surgery Center, LLC to establish and operate an ambulatory surgery center on Memorial Drive in West Hartford, is hereby approved.

ORDER

Connecticut Surgical Group, P.C. and Hartford Hospital ("Applicants"), d/b/a West Hartford Surgery Center, LLC are hereby authorized to establish and operate an ambulatory surgery center to be located on Memorial Drive in West Hartford, Connecticut, at a total capital cost of $4,650,721. The authorization is subject to the following conditions:

1. West Hartford Surgery Center, LLC will consist of two (2) operating rooms and one (1) endoscopy room and one shelled operating room and have no more than 15,000 square feet of leased space. It is to be located on Memorial Drive, West Hartford, Connecticut.

2. West Hartford Surgery Center, LLC will provide OHCA with utilization reports on a quarterly basis. The data elements and the format and submission requirements are described in Attachment 1.

3. The Applicants are authorized to fit out the shelled operating room when the surgical demand requires the additional operating room. The Applicants shall provide OHCA with a letter stating the proposed date that the operating room will be put into service.

4. The Applicants shall not exceed the approved total capital cost of $4,650,721. In the event that the Applicants learn of potential cost increases or expect that the final project costs will exceed those approved, the Applicants shall file with OHCA a request for approval of the revised CON project budget.

5. This authorization shall expire on May 20, 2007, unless the Applicants present evidence to OHCA that West Hartford Surgery Center, LLC has received its license from the Department of Public Health.

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

May 20, 2005

Signed by Cristine A. Vogel
Commissioner

CAV:lkg

Attachment 1

West Hartford Surgery Center, LLC shall submit patient-specific data as listed and defined below for those patients that receive service, care, diagnosis or treatment at the ambulatory surgery center located in West Hartford, 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 ASCII format 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 in which the facility begins to provide the service it is licensed for. 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 31, 2002, shall contain the data records for each individual encounter at that facility from January 1, 2002 until March 31, 2002.

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
(Professional)

#	Description	Field Name	Data Type
1	Facility ID – CMS assigned National Provider Identifier (effective May 23, 2005) or OHCA assigned SID #.	facid	Char(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)
3	Quarter – The quarter of discharge. 1. January 1 – March 31 - 2 2. April 1 – June 30 - 3 3. July 1 - September 30 - 4 4. October 1 – December 31 - 1	quart	Char(1)
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)
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)
6	Social Security Number – patient's SSN **Format: string (9, exclude hyphens)**	ssn	Char(9)
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
8	Sex – patient's sex, to be numerically coded as follows: 1. Male = 1 2. Female = 2 3. Not determined = 3	sex	Char(1)
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 (e.g., Asian Indian, Chinese, Filipino, = 5	race	Char(1)

#	Description	Field Name	Data Type
	Japanese, Korean, Vietnamese, other Asian) 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 = 1 (i.e., Mexican, Puerto Rican, Cuban or other Hispanic or Latino) B. Non-Hispanic/Latino = 2	pat_eth	Char(1)
11	Patient's State – patient indicated state of primary residence.	patstate	Char(2)
12	Town – patient indicated town of primary residence.	twn_cty	Char(3)
13	Zip Code – zip code of the patient's primary residence	patzip	Char(5)
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)
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)
16	Insured1's employer – means the name of the insured's employer.	employ1	Char(50)
17	Insured1's state of residence – means the insured's state of primary residence.	i1_state	Char (2)
18	Insured2's employer – means the name of the insured's employer.	employ2	Char (50)
19	Insured2's state of residence – means the insured's state of primary residence.	i2_state	Char (2)
20	Insured3's employer – means the name of the insured's employer.	employ3	Char (50)
21	Insured3's state of residence – means the insured's state of primary residence.	i3_state	Char (2)
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)

#	Description	Field Name	Data Type
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)
24		dx3	Char(5)
25		dx4	Char(5)
26		dx5	Char(5)
27		dx6	Char(5)
28		dx7	Char(5)
29		dx8	Char(5)
30		dx9	Char(5)
31		dx10	Char(5)
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)
33		ecode2	Char(5)
34		ecode3	Char(5)
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. **Format: date (8, mmddyyyy)**	dosf	Date
36		dost	Date
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)
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)
39		mod2	Char(2)
40	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum1	Char(2)
41	Units of services – number of days for multiple days or units of supply.	Units1	Num (4)
42	Charge – charge for the listed service	Charge1	Num (6)
43	Secondary Procedure (px2 through px10) – the HCPCS/CPT codes for other significant procedures	Px2	Char(5)

#	Description	Field Name	Data Type
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)
45		mod4	Char(2)
46	Dx Reference Number (dxnum) – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum2	Char(2)
47	Units of services – number of days for multiple days or units of supply.	Units2	Num (4)
48	Charge – charge for the listed service	Charge2	Num (6)
49		px3	Char(5)
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)
51		mod6	Char(2)
52	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum3	Char(2)
53	Units of services – number of days for multiple days or units of supply.	Units3	Num (4)
54	Charge – charge for the listed service	Charge3	Num (6)
55		px4	Char(5)
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)
57		mod8	Char(2)
58	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum4	Char(2)
59	Units of services – number of days for multiple days or units of supply.	Units4	Num (4)
60	Charge – charge for the listed service	Charge4	Num (6)
61		px5	Char(5)
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)
63		mod10	Char(2)
64	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum5	Char(2)
65	Units of services – number of days for multiple days or units of supply.	Units5	Num (4)
66	Charge – charge for the listed service	Charge5	Num (6)
67		px6	Char(5)
68	Modifier (mod11 & mod12) – means by which a physician	mod11	Char(2)

#	Description	Field Name	Data Type
	indicates that a service or procedure performed has been altered by some specific circumstance but not changed in definition or code		
69		mod12	Char(2)
70	Dx Reference Number (dxnum) – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum6	Char(2)
71	Units of services – number of days for multiple days or units of supply.	Units6	Num (4)
72	Charge – charge for the listed service	Charge6	Num (6)
73		px7	Char(5)
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)
75		mod14	Char(2)
76	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum7	Char(2)
77	Units of services – number of days for multiple days or units of supply.	Units7	Num (4)
78	Charge – charge for the listed service	Charge7	Num (6)
79		px8	Char(5)
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)
81		mod16	Char(2)
82	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum8	Char(2)
83	Units of services – number of days for multiple days or units of supply.	Units8	Num (4)
84	Charge – charge for the listed service	Charge8	Num (6)
85		px9	Char(5)
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)
87		mod18	Char(2)
88	Dx Reference Number – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum9	Char(2)
89	Units of services – number of days for multiple days or units of supply.	Units9	Num (4)
90	Charge – charge for the listed service	Charge9	Num (6)
91		px10	Char(5)
92	Modifier (mod19 & mod20) – means by which a physician indicates that a service or procedure performed has been altered by	mod19	Char(2)

#	Description	Field Name	Data Type
	some specific circumstance but not changed in definition or code		
93		mod20	Char(2)
94	Dx Reference Number (dxnum) – diagnosis code number relating the date of service and procedures performed to the primary diagnosis.	Dxnum10	Char(2)
95	Units of services – number of days for multiple days or units of supply.	Units10	Num (4)
96	Charge – charge for the listed service	Charge10	Num (6)
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)
98		spayer	Char(1)
99		tpayer	Char(1)
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)
101		payer2	Char(5)
102		payer3	Char(5)
	Encounter type – indicates the priority of the encounter. Emergent = 1 Urgent = 2 Elective = 3	etype	Char(1)
103	Referring Physician - State license number of the physician that referred the patient to the service/treatment/procedure rendered.	rphysid	Char(6)
104	Operating Physician – State license number identifying the	ophysid	Char(6)

#	Description	Field Name	Data Type
	provider who performed the service/treatment/procedure		
105	Charges – Sum of all charges for this encounter	chrg_tot	Num(8)
106	**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 **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)