



**COMPREHESIVE REHAB HOSPITAL DATA
(INCLUDES DATA BEGINNING 1993)
PUBLIC DATA FILE LAYOUT**

Revised 6/2/2009

ITEM	FIELD NAME	FREQUENCY
1.	System Record ID Number	
2.	Reporting Year	
3.	Reporting Quarter	
4.	Facility Number	
5.	Patient Race	
6.	Patient Sex (Gender)	
7.	Patient Masked Zip Code	
8.	Source of Admission	
9.	Discharge Status	
10.	Principal Payer	
11.	Primary Condition	
12.	Attending Physician ID	
13.	Total Gross Charges	
14.	Facility Region	
15.	Facility County	
16.	Pro Code	
17.	Patient Age at Admission	
18.	Day of Week Admitted	
19.	Patient County (Florida Only)	
20.	Patient State of Residence	
21.	Length of Stay	
22.	Mod Code	
23.	Data Type	



COMPREHESIVE REHAB HOSPITAL DATA FILE PUBLIC DATA FILE LAYOUT

Note: The public data file contains data elements from Chapter 59E-7, Florida Administrative Code (F.A.C.), as well as additional calculated fields. For more information, or to order data please call (850) 921-0550, or visit <http://www.floridahealthfinder.gov>. To obtain a complete copy of Chapter 59E-7, F.A.C., please visit <http://fac.dos.state.fl.us/faconline/chapter59.pdf>.

DATA ELEMENT NAME AND DATA FILE COLUMN HEADING		DESCRIPTION
1.	System Record ID SYS_RECID	A unique numeric system record identification (ID) number.
2.	Reporting Year: YEAR	A four digit number identifying the year in which the discharges occurred.
3.	Reporting Quarter: QTR	A single digit number identifying the calendar quarter in which the data pertains to. 1 – January through March 2 – April through June 3 – July through September 4 – October through December
4.	Facility Number: FACLNBR	A hospital identification number assigned by the agency for reporting purposes.
5.	Patient Race: RACE	A Single Digit Code Identifying The Patient's Racial/Ethnic Background. 1 – American Indian/Eskimo/Aleut 2 – Asian Or Pacific Islander 3 – Black 4 – White 5 – White Hispanic 6 – Black Hispanic 7 – Other (If None Of The Above) 8 – No Response (Data Not Available)
6.	Patient Sex: SEX	A Single Digit Code. 1 – Male 2 – Female
7.	Masked Patient Zip Code: MASKZIP	The five (5) digit US postal service zip code of the patient's permanent residence. These codes are included unless the patient's residence is outside of Florida or resides in an area within the state where the population is less than 500 people. 00000 – Unknown Zip Codes 00008 – Other States and Territories 00009 – Not a U.S. resident 00011 – Masked Zip Code 32000 to 32499 00012 – Masked Zip Code 32500 to 32999 00013 – Masked Zip Code 33000 to 33499 00014 – Masked Zip Code 33500 to 33999 00015 – Masked Zip Code 34000 to 34499 00016 – Masked Zip Code 34500 to 34999 00007 – Homeless (Start 1/02, formerly 22222)

DATA ELEMENT NAME AND DATA FILE COLUMN HEADING		DESCRIPTION
8.	Source Of Admission: ADMSRC	<p>A one digit code.</p> <p>1 – Physician Referral. The patient was admitted upon the recommendation of his or her personal physician.</p> <p>2 – Clinic Referral. The patient was admitted upon the recommendation of a clinic physician from this hospital.</p> <p>3 – HMO Referral. The patient was admitted upon the recommendation of a health maintenance organization physician.</p> <p>4 –Hospital Transfer. The patient was admitted as a transfer from an acute care facility where he/she was an inpatient.</p> <p>5 –Skilled Nursing Home Facility Transfer. The patient was admitted as a transfer from a skilled nursing home facility where he/she was an inpatient.</p> <p>6 – Transfer –Other Facility. The patient was admitted as a transfer from a health Care facility other than an acute care facility or a skilled nursing facility.</p> <p>7 – Emergency Room. The patient was admitted upon the recommendation of this facility's emergency room physician.</p> <p>8 – Court/Law Enforcement. The patient was admitted at the direction of a court of law, or upon the request of a law enforcement agency representative.</p> <p>9 – Other. Information not available or unknown.</p>
9.	Discharge Status: DISCHSTAT	<p>A two digit code representing the patient's discharge status (from the hospital).</p> <p>01 – Discharged Home</p> <p>02 – Discharged To A Short-Term General Hospital</p> <p>03 – Discharged To A Skilled Nursing Facility</p> <p>04 – Discharged To An Intermediate Care Facility</p> <p>05 – Discharged To Another Type Of Institution</p> <p>06 – Discharged To Home Care Under Supervision Of A Home Healthcare Organization</p> <p>07 – Left This Facility Against Medical Advice</p> <p>08 – Discharged Home On IV Medications</p> <p>20 – Expired</p>
10.	Principal Payer: PAYER	<p>A Single Character Alpha Code Identifying The Primary Source Of Expected Reimbursement To The Hospital For Service.</p> <p>A – Medicare</p> <p>B – Medicare HMO</p> <p>C – Medicaid</p> <p>D – Medicaid HMO</p> <p>E – Commercial Insurance</p> <p>F – Commercial HMO</p> <p>G – Commercial PPO</p> <p>H – Workers' Compensation</p> <p>I – Champus</p> <p>J – VA</p> <p>K –Other State/Local Government</p> <p>L – Self Pay/Underinsured (No Third Party Coverage Or Less Than 30% Estimated Coverage)</p> <p>M –Other</p>

DATA ELEMENT NAME AND DATA FILE COLUMN HEADING		DESCRIPTION
11.	Primary Condition Code: PRIMCOND	A two digit code representing the primary condition requiring treatment. Primary condition, established after study is found to be chiefly responsible for occasioning the admission of the patient to the hospital for inpatient rehabilitation services. 01 – Stroke 02 – Spinal Cord Injury 03 – Congenital Deformity 04 – Amputation 05 – Major Multiple Trauma 06 – Fracture of the femur (hip fracture) 07 – Brain Injury 08 – Poly-arthritis, including Rheumatoid arthritis 09 – Neurological disorders, including multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy and Parkinson’s disease. 10 – Burns 11 – All conditions requiring intensive rehabilitation services not assigned to categories 01 – 10.
12.	Attending Physician ID: ATTEN_PHYID	An 11 character alpha-numeric field. The Florida license number of the physician having primary responsibility for the patient’s care and treatment, or who certifies the comprehensive rehabilitation treatment.. <i>(Some license ID numbers reflect an added “FL” in the front.)</i>
13.	Total Gross Charges: TCHGS	Total dollars charged to the patient (before any discounts). Rounded to the nearest dollar. No negative numbers.
14.	Facility Region FAC_REGION	A two digit code representing the facility region. The Facility Region is a number assigned to health care facilities to indicate the facility’s location by AHCA district, as defined in 408.032 (5), Florida Statutes (See attached description of Facility Regions).
15.	Facility County FAC_COUNTY	A two digit code representing the facility county. The Facility County is a number assigned to indicate the facility’s location by county. (See attached description of Facility Regions).
16.	Pro Code PROCEDURE	The Procode is a two digit number that is assigned to the reporting facility to indicate the facility’s type of license for patient services. 23 - Hospital
17.	Patient Age at Admission: AGE	The patient’s age on the admission date.
18.	Day of Week Admitted: WEEKDAY	A single digit code representing the day of the week the patient was admitted to the hospital. 1 – Monday 2 – Tuesday 3 – Wednesday 4 – Thursday 5 – Friday 6 – Saturday 7 – Sunday

DATA ELEMENT NAME AND DATA FILE COLUMN HEADING		DESCRIPTION
19.	Patient County (Florida Only): PTCOUNTY	The county of residence for Florida patients only. The patient's zip code is used to reference the U.S. Postal Service database. If a zip code crosses county lines, the county code will contain the code of the county in which the greatest portion of that zip code lies. 99 Unknown or non-Florida patient
20.	Patient State Of Residence: PTSTATE	A two character alpha code. The patient's state of residence. The patient's zip code is used to reference the U.S. Postal Service standard state or territory. XX Unknown state of residence
21.	Length of Stay: LOSDAYS	Represents the number of days elapsed from the admission date to the discharge date. A patient discharged on the same day admitted will have a length of stay of zero (0).
22.	Mod Code MOD_CODE	An alphanumeric four character code that is assigned to the facility to indicate the specialty type of facility. CL09 – Class 3 Hospital Rehabilitation
23.	Data Type DATA_TYPE	This field is blank.

FLORIDA LOCAL HEALTH COUNCIL DISTRICTS (FACILITY REGIONS)

LOCAL HEALTH COUNCIL	COUNTIES
1	Escambia, Okaloosa, Santa Rosa And Walton
2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla And Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee And Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns And Volusia
5	Pasco And Pinellas
6	Hardee, Highlands, Hillsborough, Manatee And Polk
7	Brevard, Orange, Osceola And Seminole
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee And Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach And St. Lucie
10	Broward
11	Miami-Dade And Monroe

FLORIDA COUNTIES BY NUMBER AND REGION

NUMBER	COUNTY	REGION	NUMBER	COUNTY	REGION
1	Alachua	3	35	Lake	3
2	Baker	4	36	Lee	8
3	Bay	2	37	Leon	2
4	Bradford	3	38	Levy	3
5	Brevard	7	39	Liberty	2
6	Broward	10	40	Madison	2
7	Calhoun	2	41	Manatee	6
8	Charlotte	8	42	Marion	3
9	Citrus	3	43	Martin	9
10	Clay	4	44	Monroe	11
11	Collier	8	45	Nassau	4
12	Columbia	3	46	Okaloosa	1
13	Miami-Dade	11	47	Okeechobee	9
14	DeSoto	8	48	Orange	7
15	Dixie	3	49	Osceola	7
16	Duval	4	50	Palm Beach	9
17	Escambia	1	51	Pasco	5
18	Flagler	4	52	Pinellas	5
19	Franklin	2	53	Polk	6
20	Gadsden	2	54	Putnam	3
21	Gilchrist	3	55	St. Johns	4
22	Glades	8	56	St. Lucie	9
23	Gulf	2	57	Santa Rosa	1
24	Hamilton	3	58	Sarasota	8
25	Hardee	6	59	Seminole	7
26	Hendry	8	60	Sumter	3
27	Hernando	3	61	Suwannee	3
28	Highlands	6	62	Taylor	2
29	Hillsborough	6	63	Union	3
30	Holmes	2	64	Volusia	4
31	Indian River	9	65	Wakulla	2
32	Jackson	2	66	Walton	1
33	Jefferson	2	67	Washington	2
34	Lafayette	3	99	Unknown	N/A_