

## Notice of Proposed Rule

### **AGENCY FOR HEALTH CARE ADMINISTRATION**

### **Hospital and Nursing Home Reporting Systems and Other Provisions Relating to Hospitals**

#### **RULE NOS.:RULE TITLES:**

- 59E-7.012 Inpatient Data Reporting Instructions
- 59E-7.021 Definitions
- 59E-7.022 Inpatient Data Reporting and Audit Procedures.
- 59E-7.023 Schedule for Submission of Inpatient Data and Extensions.
- 59E-7.025 Certification, Audits and Resubmission Procedures.
- 59E-7.026 Penalties for Hospital Inpatient Discharge Data Reporting Discrepancies.
- 59E-7.027 Header Record.
- 59E-7.028 Inpatient Data Elements, Codes and Standards.
- 59E-7.029 Public Records.
- 59E-7.030 General Provisions.

**PURPOSE AND EFFECT:** The agency is proposing these rule amendments to strike January 2010 references, update the internet submission URL, and change the Florida Center name effective July 1, 2016. The amendment deletes the initial due date extension and fine language; shortens resubmission time, and modifies the fine matrix to include a violation rate reset following non-delinquent submission periods. Additional revisions are amended for clarification, addition of comp rehab charge element, and update data release criteria.

**SUMMARY:** The agency is proposing these rule amendments to strike January 2010 references, update the internet submission URL, change the Florida Center name, delete outdated language, add an element.

#### **SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:**

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein:

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

**RULEMAKING AUTHORITY:** 408.15(8), 408.061, 408.08, FS.

**LAW IMPLEMENTED:** 408.061, 408.062, 408.063, 408.08, 408.05, 408.07(2), 408.15(11) FS.

**IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):**

**DATE AND TIME:** August 24, 2017, 10 a.m.

**PLACE:** Agency for Health Care Administration, First Floor Conference Room C, Building 3, 2727 Mahan Drive, Tallahassee, Florida 32308. . Interested parties that would like to join the workshop by phone can do so by using a call-in number and passcode: Call-in Number: 1(888)670-3525, Participant Passcode: 535-061-8829#.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 days before the workshop/meeting by contacting: Nancy Tamariz at (850)412-3741. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS:** Nancy Tamariz at 850-412-3741 or nancy.tamariz@ahca.myflorida.com.

**THE FULL TEXT OF THE PROPOSED RULE IS:**

### CHAPTER 59E-7 INPATIENT PATIENT DATA COLLECTION

59E-7.012 Inpatient Data Reporting Instructions.

~~Beginning with the inpatient data report for the 1st quarter of the year 2010, All hospitals reporting their inpatient discharge data reporting facilities shall submit a zipped inpatient discharge data file by Internet according to the specifications in subsections (1) through (3).~~

(1) The Internet address for the receipt of inpatient data is <https://apps.ahca.myflorida.com/patientdata/>  
~~<https://ahcaxnet.fdhe.state.fl.us/patientdata>.~~

(2) ~~Data reported before fourth quarter 2017 submitted~~ to the Internet address shall be electronically transmitted with the zipped inpatient data in a XML file using the Inpatient Data XML Schema available at: <http://ahca.myflorida.com/xmlschemas/PD10-3.xsd>. The Inpatient Data XML Schema (effective 10/01/2015) is incorporated by reference at <http://www.flrules.org/Gateway/reference.asp?No=Ref-05412>

(3) Beginning with fourth quarter 2017 data reporting period as defined in 59E-7.023(1)(c), Inpatient patient Data must be submitted using the Inpatient Data XML Schema available at: <http://ahca.myflorida.com/xmlschemas/PD10-4.xsd>. The Inpatient Data XML Schema (effective 10/01/2017) is incorporated by reference at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>.

(3) Renumber. No change.

*Rulemaking Authority 408.061(1)(e) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 12-15-96, Amended 1-4-00, 7-11-01, 7-12-05, 5-22-07, 1-1-10, 10-1-15, 10-01-17.*

59E-7.021 Definitions.

~~As used in Rules 59E 7.021 through 59E 7.030, F.A.C., beginning with the inpatient data reporting for the 1st quarter of the year 2010:~~

(1) through (10) No change.

*Rulemaking Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History—New 1-1-10, Amended 12-5-10, Formerly 59E-7.011, Amended 10-1-15, 10-1-17.*

59E-7.022 Inpatient Data Reporting and Audit Procedures.

(1) Hospitals licensed under Chapter 395, F.S., except state-operated hospitals, in operation for all or any of the reporting periods described in subsection 59E-7.023(1), F.A.C., below, shall submit hospital inpatient discharge data to the Agency according to the provisions in Rules 59E-7.012 and 59E-7.021 through 59E-7.030, F.A.C. ~~The amendments appearing herein are effective with the report period starting January 1, 2010.~~

(2) through (3) No change.

(4) Upon notification by the ~~AHCA~~ Agency staff, all hospitals shall provide access to all required information from the medical records and billing documents underlying and documenting the hospital inpatient discharge reports submitted, as well as other inpatient related documentation deemed necessary to conduct complete inpatient data audits of hospital data, subject to the limitations as set forth in Section 408.061(1)(d), F.S. No inpatient discharge records that support inpatient discharge data are exempt from disclosure to the Agency AHCA for audit purposes.

*Rulemaking Authority 408.08(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063, 408.05, 408.08(1) FS. History—New 1-1-10, Formerly 59E-7.012, Amended 10-1-17.*

59E-7.023 Schedule for Submission of Inpatient Data ~~and Extensions~~.

(1) All hospitals reporting their inpatient discharge data shall report according to the following schedule, ~~commencing with 1st quarter data 2010.~~

(a) through (d) No change.

~~(2) Extensions to the due dates in subsection 59E 7.023(1), F.A.C., will be granted by the Agency Administrator, Office of Data Collection and Quality Assurance Unit or the Agency designee for a maximum of 30 days from the initial submission due date in response to a written request signed by the hospital's chief executive officer or chief financial officer or authorized executive officer designee. The request must be received prior to the initial submission due date and the delay must be due to unforeseen factors beyond the control of the reporting hospital. These factors must be specified in the written request for the extension along with documentation of efforts undertaken to meet the filing requirements. Extensions shall not be granted verbally.~~

(2)(3) Failure to file the report on or before the certification initial submission due date as specified in

paragraphs 59E-7.023(1)(a)-(d), F.A.C., ~~without an extension~~, and failure to correct a report which has been filed but contains errors or deficiencies by the certification deadline is punishable by fine pursuant to Rule 59E-7.026, F.A.C. The Agency shall send notification of errors or deficiencies by ~~certified mail~~, electronic mail, or fax. Rejected reports must be corrected, resubmitted and certified by the certification due date.

*Rulemaking Authority 408.08(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063, 408.05, 408.07(2), 408.15(11) FS. History—New 1-1-10, Formerly 59E-7.012, Amended 10-1-17.*

#### 59E-7.025 Certification, Audits and Resubmission Procedures.

(1) ~~Data submissions for a~~All hospitals centers ~~must be submitting data~~ in compliance with Rules 59E-7.012 and 59E-7.021 through 59E-7.030, F.A.C.; ~~The executive officer or administrator shall certify that the data quarterly as data submitted for each quarter period is accurate, complete and verifiable by completing and signing using Certification Form for Inpatient Patient Data, AHCA Form 4200-002, July 2017, dated 10/93, revised 04/27/2009, and incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>. The completed certification form attests~~ The Agency will send a final certification packet to the reporting entity containing their summary reports generated by the Agency, the Certification of Ambulatory Patient Data certification form, and Agency contact information and instructions. The facility must complete and sign the certification form thereby “certifying” that they have examined the inpatient data report has been examined and, to the best of their knowledge and belief, the information contained in this report is true, accurate, and complete, and has been prepared from the books and records of this facility, except as noted. The completed certification form must be either mailed to the Agency for Health Care Administration, 2727 Mahan Drive, MS #16, Tallahassee, Florida 32308. Attention: Florida Center for Health Information and Transparency Policy Analysis; or by facsimile to the Agency’s office; or a scanned certification submitted by electronic mail by the certification due date. The Agency will send a certification package to the reporting entity once their data file is complete for certification. Upon receipt of a facility’s facilities signed certification form ~~by the Agency~~, the facility is considered “certified” for the reporting quarter.

(2) ~~Beginning with the inpatient data reporting for the 1st quarter of the year 2010, H~~hospitals whose data is not certified within five (5) calendar months following the last day of the reporting quarter shall be subject to penalties pursuant to Rule 59E-7.026, F.A.C. ~~Extensions to this five (5) month period will be granted by the Agency Administrator, Office of Data Collection and Quality Assurance Unit or the Agency designee for a maximum of 30 days following the certification due date in response to a written request signed by the hospital’s chief executive officer, chief financial officer, or authorized executive officer designee. A facility will not be penalized for delays caused by AHCA which is documented by the reporting facility to include on-line reporting system downtime or delays in receipt of reports from AHCA.~~

(3) Changes or corrections to certified hospital data ~~may~~ will be accepted from hospitals ~~to improve their data quality~~ for a period of ~~twelve (12) eighteen (18)~~ months following the initial submission due date. ~~The Agency may grant approval if it determines that resubmission will significantly impact data quality. The executive officer or administrator must provide a signed written request to the Agency to request resubmission. The Administrator, Office of Data Collection and Quality Assurance, or Agency designee, will grant approval for resubmitting previously certified data in response to a written request signed by the hospital’s chief executive officer or chief financial officer, or authorized executive officer designee. The written request must specify the reason for the corrections or changes, explain the cause contributing to the inaccurate reporting, describe a corrective action plan to prevent future errors, the total number of records affected by quarters and years, the data type and the date that the replacement file will be submitted to the Agency. Any changes to a hospital’s data after this twelve eighteen-month period shall be subject to penalties pursuant to Rule 59E-7.026, F.A.C. Resubmission of previously certified data must be certified within thirty (30) days following receipt of the data file from the facility.~~

(4) The Agency must be notified when a change of the facility contact responsible for handling the data submission or the facility CEO or Administrator occur. Information must include full names, title, applicable phone and fax numbers, and email address.

*Rulemaking Authority 408.08(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063, ~~408.08(1), (2)~~, 408.15(11), 408.08(1)(2) FS. History—New 1-1-10, Formerly 59E-7.012, Amended 10-1-17.*

59E-7.026 Penalties for Hospital Inpatient Discharge Data Reporting Discrepancies.

(1) through (3) No change.

(4) The penalty period will begin on the first calendar day following the ~~initial due date and the first calendar day following the~~ certification due date for purposes of penalty assessments.

(5) Any hospital which is delinquent for a certification deadline as specified in Rule 59E-7.023, F.A.C., shall be subject to a fine of \$100 per day of violation for the first violation, \$350 per day of violation for the second violation, and \$1,000 per day of violation for the third and all subsequent violations. Following four consecutive non-delinquent quarters, the fine violation matrix will reset to the first violation rate. Violations will be considered those activities which necessitate the issuance of an administrative complaint by the Agency unless the administrative complaint is withdrawn or final order dismissing the administrative complaint is entered. Any hospital which files false information to the Agency shall be subject to a fine not exceeding \$1000 per day per violation, in addition to any other fine imposed hereunder.

*Rulemaking Authority 408.061(1)(e), 408.15(8), 408.813, FS. Law Implemented 408.08(2),(3),(5), 408.813 FS.. History--New 1-1-10, Amended 12-5-10, Formerly 59E-7.014, Amended 10-1-15, 10-1-17.*

59E-7.027 Header Record.

~~Beginning with the inpatient data reporting for the 1st quarter of the year 2010,~~ The first record in the data file shall be a header record containing the information described below.

(1) through (3) No change.

(4) Data Type. Enter PD10-4 ~~PD10-3~~ for Inpatient Data. A required field.

(5) through (6) No change.

(7) AHCA Facility Number. Enter the identification number of the facility as assigned by the Agency AHCA for reporting purposes. A valid identification number must contain at least eight (8) digits and no more than ten (10) digits. A required field.

(8) through (16) No change

*Rulemaking Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History--New 1-1-10, Formerly 59E-7.014, Amended 10-1-15, 10-1-17.*

59E-7.028 Inpatient Data Elements, Codes and Standards.

~~Beginning with the inpatient data reporting for the 1st quarter of the year 2010,~~ All hospitals submitting data in compliance with Rules 59E-7.012 and 59E-7.021 through 59E-7.030, F.A.C., shall report the required data elements and data element codes listed below as stipulated by the Agency.

(1) AHCA Facility Number. Enter the identification number of the hospital as assigned by the Agency AHCA for reporting purposes. A valid identification number must contain at least eight (8) digits and no more than ten (10) digits. A required field.

(2) Patient Control Number. An alpha-numeric code containing standard letters or numbers assigned by the facility as a unique identifier for each record submitted in the reporting period to facilitate retrieval of the individual's account of services (accounts receivable) containing the financial billing records and any postings of payment. The 'Patient Control Number' is defined as 'Record id' in the schema. Up to twenty four (24) characters. Duplicate patient control numbers are not permitted. A required field. The hospital must maintain a key list to locate actual records upon request by the Agency AHCA.

(3) No change.

(4) Patient Social Security Number. The social security number (SSN) of the patient. The SSN is a nine (9) digit number issued by the Social Security Administration used to facilitate retrieval of individual case records, track multiple patient discharges and for medical research. Reporting 77777777 is acceptable for those patients where efforts to obtain the SSN have been unsuccessful or the patient is under two (2) years of age and does not have a SSN or for patients who are non-U.S. citizens who have not been issued SSNs. If only the last four digits of a patient's SSN are known, report 7777XXXX where XXXX represent the last known four digits of the patient SSN. The last four digit SSN format must be used only when the full SSN is unknown and not as a substitute for all nine digit SSN's. A required entry.

(5) through (56) No change.

(57) Comp Rehab Room Charges. Charges for comprehensive rehabilitation room charges for revenue codes 0118, 0128, 0138, 0148, 0158 as used in the UB-04. Report in dollars rounded to the nearest whole dollar, without dollar signs or commas, excluding cents. Report zero (0) if there are no charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(57) through (65) renumbered (58) through (66) No change.

*Rulemaking Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 1-1-10, Amended 12-5-10, Formerly 59E-7.014, Amended 10-1-15, 10-1-17.*

59E-7.029 Patient Data Release. Public Records.

(1) No change.

(2) Patient-specific records collected by the Agency pursuant to Rules 59E-7.021-.030, F.A.C., are exempt from disclosure pursuant to Section 408.061(7), F.S., and shall not be released unless modified to protect patient confidentiality as described in paragraph (2)(a) below and released in the manner described in paragraphs (2)(c) and (2)(d).

(a) The patient-specific record shall be modified to protect patient confidentiality as follows:

1. Patient Control Number as assigned by the facility. ~~Delete. Substitute sequential number.~~

2. Patient Social Security Number. ~~Delete. Deleted. Indicators of readmission at any Florida reporting hospital within 30 days of discharge will be substituted when available. Readmission data will not be released for any quarter until each subsequent quarter is 100% percent certified.~~

3. Patient Birth Date. Substitute age in years and an indicator of Age < 29 Days except for persons 100 and older, substitute age > 100 years.

4. Admission Date. ~~Delete. Deleted.~~ (admit month cannot be substituted)

5. through 7. No change.

8. Infant Linkage ID. ~~Delete. Deleted.~~

9. Medical or Health Record Number. ~~Delete. Substitute sequential number.~~

10. No changes

(b) through (d) No change.

(3) Aggregate reports derived from patient-specific hospital records collected pursuant to Rules 59E-7.021 through 59E-7.030, F.A.C., are public records and shall be released as described in this rule, provided that the aggregate reports do not include the patient control number as assigned by the facility, patient social security number, record linkage number, patient birth date, admission date, discharge date, principal procedure date, other procedure date, ED date of arrival, infant linkage identifier or medical or health record number and provided the aggregate reports contain the combination of five or more records for any data disclosed.

*Rulemaking Authority 408.15(8) FS. Law Implemented 408.061 FS. History—New 1-1-10, Formerly 59E-7.015, Amended. 10-1-17.*

59E-7.030 General Provisions.

Hospitals submitting inpatient discharge data pursuant to the provisions contained in these rules shall be directed by the following specific general provisions for inpatient data reporting: ~~beginning 1st quarter 2010:~~

(1) through (3) No change.

*Rulemaking Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 1-1-10, Formerly 59E-7.016, Amended. 10-1-17.*

PROPOSED EFFECTIVE DATE: October 1, 2017

NAME OF PERSON ORIGINATING PROPOSED RULE: Nancy Tamariz.

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Justin M Senior

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: June 01, 2017

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: April 12, 2017

## Notice of Proposed Rule

### **AGENCY FOR HEALTH CARE ADMINISTRATION**

#### **Cost Management and Control**

##### **RULE NOS.:RULE TITLES:**

- 59B-9.030 Purpose of Ambulatory and Emergency Department Patient Data Reporting
- 59B-9.033 Schedule for Submission of Ambulatory and Emergency Department Patient Data and Extensions
- 59B-9.034 Reporting Instructions
- 59B-9.035 Certification, Audits, and Resubmission Procedures
- 59B-9.036 Penalties for Ambulatory Patient Data Reporting and Deficiencies
- 59B-9.037 Header Record
- 59B-9.038 Ambulatory Data Elements, Codes and Standards
- 59B-9.039 Public Records

**PURPOSE AND EFFECT:** The Agency is proposing these rule amendments to strike January 2010 references, update the internet submission URL, and change the Florida Center name effective July 1, 2016. The amendment adds provision for multiple Off-Site ED identifiers currently not included in rule; deletes the Principal ICD Procedure code element and the initial due date extension and fine language; and modifies the fine matrix to include a violation rate reset following non-delinquent submission periods. Additional revisions are amended for clarification and update data release criteria

**SUMMARY:** The Agency is proposing to update clarification language, strike unnecessary language, delete unrequired elements, and modify existing elements and schema.

##### **SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:**

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

**RULEMAKING AUTHORITY:** 408.15(8), 408.08(1), 408.813 FS.

**LAW IMPLEMENTED:** 408.061, 408.062, 408.063, 408.08, 408.08(15), 408.813 FS.

**IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):**

**DATE AND TIME:** August 24, 2017, 9:30 a.m.

**PLACE:** Agency for Health Care Administration, First Floor Conference Room C, Building 3, 2727 Mahan Drive, Tallahassee, Florida 32308. Interested parties that would like to join the workshop by phone can do so by using a call-in number and passcode: Call-in Number: 1(888)670-3525, Participant Passcode: 535-061-8829#.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 3 hours before the workshop/meeting by contacting: Nancy Tamariz at (850)412-3741 or nancy.tamariz@ahca.myflorida.com.. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

**THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS:** Nancy Tamariz at (850)412-3741 or nancy.tamariz@ahca.myflorida.com.

**THE FULL TEXT OF THE PROPOSED RULE IS:**

59B-9.030 Purpose of Ambulatory and Emergency Department Patient Data Reporting.

The reporting of ambulatory patient data will provide a statewide integrated database that includes hospital based and free standing ambulatory surgery centers, and hospital emergency department services for the assessment of variations in utilization, disease surveillance, access to care and cost trends. ~~The amendments appearing herein are effective with the reporting period starting January 1, 2010.~~

*Rulemaking Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 1-1-10, Formerly 59B-9.010, Amended 10-1-17.*

59B-9.033 Schedule for Submission of Ambulatory and Emergency Department Patient Data ~~and Extensions.~~

(1) ~~Beginning with the ambulatory data reporting for the 1st quarter of the year 2010,~~ Ambulatory Centers and Emergency Departments shall report patient data according to the provisions in Rules 59B-9.030 through 59B-9.039, F.A.C.

(a) through (d) No change.

~~(2) Extensions to the initial due dates in subsection 59B-9.033(1), F.A.C., above shall be granted by the Agency Administrator, Office of Data Collection and Quality Assurance Unit or Agency designee for a maximum of thirty (30) days from the initial submission due date in response to a written request signed by the hospital's chief executive officer, ambulatory center director or authorized executive officer designee if received prior to the initial due date, and provided that the delay is due to unforeseen factors beyond the control of the reporting facility. These factors must be specified in the letter requesting the extension together with documentation of efforts undertaken to meet the filing requirements. Extensions shall not be granted verbally.~~

~~(2)(3) Failure to file the report on or before the certification initial submission due date as specified in paragraphs 59B-9.033(1)(a)-(d), F.A.C., without an extension, and failure to correct a report which has been filed but contains errors or deficiencies by the certification deadline is punishable by fine pursuant to Rule 59B-9.036, F.A.C. The Agency shall send a notification of errors or deficiencies by certified mail, electronic mail, or fax. Rejected reports must be corrected, resubmitted and certified by the certification due date.~~

*Rulemaking Authority 408.15(8) FS. Law Implemented 408.061, 408.08(1)(2), 408.15(11) FS. History—New 1-1-10, Formerly 59B-9.014, Amended 10-1-17.*

59B-9.034 Reporting Instructions.

(1) No change.

(a) 10021 through 69999. Including ~~Includes, but not limited to,~~ surgery, cardiac catheterization, endoscopy procedures, and lithotripsy revenue associated procedure codes.

(b) through (d) No change.

(2) through (4) No change.

~~(5) Beginning with the Ambulatory data report for the 1st quarter of the year 2010,~~ An individual approved by the Agency reporting facilities must submit a zipped ~~outpatient~~ XML file by Internet according to the specifications in paragraphs (a) through (c) below.

(a) Internet Transmission. The Internet address for receipt of ambulatory patient data is <https://apps.ahca.myflorida.com/patientdata/>. ~~<https://ahcaxnet.fdc.state.fl.us/patientdata>.~~

(b) Data reported before fourth quarter 2017 ~~submitted~~ to the Internet address shall be electronically transmitted with the zipped ambulatory data in a XML file using the Ambulatory Patient Data XML Schema available at: <http://ahca.myflorida.com/xmlschemas/AS10-2.xsd>. The Ambulatory Inpatient Data XML Schema (effective 10/01/2015) is incorporated by reference and available at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>.

(c) Beginning with fourth quarter 2017 data reporting period as defined in 59B-9.033(1)(c), Ambulatory patient data must be submitted using Ambulatory Patient Data XML Schema AS10-3, available at: <http://ahca.myflorida.com/xmlschemas/AS10-3.xsd>. The Ambulatory patient Data XML Schema (effective 10/01/2017) is incorporated by reference at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>. The Ambulatory Patient Data XML Schema (effective 06/22/2009) is incorporated by reference. The data in the XML file shall contain the data elements, codes and standards required in Rules 59B-9.037 and 59B-9.038, F.A.C.

*Rulemaking Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 1-1-10, Formerly 59B-9.015,*

*Amended 12-5-10, 10-1-15, 10-1-17.*

59B-9.035 Certification, Audits, and Resubmission Procedures.

(1) ~~Data submissions for a~~All ambulatory centers ~~must be submitting data~~ in compliance with Rules 59B-9.030 through 59B-9.039, F.A.C.; ~~The executive officer or administrator shall certify that the data quarterly as data submitted for each quarter period is accurate, complete and verifiable by completing and signing using Certification Form for Ambulatory Patient Data AHCA Form 4200-0007, July 2017, APD1, effective date 7/1/95, revised 09/01/2000~~ and ~~as~~ incorporated by reference and available at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>. ~~The completed certification form attests The Agency will send a final certification packet to the reporting entity containing their summary reports generated by the Agency, the Certification of Ambulatory Patient Data certification form, and Agency contact information and instructions. The facility must complete and sign the certification form thereby "certifying" that they have examined the ambulatory patient data report has been examined and, to the best of their knowledge and belief, the information contained in this report is true, accurate, and complete, and has been prepared from the books and records of this ambulatory center, except as noted. The completed certification form must be either mailed to the Agency for Health Care Administration, 2727 Mahan Drive, MS #16, Tallahassee, Florida 32308. Attention: Florida Center for Health Information and Transparency Policy Analysis; or submitted by facsimile to the Agency's office; or a scanned certification submitted by electronic mail by the certification due date. The Agency will send a certification package to the reporting entity once their data file is complete for certification. Upon receipt of a facility's facilities signed certification form by the Agency, the facility is considered "certified" for the reporting quarter.~~

(2) ~~Beginning with the ambulatory data reporting for the 1st quarter of the year 2010, F~~facilities not certified within five (5) calendar months following the last day of the reporting quarter shall be subject to penalties pursuant to Rule 59B-9.036, F.A.C. ~~Extensions to this five (5) month period will be granted by the Agency Administrator, Office of Data Collection and Quality Assurance Unit or the Agency designee, for a maximum of 30 days following the certification due date in response to a written request signed by the facilities chief executive officer, ambulatory center director or authorized executive officer designee. A facility will not be penalized for delays caused by AHCA which is documented by the reporting facility to include on line reporting system downtime or delays in receipt of reports from AHCA.~~

(3) Changes or corrections to certified data ~~may~~ will be accepted from facilities ~~to improve their data quality for a period of twelve (12) eighteen (18) months following the initial submission due date. The Agency may grant approval if it determines that resubmission will significantly impact data quality. The executive officer or administrator must provide a signed written request to the Agency to request resubmission. The Administrator, Office of Data Collection and Quality Assurance or designee will grant approval for resubmitting previously certified data in response to a written request signed by the facility's chief executive officer, Ambulatory Center director or authorized executive officer designee. The written request must specify the reason for the corrections or changes, explain the cause contributing to the inaccurate reporting, describe a corrective action plan to prevent future errors, the total number of records affected by quarters and years, the data type and the date that the replacement file will be submitted to the Agency. Any changes to a facility's data after this twelve eighteen-month period shall be subject to penalties pursuant to Rule 59B-9.036, F.A.C. Resubmission of previously certified data must be certified within thirty (30) days following receipt of the data file from the facility.~~

(4) ~~The Agency must be notified when a change of the facility contact responsible for handling the data submission or the facility CEO or Administrator occur. Information must include full names, title, applicable phone and fax numbers, and email address.~~

*Rulemaking Authority 408.08(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.08, 408.15(11) FS. History--New 1-1-10, Formerly 59B-9.017, Amended.10-1-17.*

59B-9.036 Penalties for Ambulatory Patient Data Reporting and Deficiencies.

(1) through (3) No change.

(4) The penalty period will begin on the first calendar day following the ~~initial due date and the first calendar day following the certification due date~~ for purposes of penalty assessments.

(5) Any ambulatory center which is delinquent for a reporting deficiency other than submission of a false report



shall be subject to a fine of \$100 per day of violation for the first violation, \$350 per day of violation for the second violation, and \$1,000 per day of violation for the third or subsequent violations. Following four consecutive non-delinquent quarters, the fine violation matrix will reset to the first violation rate. Violations will be considered those activities which necessitate the issuance of an administrative complaint by the Agency unless the administrative complaint is withdrawn or final order dismissing the administrative complaint is entered. All fines are to be fixed, imposed and collected by the Agency. Any ambulatory center which files a false report with the Agency or provides false information to the Agency shall be subject to a fine not exceeding \$1000 per day per violation, in addition to any other fine imposed hereunder, pursuant to Section 408.813, F.S.

*Rulemaking Authority 408.15(8), 408.813 FS. Law Implemented 408.08, 408.061,408.813 FS. History–New 1-1-10, Formerly 59B-9.022, 59B-9.016, Amended 10-1-17.*

#### 59B-9.037 Header Record.

The first record in the data file shall be a header record containing the information described below.

(1) through (3) No change.

(4) Data Type. Enter AS10-3 ~~AS10-2~~ for Ambulatory Data and Emergency Department Data. A required entry.

(5) through (6) No change.

(7) AHCA Facility Number. Enter the identification number of the ambulatory center as assigned by the Agency AHCA for reporting purposes. A valid identification number must contain at least eight digits and no more than 10 digits.

(8) though (16) No change.

*Rulemaking Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History–New 1-1-10, Formerly 59B-9.018, Amended 10-1-15, 10-1-17.*

#### 59B-9.038 Ambulatory Data Elements, Codes and Standards.

~~Beginning with the ambulatory data reporting for the 1st quarter of the year 2010,~~ All data elements and data element codes listed below shall be reported. All facilities submitting data in compliance with Rules 59B-9.030 through 59B-9.039, F.A.C., shall report the following required data elements as stipulated by the Agency.

(1) AHCA Facility Number. An identification number assigned by the Agency AHCA for reporting purposes. The number must match the facility number recorded on the header record. A valid identification number must contain at least eight digits and no more than 10 digits. A required entry.

(2) Patient Control Number. An alpha-numeric code containing standard letters or numbers assigned by the facility as a unique identifier for each record submitted in the reporting period to facilitate retrieval of individual's account of services (accounts receivable) containing the financial billing records and any postings of payment. The 'Patient Control Number' is defined as 'Record id' in the schema. Up to twenty four (24) characters. Duplicate patient control numbers are not permitted. The facility must maintain a key list to locate actual records upon request by the Agency AHCA. A required field.

(3) No change.

(4) Patient Social Security Number. The social security number (SSN) of the patient. A nine digit field to facilitate retrieval of individual case records, to be used to track multiple patient visits, and for medical research. Reporting 77777777 is acceptable for those patients where efforts to obtain the SSN have been unsuccessful or the patient is under two (2) years of age and does not have a SSN or for patients who are non-U.S. citizens who have not been issued SSNs. If only the last four digits of a patients SSN are known, report 7777XXXX where XXXX represent the last known four digits of the patient SSN. The last four digit SSN format must be used only when the full SSN is unknown and not as a substitute for all nine digit SSN's. A required entry.

(5) through (19) No change.

(20) Operating or Performing Practitioner Identification Number. The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor or advanced registered nurse practitioner who had primary responsibility for the principal procedure performed. The operating or performing practitioner may be the attending practitioner. An alpha-numeric field of up to eleven characters, alpha characters must be in upper case. For military physicians not licensed in Florida, use US999999999. ~~Use NA if the patient was not treated by a medical~~

~~doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner.~~ A required entry. A blank or no entry is permitted if a principal procedure is not reported.

(21) through (43) No change.

~~(44) Principal ICD-10 PCS Procedure Code. The code representing the procedure or service most related to the principal diagnosis. If not space filled, must contain a valid ICD-10 PCS procedure code for the reporting period. Alpha characters must be in upper case.~~

~~(45) Other ICD-10 PCS Procedure Code (1), Other ICD-10 PCS Procedure Code (2), Other ICD-10 PCS Procedure Code (3), Other ICD-10 PCS Procedure Code (4) — A code representing a procedure or service provided during the visit. If no principal ICD-10 PCS procedure is reported, another ICD-10 PCS procedure code must not be reported unless the patient status is “07” indicating the patient left against medical advice or discontinued care. No more than four other ICD-10 PCS procedure codes may be reported. If not space, filled, must contain a valid ICD-10 PCS procedure code for the reporting period. Alpha characters must be in upper case.~~

~~(44)~~(46) Renumber only. No change.

~~(45)~~(47) Service Location. A code designating services performed at an offsite emergency department location at facilities whose license includes a “offsite” emergency department. For type of service “2”, enter an upper case “A through Z” for services performed at each offsite emergency department location. Facilities with a single off-site location will use service location code “A”. The Agency will assign an alpha service code to identify each location if a facility has more than one location. The Agency’s Data Layout will reference the assigned offsite identifiers for each facility having more than one location. For type of service “2”, enter an upper case “A” for services performed at the offsite emergency department location. ~~Remove element tag~~ No entry is permitted if type of service is “1” or for hospitals without an offsite emergency department location.

~~(46)~~(48) Renumber only. No change.

~~(47)~~(49) Renumber only. No change.

*Rulemaking Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 1-1-10, Amended 12-5-10, Formerly 59B-9.018, Amended 10-1-15, 10-1-17.*

**59B-9.039 Patient Data Release. ~~Public Records.~~**

(1) No change.

(2) Patient-specific records collected by the Agency pursuant to Rules 59B-9.030 through 59B-9.039. F.A.C., are exempt from disclosure pursuant to Section 408.061(7), F.S., and shall not be released unless modified to protect patient confidentiality as described in paragraph (2)(a) below and released in the manner described in paragraphs (2)(c) and (2)(d).

(a) The patient-specific record shall be modified to protect patient confidentiality as follows:

1. Patient Control Number	<del>Delete or Substitute Sequential Number</del>
2. Patient Social Security Number	<del>Delete or Substitute a Record Linkage Number</del>
3. Patient Birth Date	Substitute Age in years and an indicator of Age <29 Days except for persons 100 and older, substitute Age > 100 years
4. Visit Date	Substitute Quarter Indicator (1-4) <u>(visit month cannot be substituted)</u>
5. Medical or Health Record Number	<del>Delete</del> <u>Substitute Sequential Number</u>

(b) A record linkage number shall be assigned which does not identify an individual patient and cannot reasonably be used to identify individual patients through use of data available through the Agency-, but which can be used for confidential data output for bonafide research purposes.

(c) through (d) No change.

(3) No change.

PROPOSED EFFECTIVE DATE: October 1, 2017

*Rulemaking Authority 408.15(8) FS. Law Implemented 408.061 FS. History—New 1-1-10, Formerly 59B-9.023, Amended 10-1-17.*

NAME OF PERSON ORIGINATING PROPOSED RULE: Nancy Tamariz.

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Justin M Senior.

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: June 01, 2017

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: April 12, 2017