

Chapter 59E-9, F.A.C., Claims Data Collection

59E-9.010 Claims Data Collection

(1) Definitions.

(a) “Agency” means the Florida Agency for Health Care Administration (AHCA) as defined in 408.032(1), F.S.

(b) “Claims Data” means complete and accurate eligibility data, medical claims data, pharmacy claims data, provider data and other information relating to health care provided to all policyholders and subscribers held by Payers as specified in the Submission Guide.

(c) “Facility” means Florida licensed facility pursuant to 395.003, F.S.

(d) “HIPAA” means the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and its implementing regulations (45 C.F.R. Parts 160-164), and any requirements of the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009 and its implementing regulations.

(e) “Payer” means any (i) health insurer required to contribute Claims Data to the Vendor according to s. 627.6385, F.S.; and (ii) health maintenance organization required to contribute Claims Data to the Vendor according to s. 641.54, F.S.

(f) “Service or Care Bundle” means a typical treatment plan for a medical condition that consists of one or more procedures, tests and services. Bundles are broken down into treatment steps and those steps may include one or more procedures, tests or services.

(g) “Submission Guide” means the document entitled “Florida Claims Data Submission Guide” effective xx-xx-xxxx that sets forth the required schedules, data file format, record specifications, data elements, definitions, code tables and edit specifications for Payers submission of Claims Data to the Agency through its Vendor, hereby incorporated by reference and available at <https://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX>.

(h) “Vendor” means the organization that is under contract with the Agency pursuant to Section 408.05(3)(c), F.S.

(2) Claims Data Collected.

(a) The Vendor shall collect commercial Claims Data from health insurers or health maintenance organizations, including its affiliates that participate in the Florida state group health insurance plan created under s. 110.123, F.S., or Medicaid managed care pursuant to Part IV of Chapter 409 pursuant to s. 627.6385, F.S. and s. 641.54, F.S. respectively.

(b) The Vendor shall collect Claims Data from employers with health plans covered by Employee Retirement Income Security Act (ERISA) of 1974 whom may voluntarily submit data held by Payers.

(c) The Vendor shall not collect Claims Data that reflects the types of coverage referenced in 627.6385(3)(a) through (3)(l) and 641.54 (7)(a) through (7)(l), F.S.

(d) Before delivering Claims Data to the Vendor, each Payer, shall remove all information subject to restrictions on use or restrictions of disclosure set forth in 42 C.F.R. Part 2, if applicable.

(3) Claims Data Submission.

(a) Payers shall submit Claims Data for all Florida policyholders and subscribers held by the Payer and its affiliates to the Agency, through its Vendor, as defined in the Submission Guide.

(b) All Payers submitting their Claims Data shall submit according to the schedule defined in the Submission Guide.

(c) The Vendor shall send notification of errors or deficiencies by secure electronic communications as defined in the Submission Guide. These errors or deficiencies must be corrected and resubmitted by the Payer in accordance with the Submission Guide.

(d) The submission of Claims Data by Payers will be pursuant to a Data Contribution Agreement hereby incorporated by reference as Exhibit B in the Submission Guide and specified by the Agency and subject to federal and state law and regulation. Payers cannot condition submission on any additional terms, conditions, or restrictions.

(4) Claims Data Audit, Resubmission, and Certification Procedures.

(a) The Submission Guide specifies Claims Data audits, and resubmission policies and procedures.

(b) All Payers submitting data in compliance with this rule shall certify that the data submitted is accurate, complete and verifiable using the Certification of Claims Form hereby incorporated by reference in Exhibit A in the Submission Guide.

(5) Requirements for Claims Data Publication.

(a) Published Pricing Data on Consumer-Friendly, Internet-based Platform as specified in 408.05(3)(c), F.S.; The Agency, through its Vendor, shall publish and make available to the public estimated pricing data (de-identified in accordance with HIPAA) based on the Claims Data, a consumer-friendly website. The website shall allow users to search for the price of health care services by condition or service bundles as defined by the Vendor and the Agency.

(b) Calculation of Prices – The Vendor shall calculate an estimated average payment and range of payments for a condition or service bundle to be displayed on the website.

(c) Florida specific state, county and facility-level price estimates will be calculated from the claims dataset based on location of the provider in the Claims Data.

(d) Price estimates will be reported on the website at the facility or geographic level in accordance with federal and state laws and regulations pertaining to antitrust and fair competition as directed by the Agency. Prices will be provided to sufficiently disconnect specific prices from particular market participants as directed by the Agency.

Rulemaking Authority: s. 408.05(3)(e), FS.; s. 408.061, F.S.; s. 627.6385, F.S.; s. 641.54, F.S.; s. 409.967, F.S.; s. 110.123, F.S. Law Implemented: s. 408.05(3), FS.