

# SUBMITTING YOUR ANNUAL REPORT

## LOGIN:

The web site for submitting your 2011 Annual Report form is:

<https://apps.ahca.myflorida.com/adverseincidentreport>.

This link will take you to the Login Screen (example below).

Site Menu Search

**AHCA**  
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

*Better Health Care for All Floridians*

Home About Us Dashboard Public Records Publications Find a Facility Contact Us **REPORT FRAUD**

Adverse Incident Annual Report

Annual Risk Management Reports are due by midnight of April 1, 2012

User Login

Enter User ID:

Enter Password:

Login Cancel

REPORT MEDICAID FRAUD ONLINE or 866-966-7226 REPORTAR FRAUDE

Once at the Login Screen, simply enter your User ID and Password (the one you use for Code 15 Reports and Annual Reports are the same) and click the “Login” button.

**Note 1:** If you remember how to enter the reports from last year go to the hyperlink at the top of this page and repeat these steps. If not, continue on through this document for a look at the screen shots and instructions on how to complete the Annual Report.

# SUBMITTING YOUR ANNUAL REPORT

## REVIEW YOUR FACILITY INFORMATION:

After you have successfully logged into the system, you will see a screen that shows your facility information. If any of the information has changed or is incorrect, contact the AHCA Hospitals and Outpatient Services Unit at the phone number on the bottom of the screen – (850)412-4549.

The screenshot shows the AHCA website interface. At the top left is the AHCA logo with the tagline 'FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION' and 'Better Health Care for All Floridians'. A navigation bar includes links for Home, About Us, Dashboard, Public Records, Publications, Find a Facility, Contact Us, and a highlighted 'REPORT FRAUD' button. A search box is located in the top right. Below the navigation bar, there are links for 'New Annual Report', 'Annual Report Resubmission', 'Annual Report History', and 'Home'. A 'Welcome, [user name]' message and a 'Log Out' link are also present. The main content area is titled 'Facility Information' and contains a form with the following fields: Name of Facility, Facility Owner (corporation, partnership, individual, etc), Street Address, Mailing Address, City, State, Zip, Telephone Number, Telephone, Fax, Facility License Number, and Facility File Number. A note at the bottom of the form states: 'If any of your facility information is incorrect you will need to telephone Hospitals and Outpatient Services Unit at (850)412-4549'. A red banner at the bottom of the page reads 'REPORT MEDICAID FRAUD ONLINE or 866-966-7226 REPORTAR FRAUDE'.

After you have confirmed that the contents on the facility information page are correct, you can begin submitting your Annual Report simply by clicking on the “New Annual Report” link found at the top of the screen.

**NOTE 2:** You will not be able to choose the “Annual Report Resubmission” link. It will be grayed-out until your initial Annual Report has been submitted. Once your Annual Report has been submitted, the “New Annual Report” link will not be active (it will be “grayed-out”). Annual Report History is always active; it allows you to see 2009 and 2010 Annual Reports currently.

## SUBMITTING YOUR ANNUAL REPORT

### SELECTING PERSON ENTERING THE REPORT:

After selecting the “New Annual Report” link, you will be presented with the first Annual Report submission screen, see the image below.



The screenshot shows the AHCA (Florida Agency for Health Care Administration) website interface. At the top left is the AHCA logo with the tagline "Better Health Care for All Floridians". A navigation menu includes "Home", "About Us", "Dashboard", "Public Records", "Publications", "Find a Facility", "Contact Us", and "REPORT FRAUD". A search bar is located at the top right. Below the navigation, there are links for "New Annual Report", "Annual Report Resubmission", "Annual Report History", and "Home". A "Welcome" message and a "Log Out" link are also visible. The main content area features a large red stamp that reads "ANNUAL REPORT" and "Report Year 2011". Below this, a prompt says "Select a risk manager before proceeding to the Annual Report". A dropdown menu is set to "--Select--" and a "Select" button is next to it. At the bottom, a red banner contains the text "REPORT MEDICAID FRAUD ONLINE or 866-966-7226 REPORTAR FRAUDE".

This screen lets you choose who is entering the report, if the person entering the report is not listed on the drop-down list, then chooses “Name not listed” and click on the “Select” button. At that point you have started your 2011 Annual Report.

**NOTE 3:** There is a place after all the information has been entered for the risk manager to enter his/her name and license number, and at the same time they are: “herby swears (or affirms) that the information contained in this report is true, correct, and complete to the best of his/her knowledge.”

# SUBMITTING YOUR ANNUAL REPORT

## STEP 1: REVIEW YOUR CODE 15 REPORTS

Once you have selected the person entering the report, this screen will automatically display all the Code 15 Reports filed by your facility during the report year.

New Annual Report | Annual Report Resubmission | Annual Report History | Home

Welcome, [user name]

# ANNUAL REPORT

Report Year 2011

step 1 step 2 step 3 step 4 finished

Step 1: Please review the Code15(s) currently on file for your facility

Date of Incident	Patient Identifier	AHCA Report #	Facility License #	Facility File #	ICD-9 CODE (01.99.99) Surgical Procedure	ICD-9 CODE 'T' E800-E999 to describe the accident or event	ICD-9 CODE (800.0-999.9) In Code

If any of the above information is incorrect, call the Risk Management & Patient Safety Program at (850)922-6089, ask to speak with either the program administrator or staff members responsible for handling Hospitals, Ambulatory Surgical Centers, and/or HMOs.

Our records indicate, AHCA did not receive a Code 15 Report from your facility during 2009 calendar year. If this is incorrect, call the Risk Management & Patient Safety Program at (850)922-6089, ask to speak with either the program administrator or staff members responsible for handling Hospitals and/or Ambulatory Surgical Centers.

If no Code 15 Reports were submitted this page will be blank. If the information is incorrect, call (850)412-3759 or (850)412-3777.

If the information is correct, all you need to do is acknowledge that the form lists the correct Code 15 Reports that were submitted by your facility during the report year by clicking the “I Confirm this information is correct” button.

**NOTE 4:** Be sure you do not to count the Code 15 Reports when you are entering the numbers for your incidents causing injury to patients during Step 2 (see page 5). The total number of Code 15 Reports listed above will appear in the first box on page 5 and is going to be added into the total number of reportable incidents causing injury to patients. If you have included your Code 15’s in either 1) Surgical procedures causing medical injury, 2) Diagnostic or treatment procedures causing medical injury or 3) Other actions causing medical injuries, your total will not add up correctly.

# SUBMITTING YOUR ANNUAL REPORT

## STEP 2: DATA ENTRY

On this screen you enter the data about your facility's incidents and claims.

The screenshot shows the AHCA website interface for the 2011 Annual Report. At the top, there is a navigation bar with 'Site Menu' and a search box. The AHCA logo is on the left, and the slogan 'Better Health Care for All Floridians' is on the right. Below the navigation bar, there are links for 'Home', 'About Us', 'Dashboard', 'Public Records', 'Publications', 'Find a Facility', 'Contact Us', and a 'REPORT FRAUD' button. A user greeting 'Welcome, newtond!' and a 'Log Out' link are visible. The main content area features a large red stamp that says 'ANNUAL REPORT' and 'Report Year 2011'. A progress bar below the stamp shows five steps: 'step 1', 'step 2' (which is highlighted with a grey circle), 'step 3', 'step 4', and 'finished'. Below the progress bar, a blue banner reads 'Step 2: Include totals for each reportable category.' Section I contains the following text: 'Pursuant to Section 395.0197(6)(a)(c), F.S., and Section 641.55(5)(a)(d), F.S., each facility licensed under Chapter 395, F.S., and each Health Maintenance Organization subject to section 641.55(5)(a) F.S., shall submit an annual report to the agency summarizing the incident reports that have been filed in the facility for that year. The following information must be provided for the categories listed below. This report is due April 20. To meet the statutory requirements for your annual report, you may electronically upload a copy of your facility's Incident Report Summary (instead of entering the data onto the AHCA form). Make sure you don't count your Code 15's more than once! If you have listed a Code 15 in either the "Surgical procedures causing medical injury" or "Diagnostic or treatment procedures causing medical injury" remember to subtract from your total (these are added under the Code 15 total)'. Below this text are five input fields: 'Total number of Code15s' (with '0' in the box), 'Surgical procedures causing medical injury' (with a red border and the text 'This is a required field'), 'Diagnostic or treatment procedures causing medical injury', 'Other action causing medical injuries', and 'Total number of reportable incidents causing injury to patients.' (with '0' in the box). Section II contains the following text: 'Pursuant to Section 395.0197(6)(a)5., F.S. Chapter 59-A-10.002(23),F.A.C., and section 641.55(5)(a)F.S., each facility shall submit a description of all malpractice claims filed against the facility, including the nature of the incident which led to the claim, license numbers of persons involved in the claim, and the status or disposition of each claim. Each report shall update the status and disposition of claims for all previous reports. Remember: You can meet the statutory requirement for your annual report by uploading a copy of your facility's Claims Report. You can hide or delete those columns not required by statute.' Below this text are three input fields: 'New Claims' (Total Number), 'Claims Pending' (Total Number), and 'Closed Claims' (Total Number). At the bottom of the form, there are two buttons: 'I Confirm this information is correct' and 'Go back to step 1'. A red banner at the very bottom of the page reads 'REPORT MEDICAID FRAUD ONLINE or 866-966-7226 REPORTAR FRAUDE'.

**Section I (the first set of boxes):** The first box in Section I will already contain the total number of Code15 Reports your facility reported to AHCA during the report year. This field is drawn from the number of Code15 Reports that were listed on the screen in Step 1 (above).

You must then enter the relevant injury numbers in the next three boxes. The final box labeled *“total number of reportable incidents causing injury to patients”* will be automatically filled in with the sum of the 4 boxes.

**Section II (second set of boxes):** Fill the 3 boxes at the bottom of the page with your facility's total claims – new, pending and closed. Please note that all data entry fields are required and only numbers are allowed.

When all the boxes are filled, click the *“I Confirm the information is correct”* button on the bottom of the screen to move on to the next step.


# SUBMITTING YOUR ANNUAL REPORT

## STEP 3: REVIEW

**Step 3 is a read only screen where you can review your Annual Report; you cannot add, delete or change any of the information on this screen.**

Welcome, [cf](#) [Log Out](#)

[New Annual Report](#) | [Annual Report Resubmission](#) | [Annual Report History](#) | [Home](#)



Report Year 2011

step 1
step 2

step 3
step 4
finished

Step 3: Summary Page

I. Pursuant to Section 395.0197(6)(a)(c), F.S., and Section 641.55(5)(a)(d), F.S., each facility licensed under Chapter 395, F.S., and each Health Maintenance Organization subject to section 641.55(5)(a) F.S., shall submit an annual report to the agency summarizing the incident reports that have been filed in the facility for that year. The following information must be provided for the categories listed below. This report is due April 20.

To meet the above statutory requirement for your annual report, in place of entering the data from your form onto our form, you may upload a copy of your facility's Incident Report Summary.

- Total number of Code15s 0
- Surgical procedures causing medical injury 1
- Diagnostic or treatment procedures causing medical injury 11
- Other actions causing medical injuries 1
- Total number of reportable incidents causing injury to patients. 13

II. A description of all malpractice claims pursuant to Section 395.0197(6)(a) 5., F.S. Chapter 59-A-10.002 (23), F.A.C., and section 641.55 (5)(a) F.S., filed against the facility, including the nature of the incident which led to the claim, license numbers of persons involved in the claim, and the status or disposition of each claim. Each report shall update the status and disposition of claims for all previous reports.

To meet the above statutory requirement for your annual report, in place of entering the data from your form onto our form, you may upload a copy of your facility's Claims Report, hiding or deleting those columns not required by statute.

- New Claims Total Number 1
- Claims Pending Total Number 1
- Closed Claims Total Number 1

III. Per Florida Statute 395.0197(6)(c) attach a copy of the following: the facility's Policies and Procedures to reduce risk of patient injuries and adverse incidents, including risk prevention and reduction measures, and resulting outcomes.

Include copies of Risk Management Quarterly Summary Reports submitted to the facility's governing board for the calendar year.

To meet the above statutory requirement for your annual report, you upload a copy of any changed or added Policy & Procedures related to Risk Management and/or Patient Safety Report your made during the past year.

To meet the above statutory requirement for your annual report, upload copies of the Quarterly Risk Management Summary Reports to the Board. Either attach all 4 quarters or only the 4th quarter if this one is cumulative, showing the entire year's reports.

IV. List of Code15s

Date of Incident	Patient Identifier	AHCA Report #	Facility License #	Facility File #	ICD-9-CODE (01-99.99) Surgical Procedure	ICD-9-CODE 'E' E800-E999 to describe the accident or event	ICD-9-CODE (800.0-999.9) Injury Code

V.

Risk Manager Name:

Risk Manager License Number:

hereby swears (or affirms) that the information contained in this report is true, correct, and complete to the best of his/her knowledge.

All of the above information is correct and I wish to complete this form and proceed to upload attachments.

This information is not correct. Please allow me to change this information

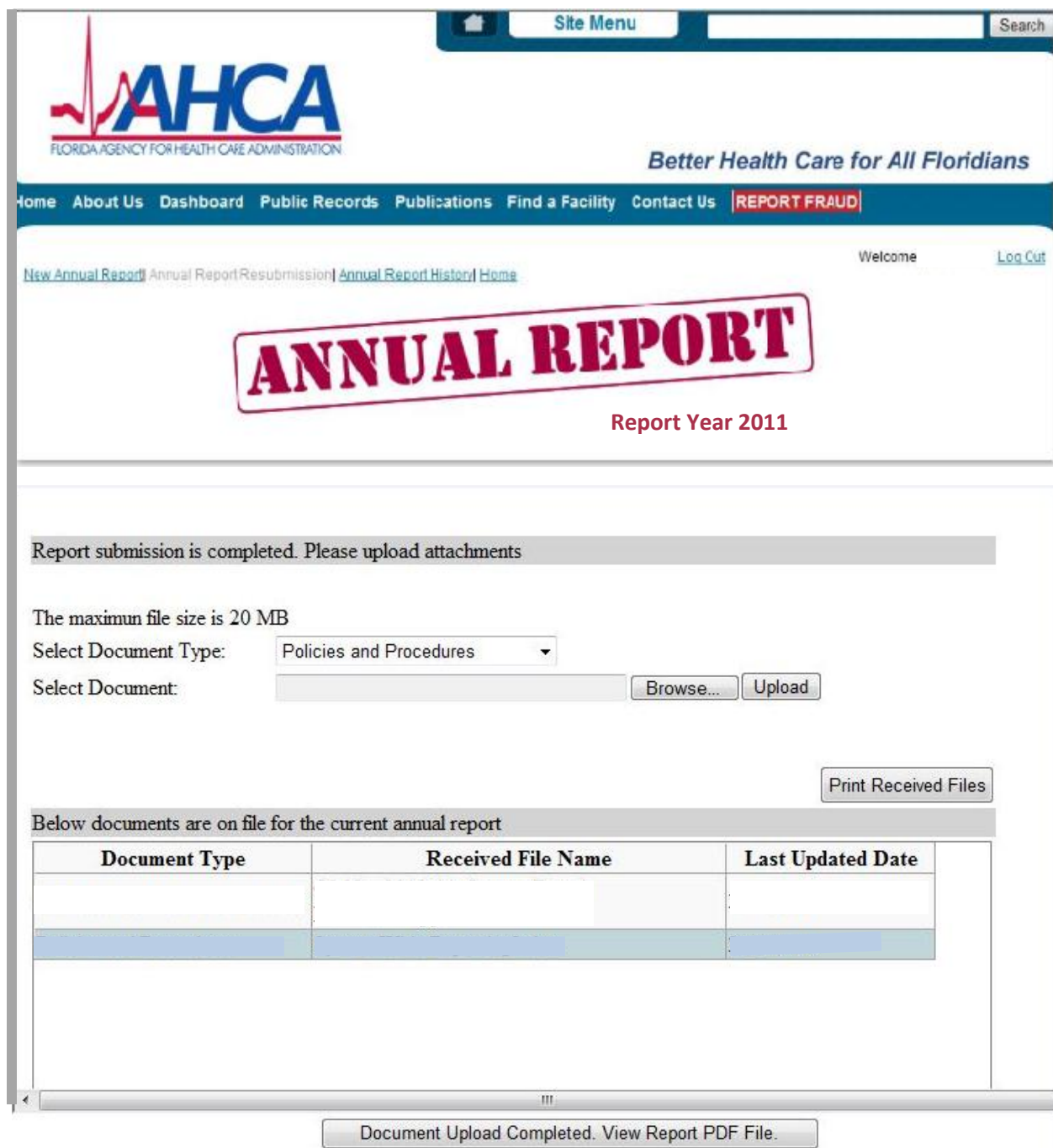
**If any of the information is incorrect: You can change the incorrect information by returning to one of the previous screens. You can do this by clicking the bottom button that reads “This information is not correct. Please allow me to change this information.” Choosing this button takes you back to the previous screen.**

**If all the information is correct: Enter your name and risk manager license number in the appropriate box (if you are not the risk manager, have the Risk Manager review the report, and then enter his/her name and risk manager’s license number) and click the button that reads “All of the above information is correct and I wish to complete this form and proceed to upload attachments.”**

# SUBMITTING YOUR ANNUAL REPORT

## STEP 4: UPLOADING YOUR REPORT

On this page you will electronically upload all of your text reports: any new or revised Policies & Procedures Reports, your facility's Risk Management Quarterly Report to the Board, your Facility Incident Report, and your Facility Claims Report.



To upload a report simply select document type from the drop down menu, click the "Browse" button to select the relevant document from your computer and then click the "Upload" button to move that document to AHCA. Successfully uploaded documents will be listed on the upload screen. Once you've uploaded all of your documents, click the button that reads "Print Received Files" to have a list of the files you uploaded (do this prior as soon as you upload the last document).

### Some UPLOAD RULES:

- All reports uploaded must be a Microsoft compatible document or a .pdf file and named as one of the document types - see list in Note 4, page 8.
- Give each file a unique name – example: 1<sup>st</sup> Quarterly Report to the Board, 2011; etc. instead of 4 reports all titled 2011 Quarterly Reports to the Board.
- Only upload one file at a time.

## SUBMITTING YOUR ANNUAL REPORT

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**Note 4:** For your reference, the following is a list of document types listed in the dropdown menu above. You are required by Florida Statute 395.0197(6) to file these reports with the Agency as a part of your Annual Report:

**Policies & Procedures** – upload any **new** or **amended** risk management or patient safety policies and procedures for the report year. (Naming example: P&P #12 – Hand Washing – Updated 3/15/2011)

**Copies of the Risk Management Quarterly Report to the Board** – one report for each quarter unless 4th quarter also includes the first three quarters' reports separated out, and it is easy to determine what happened in each quarter, if that is the case then only need to upload one report showing the whole year. (Risk Management Report to the Board First Quarter 2011)

**Facility Incident Report** – if your Annual Report has zeros for all four boxes located in Step 2, Section I, then you do not need to upload a Facility Incident Report but if you entered numbers in any of the three boxes, you need to upload a Facility Incident Report. (Not necessary if you only have Code 15 Reports as we already have this information.) This report must include the ICD-9-Codes for the procedure, “E” code, and injury code; the license number of any health care professional licensed by Department of Health or employee number if not licensed professional, their relationship to the facility; in addition, if you are uploading this information from your incident or occurrence report located on your computer and you already have a short description of the incident and what actions you took as a result, please do not delete that information (delete the name of the patient and any other patient identifiers). We are requesting the short descriptions and actions taken of the events, to give us a “snap shot” of what is happening around the state. (Example Hospital Incident Report for 2011)

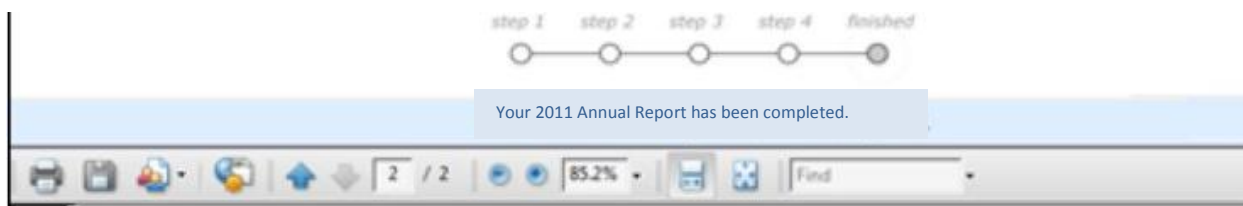
**Facility Claims Report** – if your Annual Report has zeros for all three boxes located in Step 2, Section II, do not upload a Facility Claims Report. If you have numbers in any of these three boxes, you need to upload a Facility Claims Report. This report must include the Claim Number (either the court or your internal number if still in pre-suit phase – and your facility reports the presuits); nature of the incident which led to the suit; the persons involved and their license #'s (if licensed by Department of Health) or employee #; and the status or disposition of the claim. (Example Hospital Claims Report for 2011)

**Additional Information** – You may upload any other documents that you want to submit that does not fit neatly into any of the above categories. It should be noted again that while you may upload multiple documents for the same document type, they must be uploaded one document at a time. For example, when you choose the Risk Management Quarterly Report, you will have four documents to upload (one for each quarter) and should have different names so when you review the list of uploaded documents you will know what you sent to AHCA. (Title of anything else you want to send.)

# SUBMITTING YOUR ANNUAL REPORT

## FINAL STEP: COMPLETION!

After you have uploaded and printed all your documents, on the bottom of the screen is a button that reads “Document Upload Completed, View Report PDF File.” The screen below is what you see when you choose that button. You will now be able to review and print an actual .pdf version of your completed Annual Report.



### AHCA Annual Report

Print: 1/21/2010 4:06PM  
Page 1 of 2

Report Number: 500019  
Report Year: 2009

AHCA Demo			AHCA Demo		
Name of Facility <b>1111 Mahan Road</b>			Facility Owner (corporation, partnership, individual, etc) <b>1111 Mahan Road</b>		
Street Address <b>Tallahassee FL 32308</b>			Mailing Address <b>Tallahassee FL 32308</b>		
City	State	Zip	City	State	Zip
<b>Leon</b>			<b>(111) 111-1111</b>		
County <b>(111) 111-1111</b>			Telephone Number <b>11111</b>		
Telephone Fax <b>(111) 111-1111</b>			Facility License Number <b>11111</b>		
			Facility File Number		

I. Pursuant to Section 395.0197(6)(a)(c), F.S., and Section 641.55(5)(a)(d), F.S., each facility licensed under Chapter 395, F.S., and each Health Maintenance Organization subject to section 641.55(5)(a) F.S., shall submit an annual report to the agency summarizing the incident reports that have been filed in the facility for that year. The following information must be provided for the categories listed below. This report is due April 20.  
To meet the above statutory requirement for your annual report, in place of entering the data from your form onto our form, you may upload a copy of your facility's Incident Report Summary.

- Total number of Code15s 0
- Surgical procedures causing medical injury 1
- Diagnostic or treatment procedures causing medical injury 1
- Other actions causing medical injuries 1
- Total number of reportable incidents causing injury to patients 3

II. A description of all malpractice claims pursuant to Section 395.0197(6)(a) 5, F.S. Chapter 59-A-10.002 (23), F.A.C., and section 641.55 (5)(a) F.S., filed against the facility, including the nature of the incident which led to the claim, license numbers of persons involved in the claim, and the status or disposition of each claim. Each report shall update the status and disposition of claims for all previous reports.  
To meet the above statutory requirement for your annual report, in place of entering the data from your form onto our form, you may upload a copy of your facility's Claims Report, hiding or deleting those columns not required by statute.

- New Claims 1
- Claims Pending 1
- Closed Claims 1

III. Per Florida Statute 295.0197(6)(c) attach a copy of the following: the facility's Policies and Procedures to reduce risk of patient injuries and adverse incidents, including risk prevention and reduction measures, and resulting outcomes.  
Include copies of Risk Management Quarterly Summary Reports submitted to the facility's governing board for the calendar year.

### AHCA Annual Report

Print: 1/21/2010 4:26PM  
Page 2 of 2

IV. List of Code15s

Date of Incident	Patient Identifier	AHCA Report #	Facility License #	Facility File #	ICD-9-CODE (01-99.99) Surgical Procedure	ICD-9-CODE "E" E800-E999 to describe the accident or event	ICD-9-CODE (800.0-999.9) Injury Code
<p>V. Risk Manager, 123456, hereby certifies that the information contained in this report is true, correct, and complete to the best of his/her knowledge.</p>							

## SUBMITTING YOUR ANNUAL REPORT

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If at any time before April 1, 2012, you realize you forgot to report something, you can access your report by logging on and clicking the Annual Report Resubmission button. At this point you can go in and change anything in the report with two exceptions: the Code 15 Report screen and while you can add to the Upload screen you cannot delete. If you need anything modified to either of these screens you will need to call 850/412-3759 or 850-412-3777.

You can access your reports from 2009, 2010, and 2011 at any time by logging on and clicking the Annual Report History link at top of the "Step 1" screen. Important Note! As you can see, there is nothing on this page to indicate the documents you uploaded. If you want a record of the documents you uploaded during Step 4, it is important to remember to click the "Print Received Files" button at any time prior to clicking on the "Document Upload Completed. View Report PDF File" button, or on the Annual Report History link.

...just remember you can always call us if you have any problems!

Marie at (850)412-3759

OR

Brenda at (850)412-2777

OR

Program at (850)412-3731