



CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians

HOLLY BENSON
SECRETARY

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The Agency for Health Care Administration is committed to securing the promise of better health care for all Floridians. We deliver on that promise by bringing greater transparency to Florida's health care system. This transparency in turn empowers consumers to make more informed choices. Informed decision-making helps ensure all state residents enjoy the promise of better, affordable and easily accessible care.

Our transparency initiatives are built upon the discharge data you provide to us. By the same token, when that data is not complete those transparency efforts suffer. In a health care environment that changes as quickly as ours, transparency is not truly "transparent" if it relies on old information. That is why it is so important that we receive your data in a timely fashion.

THE AGENCY'S DATA OUTREACH PROGRAM

We know submitting discharge data is easier said than done. And most facilities do a fantastic job getting their data in on time. We take it on faith that the struggles of the delinquent facilities stem not so much from a lack of interest in compliance as a lack of ability. Since our primary interest is getting your data to consumers, we want to be the people to whom those struggling facilities can go to get the assistance they need. I would therefore like to formally announce the establishment of our Facility Outreach Program (FOP), the vanguard of the Agency's commitment to provide focused support and service to facilities struggling with their discharge data reporting. The FOP will proactively identifying "struggling" facilities and assist them by:

- ✓ Reaching out to establish a dialogue with the facility's submission staff;
- ✓ Identifying the functions or actions at the root of the delinquency;
- ✓ Identifying the resources available to mitigate/improve deficient areas;
- ✓ Collaboratively constructing a recovery plan to reestablish reporting currency; and
- ✓ Monitoring progress through regular status review calls.

IMPROVEMENT SEEN IN DATA REPORTING

The effort both the Agency and the facilities have put into improving performance is already paying significant dividends. When we began our outreach efforts in June, 195 quarters of data (from 123 facilities) were "past due." A little over four months later, 90% of data files were submitted and certified. As of the date of this letter, only 15 ambulatory facilities are delinquent in their discharge data reporting (all inpatient facilities are current in their reporting). We offer a well-deserved salute to all of the state's inpatient facilities!

The success of the Facility Outreach Program has proved that Agency/facility partnership is the key to data reporting efficiency. As the demand for more current data grow the Agency anticipates devoting more resources to these and similar outreach efforts.

DATA SUBMISSION SYSTEM STREAMLINING

2727 Mahan Drive, MS#16
Tallahassee, Florida 32308



Visit AHCA online at
<http://ahca.myflorida.com>

We understand that discharge data reporting is complicated and confusing. Moreover, it is natural for many smaller facilities to experience regular turnover in data reporting staff. If our system requires many months to master, then it cannot help but produce a steady stream of facilities that struggle to achieve the levels of proficiency we need for currency. Moreover, even proficient facilities require a longer period of time to obtain data certification than is necessary. We recognize this and are taking steps to streamline and simplify our data reporting system. We are currently revising the administrative rules that govern data reporting to make them more straightforward and understandable while at the same time to make them more reflective of the UBO4/HCFA 1500 environment with which most submission staff are intimately familiar. However, since an administrative rule will never make an effective “how to” for data submitters, we are also finalizing our first “Data Submission Guide” that will serve as both an instruction set for new staff and a valuable resource for veteran data submitters.

We are excited to report that the guide will describe an increasingly simple process. In the future, the data submission process will be more secure, require less paper and – most importantly – less time.

ENFORCEMENT OF DATA SUBMISSION REQUIREMENTS

Unfortunately, a better and simpler system coupled with a strengthened Agency and facility partnership will not correct all reporting deficiencies. We are confident that conscientious facilities will achieve and maintain reporting currency with a simpler system and more support. There remain, however, an exceedingly small number of facilities that have not taken the steps necessary to submit their data in a timely manner. For those facilities our efforts have not produced results, even as they fall farther behind. A telling example: a single facility is currently responsible for nearly *one quarter* of all the delinquent quarters. Such a situation is not only extremely detrimental to the Agency’s transparency efforts; it is also unfair to the more than 1,000 facilities making a good-faith effort to report their data on time.

The statute and administrative rules provide for recourse in such situations. That recourse is to levy fines against delinquent facilities. We understand the Agency has not fined a facility for being delinquent in its discharge data reporting in some time; however, we believe that this approach is consistent with the increased demand for transparency in health care information.

Only a few facilities will have to be concerned about fines. Using the submission rates of the past few quarters, *no inpatient facilities* and very few outpatient facilities would have been subject to fines under the rules. Even then, the majority of those facilities that would qualify for a fine would find the Agency lenient in negotiating a settlement so long as the facility displayed a commitment to getting their data certified and addressing submission process deficiencies.

FINE STRUCTURE

The governing administrative rules provide that all facilities whose data is not certified by the Certification Deadline be subject to these fines. Applicable fines are for: \$100 per day for the first violation, \$250 per day for the second violation and \$1,000 per day for the third and all

subsequent violations. The Agency defines fining violations as:

- ✓ The **first violation** begins the first delinquent data quarter;
- ✓ The **second violation** begins with the second *concurrent* delinquent data quarter (2 data quarters outstanding at the same time);
- ✓ The **third violation** begins with the third *concurrent* delinquent data quarter (3 or more data quarters outstanding at the same time).

In other words, per day fine amounts increase as a facility accrues more delinquent quarters at the same time, not as their outstanding quarters get more delinquent.

GRANDFATHER PERIOD

The Agency will begin to levy fines for delinquent discharge data files on April 1, 2009. This date corresponds with the first day after the deadline for facilities to have 3rd Quarter 2008 data certified. All facilities whose 3rd Quarter 2008 data is not certified by March 31 will begin accruing fines on April 1. Additionally, all facilities with outstanding data from previous quarters will begin to accrue fines on April 1 (facilities with two outstanding quarters will begin to accrue at \$250/day, and facilities with three outstanding quarters will begin to accrue at \$1,000/day). Facilities with delinquent data can avoid accruing fines by getting their data certified by March 31, 2009.

While it is my hope that we will never collect a fine for discharge data reporting delinquency, fines serve as a last resort when all other efforts to obtain that data have failed. With need for transparency growing ever-more acute, we can no longer justify letting one or two facilities ignore their reporting requirement without consequence. However, it is not through fines that we will achieve excellence - only through working together can we do great things. I am very excited about the opportunity we have to work together to increase the quality of the data we provide to Florida's consumers while reducing the burden we place on facilities.

Sincerely,



Christine H. Nye, Director
Florida Center for Health Information and Policy Analysis

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