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1 BCAR System

The Agency for Health Care Administration (Agency) developed an online reporting system to replace the paper Birth Center Annual Report, AHCA Form 3130-3004. The Birth Center Annual Reporting (BCAR) system collects data consistent with Section 383.327(4), Florida Statutes (F.S.) and Rule 59A-11.019, Florida Administrative Code (F.A.C.). The BCAR system will be available beginning with the 2018-2019 reporting period. The system will allow authorized birth center representatives with access to the AHCA Portal [the Agency's single sign-on (SSO) portal] to enter, save and retrieve client information throughout the reporting period. The cumulative data must then be submitted to the Agency at the end of the reporting period.

The BCAR system is consistent with Section 282.603, F.S. – Compliance with the Americans with Disabilities Act, Section 508.

Guidance for BCAR Data Entry Fields

- **Number of deliveries in the birth center by weight** – The system will calculate the total number of deliveries by summing the entries of the four weight-range categories. A whole number (0, 1, 2, 3 …) must be entered in each weight-range category.
  - <1500 Grams – Enter the total number of newborns weighing less than 1500 grams.
  - 1500-1999 Grams – Enter the total number of newborns weighing at least 1500 grams, but less than 2000 grams.
  - 2000-2499 Grams – Enter the total number of newborns weighing at least 2000 grams, but less than 2500 grams.
  - >2500 Grams – Enter the total number of newborns weighing 2500 grams or more.

- **Number of maternity clients accepted for care and length of stay**
  - Total number of maternity clients – Enter the number of maternity clients accepted for care during the reporting year. Include each client whether she is pending delivery, has delivered, or was transferred to another provider.
  - Total length of stay (hours) – Enter the shortest, longest and average stay of maternity clients to the nearest hour.
  - Postpartum length of stay (hours) – Enter the shortest, longest and average stay of maternity clients to the nearest hour.

- **Surgical services performed at birth center**
  - Circumcisions – Must be equal to or less than the total number of deliveries.
  - Episiotomies – Must be equal to or less than the total number of maternal clients.
  - Episiotomy/Laceration Repair – Must be equal to or less than the total number of maternal clients.

- **Maternal transfers** – Use the drop-down list to select either “Yes” or “No.” If yes, add a new row to the table for each maternal client transferred by clicking the +New button.
  - Select the month, day, and year of the maternal transfer from the pop-up calendar.
  - Select either “Intrapartum” or “Postpartum” from the drop-down list.
  - Enter the number of days (whole numbers only) the client was hospitalized.
  - Select the Transfer Reason from the drop-down list. If the reason is not listed, select “Other” and type a short description in the Transfer Reason Comment field.* The Transfer Reason Comment field will be available only if “Other” is selected.
• **Newborn Transfers** – Use the drop-down list to select either “Yes” or “No.” If yes, add a new row to the table for each newborn transferred by clicking the +New button.
  - Select the month, day, and year of the newborn transfer from the pop-up calendar.
  - Enter the birth weight in grams (whole numbers only).
  - Enter the number of days (whole numbers only) the newborn was hospitalized.
  - Enter the APGAR score at 5 minutes.
  - Select the Transfer Reason from the drop-down list. If the reason is not listed, select “Other” and type a short description in the Transfer Reason Comment field.* The Transfer Reason Comment field will be available only if “Other” is selected.

• **Newborn Deaths** – Use the drop-down list to select either “Yes” or “No.” If yes, add a new row to the table for each newborn death by clicking the +New button. Record a newborn death only if the newborn was delivered at the birth center and died within seven days of life. Do not record a newborn death for maternity clients transferred more than 48 hours before birth.
  - Select the month, day, and year of the newborn death from the pop-up calendar.
  - Enter the birth weight in grams (whole numbers only).
  - Select the location of where the newborn death occurred from the drop-down list.
  - Select “Yes” or “No” from the drop-down list to indicate whether or not the newborn death was reported to the medical examiner.
  - Select the Cause of Death from the drop-down list. If the reason is not listed, select “Other” and type a short description in the Cause of Death Comment field.* The Cause of Death Comment field will be available only if “Other” is selected.

• **Stillborn/Fetal Deaths** – Use the drop-down list to select either “Yes” or “No.” If yes, add a new row to the table for each stillborn/fetal death by clicking the +New button. Record a stillborn/fetal death only if the delivery occurred at the birth center.
  - Select the month, day, and year of the stillborn/fetal death from the pop-up calendar.
  - Enter the birth weight in grams (whole numbers only).
  - Select when the stillborn/fetal death occurred from the drop-down list.
  - Select “Yes” or “No” from the drop-down list if reported to the medical examiner.
  - Select the Cause of Death from the drop-down list. If the reason is not listed, select “Other” and type a short description in the Cause of Death Comment field.* The Cause of Death Comment field will be available only if “Other” is selected.

**Signature** – The system identifies the authorized user entering data and connects their AHCA Portal credentials to the report when it is submitted. The report does not need to be printed for signature.

*Note:* Some commonly reported reasons for transfers (maternal and newborn) and causes of death (newborn and stillborn/fetal) have been grouped for purposes of data collection consistency. Please review the entire drop-down lists and refer to the table provided in Section 4 (page 33) before selecting “Other” under any data entry field.
2 Step-by-Step Guidance

The following guidance provides instructions for obtaining access to the reporting system and entering and submitting birth center annual reports to the Agency.

2.1 AHCA Portal Login

BCAR is a secured network application that runs in an Internet browser, such as Internet Explorer, Mozilla Firefox, Chrome and Safari. This reporting system is accessed through the AHCA Portal, the Agency’s single sign-on system (SSO).

Note: The images provided in this guide were produced using a wide screen desktop computer monitor with varying levels of magnification. The actual display on a screen will depend on the size of the monitor or device (computer, tablet, cell phone, etc.) used to access the system. The information on each screen will display in the same order, top to bottom.

- **Step 1:** Access the AHCA Portal Login screen by clicking the link below or copy-and-paste it into your browser: [https://apps.ahca.myflorida.com/singlesignonportal](https://apps.ahca.myflorida.com/singlesignonportal).

- **Step 2:** If you have already registered for another program available through this portal such as the Background Screening Clearinghouse or Online Licensing system, enter your current User ID and password. Click the Log In button and skip to Section 2.2 below. If you do not have a User ID and password, click on the New User Registration link and continue with Step 3 on the next page.
• **Step 3 New User Registration**: Read the authorization statement and check the box to agree. Click the *Continue* button.

Continue with Step 4 on the next page.
**Step 4 New User Registration:** Complete the form (example below).

### AHCA Portal - Account Registration

<table>
<thead>
<tr>
<th>Field</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Tester</td>
</tr>
<tr>
<td>Last Name</td>
<td>for AHCA</td>
</tr>
<tr>
<td>Position Title</td>
<td>Records Custodian</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(850)412-4549</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:hospitals@ahca.myflorida.com">hospitals@ahca.myflorida.com</a></td>
</tr>
<tr>
<td>Verify Email Address</td>
<td><a href="mailto:hospitals@ahca.myflorida.com">hospitals@ahca.myflorida.com</a></td>
</tr>
<tr>
<td>Employer's Company Name</td>
<td>AHCA</td>
</tr>
</tbody>
</table>

### Address Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address 1</td>
<td>2727 Mahan Drive MS 31</td>
</tr>
<tr>
<td>City</td>
<td>Tallahassee</td>
</tr>
<tr>
<td>State</td>
<td>Florida</td>
</tr>
<tr>
<td>Zip</td>
<td>32308</td>
</tr>
</tbody>
</table>

### Security Information

- User Name: [Enter User Name]
- Password: [Enter Password]
- Enter Password Again: [Enter Password Again]
- Security Question: What was your first job?
- Security Answer: babysitter

### Verification

- For protection against spam, please check the checkbox below and follow the instructions on the popup window.
- I'm not a robot
- Register
- Return to Login

Check the box next to “I’m not a robot” at the bottom of the form and follow the instructions on the popup window. Once your verification is complete, a green checkmark will appear. Click the Register button. If there are no issues, you will receive the following message: User Account created successfully. You may now log into the AHCA Portal in order to request access to the Agency’s Birth Center Annual Reporting (BCAR) System. (See Section 2.2 below.)

### Tip:

- If you forget your password, use the Forgot your Password? link on the AHCA Portal LogIn page. Enter your User Name and answer your security question. A temporary password will be sent to the email address entered on your registration. Click on the Reset Password Instructions link on the AHCA Portal Login page and follow the steps to set your new password. You may reset your password at any time.

- If you believe your User ID or password has been compromised, immediately report that information to the Agency’s Hospital and Outpatient Services Unit at (850) 412-4549 or by email at hospitals@ahca.myflorida.com.
2.2 Requesting Program Access

A single sign-on User ID and password allows anyone to enter the AHCA Portal. Separate and specific User Registration Agreements are required to access each of the Agency’s online programs. The following steps are specific to creating a BCAR User Registration Agreement.

- **Step 1:** Log in to access the AHCA Portal Landing (https://apps.ahca.myflorida.com/singlesignonportal) by entering your current User ID and password. Click the Log In button.

- **Step 2:** Use the drop down list to select “Birth Center Annual Reporting System” and click the Request Program Access button.
Step 3: Begin typing the birth center name (as listed on the current license and displayed on FloridaHealthFinder.gov) in the Provider/Facility Name field. Options should pop up on the screen.

Select the one you will be reporting for and click the Add Provider/Facility button. If the provider name does not pop up, contact the Agency by phone at (850) 412-4549 or by email at hospitals@ahca.myflorida.com.
• **Step 4:** Verify the displayed Provider/Facility Name is correct and click the *Generate AHCA Registration Agreement* button. If the wrong provider name is selected, click Delete to the left of the displayed provider/facility name and repeat Step 3.
Step 5: The information entered for your AHCA Portal login will appear on the User Registration Agreement as well as general information on file with the Agency for the selected provider. Print the agreement form. (Open a printable copy by clicking the link in the upper right corner.) Leaving this screen before printing will cancel this registration. Once the printed form is signed by the user and administrator of record for the birth center, send it to the Agency by mail, email or fax as provided on the top of the form. You can save a copy on your computer by clicking the Save icon at the top of the User Registration Agreement.

Note: You may contact the Agency for any issue by clicking on the contact us link at the bottom of the screen. Clicking this link will not submit your user agreement for approval.
**Step 6:** You will receive an email when your user agreement is approved by the Agency.

**Step 7:** Your Portal Landing screen will now show a link to Birth Center Annual Reporting under the heading Program Access. Click the link to access the reporting system. You can also manage your AHCA Portal account (user information, password, security question, etc.) from this screen.
2.3 BCAR System – Access

Setting up a BCAR user account for each birth center you will be reporting for is a one-time process. The following sections will review entering, editing and submitting data.

- **Step 1:** After logging into your AHCA Portal account, click the Birth Center Annual Reporting System link as shown in the previous step. The BCAR Program – Tasks screen will open.

  ![BCAR Program - Tasks](image)

- **Step 2:** The BCAR Program – The Tasks screen allows you to enter data for required reporting by clicking the Birth Center Annual Reporting Application link or to request access to report for another provider. This screen will show all the providers you have requested access to and the status of each request. You also will have access to your user agreements. If you ever need to print a new agreement, select the provider by clicking the box to the left of the provider name and click the Reprint Registration Agreement button.

- **Step 3:** If you will be reporting annual data for more than one birth center, click on the link Add Additional Providers and follow the steps in Section 2.2.

- **Step 4:** To begin entering data for an annual report, click on the Birth Center Annual Reporting Application link and follow the steps in Section 2.4.

Note: Your User ID is visible on the right side of the blue header ribbon. Select screens will also display your registered email.

Tip: To discontinue access for a provider, please use the contact us link at the bottom of the screen and request withdrawal of the authorization. Birth center administrators may withdraw the access of previously registered users through the contact us link or by contacting the Agency licensing unit at (850) 412-4549 or email at hospitals@ahca.myflorida.com.
2.4 BCAR System – Dashboard (Authorized Providers)

- **Step 1:** Please read the Disclaimer and click the *Accept* button to continue using the system.
Step 2: You will be directed to your dashboard. This screen shows your registered providers and the status of the most recent activity for each. The dashboard is updated immediately after any data entry.

Note: The blue header ribbon contains two links/tabs that are available on all pages: Reports and Register Additional Providers. You will have to log in each time you switch between adding providers and entering data.

Example dashboard:

Note: Prior to creating an annual report and entering/saving data, the Report Status will show as Unopened.
2.5 Creating an Annual Report

A new report must be created for each year. A report can be created for the current reporting year, but not for future years. The data/required information to be reported to the Agency can be entered at any time during the reporting period. All the data for a reporting period does not have to be entered at one time as the system can save the report each time data is entered.

- **Step 1**: Click the *Create Annual Report* button to the left of the provider’s name.

- **Step 2**: The next screen will show the Birth Center Annual Report form. An annual report can be created only when there is no report in the system for the current reporting period. Once an annual report is created, data entry can be edited at any time during the year before the provider submits the report to Agency.
## Birth Center Annual Reporting

**Birth Center Annual Report**

Report data from July 01, 2018 through June 30, 2019.

Completed reports must be received by the Agency no later than July 30, 2019.

**Birth Center Information**

- **Facility Name**: Birth Center BCA
- **County**: Leon
- **Street Address**: 2277 Main St.
- **City**: Tallahassee
- **Zip**: 32308
- **File Number**: 1506-29
- **License Number**: 340
- **License Status**: Active

**Client Care Services**
Enter data into each field

### Number of Deliveries in the Birth Center by Weight:

<table>
<thead>
<tr>
<th>Weight Range</th>
<th>Total Number of Deliveries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 Grams</td>
<td>1000</td>
</tr>
<tr>
<td>1000 - 1999 Grams</td>
<td>2000</td>
</tr>
<tr>
<td>2000 - 2499 Grams</td>
<td>2000</td>
</tr>
<tr>
<td>&gt; 2500 Grams</td>
<td>2000</td>
</tr>
</tbody>
</table>

### Number of Maternity Clients Accepted for Care and Length of Stay:

<table>
<thead>
<tr>
<th>Postpartum Length of Stay, Hours.</th>
<th>Total Length of Stay, Hours.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortest:</td>
<td>Longest:</td>
</tr>
<tr>
<td>Hours:</td>
<td>Hours:</td>
</tr>
</tbody>
</table>

### Surgical Services Performed at the Birth Center:

<table>
<thead>
<tr>
<th>Circumcision</th>
<th>Episiotomy</th>
<th>Episiotomy/Scarsion Repair</th>
</tr>
</thead>
</table>

### Transfer Information:

#### Maternal Transfers:

- Are any Maternal Transfers being reported? — Select An Opt. —

<table>
<thead>
<tr>
<th>Date</th>
<th>Interspont/Postpartum</th>
<th>Days in Hospital</th>
<th>Transfer Reason</th>
<th>Reasons for Transfer Code</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**No Data To Display**

#### Newborn Transfers:

- Are any Newborn Transfers being reported? — Select An Opt. —

<table>
<thead>
<tr>
<th>Date</th>
<th>Birth Weight, Grams</th>
<th>Days in Hospital</th>
<th>APMID met. JBD</th>
<th>Transfer Reason</th>
<th>Reasons for Transfer Code</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**No Data To Display**

#### Deaths

**Newborn Deaths**:

- Are any Newborn Deaths being reported? — Select An Opt. —

<table>
<thead>
<tr>
<th>Date</th>
<th>Birth Weight, Grams</th>
<th>Occurred</th>
<th>Reported to Meds</th>
<th>Cause Of Death</th>
<th>Cause of Death Code</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**No Data To Display**

#### Stilborn/Fetal Deaths:

- Are any Stillborn Deaths being reported? — Select An Opt. —

<table>
<thead>
<tr>
<th>Date</th>
<th>Birth Weight, Grams</th>
<th>Occurred</th>
<th>Reported to Meds</th>
<th>Cause Of Death</th>
<th>Cause of Death Code</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**No Data To Display**

### Signature

- [Signature]

Dataset generated at file level as a natural order.

Prepared by: [Prepared By]

Date of Submission: [Date]

AHA Fax: [Fax Number]

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2.6 Entering Data

A new annual report must be created for each reporting period. A report can be created for the current reporting period, but not for future years.

- **Step 1:** Please review the dates of the reporting period. Review the pre-populated Birth Center Information section for accuracy. If the information is not correct, please email corrections to hospitals@ahca.myflorida.com.

- **Step 2:** Enter the Client Care Services data. Refer to Section 1 (page 2) for guidance.
- **Step 2.1:** Trying to save the report when no data has been entered in a required field will cause an error. The red text identifies required fields.

  ![Client Care Services](image)

  **Number of Deliveries in the Birth Center by Weight:**
  - Total Number of Deliveries:
    - < 1500 Grams
    - 1500 - 1999 Grams
    - 2000 - 2499 Grams
    - > 2500 Grams
  - The < 1500 Grams field is required.
  - The 1500 - 1999 Grams field is required.
  - The 2000 - 2499 Grams field is required.
  - The > 2500 Grams field is required.

  **Number of Maternity Clients Accepted for Care and Length of Stay:**
  - Total Number of Maternity Clients:
  - The Total Number of Maternity Clients field is required.
  - The Total Length of Stay, Hours:
    - Shortest:
    - Longest:
    - Average:
  - The Shortest field is required.
  - The Longest field is required.
  - The Average field is required.
  - The Postpartum Length of Stay, Hours:
    - Shortest:
    - Longest:
    - Average:
  - The Shortest field is required.
  - The Longest field is required.
  - The Average field is required.

  **Surgical Services Performed at the Birth Center:**
  - Circumcisions
  - Episiotomies
  - Episiotomies/Laceration Repair
  - The Circumcisions field is required.
  - The Episiotomies field is required.
  - The Episiotomies/Laceration Repair field is required.

- **Step 2.2:** The system validates some data entry fields. Saving data that is not consistent with other data fields will cause an error. The red text identifies data requiring correction.

  ![Client Care Services](image)

  **Number of Deliveries in the Birth Center by Weight:**
  - Total Number of Deliveries:
    - < 1500 Grams: 1
    - 1500 - 1999 Grams: 2
    - 2000 - 2499 Grams: 1
    - > 2500 Grams: 1
  - The < 1500 Grams field must be less than the Total Number of Deliveries.
  - The 1500 - 1999 Grams field must be less than the Total Number of Maternity Clients.
  - The > 2500 Grams field must be less than the Total Number of Maternity Clients.
• **Step 3:** Maternal Transfers - select “Yes” or “No” from the drop-down list, as appropriate. If no, continue with the next section for newborn transfers.

Transfer Information:

<table>
<thead>
<tr>
<th>Maternal Transfers:</th>
<th>Are any Maternal Transfers being reported: *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

- **Step 3.1:** If maternal transfers need to be reported, click the +New button.

Transfer Information:

<table>
<thead>
<tr>
<th>Maternal Transfers:</th>
<th>Are any Maternal Transfers being reported: *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

- **Step 3.2:** Enter a response in each column.
  - Select the transfer date from the calendar pop-up by clicking on date field.
  - Select “Intrapartum” or “Postpartum” from the drop-down list.
  - Enter the number of calendar days the client was hospitalized. If the transfer occurred on February 15 and the client was discharged from the hospital on February 27, enter 12.
  - Select the Transfer Reason from the drop-down list. Please review the complete list. Select “Other” only if no response in the drop-down list is appropriate. (Refer to section 4, page 33.) If “Other” is selected, type a short description in the comment field. The Transfer Reason Comment field will only be available when “Other” is selected.

Transfer Information:

<table>
<thead>
<tr>
<th>Maternal Transfers:</th>
<th>Are any Maternal Transfers being reported: *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Note: A red triangle in the upper left corner of a data field indicates a new entry has not been saved. Click the Save changes or Cancel changes buttons as appropriate.
### Step 3.3:
To add another maternal transfer record, repeat steps 3.1 and 3.2 as necessary. New data entry can be saved after each record or after a series of records.

#### Transfer Information

#### Maternal Transfers:
- Are any maternal transfers being reported? [Yes] [No]

<table>
<thead>
<tr>
<th>Date</th>
<th>Maternal / Postpartum</th>
<th>Days in Hospitals</th>
<th>Transfer Reason</th>
<th>Transfer Reason Comment</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/06/2019</td>
<td>Intrapartum</td>
<td>4</td>
<td>Other (add comment)</td>
<td></td>
<td>Delete</td>
</tr>
<tr>
<td>02/13/2019</td>
<td>Intrapartum</td>
<td>5</td>
<td>Abnormal presentation</td>
<td></td>
<td>Delete</td>
</tr>
<tr>
<td>02/15/2019</td>
<td>Postpartum</td>
<td>12</td>
<td>Evidence of an infectious process</td>
<td></td>
<td>Delete</td>
</tr>
<tr>
<td>03/01/2019</td>
<td>Postpartum</td>
<td>2</td>
<td>Laceration repair</td>
<td></td>
<td>Delete</td>
</tr>
</tbody>
</table>

#### Note:
The screen will display up to four records at a time. Additional records will scroll. Click on the header of any column to sort the records by that column.

- **Step 3.4:** To delete a record, click the **Delete** button in the far right column of the individual row of data. The **Cancel changes** button on the top of the data table will remove all unsaved changes to the table.

#### Step 4:
Newborn Transfers - select “Yes” or “No” from the drop-down list, as appropriate. If no, continue with the next section for newborn deaths.
Agency for Health Care Administration

- **Step 4.1**: If newborn transfers need to be recorded, click the +New button.

- **Step 4.2**: Enter a response in each column.
  - Select the transfer date from the calendar pop-up by clicking on date field;
  - Enter the birth weight in grams to the nearest whole gram;
  - Enter the number of calendar days the newborn was hospitalized. If the transfer occurred on February 15 and the newborn was discharged from the hospital on February 18, enter 3.
  - Enter the APGAR score at 5 minutes.
  - Select the Transfer Reason from the drop-down list. Please review the complete list. Select “Other” only if no response in the drop-down list is appropriate. (Refer to section 4, page 33.) If “Other” is selected, type a short description in the comment field. The Transfer Reason Comment field will only be available when “Other” is selected.

- **Step 4.3**: To add another record, repeat steps 4.1 and 4.2. New data entry can be saved after each record or after a series of records.

*Note: A red triangle in the upper left corner of a data field indicates a new entry has not been saved. Click the Save changes or Cancel changes buttons as appropriate.*

*Note: The screen will display up to four records at a time. Additional records will scroll. Click on the header of any column to sort the records by that column.*
- **Step 4.4:** To delete a record, click the *Delete* button in the far right column of the individual row of data. The *Cancel changes* button on the top of the data table will remove all unsaved changes to the table.

- **Step 5:** Newborn Deaths - select “Yes” or “No” from the drop-down list, as appropriate. If no, continue with the next section for stillborn/fetal deaths.

### Deaths

#### Newborn Deaths:

<table>
<thead>
<tr>
<th>Date</th>
<th>Birth Weight, Grams</th>
<th>Occurred</th>
<th>Reported to Medical Examiner</th>
<th>Cause Of Death</th>
<th>Cause Of Death Comment</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No Data To Display

- **Step 5.1:** If newborn deaths need to be recorded, click the +New button.
• **Step 5.2:** Enter a response in each column.
  - Select the month, day and year of the newborn death from the pop-up calendar.
  - Enter the birth weight in grams to the nearest whole gram.
  - Select the location of where the newborn death occurred from the drop-down list.
  - Select “Yes” or “No” from the drop-down list if reported to the medical examiner.
  - Select the Cause of Death from the drop-down list. Please review the complete list. Select “Other” only if no response in the drop-down list is appropriate. (Refer to section 4, page 33.) If “Other” is selected, type a short description in the comment field. The Cause of Death Comment field will be available only if “Other” is selected.

<table>
<thead>
<tr>
<th>New</th>
<th>Save changes</th>
<th>Cancel changes</th>
<th>Date</th>
<th>Birth Weight</th>
<th>Grams</th>
<th>Occurred</th>
<th>Reported to Medical Examiner</th>
<th>Cause of Death</th>
<th>Cause of Death Comment</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>04/11/2019</td>
<td>2350</td>
<td>Birth Center</td>
<td>Yes</td>
<td>Other (add comment)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: A red triangle in the upper left corner of a data field indicates a new entry has not been saved. Click the Save changes or Cancel changes buttons as appropriate.

• **Step 5.3:** To add another record, repeat steps 5.1 and 5.2. New data entry can be saved after each record or after a series of records.

<table>
<thead>
<tr>
<th>New</th>
<th>Save changes</th>
<th>Cancel changes</th>
<th>Date</th>
<th>Birth Weight</th>
<th>Grams</th>
<th>Occurred</th>
<th>Reported to Medical Examiner</th>
<th>Cause of Death</th>
<th>Cause of Death Comment</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>03/05/2019</td>
<td>2000</td>
<td>Hospital</td>
<td>Yes</td>
<td>Fetal pneumonia &amp; Pulmonary hypertension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>04/11/2019</td>
<td>2050</td>
<td>Birth Center</td>
<td>Yes</td>
<td>Other (add comment)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The screen will display up to four records at a time. Additional records will scroll. Click on the header of any column to sort the records by that column.

• **Step 5.4:** To delete a record, click the **Delete** button in the far right column of the individual row of data. The **Cancel changes** button on the top of the data table will remove all unsaved changes to the table.
• **Step 6:** Stillborn/Fetal Deaths - select “Yes” or “No” from the drop-down list, as appropriate. If no, continue with the next section to save all changes and review the report.

- Step 6.1: If stillborn/fetal deaths need to be recorded, click the *+New* button.

- Step 6.2: Enter a response in each column.
  - Select the month, day and year of the stillborn/fetal death from the pop-up calendar.
  - Enter the birth weight in grams to the nearest whole gram.
  - Select when the stillborn/fetal death occurred from the drop-down list.
  - Select “Yes” or “No” from the drop-down list if reported to the medical examiner.
  - Select the Cause of Death from the drop-down list. Please review the complete list. Select “Other” only if no response in the drop-down list is appropriate. (Refer to section 4, page 33.) If “Other” is selected, type a short description in the comment field. The Cause of Death Comment field will be available only if “Other” is selected.

*Note:* A red triangle in the upper left corner of a data field indicates a new entry has not been saved. Click the *Save changes* or *Cancel changes* buttons as appropriate.
• **Step 6.3:** To add another record, repeat steps 6.1 and 6.2. New data entry can be saved after each record or after a series of records.

<table>
<thead>
<tr>
<th>Date</th>
<th>Birth Weight</th>
<th>Gender</th>
<th>Term of Pregnancy</th>
<th>Reported to Medical Examiner</th>
<th>Cause Of Death</th>
<th>Cause Of Death Comment</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/06/2019</td>
<td>3000</td>
<td>Female</td>
<td>Before Birth</td>
<td>Yes</td>
<td>Birth defect</td>
<td></td>
<td>Delete</td>
</tr>
<tr>
<td>03/29/2019</td>
<td>2050</td>
<td>Female</td>
<td>During Birth</td>
<td>Yes</td>
<td>Infection</td>
<td></td>
<td>Delete</td>
</tr>
</tbody>
</table>

Note: The screen will display up to four records at a time. Additional records will scroll. Click on the header of any column to sort the records by that column.

• **Step 6.4:** To delete a record, click the *Delete* button in the far right column of the individual row of data. The *Cancel changes* button on the top of the data table will remove all unsaved changes to the table.

<table>
<thead>
<tr>
<th>Date</th>
<th>Birth Weight</th>
<th>Gender</th>
<th>Term of Pregnancy</th>
<th>Reported to Medical Examiner</th>
<th>Cause Of Death</th>
<th>Cause Of Death Comment</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/06/2019</td>
<td>2000</td>
<td>Female</td>
<td>Before Birth</td>
<td>Yes</td>
<td>Birth defect</td>
<td></td>
<td>Delete</td>
</tr>
<tr>
<td>03/26/2019</td>
<td>2050</td>
<td>Female</td>
<td>During Birth</td>
<td>Yes</td>
<td>Infection</td>
<td></td>
<td>Delete</td>
</tr>
</tbody>
</table>

• **Step 7:** Signature - The user name of the person creating the report will display next to Prepared By. The User ID and email of the last person to save edits will appear on the right side of the screen. When data entry is complete, click the *Save and Review Report* button.

<table>
<thead>
<tr>
<th>Date of Submission:</th>
<th>Username:</th>
<th>Title:</th>
<th>Email Address:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

**Signature**

The information presented on this form is true and correct.

Prepared By:  

<table>
<thead>
<tr>
<th>Save</th>
<th>Return to Dashboard</th>
<th>Provider Submission’s Inbox</th>
<th>Save and Review Report</th>
</tr>
</thead>
</table>

**Step 7.1:** If errors are identified or if the report is incomplete, click the *Edit Annual Report* button. If the report is ready to be submitted to the Agency, click *Certify Annual Report*.

**Signature**

The information presented on this form is true and correct.

Prepared By:  

<table>
<thead>
<tr>
<th>Export as PDF</th>
<th>Edit Annual Report</th>
<th>Certify Annual Report</th>
</tr>
</thead>
</table>

**AMCA Form 3130-0040CL, February 2018**

Section 65A-11.019, Florida Administrative Code
2.7 Editing an Existing Report

- **Step 1**: Log into your AHCA Portal account and select Birth Center Annual Reporting System. Your dashboard will be open. The Report Status of an existing report that has not been submitted will show as Pending. Click the *Edit Report* button by the report you wish to edit.

- **Step 2**: The report will open. When the data has been corrected, click the *Save and Review Report* button. If the report is ready to be submitted to the Agency, click the *Certify Annual Report* button.

Note: Reports cannot be edited after submission to the Agency. If a report requires correction after submission to the Agency, please contact hospitals@ahca.myflorida.com.
2.8 Submitting a Report to the Agency

The annual report is a summary of client information from July 1 of the previous year through June 30 of the current year. Completed reports must be received by the Agency no later than July 30 of the current year. A report must be certified as complete by a registered user before it will be considered as received by the Agency.

Step 1: When all of the data for the previous reporting year has been entered and the reporting period has ended (June 30 of each year), the report may be submitted to the Agency. Open the report and click the Save and Review Report button.
Step 2: The read only screen will open. After reviewing the report for accuracy, click the *Edit Current Annual Report* button if changes need to be made. (From this screen, a copy of the report may be generated by clicking the *Export as PDF* button.) Click the *Certify Annual Report* button once the information has been determined accurate and complete.

A pop-up notice will appear verifying the report is ready for submission. Click the *Certify Annual Report* button if data is accurate and complete. Remember, reports cannot be edited after submission to the Agency. If a report requires correction after submission to the Agency, please contact hospitals@ahca.myflorida.com.
Agency for Health Care Administration

**Step 3:** A notice will appear confirming successful submission of the Birth Center Annual Report. Click the *Return to Dashboard* button to view the submission status of the current year’s report.

---

Thank you

You have successfully submitted the Birth Center Annual Report for the current fiscal year.

If you have any questions or concerns about your submission, please contact the Agency’s Hospital and Outpatient Services Unit at (850) 412-4549.

---

**Mail To:**
Agency for Health Care Administration
Hospital and Outpatient Services Unit
2727 Mahan Drive, M.S. #31
Tallahassee, FL 32308

---

The Report Status on the Submission History screen will be updated to Certified. Certified status confirms the report has been received by the Agency.

---

**Dashboard - Registered Providers**

<table>
<thead>
<tr>
<th>Access</th>
<th>Provider Name</th>
<th>File Number</th>
<th>Report Status</th>
<th>Last Updated Report Date</th>
<th>Certified Date</th>
</tr>
</thead>
</table>
2.9 Exporting a Report to PDF or Excel

The BCAR system allows you to export reports in PDF or Excel format.

**Step 1:** Open the desired report and select the Reports tab.

**Step 3:** A pop-up window will open. Choose the desired option by clicking either the Download PDF or Download Excel button.
2.10 Registering Additional Providers

The BCAR system allows users to create, edit and submit reports for multiple providers. Select the Register Additional Providers tab and follow the instructions provided on each screen. Once the additional provider has been identified, click the Start Registration button to register more providers. Note: You will have to log in each time you switch between adding providers and entering data.
3 Contact Us

Agency for Health Care Administration
Hospital and Outpatient Services Unit
2727 Mahan Drive, MS 31
Tallahassee, FL 32308

Telephone: (850) 412-4549

Email: hospitals@ahca.myflorida.com

This document is available on the Agency's Birth Center Licensure webpage: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/birthing.shtml
### Additional Descriptions of Drop-down Lists

<table>
<thead>
<tr>
<th>Maternal Transfer Reasons</th>
<th>Additional Descriptions of Maternal Transfers</th>
<th>Newborn Transfer Reasons</th>
<th>Causes of Death Newborn</th>
<th>Causes of Death Stillborn/Fetal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal labor</td>
<td>Dysfunctional labor, arrest of labor, failure to progress, precipitous/fast, premature, PROM, PPROM, prolonged PROM, SROM</td>
<td>Apgar score four or less at five minutes</td>
<td>Birth defect</td>
<td>Birth defect</td>
</tr>
<tr>
<td>Abnormal presentation</td>
<td>Breech, brow, face, transverse/shoulder</td>
<td>Cleft palate</td>
<td>Fetal pneumonia &amp; pulmonary hypertension</td>
<td>Infection</td>
</tr>
<tr>
<td>Anemia</td>
<td>&lt;10 grams of hemoglobin per 100 milliliters of blood or 30% hematocrit</td>
<td>Convulsions</td>
<td>Infection</td>
<td>Premature</td>
</tr>
<tr>
<td>Augmentation of labor</td>
<td></td>
<td>Major anomaly, birth defect</td>
<td>Obstructed labor</td>
<td>Respiratory distress</td>
</tr>
<tr>
<td>Cervical edema</td>
<td></td>
<td>Meconium aspiration, gasping</td>
<td>Oxygen deprivation</td>
<td>Unknown</td>
</tr>
<tr>
<td>Client risk, noncompliance</td>
<td></td>
<td>Persistent hypothermia</td>
<td>Unknown</td>
<td>Other (free text)</td>
</tr>
<tr>
<td>Client/family request</td>
<td>Requests medication, OB services, hospital services, pain management</td>
<td>Respiratory distress</td>
<td>Other (free text)</td>
<td></td>
</tr>
<tr>
<td>Convulsions</td>
<td></td>
<td>Weight less than 2,000 grams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of an infectious process</td>
<td></td>
<td>Other (free text)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetal demise/decreased fetal movement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetal heart rate</td>
<td>Arrhythmia, acceleration, deceleration, tachycardia, bradycardia, loss of tone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetal weight (large)</td>
<td>Estimated greater than 4,000 grams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetal weight (small)</td>
<td>Estimated less than 2,500 grams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemorrhage</td>
<td>Excessive bleeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intrauterine growth restriction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laceration repair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meconium</td>
<td>Aspiration, fetal distress, stained fluid, thick</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placenta</td>
<td>Abruptio, accreta, previa, retained</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-eclampsia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prolapsed cord</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (free text)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Some commonly reported reasons for transfers (maternal and newborn) and causes of death (newborn and stillborn/fetal) have been grouped for purposes of data collection consistency. Please review the entire drop-down lists and reference this table before selecting “Other” under any data entry field.*