

### **59B-9.031 Definitions.**

(1) ) “Ambulatory Center.” For the purposes of this rule, ~~an~~ “ambulatory center” means a freestanding ambulatory surgical surgery center, a short-term acute care hospital, ~~and an~~ emergency department, or freestanding cardiac catheterization facility.

(2) through (12) No change.

(13) “Cardiac catheterization laboratory” means a freestanding facility as defined in Section 408.07, F.S.

(14) “FDDC” means Florida Discharge Data Collection system. An online portal for all data collection applications including, but not limited to, quarterly data submissions, facility contact information, exemption requests, resubmission requests and certification.

*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-9.013, Amended 10-1-15*

### **59B-9.032 Ambulatory and Emergency Department Data Reporting and Audit Procedures.**

(1) The following entities shall submit patient data reports to the Agency for Health Care Administration (AHCA or Agency):

(a) All licensed short-term acute care hospitals licensed under Chapter 395, F.S.;

(b) All licensed ambulatory surgical centers as defined in Section 395.002(3), F.S.;

(c) All emergency departments licensed under Chapter 395, F.S.;

~~(d) All lithotripsy centers defined in Section 408.07, F.S.;~~

(d) (e) All cardiac catheterization laboratories defined in Section 408.07, F.S.

(2) through (3) No change.

(4) Any Ambulatory Surgical Center (ASC) or cardiac catheterization laboratory receiving 200 or more patient visits during the reporting quarter periods outlined in Rule 59B-9.033, F.A.C., are required to report data as specified in Rules 59B-9.037 and 59B-9.038, F.A.C.

(5) Ambulatory Surgical Centers (ASC) or cardiac catheterization laboratory receiving fewer than 200 patient visits during the reporting quarter periods outlined in Rule 59B-9.033, F.A.C., may request an exemption from a quarter’s quarters reporting requirement. A facility must request an exemption in FDDC and electronically certify that it is accurate, complete and verifiable. Exemption requests may be submitted for each quarter with fewer than 200 visits. To request an exemption, the ASC shall send a letter on facility letterhead stating the number of patient visits for the reporting quarter and signed by the entity’s chief executive officer or director. The exemption letter shall be received at the Agency office in Tallahassee on or prior to the deadline for submission of the quarterly report. This is not a onetime letter, but must be submitted for each quarter with fewer than 200 visits.

(6) No change.

*Rulemaking Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063, 408.07, 408.08, 408.15(11) FS. History—New 1-1-10, Amended 7-1-11, 10-5-11, Formerly 59B-9.011.*

### **59B-9.033 Schedule for Submission of Ambulatory and Emergency Department Patient Data.**

(1) 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) Each data file report covering patient visits ending between January 1 and March 31, inclusive of each year, shall be submitted no later than May June 10 of the calendar year during which the visit occurred. This is considered to be the first quarter, regardless of the facility fiscal year. First quarter data reports must be certified by August 31 of the same calendar year.

(b) Each data file report covering patient visits ending between April 1 and June 30, inclusive of each year, shall be submitted no later than August September 10 of the calendar year during which the visit occurred. This is considered to be the second quarter, regardless of the facility fiscal year. Second quarter data reports must be certified by November 30 of the same calendar year.

(c) Each data file report covering patient visits ending between July 1 and September 30, inclusive of each year, shall be submitted no later than November December 10 of the calendar year during which the visit occurred. This is considered to be the third quarter, regardless of the facility fiscal year. Third quarter reports must be certified by February 28 of the following calendar year.

(d) Each data file report covering patient visits ending between October 1 and December 31, inclusive of each year, shall be submitted no later than February March 10 of the calendar year following the year in which the visit occurred. This is considered to be the fourth quarter, regardless of the facility fiscal year. Fourth quarter data reports must be certified by May 31 of the next

calendar year.

(2) Failure to ~~submit file the data report~~ on or before the certification due date as specified in paragraphs 59B-9.033(1)(a)-(d), F.A.C., and failure to correct a ~~data file report~~ which has been ~~submitted filed~~ but contains errors or deficiencies by the certification deadline is punishable by fine pursuant to Rule 59B-9.036, F.A.C. FDDC will send notification to the facility of pending errors or deficiencies. The agency shall send a notification of errors or deficiencies by electronic mail or fax. Rejected data files 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 1-1-18.*

#### **59B-9.034 Reporting Instructions.**

(1) An ambulatory ~~center~~ Surgical centers shall report data for all ~~non-emergency visits for~~ surgical procedures or services performed in the operating room, ambulatory surgical care, cardiology (cardiac catheterization and percutaneous transluminal coronary angioplasty (PTCA), gastro intestinal, extra-corporeal shock wave treatment (lithotripsy) surgery, and endoscopy corresponding to the following Current Procedural Terminology (CPT) and corresponding HCPCS Codes. A hospital facility ~~For hospitals~~ reporting type of service “1”, ambulatory surgical procedures, shall only include visits where the report CPT codes are in the reportable range defined in paragraphs 59B-9.034(1)(a), and (b), F.A.C., and have ~~having~~ revenue charges for 36XX, 48XX, 49XX, 75XX or 79XX as used in the UB-04. Visits without these revenue charges should not be reported even if the CPT codes are in the reportable range. Type of service “2”, Emergency Room, visits are not restricted to a CPT-~~HCPCS~~ reportable range and should report all procedure codes.

(a) ~~10001 10021~~ through 69999. Including surgery, cardiac catheterization, endoscopy procedures, and lithotripsy revenue associated procedure codes.

(b) through (d) No change.

(2) emergency departments (ED) shall report data for:

(a) No change.

(b) The CPT-~~HCPCS~~ codes representing the services provided as part of the emergency department visit. CPT-~~HCPCS~~ codes are reported in the ‘OTHER CPT-~~HCPCS~~’ fields (1-30) and are not restricted to the CPT-~~HCPCS~~ reportable range defined in paragraph 59B-9.034(1)(a), F.A.C., for an ambulatory ~~surgical~~ center.

(c) through (e) No change.

(3) through (4) No change.

(5) A facility must register through the FDDC portal in order to submit their data file ~~An individual approved by the Agency must submit a zipped XML file by Internet according to the specifications in paragraphs (a) and through (b) (c), below.~~

(a) Internet Transmission. The Internet address for submitting ~~receipt~~ of ambulatory patient data is <https://apps.ahca.myflorida.com/Fddc/>. ~~https://apps.ahca.myflorida.com/patientdata/~~

(b) ~~Data reported for visits occurring before first quarter 2018 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 Data XML Schema (effective 10/01/2015) is incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-08832.~~

(b)(c) Beginning with the third quarter 2022 ~~first quarter 2018~~ data reporting period as defined in paragraph 59B-9.033(1)(c), F.A.C., ambulatory patient data must be submitted using Ambulatory Patient Data XML Schema AS10-5 ~~AS10-3~~, available at: <http://ahca.myflorida.com/xmlschemas/AS10-5.xsd>. ~~http://ahca.myflorida.com/xmlschemas/AS10-3.xsd~~; The Ambulatory patient Data XML AS10-5 ~~AS10-3~~ Schema (~~effective 01/01/2018~~) is incorporated by reference at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>. 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, 1-1-18.*

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

(1) Data submissions for all ambulatory centers must be in compliance with Rules 59B-9.030 through 59B-9.039, F.A.C. The

executive officer, administrator, or authorized designee shall certify the data quarterly as accurate, complete and verifiable by ~~completing the electronic certification in FDDC, completing and signing Ambulatory Certification Form for Ambulatory Patient Data AHCA Form 4200-0007, July 2017, as incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-08834>.~~ The electronic certification ~~The completed certification form~~ attests 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; submitted by facsimile to the Agency's office; or submitted by electronic mail by the certification due date. The Agency will send a certification package to the reporting entity once its data file is complete for certification.~~ Upon receipt of a facility's electronic certification, ~~facilities signed certification form~~, the facility is considered "certified" for the reporting quarter.

(2) 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. A facility will not be penalized for delays caused by the Agency which is documented by the reporting facility to include online reporting system downtime. ~~or delays in receipt of reports from the Agency.~~

(3) Changes or corrections to certified data may be accepted from facilities for a period of twelve (12) months following the quarters begin date. ~~initial submission due date.~~ The Agency may grant approval if it determines that resubmission will significantly impact data quality. The facility executive officer, administrator, or authorized designee must submit an electronic resubmission request in FDDC, provide a signed written request to the Agency to request resubmission. The electronic request must include ~~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 (12) 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 facility ~~Agency~~ must electronically update their facility contact information in FDDC ~~be notified~~ when a change of the facility contact responsible for handling the data submission or the facility CEO or Administrator occurs. Information must include full name, title, applicable phone and fax numbers, and email address.

*Rulemaking Authority 408.15(8) FS. Law Implemented 408.061, 408.08, 408.15(11) FS. History—New 1-1-10, Formerly 59B-9.017, Amended 1-1-18.*

### **59B-9.037 Header Record.**

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

(1) ~~Transaction Code.~~ Enter Q for a calendar quarter report. A required field.

(1) ~~(2)~~ Report Year. Enter the year of the data in the format YYYY.

(2) ~~(3)~~ Report Quarter. Enter the quarter of the data, 1, 2, 3 or 4, where 1 corresponds to the first quarter of the calendar year, 2 corresponds to the second quarter of the calendar year, 3 corresponds to the third quarter of the calendar year, and 4 corresponds to the fourth quarter of the calendar year.

(3) ~~(4)~~ Data Type. Enter AS10-5 ~~AS10-3~~ for ambulatory data and emergency department data. A required entry.

(4) ~~(5)~~ Submission Type. Enter I or R where I indicates an initial submission of a data file or resubmission of a data file prior to certification and R indicates a replacement submission of previously certified patient data where resubmission has been requested or authorized by the Agency. A required entry.

(5) ~~(6)~~ Processing Date. Enter the date that the data file was created in the format YYYY-MM-DD where MM represents numbered months of the year from 1 to 12, DD represents numbered days of the month from 1 to 31, and YYYY represents the year in four digits.

(6) ~~(7)~~ AHCA Facility Number. Enter the identification number of the ambulatory center as assigned by the Agency for reporting purposes. A valid identification number must be between contain at least one (1) digit eight digits and no more than eight ~~(8) 10~~ digits. A required entry.

(7) ~~(8)~~ Medicare Number. Enter the Medicare number of the facility as assigned by Centers for Medicare & Medicaid Services (CMS). A valid identification number must contain seven (7) numeric digits. A required entry field.

(8) ~~(9)~~ Organization Name. Enter the name of the ambulatory center that performed the ambulatory services represented by the

data, and which is responsible for reporting the data. All questions regarding data accuracy and integrity will be referred to this entity. Up to a forty character field.

~~(10) Contact Person Name. Enter the name of the contact person at the ambulatory center. Submit name in the Last, First format. Up to a twenty five character field.~~

~~(11) Contact Person Telephone Number. The area code, business telephone number, and if applicable, extension for the contact person. Enter the contact person telephone number in the numeric format (AAA)XXX XXXX EEEEE where AAA is the area code, and EEEEE is the extension. Blank fill if no extension.~~

~~(12) Contact Person Email Address. The email address of the contact person.~~

~~(13) Contact Person Street or P.O. Box Address. Enter the Street or Post Office Box address of the contact person. Up to a forty character field.~~

~~(14) Mailing Address City. Enter the city of the address of the contact person. Up to a twenty five character field.~~

~~(15) Mailing Address State. Enter the state of the address of the contact person using the U.S. Postal Service state abbreviation in the format XX. Use the abbreviation FL for Florida.~~

~~(16) Mailing Address Zip Code. Enter the numeric zip code of the address of the contact person in the format XXXXX XXXX. Blank fill if no extension.~~

*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, 1-1-18.*

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

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 for reporting purposes. The number must match the facility number recorded on the header record. A valid identification number must be between contain at least one (1) digit eight ~~digits~~ and no more than eight (8) 40 digits. A required entry.

(2) through (17) No change.

(18) Attending Practitioner Identification Number. The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor or advanced practice registered nurse who had primary responsibility for the patient's care during the visit. An alpha-numeric field of up to thirteen 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 practice registered nurse. A required entry.

(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 practice registered nurse 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 thirteen eleven characters, alpha characters must be in upper case. For military physicians not licensed in Florida, use US999999999. A required entry. A blank or no entry is permitted if a principal procedure is not reported.

(21) No change.

(22) Other Operating or Performing Practitioner Identification Number. The Florida license number of a different operating or performing practitioner. Report a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor or advanced practice registered nurse who rendered care to the patient other than the person reported in paragraph (18) or (20), above. An alpha-numeric field of up to thirteen eleven characters, alpha characters must be in upper case. For military physicians not licensed in Florida, use US999999999. A blank or no entry is permitted.

(23) through (47) 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, 1-1-18.*