

59E-7.012 Inpatient Data Reporting Instructions.

A facility must register through the FDDC portal in order to submit their data file ~~All hospitals reporting their inpatient discharge data shall submit a zipped inpatient discharge data file by Internet~~ according to the specifications in subsections (1) through (2) ~~(3)~~.

(1) The Internet address for ~~submitting the receipt of~~ inpatient data is <https://apps.ahca.myflorida.com/Fddc/.https://apps.ahca.myflorida.com/patientdata/>.

~~(2) Data reported for visits occurring before first quarter 2018 to the Internet address shall be electronically transmitted with the zipped inpatient data in a XML file using the Inpatient Data XML PD 10 3 Schema available at: http://ahca.myflorida.com/xmlschemas/PD10 3.xsd. The Inpatient Data XML PD 10 3 Schema (effective 10/01/2015) is incorporated by reference at http://www.flrules.org/Gateway/reference.asp?No=Ref 05412.~~

~~(2)(3) Beginning with the third quarter 2022 first quarter 2018 data reporting period as defined in paragraph 59E-7.023(1)(c), F.A.C., inpatient patient data must be submitted using the Inpatient Data XML PD10-5 PD 10 4 Schema available at: http://ahca.myflorida.com/xmlschemas/PD10-5.xsd. http://ahca.myflorida.com/xmlschemas/PD10 4.xsd. The Inpatient Data XML PD10-5 PD 10 4 Schema (effective 01/01/2018) is incorporated by reference at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX.~~

(4) No change.

Rulemaking Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 12-15-96, Amended 1-4-00, 7-11-01, 7-12-05, 5-22-07, 1-1-10, 10-1-15, 1-1-18.

59E-7.021 Definitions.

(1) through (10) No change.

(11) “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 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History—New 1-1-10, Amended 12-5-10, Formerly 59E-7.011, Amended 10-1-15, 1-1-18.

59E-7.023 Schedule for Submission of Inpatient Data and Extensions.

(1) All hospitals reporting their inpatient discharge data shall report according to the following schedule:

(a) Each ~~data file report~~ submitted for the 1st quarter covering inpatient discharges occurring between January 1 and March 31, inclusive, of each year, shall be submitted no later than June 1 of the calendar year during which the discharge occurred. This is considered to be the first quarter, regardless of the hospital’s fiscal year. First quarter ~~data reports~~ must be certified by August 31 of the same calendar year.

(b) Each ~~data file report~~ submitted for the 2nd quarter covering inpatient discharges occurring between April 1 and June 30, inclusive, of each year, shall be submitted no later than September 1 of the calendar year during which the discharge occurred. This is considered to be the second quarter, regardless of the hospital’s fiscal year. Second quarter ~~data reports~~ must be certified by November 30 of the same calendar year.

(c) Each ~~data file report~~ submitted for the 3rd quarter covering inpatient discharges occurring between July 1 and September 30, inclusive, of each year, shall be submitted no later than December 1 of the calendar year during which the discharge occurred. This is considered to be the third quarter, regardless of the hospital’s fiscal year. Third quarter ~~data reports~~ must be certified by February 28 of the following calendar year.

(d) Each ~~data file report~~ submitted for the 4th quarter covering inpatient discharges occurring between October 1 and December 31, inclusive, of each year, shall be submitted no later than March 1 of the calendar year following the year in which the discharge occurred. This is considered to be the fourth quarter, regardless of the hospital’s 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 59E-7.023(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 59E-7.026, 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, 408.062, 408.063, 408.05, 408.07(2), 408.15(11) FS. History--New 1-1-10, Formerly 59E-7.012, Amended 1-1-18.

59E-7.025 Certification, Audits and Resubmission Procedures.

(1) Data submissions for all hospitals must be in compliance with Rules 59E-7.012 and 59E-7.021 through 59E-7.030, 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~~ ~~completing and signing IP Certification Form for Inpatient Patient Data, AHCA Form 4200-002, July 2017, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref_08831~~. The electronic certification ~~The completed certification form~~ attests the inpatient 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 facility, ~~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; or by facsimile to the Agency's office; or a scanned certification submitted by electronic mail by the certification due date. The Agency will send a certification package to the reporting entity once their 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) Hospitals whose data is not certified within five (5) calendar months following the last day of the reporting quarter shall be subject to penalties pursuant to Rule 59E-7.026, 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 hospital data may be accepted from hospitals for a period of twelve (12) months following the 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 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 hospital's data after this twelve-month period shall be subject to penalties pursuant to Rule 59E-7.026, 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, 408.062, 408.063, 408.15(11), 408.08(1)(2) FS. History--New 1-1-10, Formerly 59E-7.012, Amended 1-1-18.

59E-7.027 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.~~
- ~~(2) through (3) renumbered (1) through (2)~~
- ~~(3)(4) Data Type. Enter PD10-5 PD10-4 for Inpatient Data. A required field.~~
- ~~(5) through (6) renumbered (4) through (5)~~
- ~~(6)(7) AHCA Facility Number. Enter the identification number of the facility as assigned by the Agency for reporting purposes. A valid identification number must be between contain at least one (1) digit eight (8) digits and no more than eight (8) ten (10) digits. A required field.~~
- ~~(8) renumbered (7)~~
- ~~(9) Organization Name. Enter the name of the hospital from which the patient was discharged, 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. A required field.~~
- ~~(10) Contact Person Name. Enter the name of the contact person for the hospital. Submit name in the Last, First format. Up to a~~

twenty five character field. A required field.

~~(11) Contact Phone Number. The area code, business telephone number, and if applicable, extension for the contact person. Enter the contact person's telephone number in the numeric format (AAA)XXXXXXXXXXXX where AAA is the area code, XXXXXXXX represents the seven (7) digit phone number and EEEE represents the extension. Zero fill if no extension. A required field.~~

~~(12) Contact Person Email Address. Enter 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's mailing address. Up to a forty character field. A required field.~~

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

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

~~(16) Mailing Address Zip Code. Enter the numeric zip code of the contact person's address in the format XXXXX XXXX.~~

Rulemaking Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History--New 1-1-10, Formerly 59E-7.014, Amended 10-1-15, 1-1-18.

59E-7.028 Inpatient Data Elements, Codes and Standards.

All hospitals submitting data in compliance with rules 59E-7.012 and 59E-7.021 through 59E-7.030, F.A.C., shall report the required data elements and data element codes listed below as stipulated by the Agency.

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

(2) through (26) No change.

(27) 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 medical care and treatment or who certified as to the medical necessity of the services rendered. For military physicians not licensed in Florida, use US999999999. An alpha-numeric field of up to fifteen eleven characters. A required entry. Alpha characters must be in upper case.

(28) No change.

(29) 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. For military physicians not licensed in Florida, use US999999999. No entry is permitted if no principal procedure is reported. An alpha-numeric field of up to fifteen characters. Alpha characters must be in upper case.

(30) No change.

(31) Other Operating or Performing Practitioner Identification Number. The Florida license number of a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor or advanced practice registered nurse who assisted the operating or performing practitioner or performed a secondary procedure. The other operating or performing practitioner must not be reported as the operating or performing practitioner. The other operating or performing practitioner may be the attending practitioner. For military physicians not licensed in Florida, use US999999999. No entry is permitted consistent with the records of the reporting entity. An alpha-numeric field of up to fifteen characters. Alpha characters must be in upper case.

(32) through (66) No change.

Rulemaking Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History--New 1-1-10, Amended 12-5-10, Formerly 59E-7.014, Amended 10-1-15, 1-1-18.