

Section I

Notices of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF INSURANCE

RULE TITLE: Annual and Quarterly Reporting Requirements **RULE NO.:** 4-137.001

PURPOSE AND EFFECT: To adopt, by incorporation by reference, the National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual, effective January 1, 2001.

SUBJECT AREA TO BE ADDRESSED: Any additional rule changes.

SPECIFIC AUTHORITY: 624.308(1) FS.

LAW IMPLEMENTED: 624.307(1), 624.424(1) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE, AND PLACE SHOWN BELOW:

TIME AND DATE: 9:00 a.m., January 3, 2001

PLACE: Room 143, Larson Building, 200 East Gaines Street, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Kerry Krantz, Insurer Services, L & H Insurer Solvency, Department of Insurance, 200 East Gaines Street, Tallahassee, FL 32399-0333, phone number (850)922-3153, Ext. 5038

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Department at least 5 calendar days before the program by contacting Yvonne White at (850)922-3110, Ext. 4214.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

DEPARTMENT OF COMMUNITY AFFAIRS

Florida Coastal Management Program

RULE CHAPTER TITLE: Administration and Procedure **RULE CHAPTER NO.:** 9M-1

RULE TITLES:	RULE NOS.:
Policy	9M-1.002
Definitions	9M-1.003
Application Procedures	9M-1.004
Limitations on the Use of Subgrant Funds	9M-1.0045
Preliminary Approval	9M-1.005
Review Procedures and Criteria	9M-1.007
Table of Eligible Counties and Cities	9M-1.009

PURPOSE AND EFFECT: The purpose of these revisions is to clarify the Florida Coastal Management Program competitive subgrant application process and to improve the overall

operation of the competitive award program. Certain rule sections and definitions are repealed or deleted. Specific application information and format are identified; categories of assistance and categories of project proposal types are listed; and application submission deadlines are specified. The process of preliminary approval is clarified. All review procedures, review criteria, and point scoring are enumerated. Minor clerical changes are also made. The effect of these changes will be to clarify the competitive award process and provide greater certainty to applicants in terms of information requirements and scoring criteria.

SUBJECT AREA TO BE ADDRESSED: Florida Coastal Management Program competitive subgrant award program.

SPECIFIC AUTHORITY: 380.22 FS.

LAW IMPLEMENTED: 380.22 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 10:00 a.m., Eastern Standard Time, January 3, 2001

PLACE: Room 320Q, The Sadowski Building, 2555 Shumard Oak Boulevard, Tallahassee, FL

Any person requiring special accommodation at the workshop because of a disability or physical impairment should contact Christine McCay, Florida Coastal Management Program, 2555 Shumard Oak Boulevard, Tallahassee, FL 32399-2100, (850)414-6562, Suncom 994-6562, at least seven days before the date of the hearing. If you are hearing or speech impaired, please contact the Department of Community Affairs using the Florida Dual Party Relay System which can be reached at 1(800)955-8770 (Voice) or 1(800)955-9771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Christine McCay, Environmental Administrator, Florida Coastal Management Program, 2555 Shumard Oak Boulevard, Tallahassee, FL 32399-2100, (850)414-6562, Suncom 994-6562.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

DEPARTMENT OF REVENUE

Division of Ad Valorem Tax

RULE TITLE: Establishment of Market Areas; Market Area Codes **RULE NO.:** 12D-8.0082

PURPOSE AND EFFECT: The purpose of the creation of proposed Rule 12D-8.0082, F.A.C., is to review considerations appropriate for inclusion in market area guidelines, including best practices from other states and industry standards such as the International Association of Assessing Officers's (IAAO's)

standards. Begin to develop uniform market area guidelines that establish criteria for the identification of market areas by county property appraisers for preparation of the real property assessment roll under s. 193.114, F.S. These guidelines are being developed for adoption under the procedures set forth in section 120.54, F.S., and will be adopted as rules.

SUBJECT AREA TO BE ADDRESSED: Market area guidelines.

SPECIFIC AUTHORITY: 195.027(1), 213.06(1) FS.

LAW IMPLEMENTED: 193.114, 193.1142, 213.05 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 1:30 p.m., January 4, 2001

PLACE: Orlando Public Library, Oak Room, 101 E. Central Blvd., Orlando, Florida

Copies of the agenda for the workshop may be obtained from Sharon Gallops, Tax Law Specialist, Department of Revenue, Technical Assistance and Dispute Resolution, P. O. Box 7443, Tallahassee, Florida 32314-7443, telephone (850)414-6108.

Persons needing an accommodation to participate in any proceeding before the Technical Assistance and Dispute Resolution Office should call (850)488-8026 (Voice) or 1(800)367-8331 (TDD), at least five working days before such proceeding.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Sharon Gallops, Tax Law Specialist, Department of Revenue, Technical Assistance and Dispute Resolution, P. O. Box 7443, Tallahassee, Florida 32314-7443, telephone (850)414-6108

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

PUBLIC SERVICE COMMISSION

UNDOCKETED

RULE TITLE: Location of Pay Telephones

RULE NO.: 25-24.517

PURPOSE AND EFFECT: The purpose is to adopt a rule that establishes criteria for the location of pay telephones for the general public's use. The effect is to reduce the incidences of pay telephones being installed in unlawful areas or without the appropriate permission.

SUBJECT AREA TO BE ADDRESSED: Location of pay telephones.

SPECIFIC AUTHORITY: 350.127(2) FS.

LAW IMPLEMENTED: 364.19 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE, AND PLACE SHOWN BELOW:

TIME AND DATE: 9:30 a.m., Wednesday, January 10, 2001

PLACE: Betty Easley Conference Center, Room 152, 4075 Esplanade Way, Tallahassee, Florida

Any person requiring some accommodation at this workshop because of a physical impairment should call the Division of Records and Reporting, (850)413-6770, at least 48 hours prior

to the hearing. Any person who is hearing or speech impaired should contact the Florida Public Service Commission by using the Florida Relay Service, which can be reached at 1(800)955-8771 (TDD).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Rick Moses, Division of Competitive Services, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0862, (850)413-6582

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF CORRECTIONS

RULE TITLE: Public Information and Inspection of Records

RULE NO.: 33-102.101

PURPOSE AND EFFECT: The purpose of the proposed rule is to clarify procedures relating to the production of public information and inspection of records. The effect is to provide relevant forms relating to the copying of public records.

SUBJECT AREA TO BE ADDRESSED: Public Information and Inspection of Records.

SPECIFIC AUTHORITY: 120.53 FS.

LAW IMPLEMENTED: 119.07, 120.53 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY:

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Giselle Lylen Rivera, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-102.101 Public Information and Inspection of Records. (1) through (4) No change.

(5) When copies requested pursuant to this rule are available to be picked up or for mailing, the requestor shall be notified of the costs of reproduction as specified in subsections (2) and (3) on an Invoice for Production of Records, Form DC1-201. Form DC1-201 shall also indicate if any information is redacted from the copies provided as required by state law. Form DC1-201 is hereby incorporated by reference. Copies of this form are available from the Forms Control Administrator, Office of the General Counsel, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500. The effective date of Form DC1-201 is _____.

Specific Authority 120.53 FS. Law Implemented 119.07, 120.53 FS. History-- New 10-8-76, Formerly 33-1.04, Amended 2-24-81, 6-9-86, 2-9-88, Formerly 33-1.004, Amended _____.

DEPARTMENT OF CORRECTIONS

RULE TITLE: Control of Contraband
 RULE NO.: 33-602.203

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to clarify procedures relating to obtaining forms and procedures relating to cash contained in mail.

SUBJECT AREA TO BE ADDRESSED: Control of Contraband.

SPECIFIC AUTHORITY: 944.09, 945.215 FS.

LAW IMPLEMENTED: 944.47, 945.215 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY:

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Giselle Lylen Rivera, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-602.203 Control of Contraband.

(1) through (6) No change.

(7) Disposition of Contraband.

(a) Those contraband items retained for use in disciplinary hearings as evidence will be stored until such time as the warden or his designee approves of their being destroyed or disposed of. A secure area within the institution will be designated as the storage area for all contraband items. A Contraband Log, Form DC6-219, will be utilized to document the storage of contraband items. Form DC6-219 is hereby incorporated by reference. Copies of this form may be obtained from the Forms Control Administrator, Office of the General Counsel, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500. ~~Requests for copies to be mailed must be accompanied by a self-addressed stamped envelope.~~ The effective date of this form is March 2, 2000.

(b) through (d) No change.

(e) If items of contraband are detected in the mail, that are not of any illegal nature (other than cash concealed within mail), the institution finding the contraband will provide the sender and addressee a receipt for the property in accordance with department rules relating to mail procedures (33-602.401, Routine Mail; 33-602.402, Legal Documents and Legal Mail; and 33-602.403, Privileged Mail).

(f) If cash found in any mail is not in plain view, it will be considered contraband and deposited in the inmate welfare trust fund.

(8)(a) All cells, lockers, dormitories and other areas of an institution may be searched in a reasonable manner at any time. A copy of Form DC6-220, Inmate Impounded Personal Property List, shall be given for any property taken in such a

search if the inmate acknowledges possession or if the property was taken from an area occupied by the inmate or under his control. The inmate's acceptance of his copy of Form DC6-220 shall not constitute admission of possession of contraband. Form DC6-220 is hereby incorporated by reference. Copies of the form are available from the Forms Control Administrator, Office of the General Counsel, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500. ~~Requests for copies to be mailed must be accompanied by a self-addressed stamped envelope.~~ The effective date of this form is March 2, 2000.

(b) No change.

Specific Authority 944.09, 945.215 FS. Law Implemented 944.47, 945.215 FS. History—New 10-8-76, Amended 2-24-81, 4-18-82, 8-13-84, 2-13-85, 6-2-85, Formerly 33-3.06, Amended 2-9-87, 11-3-87, 8-14-90, 11-22-91, 1-06-94, 5-28-96, 10-26-97, Formerly 33-3.006, Amended 3-2-00, _____.

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE TITLE: Permit Processing Fee
 RULE NO.: 40D-1.607

PURPOSE AND EFFECT: The purpose and effect of the proposed rule amendment is to delete an exemption from the District's permit application fee rule.

SUBJECT AREA TO BE ADDRESSED: The proposed rule amendment will repeal an exemption for certain environmental resource permits from the District's permit application fee rule.

SPECIFIC AUTHORITY: 373.044, 373.113, 373.149, 373.171 FS.

LAW IMPLEMENTED: 373.109, 373.421(2) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Karen E. West, Deputy General Counsel, Office of General Counsel, 2379 Broad Street, Brooksville, FL 34609-6899, (352)796-7211, Extension 4651

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

40D-1.607 Permit Processing Fee.

A permit application processing fee is required and shall be paid to the District when certain applications are filed pursuant to District rules. These fees are assessed in order to defray the cost of evaluating, processing, advertising, mailing, compliance monitoring and inspection, required in connection with consideration of such applications. Fees are non-refundable in whole or part unless the activity for which an application is filed is determined by the District to be exempt or the fee submitted is determined by the District to be incorrect. Failure to pay the application fees established herein

is grounds for the denial of an application or revocation of a permit. The District's permit application processing fees are as follows:

(1) through (2) No change.

(3) The following types of applications are exempt from the fees identified in subsection (1):

(a) through (f) No change.

~~(g) "PORTIONS OF PROJECT: Chapter 40D-4 or 40 Individual or General Construction Permit for a portion of a project for which a Conceptual Permit application has been previously filed that does not require any additional treatment, attenuation, or wetland impacts on site.~~

(4) through (12) No change.

Specific Authority 373.044, 373.113, 373.149, 373.171 FS. Law Implemented 373.109, 373.421(2) FS. History-Readopted 10-5-74, Amended 12-31-74, 10-24-76, 7-21-77, Formerly 16J-0.111, Amended 10-1-88, 1-22-90, 12-27-90, 11-16-92, 1-11-93, 3-23-94, Formerly 40D-0.201, Amended 12-22-94, 10-19-95, 3-31-96, 7-23-96, 10-16-96, 10-26-00, _____.

AGENCY FOR HEALTH CARE ADMINISTRATION

State Center for Health Statistics

RULE TITLES:	RULE NOS.:
Submission of Ambulatory Patient Data	59B-9.011
Definitions	59B-9.013
Reporting Instructions	59B-9.015
Notice of Reporting Deficiencies and Response	59B-9.016
Certification and Audit Procedures	59B-9.017
Ambulatory Patient Data Format –	
Data Elements and Codes	59B-9.018
Ambulatory Patient Data Format – Record Layout	59B-9.019
Data Standards	59B-9.020
Manual Submission of Data	59B-9.021

PURPOSE AND EFFECT: The proposed rule amendments eliminate report requirements for small ambulatory centers with fewer than 300 patient visits per quarter, and the manual report option is eliminated for ambulatory centers having fewer than 300 patient visits per quarter.

The proposed rule amendments require that unlicensed facilities report separately for each separate location. Multi-facility tapes will no longer be accepted.

The proposed rule amendments limit ambulatory surgical visits to be reported to those visits in which any of the surgical services are performed by a physician. The proposed rule amendments clarify that patient visits in which the patient is transferred to inpatient care shall not be reported as an ambulatory visit unless the patient is transferred to another facility.

The proposed rule amendments eliminate data tapes as a reporting media as of January 1, 2002. The proposed rule amendments add the option for the agency to use electronic mail to send error reports to ambulatory centers. The proposed rule amendments add the option for ambulatory centers to use electronic mail and an agency authorized digital signature to submit certification of data to the agency.

The proposed rule amendments require that the agency use consistent standards and procedures in the performance of ambulatory center audits. The proposed rule amendments limit desk and field audits of data to 36 months from the initial submission of data, and require that ambulatory centers correct any errors and certify the data, or verify the correctness of the data previously submitted and certified within 90 days of receipt of notice of audit findings.

The proposed rule amendments will add the categories, Children's Medical Services, Healthy Kids, and MediKids to the data field, principal payer, starting with ambulatory visits occurring on or after January 1, 2002. The proposed rule amendments will add an unknown category to the data field, patient sex. The proposed rule amendments change the data element, patient status, from an optional to a required data element and add two hospice categories starting with ambulatory visits occurring on or after January 1, 2002. The proposed rule amendments define other race and unknown race categories. The proposed rule amendments change the data element, referring or ordering physician ID # to attending physician ID #. The proposed rule amendments change the data elements, referring or ordering physician UPIN # and operating or performing physician UPIN # to a blank field. The proposed rule amendments change the zip code designation for homeless patients from 22222 to 00007.

The proposed rule amendments eliminate the edit standard for unknown social security number, unknown or invalid zip codes, and unknown referring physician. The proposed rule amendments add a code for reporting attending physicians in the U.S. military that do not have a Florida license number.

SUBJECT AREA TO BE ADDRESSED: The agency is developing amendments to rule 59B-9.011 that will require unlicensed facilities to submit a separate report for each separate location and will eliminate report requirements for small ambulatory centers with fewer than 300 patient visits per quarter. The agency is proposing amendments to rule 59B-9.017 that will limit a desk or field audit of a patient data report to 36 months from initial submission of the report. The agency is proposing amendments to rule 59B-9.015 that limit ambulatory surgical visits to be reported to those visits in which any of the surgical services are performed by a physician. The agency is developing amendments to rules 59B-9.013, 59B-9.015 and rules 59B-9.018 through rules 59B-9.020 that will modify definitions, change the data element, patient status, from an optional to a required data element, add data element categories, modify definitions of data elements and data elements categories, modify data standards, and modify the media to be used to report patient data. Rule 59B-9.021 is repealed.

SPECIFIC AUTHORITY: 408.15(8) FS.

LAW IMPLEMENTED: 408.061, 408.062, 408.063, 408.15(11) FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 1:00 p.m., January 9, 2001

PLACE: Baptist Hospital of Miami, Third Floor Auditorium of South Building, 8900 North Kendall Drive, Miami, Florida 33176

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Jerry Mayer, Director, Information Technology, Building 3, 2727 Mahan Drive, Tallahassee, Florida 32308

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59B-9.011 Submission of Ambulatory Patient Data.

(1) through (2) No change.

(3) Each facility ~~and provider~~ in (1)(a) above shall submit a separate report for each location per 59A-3.203, F.A.C. Each facility in (1)(b) above shall submit a separate report for each location per 59A-5.003, F.A.C. Each facility or provider in (1)(c), (1)(d) or (1)(e) above shall submit a separate report for each separate location separately, as set forth in Rules 59B-9.018 and 59B-9.019, F.A.C., except that a group practice or entity may submit one report. Multi-facility tapes may be submitted provided all records are identifiable to an entity and there is a listing attached that identifies entities, their AHCA number and a contact person.

(4) No change.

(5) Any ambulatory center which has a total of 300 ~~200~~ or more patient visits per Rule 59B-9.014, F.A.C., for the reporting period is required to report data as set forth in Rules 59B-9.018 and 59B-9.019, F.A.C.

(6) through (7) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063, 408.07, ~~408.08~~ FS. History—New 9-6-93, Formerly 59B-7.011, Amended 6-29-95, 12-28-98,_____.

59B-9.013 Definitions.

(1) through (3) No change.

(4) "Inpatient" means a patient who has an admission order given by a licensed physician or other individual who has been granted admitting privileges by the hospital. Inpatient shall include obstetric patients who give birth. Observation patients are excluded unless they are admitted. "Premises" means those buildings, beds and equipment located at the address of the licensed facility and all other buildings, beds, and equipment for the provision of hospital or ambulatory surgical care located in such reasonable proximity to the address of the licensed facility as to appear to the public to be under the dominion and control of the licensee.

(5) through (6) No change.

(7) "Attending Referring or Ordering Physician" means a licensed physician ~~who would be expected to certify and re-certify the medical necessity of the services rendered or who has is the primary responsibility care giver~~ for the patient's

medical care and treatment or who certifies as to the medical necessity of the services rendered. The attending physician may be the referring physician or the operating or performing physician.

(8) "Operating or Performing Physician" means a licensed physician who has primary responsibility for the surgery or procedure performed ~~physically performs the out-patient procedure or who supervises the other medical professionals performing such procedures.~~

(9) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063, 395.002 FS. History—New 9-6-93, Formerly 59B-7.013, Amended 6-29-95, 12-28-98,_____.

59B-9.015 Reporting Instructions.

(1) No change.

(2) Ambulatory centers shall report data for all non-emergency room ambulatory or outpatient visits in which the following services are provided:

(a) Surgery services performed by a physician to which the following Current Procedural Terminology (CPT) codes are assigned: CPT codes 10000 through 69999 and 93500 through 93599. Codes must be valid in the current or the immediately preceding year's code book to be accepted.

(b) No change.

(3) Ambulatory centers shall report one record for each patient per visit, excluding records of any patient visit in which the patient was transferred to inpatient care and admitted unless the patient was transferred to another facility. If more than one visit for the same patient occurs on the same date, report one record which includes all required data for all visits of that patient to the ambulatory center occurring on that date. If more than one visit occurs on different dates by the same patient, report one record for each date of visit, unless the dates of visits are directly associated to the service. See 59B-9.013(5), F.A.C.

(4) No change.

(5) Beginning with the report of patient visits occurring between January 1 and March 31, 2000, inclusive, and thereafter, ambulatory centers shall submit ambulatory patient data reports to the agency using one of the following methods described in (a) or in (b) below except that on or after January 1, 2002, data tapes must not be used:

(6) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 9-6-93, Formerly 59B-7.015, Amended 6-29-95, 12-28-98, 1-4-00,_____.

59B-9.016 Notice of Reporting Deficiencies and Response.

(1) No change.

(2) Written notification shall be provided by certified mail, electronic mail, or FAX to an ambulatory center in the event the staff determines the data is incomplete or nonconforming.

The notice shall clearly indicate the deficiencies found, and the time by which a corrected or modified report must be received in the agency's office.

(3) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.006(5), 408.061 FS. History--New 9-6-93, Formerly 59B-7.016, Amended 6-29-95, _____.

59B-9.017 Certification and Audit Procedures.

(1) All ambulatory centers submitting data in compliance with Rules 59B-9.010 through 59B-9.022, F.A.C., shall certify that the data submitted for each reporting period is accurate. These certification pages are sent by the agency to the reporting entity with summary reports generated by the agency using submitted data. The certification shall be submitted to the agency's office at the address in (3) below using the Certification of Ambulatory Patient Data Form described in (3) below or the Certification of Ambulatory Patient Data Form shall be submitted by electronic mail to SCHSdata@fdhc.state.fl.us using an agency authorized electronic signature.

(2) through (3) No change.

(4) The agency shall to the extent practical, apply the same audit standards and use the same audit procedures for all ambulatory centers or audit a random sample of ambulatory centers. The agency will notify each ambulatory center of any possible errors discovered by audit and request that the ambulatory center either correct the data or verify that the data is complete and correct. The notice shall indicate that the ambulatory center must return corrected data if there are errors and certify the data within ninety (90) days of receipt of the notice, or the ambulatory center Chief Executive Officer must verify by signature that the previously submitted and certified data is complete and correct within ninety (90) days of receipt of the notice. The notice shall clearly indicate that the ambulatory center may be subject to penalties pursuant to Rule 59B-9.022. The agency shall not conduct a desk audit or a field audit of an ambulatory data more than thirty-six (36) months following the initial submission of data.

Specific Authority 408.15(8) FS. Law Implemented ~~408.006(5)~~, 408.061, 408.08(1), 408.08(5), 408.15(11) FS. History--New 9-6-93, Formerly 59B-7.017, Amended 6-29-95, _____.

59B-9.018 Ambulatory Patient Data ~~Tape/Diskette~~ Format – Data Elements and Codes.

(1) No change.

(2)(a) through (c) No change.

(d) Patient Racial Background A one + digit code as follows:

- 1 – American Indian/Eskimo/Aleut
- 2 – Asian or Pacific Islander
- 3 – Black
- 4 – White
- 5 – White Hispanic
- 6 – Black Hispanic

7 – Other (Use if patient is not described by above categories.)

8 – No Response (Use if patient refuses to disclose.)

(e) No change.

(f) Patient Sex A one + digit code as follows:

1 – Male

2 – Female

3 – Unknown (Use if unknown due to medical condition.)

(g) Patient Zip Code A five ~~5~~ digit zip code of the patient's permanent address: XXXXX

(h) No change.

(i) Principal Payer Code A one + character field as follows:

A – Medicare

B – Medicare HMO

C – Medicaid

D – Medicaid HMO

E – Commercial Insurance

F – Commercial HMO

G – Commercial PPO

H – Workers' Compensation

I – ~~CHAMPUS~~ Champus

J – VA

K – Other State/Local Govt

L – Self Pay (No third party coverage)

M – Other

N – Charity

O – Children's Medical Services (Required for ambulatory visits occurring on or after January 1, 2002.)

P – Healthy Kids (Required for ambulatory visits occurring on or after January 1, 2002.)

Q – MediKids (Required for ambulatory visits occurring on or after January 1, 2002.)

(j) through (ggg) No change.

(hhh) ~~Attending Referring or Ordering~~ Attending Referring or Ordering Physician ID # Enter the Florida license number of the attending referring/ordering physician, beginning with "FL". An eleven character alpha-numeric field (e.g. FLME1234567). If out-of-state physician, fill with the physician's state two letter abbreviation and 9's (e.g. NY999999999 for a physician from New York). For non-U.S. physicians (a physician licensed and practicing in another country and not licensed in the U.S.), fill with "XX" and 9's (e.g. XX999999999). For military physicians not licensed in Florida, fill with "US" and 9's (e.g. US999999999).

(iii) ~~Blank Field Referring or Ordering Physician UPIN # (Optional) Enter the UPIN number of the referring/ordering physician.~~ Blank Field Referring or Ordering Physician UPIN # (Optional) Enter the UPIN number of the referring/ordering physician. A six character alpha-numeric field to be left blank.

(jjj) No change.

(kkk) ~~Blank Field Operating or Performing Physician UPIN # (Optional) A six character alpha-numeric field to be left blank.~~ Blank Field Operating or Performing Physician UPIN # (Optional) A six character alpha-numeric field to be left blank.

(lll) through (zzz) No change.

(aaaa) Patient Status (~~Optional~~) Required for ambulatory visits occurring on or after January 1, 2002. A two digit code indicating patient disposition as follows:

- 01 Home
- 02 To a short-term general hospital
- 03 To a skilled nursing facility
- 04 To an intermediate care facility
- 05 To another institution
- 06 Home under care of home health care organization
- 07 Left this facility against medical advice (AMA)
- 08 Home on IV medications
- 20 Expired
- 50 Hospice – home
- 51 Hospice – medical facility

(bbbb) through (cccc) No change.

(3) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History–New 9-6-93, Formerly 59B-7.018, Amended 6-29-95, 12-28-98, _____.

59B-9.019 Ambulatory Patient Data ~~Tape/Diskette~~ Format – Record Layout.

"Type" means (A)lpha or (N)umeric or combination field. "Justification" is either (R)ight or (L)eft. The data elements for each ambulatory patient data record must have a logical record length of 400 characters with the following record layout:

- (1) No change.
- (2)(a) through (ggg) No change.
- (hhh) ATTENDING PHYSICIAN REFERRING OR ORDERING PHYS. ID # A/N L 11 214-224
- (iii) BLANK FIELD REFERRING OR ORDERING PHYS. UPIN # A/N L 6 225-230
- (jjj) No change.
- (kkk) BLANK FIELD PERFORMING PHYS. UPIN # A/N L 6 242-247
- (lll) through (cccc) No change.
- (3) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History–New 9-6-93, Formerly 59B-7.019, Amended 6-29-95, 12-28-98, _____.

59B-9.020 Data Standards.

- (1) through (2) No change.
- (3) The Social Security Number (SSN) is a 9 digit required field required for all patients having who have had SSNs assigned. (~~E.g., those not having SSNs may include newborns up to 2 years of age or very old patients who may not have ever had one assigned.~~) Social Security Number 000000000 is acceptable for newborns and infants up to 2 years of age who do have not have had a social security number assigned. For patients not from the U.S., use 555555555. For those patients where all efforts ~~have been made~~ to obtain the social security

number have been unsuccessful or where one is unavailable, and but the patient is two (2) years of age or older over the age of 2 and a resident of the U.S. use 777777777. Unknown SSN (777777777) must not exceed 5 percent of the total records per report period.

(4) Race is a single digit entry showing: 1 – American Indian/Eskimo/Aleut, 2 – Asian/Pacific Islander, 3 – Black, 4 – White, 5 – White Hispanic, 6 – Black Hispanic, 7 – Other (Use if patient is not described by above categories), 8 – No Response (Use if patient refuses to disclose). It is a required field for all patients who self-report race as requested by the center.

(5) No change.

(6) Sex designation is required. Must be 1-Male, or 2-Female, or 3-Unknown (Use if unknown due to medical condition).

(7) A valid patient zip code is required and must be 5 digits. Use 00009 for foreign zip codes. Use 00007 22222 for at large (homeless) zip codes. Use 00000 for unknown zip code. If the zip code is missing or in the wrong format the record is an error. Unknown (00000) or invalid zip codes must equal 1.0% or less of records per report period. No blank fields are permitted.

(8) No change.

(9) Principal Payer is required and must be an alpha character A through Q N.

(10) through (15) No change.

(16) The Attending Referring or Ordering Physician ID is a required entry showing the identification number of the attending referring or ordering physician. An eleven character alpha-numeric field using the State of Florida physician license number, preceded by the prefix FL. Florida physicians shall have four alphas preceding seven digits (e.g. FLME1234567). For out-of-state physicians, fill with the physician's home state two letter abbreviation and 9's (e.g. NY999999999 for a physician from New York) and fill in the unique physician's identification number (UPIN) number in the next field. For non-U.S. physicians (a physician licensed and practicing in another country and not licensed in the U.S.), fill with "XX" and 9's (e.g. XX999999999). For military physicians not licensed in Florida, fill with "US" and 9's (e.g. US999999999). For those patients where ~~all efforts have been made~~ to obtain the referring or ordering physician's ID have been unsuccessful or where one is unavailable, but the physician is practicing in the U.S. use ZZ999999999. Unknown physician ID (ZZ999999999) must not exceed 5 percent of the total records per report period.

(17) The Blank Field Referring or Ordering Physician UPIN Number is a blank fill an optional entry showing the identification number of the referring or ordering physician.

(18) No change.

(19) ~~Blank Field A Performing or Operating Physician UPIN Number is a blank fill entry optional. The identification number represents the physician who is the principal surgeon or radiologist or other physician responsible for the procedure performed.~~

(20) through (34) No change.

(35) Patient Status is a required ~~an optional~~ entry from 01-08, 20, or 50-51 blank fill.

(36) No change.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History--New 9-6-93, Formerly 59B-7.020, Amended 6-29-95, 12-28-98, _____.

59B-9.021 Manual Submission of Data.

~~Facilities having more than 199 reportable visits and fewer than 300 reportable visits in a quarter shall submit ambulatory patient data using either form AHCA 2000 MIS 13, or according to the requirements in Rule 59B-9.015.~~

~~(1) Form AHCA 2000 MIS 13, may be obtained from the Agency for Health Care Administration, Ambulatory Patient Data Section, 2727 Mahan Drive, Fort Knox Building #3, Tallahassee, Florida 32308-5403.~~

~~(2) Form AHCA 2000 MIS 13 is titled "Ambulatory Patient Detail Reporting Form". The effective date of the form is July 1, 1995. Form AHCA 2000 MIS 13 is incorporated by reference.~~

Specific Authority 408.15(8) FS. Law Implemented 408.061 FS. History--New 9-6-93, Formerly 59B-7.021, Amended 6-29-95, 1-4-00, Repealed.

**AGENCY FOR HEALTH CARE ADMINISTRATION
Health Care Cost Containment Board**

RULE TITLES:	RULE NOS.:
Definitions	59E-7.011
Reporting and Audit Procedures	59E-7.012
Data Elements and Formatting Requirements	59E-7.014
General Provisions	59E-7.016

PURPOSE AND EFFECT: The proposed rule amendments eliminate data tapes as a reporting media as of January 1, 2002. The proposed rule amendments add the option for the agency to use electronic mail or FAX to send error reports to hospitals. The proposed rule amendments add the option for hospitals to use electronic mail and an agency authorized digital signature to submit certification of data to the agency.

The proposed rule amendments require that the agency use consistent standards and procedures in the performance of hospital audits. The proposed rule amendments limit desk and field audits of data to 36 months from the initial submission of data, and require that hospitals correct any errors and certify the data, or verify the correctness of the data previously submitted and certified within 90 days of receipt of notice of audit findings.

The proposed rule amendments change the age standards for the data fields, social security number and infant linkage identifier from age one to age two starting January 1, 2002. A

code to indicate foreign patients and a code to indicate adoptions or patients who are in the custody of state is added to the infant linkage identifier data standards.

The proposed rule amendments add the categories, Children's Medical Services, Healthy Kids, MediKids to the data field, principal payer, starting with discharges occurring on or after January 1, 2002. The proposed rule amendments add two hospice categories, hospice-home and hospice-medical facility, to the data field, inpatient discharge status starting with discharges occurring on or after January 1, 2002. The proposed rule amendments change the definitions of other race and unknown race categories. The proposed rule amendments change the data elements, attending physician UPIN # and operating physician UPIN # to a blank field. The proposed rule amendments change the zip code designation for homeless patients from 22222 to 00007.

The proposed rule amendments eliminate the edit standard for unknown social security number.

The proposed rule amendments eliminate the requirement that hospitals install and use data processing edits supplied by the agency.

SUBJECT AREA TO BE ADDRESSED: The agency is proposing amendments to rule 59E-7.012 that will limit a desk or field audit of a patient data report to 36 months from initial submission of the report. The agency is proposing amendments to rules 59E-7.011, 59E-7.012, and 59E-7.014 that will add data element categories, modify definitions of data elements and data elements categories, modify data standards, and modify the media to be used to report patient data. The agency is proposing an amendment to rule 59E-7.016 that eliminates the requirement that each hospital install and use data processing edits supplied by the agency.

SPECIFIC AUTHORITY: 408.15(8) FS.

LAW IMPLEMENTED: 408.061, 408.15(11) FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 11:00 a.m., January 9, 2001

PLACE: Baptist Hospital of Miami, Third Floor Auditorium of South Building, 8900 North Kendall Drive, Miami, Florida 33176

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT IS: Jerry Mayer, Director, Information Technology, Building 3, 2727 Mahan Drive, Tallahassee, Florida 32308

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

59E-7.011 Definitions.

As used in Rules 59E-7.011 through 59E-7.016, F.A.C.:

(1) through (3) No change.

(4) "Inpatient" means a patient who has an admission order given by a licensed physician or other individual who has been granted admitting privileges by the hospital. Inpatient This shall include obstetric patients who give birth and have experience a length of stay of twenty four hours or less. Observation Short stay and observation patients are excluded unless they are admitted.

(5) "~~Groups 1 Through 7 — General, Short-term Acute Care~~" means any establishment that offers services more intensive than those required for room, board, personal services, and general nursing care, and offers facilities and beds for use beyond 24 hours by individuals requiring diagnosis, treatments, or care for illness, injury, deformity, infirmity, abnormality, disease, or pregnancy; diagnostic radiology services; clinical laboratory; and treatment facilities for surgery or obstetrical care, or other definitive medical treatment of similar extent (s. 395.002(12)(a) & (b), F.S.).

(6) "~~Group 8 — Teaching Hospital~~" means any hospital formally affiliated with an accredited medical school that exhibits activity in the area of medical education as reflected by at least seven different resident physician specialties and the presence of 100 or more resident physicians.

(7) "~~Group 9 — Family Practice Teaching Hospital~~" means a freestanding, community-based hospital licensed under this chapter that offers a 3-year family practice residency program accredited through the Residency Review Committee of the Accreditation Council of Graduate Medical Education or the Postdoctoral training of the American Osteopathic Association.

(8) "~~Group 12 — Specialty Rehabilitation Hospital~~" means a hospital in grouping 12 of the Agency's hospital peer grouping and a hospital certified by Medicare as a long term care hospital.

(9) "~~Group 13 — Long-term Psychiatric~~" means a facility which provides acute or subacute psychiatric care with an average length of stay (ALOS) exceeding 60 days.

(10) "~~Group 14 — Specialty Hospital~~" means any facility which meets the provisions of 59E-7.011(5), and which regularly makes available either the range of services offered by a general hospital, but restricted to a defined age or gender group of the population; or a restricted range of services appropriate to the diagnosis, care, and treatment of patients with specific categories of medical or psychiatric illnesses or disorders (s. 395.002(14)(a), (b), F.S.).

(11) "~~Groups 15 through 17 — Short-term Psychiatric Hospital~~" means a facility which provides acute or subacute psychiatric care with an average length of stay (ALOS) not exceeding 60 days.

(5)(12) "Newborn" means a newborn baby born within the facility or the initial admission of an infant to any acute facility within 24 hours of birth.

(13) "~~Premises~~" means ~~those buildings, beds and equipment located at the address of the licensed facility and all other buildings, beds, and equipment for the provision of hospital care located in such reasonable proximity to the address of the licensed facility as to appear to the public to be under the dominion and control of the licensee.~~

(14) "~~UPIN~~" means ~~Unique Physician Identifier Number.~~

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History—New 12-15-96, Amended _____.

59E-7.012 Reporting and Audit Procedures.

(1) All acute care hospitals and all short term psychiatric hospitals (hereinafter referred to as "hospital/hospitals"), in operation for all or any of the reporting periods described in Rule 59E-7.012(5)(2) below, shall submit hospital inpatient discharge data in a format consistent with requirements of Rules 59E-7.011 through 59E-7.016 to the Agency following the provisions of this Rule, ~~commencing with discharges for the 1st quarter 1997 (01/01/97 — 03/31/97).~~

(2) For purposes of submission of hospital inpatient discharge data, hospital shall be any hospital licensed under Chapter 395, Florida Statutes except state-operated hospitals, long-term psychiatric hospitals with an average length of stay exceeding 60 days and comprehensive rehabilitation hospitals as defined in 59A-3.201, F.A.C. in the following groups as set out in the Florida Hospital Uniform Reporting System Manual: Groups 1 through 9, 12 through 17, and any new hospital assigned to these groups as defined in 59E-7.012. Additionally, long-term psychiatric hospitals, ~~Group 13 in the Florida Hospital Uniform Reporting Manual,~~ are required to submit aggregated data following the format and context as presented in the Psychiatric Reporting Format AHCA PSY III dated 9/12/88 and herein incorporated by reference.

(3) Each hospital premises shall submit a separate report for each location per 59A-3.203, F.A.C. report separately, as set forth in Rules 59E-7.012 and 59E-7.014, F.A.C.

(4) through (6) No change.

(7) Failure to file the report on or before the due date without an extension, and failure to correct a report which has been filed but contains errors or deficiencies within 10 working days from notification of errors or deficiencies, is punishable by fine pursuant to Rule 59E-7.013. The agency shall send notification of errors or deficiencies by certified mail, electronic mail, or FAX.

(8) Beginning with the inpatient data report for the 1st Quarter of the year 2000 (January 1, 2000 through March 31, 2000), reporting facilities shall submit inpatient discharge reports in one of the following formats except that on or after January 1, 2002, data tapes must not be used:

(a) No change.

(b) 1. through 2. No change.

3. The data in the text file shall contain the same data elements and codes, the same record layout and meet the same data standards required for tapes or diskettes mailed to the agency as described ~~comply with the formatting requirements specified in Rules 59E-7.014 and 59E-7.016.~~

(c) through (d) No change.

(9) All hospitals submitting data in compliance with Rules 59E-7.011 through 59E-7.014 shall certify that the data submitted for each quarter is accurate, complete, and verifiable using Certification Form for Inpatient Discharge Data, AHCA Form 4200-002, dated 10/93 and incorporated by reference. AHCA Form 4200-002 can be obtained from the Agency's office at the Agency for Health Care Administration, State Center for Health Statistics, ~~Hospital Patient Data Section~~, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308. The completed Certification Form for Inpatient Discharge Data shall be submitted to the Agency's office at the above address or shall be submitted by electronic mail to SCHSdata@fdhc.state.fl.us using an Agency authorized digital signature.

(10) through (11) No change.

(12) The agency shall to the extent practical, apply the same audit standards and use the same audit procedures for all hospitals or audit a random sample of hospitals. The agency will notify each hospital of any possible errors discovered by audit and request that the hospital either correct the data or verify that the data is complete and correct. The notice shall indicate that the hospital must return corrected data if there are errors and certify the data within ninety (90) days of receipt of the notice, or the hospital Chief Executive Officer must verify by signature that the previously submitted and certified data is complete and correct within ninety (90) days of receipt of the notice. The notice shall clearly indicate that the hospital may be subject to penalties pursuant to Rule 59E-7.013. The agency shall not conduct a desk audit or a field audit of a report more than thirty-six (36) months following the initial submission of data.

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061, 408.08(1), 408.08(2), 408.15(11) FS. History--New 12-15-96, Amended 1-4-00,_____.

59E-7.014 Data Elements and Formatting Requirements.

(1)(a)1. through 6. No change.

7. AHCA Hospital Number: Valid for up to ten alphanumeric characters, ~~field; however, use the six digit or eight digit~~ Report the AHCA approved hospital identification number assigned for AHCA reporting purposes. ~~Multi-premises hospital systems are required to submit hospital inpatient data separately using a unique AHCA Hospital number to denote each individual premises. Right~~ Left justify, zero fill unused spaces. A required field; file is rejected if missing or wrong.

8. through 19. No change.

(b)1. through 4. No change.

5. AHCA Hospital Number: Valid for up to ten alphanumeric characters, ~~digits; however, use the six digit or eight digit~~ Report the AHCA approved hospital identification number assigned for AHCA reporting purposes. Right Left justified; zero fill unused spaces. A required field; must be submitted for the hospital submission to run.

6. No change.

7. Inpatient Social Security Number. The social security number (SSN) of the inpatient receiving treatment/services during this hospital stay. A nine digit numeric field to facilitate retrieval of individual case records, to be used to track inpatient readmissions, and for epidemiological or demographic research use. A SSN is required for each inpatient record if the patient is indicating an inpatient of the age of two years of age or 1-year and older ~~and~~ except in cases of very old persons never issued a SSN, foreign visitors (including illegal aliens), and migrant workers (non-citizens). One SSN; one inpatient. DO NOT share SSNs in this field. (See also provisions in 59E-7.014(3)(b)7.)

8. Inpatient Race. A one digit code as follows:

1 – American Indian/Eskimo/Aleut

2 – Asian or Pacific Islander

3 – Black

4 – White

5 – Hispanic – White

6 – Hispanic – Black

7 – Other (Use if patient is not described by above categories. If none of the above)

8 – No Response (Use if patient refuses to disclose. Valid only if data is not available)

9. No change.

10. Inpatient Sex. A one digit code as follows:

1 – Male

2 – Female

3 – Unknown (Use if unknown due to medical condition.)

11. through 15. No change.

16. Inpatient Discharge Status. A two digit code as follows:

01 – Discharged Home

02 – Discharged to a short-term general hospital

03 – Discharged to a skilled nursing facility

04 – Discharged to an intermediate care facility

05 – Discharged to another type of institution

06 – Discharged to home under care of home health care organization

07 – Left this hospital against medical advice (AMA)

08 – Discharged home on IV medications

20 – Expired

50 – Discharged to hospice – home (Required for discharges occurring on or after January 1, 2002.)

51 – Discharged to hospice – medical facility (Required for discharges occurring on or after January 1, 2002.)

17. Principal Payer Code. A one character alpha field as follows:

- A – Medicare
- B – Medicare HMO
- C – Medicaid
- D – Medicaid HMO
- E – Commercial Insurance
- F – Commercial HMO
- G – Commercial PPO
- H – Workers' Compensation
- I – CHAMPUS ~~Champus~~
- J – VA
- K – Other State/Local Government
- L – Self Pay/Under-insured (no third party coverage or less than 30% estimated insurance coverage)
- M – Other
- N – Charity
- O – Children's Medical Services (Required for discharges occurring on or after January 1, 2002.)
- P – Healthy Kids (Required for discharges occurring on or after January 1, 2002.)
- Q – MediKids (Required for discharges occurring on or after January 1, 2002.)

K – Other State/Local Government

L – Self Pay/Under-insured (no third party coverage or less than 30% estimated insurance coverage)

M – Other

N – Charity

O – Children's Medical Services (Required for discharges occurring on or after January 1, 2002.)

P – Healthy Kids (Required for discharges occurring on or after January 1, 2002.)

Q – MediKids (Required for discharges occurring on or after January 1, 2002.)

18. through 39. No change.

40. Blank Field. Attending Physician UPIN (Optional). An optional Unique Physician Identifier Number (UPIN), which is required by Medicare authorities. A six character alpha-numeric field to be left blank. Submission is discretionary but does not replace the physician license number which is required in Element 39.

41. No change.

42. Blank Field. Operating Physician UPIN (Optional). An optional Unique Physician Identifier Number (UPIN), which is required by Medicare authorities. A six character alphanumeric field to be left blank. Submission is discretionary but does not replace the physician license number which is required in Element 41.

43. through 67. No change.

68. Infant ~~First Year~~ Linkage Identifier. A required field for patients less than two (2) years of age newborn birth and infant identification with the baby's mother up to the first year of life. A nine digit numeric field. Use the birth mother's (preferred) or father's (acceptable) SSN. CAUTION: If the patient not reporting a birth or infant is over two (2) years one (1) year of age or older, this field is zero filled. To be used only for research purposes to link infants with their respective mother. (Linkage identifiers are required for infants one year of age and older starting January 1, 2002.)

69. No change

(c) No change.

(2)(a) No change.

(b)1. through 39. No change.

40. BLANK FIELD ATTENDING PHYS UPIN A/N L 6 185-190

41. No change.

42. BLANK FIELD OPERATING PHYSICIAN UPIN A/N L 6 202-207

43. through 67. No change.

68. INFANT FIRST YEAR LINKAGE IDENTIFIER N R 9 410-418

69. No change.

(c) No change.

(3)(a) No change.

(b)1. through 6. No change.

7. The Social Security Number (SSN) is a nine (9) digit required field for all inpatients having social security numbers. ~~Since all United States citizens one (1) year of age and older are required to have SSNs for tax exemption purposes, SSNs should be submitted for all inpatients two (2) years one (1) year of age or older. Patients~~ Inpatients not having SSNs should be in one of the following groups: newborns and infants (i.e., less than 2 years ~~1 year~~ of age), very old inpatients never issued a SSN, foreign visitors (including aliens), and migrant workers (i.e., non-citizens). An entry of 000000000 SSN 000-00-0000 is acceptable for patients less than newborns up to two (2) years one (1) year of age who do not have an SSN. For patients not from the U.S., use 555555555 555-55-5555, if a SSN ~~one~~ is not assigned. For those patients where ~~all efforts have been made to obtain the SSN have been unsuccessful~~ or where one is unavailable, and but the patient is ~~over the age of two (2) years or older one (1) year~~ and a resident of the U.S., use 777777777 777-77-7777. ~~Unknown SSN (777-77-7777) must not exceed five (5) percent of the total records per report period. DO NOT share SSNs in this field; one SSN — one inpatient. The use of "Other" for SSNs will trigger an edit of data, and will result in a partially rejected record if the total meets or exceeds 5% of discharges.~~

8. Inpatient Race is a single digit entry showing: 1 – American Indian/Eskimo/Aleut, 2 – Asian or Pacific Islander, 3 – Black, 4 – White, 5 – Hispanic-White, 6 – Hispanic-Black, 7 – Other (Use if patient is not described by above categories to be used only if none is known), 8 – No Response (Use if patient refuses to disclose if the inpatient refuses the information). For use by AHCA as demographic and epidemiological information, and health planning. Not an optional field.

9. through 10. No change.

11. A valid ~~Inpatient~~ Zip Code is required; must be five digits. Use Zip Code 00009 for patients inpatients of foreign origin. Use ~~the Zip Code 00007 22222~~ for homeless patients, or those having no permanent Zip Code. Use Zip Code 00000 for unknown zip codes. ~~The Zip Code field will be edited and~~

if the total of Zip Code 00000 to 22222 equals or exceeds 1% of total discharges for either of these entries, the hospital file will be error flagged for rejection if not corrected or validated. Spaces are not acceptable.

12. through 15. No change.

16. Inpatient Discharge Status is a required field; must be two digits using the codes 01-08, ~~or 20, or 50-51~~ (59E-7.014(1)(b)16.).

17. Principal Payer Code is a required field; must be a single alpha character (UPPERCASE), A – Q M. Describes the primary source of expected reimbursement to the hospital for services.

18. through 39. No change.

40. ~~Blank Field is a blank fill entry. The Attending Physician Unique Physician Identification Number (UPIN) is a six character alphanumeric field. The UPIN is an identifier issued by the Health Care Finance Administration (HCFA) for Medicare purposes. Submission of this entry is optional at the discretion of the hospital. Data will be used by AHCA only to develop a "crosswalk" identification number between Florida licensed numbers and the UPIN. Space filled if a UPIN is not submitted. Cannot be used in lieu of the Physician Florida License Number required in field 42.~~

41. No change.

42. ~~Blank Field is a blank fill entry. A new field, the Operating Physician Unique Physician Identification Number (UPIN) is a six character alphanumeric field. The UPIN is an identifier issued by the Health Care Finance Administration (HCFA) for Medicare purposes. Submission of this entry is optional at the discretion of the hospital. Data will be used by the AHCA only to develop a "crosswalk" identification number between Florida license numbers and the UPIN. Space fill if a UPIN is not submitted. Cannot be used in lieu of the Operating Physician Florida License Number required in field 44.~~

43. through 67. No change.

68. ~~Infant Newborn Linkage Identifier is a required field; of nine numeric digits for patients less than two (2) years of age. Enter the birth mother's Social Security Number or if the birth mother's Social Security Number is not available, enter the father's Social Security Number in the Infant Linkage Identifier field for any birth which occurs in the hospital. Use the mother's SSN only in this field, and if the patient is a newborn Type of Admission 4 (birth) or an infant up to one (1) year of life. For patients not from the U.S., use 55555555. If a SSN is not assigned. For patients in the custody of the State or adoptions, use 33333333. Use 99999999 999-99-9999 in the Infant Linkage Identifier field for unknown or unreportable mother's and father's SSN (i.e., adoptions). If the patient is not a newborn (Type of Admission 4) or age is greater than two (2) years of age or older one (1) year, the field is zero filled.~~

69. No change.

(c) No change.

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History–New 12-15-96, Amended _____.

59E-7.016 General Provisions.

(1) through (2) No change.

~~(3) Hospitals are required to enter the full set of the AHCA programming edits on their data processing systems to be used as an integral part of the processing cycle prior to submitting their quarterly data to the AHCA. Edits will be provided to hospitals or vendors/corporate offices in hard copy printouts for installation into data processing systems. If hospitals utilize an outside service for data processing or have their data prepared by a corporate office, they are responsible for notifying their service of the requirement to install the edits, and to provide the service office with a copy of the AHCA edits. Failure to install and utilize the edits will result in the initiation of legal action.~~

~~(3)(4) No change.~~

Specific Authority 408.061(1)(e), 408.15(8) FS. Law Implemented 408.061 FS. History–New 12-15-96, Amended _____.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Beaches and Coastal Systems

DOCKET NO.: 00-58R

RULE CHAPTER TITLE: RULE CHAPTER NO.:

Rules and Procedures for Coastal

Construction and Excavation

(Permits for Construction Seaward

of the Coastal Construction Control

Line and Fifty-Foot Setback)

62B-33

PURPOSE AND EFFECT: To amend definitions, armoring criteria, and to address statutory changes made during the 2000 legislative session.

SUBJECT AREA TO BE ADDRESSED: Rules and procedures for construction and excavation seaward of a coastal construction control line.

SPECIFIC AUTHORITY: 161.052, 161.053, 161.0535, 161.085 FS.

LAW IMPLEMENTED: 161.052, 161.053, 161.0535, 161.054, 161.061, 161.071, 161.081, 161.085 FS.

IF REQUESTED IN WRITING WITHIN 14 DAYS OF THE DATE OF PUBLICATION OF THIS NOTICE, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE AND PLACE SHOW BELOW:

TIME AND DATE: 9:00 a.m., January 4, 2001

PLACE: Room 153, Marjorie and Archie Carr Building, 3800 Commonwealth Boulevard, Tallahassee, Florida 32399-3000

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT AND WORKSHOP AGENDA IS:

Rosaline Beckham, Florida Department of Environmental Protection, Office of Beaches and Coastal Systems, Mail Station #300, Tallahassee, Florida 32399-3000, (850)487-1262, Extension 186

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

If accommodation for a disability is needed to participate in this activity, please notify Rosaline Beckham, (850)487-1262, Extension 186, or 1(800)955-8771 (TDD), or 1(800)955-8770 (Voice), VIA, Florida Relay Service, at least seven days before the meeting.

Section II Proposed Rules

DEPARTMENT OF BANKING AND FINANCE

Division of Securities and Finance

RULE TITLES:	RULE NOS.:
Mortgage Broker License Renewal and Reactivation	3D-40.043
Mortgage Brokerage Business License and Branch Office License Renewal and Reactivation	3D-40.053
Mortgage Lender License, Mortgage Lender License Pursuant to Saving Clause, and Branch Office Renewal and Reactivation	3D-40.205
Correspondent Mortgage Lender License and Branch Office License Renewal and Reactivation	3D-40.225

PURPOSE AND EFFECT: The purpose of the proposed rule is to address registrations that expire on a Saturday, Sunday or legal holiday. The proposed amendments allow renewals received on the next business day to be considered timely received.

SUMMARY: The proposed amendments provide that if August 31 of the renewal year falls on a Saturday, Sunday, or legal holiday, the renewals received on the next business day will be considered timely received.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory cost has been prepared.

Any person who wishes to provide information regarding the statement of estimated regulatory costs or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 494.0011(2), 494.0034(2), 494.0036(2), 494.0064(2) FS.

LAW IMPLEMENTED: 494.0011(2), 494.0032, 494.0034, 494.0036, 494.0064 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

TIME AND DATE: 10:00 a.m., January 8, 2001

PLACE: Room 550, Fletcher Building, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Rick Morgan, Financial Control Analyst, Room 550, Fletcher Building, 101 East Gaines Street, Tallahassee, Florida 32399-0350, (850)410-9500

THE FULL TEXT OF THE PROPOSED RULES IS:

3D-40.043 Mortgage Broker License Renewal and Reactivation.

(1) No change.

(2) A mortgage broker license that is not renewed as required in subsection (1) prior to September 1 of the renewal year shall revert from active to inactive status. An inactive license may be reactivated within two (2) years after becoming inactive upon payment of the statutory renewal and reactivation fees required by Section 494.0034, F.S., and submission of a completed reactivation form. If August 31 of the year is on a Saturday, Sunday, or legal holiday pursuant to Section 110.117, F.S., then the renewals received on the next business day will be considered timely received.

(3) No change.

Specific Authority 494.0011(2), 494.0034(2) FS. Law Implemented 494.0034 FS. History--New 11-2-86, Amended 6-23-91, 11-12-91, 9-3-95, 12-12-99, _____.

3D-40.053 Mortgage Brokerage Business License and Branch Office License Renewal and Reactivation.

(1) No change.

(2) A mortgage brokerage business license that is not renewed as required in subsection (1) prior to September 1 of the renewal year shall revert from active to inactive status. An inactive license may be renewed within six (6) months after becoming inactive upon payment of the statutory renewal and reactivation fees required by Section 494.0032, F.S., and submission of a completed reactivation form. If August 31 of the year is on a Saturday, Sunday, or legal holiday pursuant to Section 110.117, F.S., then the renewals received on the next business day will be considered timely received.

(3) No change.

(4) A mortgage brokerage business branch office license that is not renewed as required in subsection (3) prior to September 1 of the renewal year shall revert from active to inactive status. An inactive branch office license may be renewed within six (6) months after becoming inactive upon payment of the statutory renewal and reactivation fees required by Section 494.0032, F.S., and submission of a completed reactivation form. If August 31 of the year is on a Saturday, Sunday, or legal holiday pursuant to Section 110.117, F.S., then the renewals received on the next business day will be considered timely received.

(5) through (6) No change.

Specific Authority 494.0011(2), 494.0032(2),(3), 494.0036(2) FS. Law Implemented 494.0011(2), 494.0032, 494.0036 FS. History--New 11-2-86, Amended 2-8-90, 10-1-91, 12-12-99, 11-1-00, _____.