Section I
Notices of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.:	RULE TITLE:
6A-1.09412	Course Requirements – Grades 6-12 Basic and Adult Secondary Programs

PURPOSE AND EFFECT: The purpose of this amendment is to incorporate the course descriptions of new courses into the "Course Code Directory and Instructional Personnel Assignments" for 2007-2008, as required in SBE subsection 6A-1.09441(5), F.A.C. Courses in art, social sciences, and foreign languages are added to the Course Code Directory to allow districts to receive funding. Certification areas for courses in reading have been amended to align with teacher certification requirements. Revisions to the narrative section were made to align course requirements with state law and federal regulations.

SUBJECT AREA TO BE ADDRESSED: New courses and course descriptions to be adopted in the "Course Code Directory and Instructional Personnel Assignments."

SPECIFIC AUTHORITY: 1011.62 FS.

LAW IMPLEMENTED: 1011.62(1)(r), 1001.03(1) 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.

Requests for the rule development workshop should be addressed to: Lynn Abbott, Agency Clerk, Department of Education, 325 West Gaines Street, Room 1514, Tallahassee, Florida 32399-0400.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT, IF AVAILABLE, IS: Mary Jo Butler, Chief, Bureau of Public School Options, K-12 Public Schools, 325 West Gaines Street, Tallahassee, Florida

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

DEPARTMENT OF EDUCATION

State Board of Education

RULE NO.:	RULE TITLE:
6A-1.09441	Requirements for Programs and Courses Which are Funded Through the Florida Education Finance Program and for Which the Student May Earn Credit Toward High School Graduation

PURPOSE AND EFFECT: The purpose of this amendment is to obtain approval of the "Course Code Directory and Instructional Personnel Assignments" for 2007-2008, as required in subsection 6A-1.09441(5), F.A.C. This rule provides specific conditions for which students may earn credit toward high school graduation and for which the courses are funded through the Florida Education Finance Program (FEFP). Courses in art, social sciences, and foreign language are added to the Course Code Directory to allow districts to receive funding. Certification areas for courses in reading have been amended to align with teacher certification requirements. Revisions to the narrative section were made to align course requirements with state law and federal regulations.

SUBJECT AREA TO BE ADDRESSED: Revisions to the "Course Code Directory and Instructional Personnel Assignments."

SPECIFIC AUTHORITY: 1011.62 FS.

LAW IMPLEMENTED: 1011.62 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.

Requests for the rule development workshop should be addressed to: Lynn Abbott, Agency Clerk, Department of Education, 325 West Gaines Street, Room 1514, Tallahassee, Florida 32399-0400.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT, IF AVAILABLE, IS: Mary Jo Butler, Chief, Bureau of Public School Options, K-12 Pubic Schools, 325 West Gaines Street, Tallahassee, Florida

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

DEPARTMENT OF EDUCATION

State Board of Education

RULE NOS.:	RULE TITLES:
6A-6.030151	Exceptional Student Education Eligibility for Students Who are Physically Impaired with Orthopedic Impairment
6A-6.030152	Exceptional Student Education Eligibility for Students Who are Physically Impaired with Other Health Impairment
6A-6.03015	Exceptional Student Education Eligibility for Students Who are Physically Impaired with Traumatic Brain Injury

PURPOSE AND EFFECT: The purpose of these proposed new rules is to incorporate into rule amendments to the federal law, the Individuals with Disabilities Education Act (IDEA) 20 U.S.C. Chapter 33, and its implementing. The effect of

adopting the amended Federal requirements will be consistency between federal law and State Board rule.

SUBJECT AREA TO BE ADDRESSED: Federal and state requirements for programs for students with disabilities who are identified as physically impaired with orthopedic impairment, other health impairment or traumatic brain injury. Definition, activities prior to referral, evaluation, and criteria for eligibility.

SPECIFIC AUTHORITY: 1001.02(1), 1003.57(e) FS.

LAW IMPLEMENTED: 1001.03, 1003.57(e), 1003.01(3), 1003.21(1), 1011.62 FS., Individuals with Disabilities Education Act 20 U.S.C. Chapter 33

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT A DATE, TIME AND PLACE TO BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINSTRATIVE WEELY.

Requests for the rule development workshop should be addressed to: Lynn Abbott, Agency Clerk, Department of Education, 325 West Gaines Street, Room 1514, Tallahassee, Florida 32399-0400.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT, IF AVAILABLE, IS: Bambi J. Lockman, Chief, Bureau of Exceptional Education and Student Services, 325 W. Gaines Street, Room 614, Tallahassee, FL 32399-0400

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

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to http://www.dep.state.fl.us/ under the link or button titled "Official Notices."

PUBLIC SERVICE COMMISSION

DOCKET NO. 060554-TL

RULE NO.:	RULE TITLE:
25-4.084	Carrier-of-Last-Resort; Multitenant Business and Residential Property

PURPOSE AND EFFECT: To codify the requirements for a local exchange company to petition the Commission for relief of its Carrier-of-Last-Resort (COLR) obligations to a multitenant business or residential property.

SUBJECT AREA TO BE ADDRESSED: Implementation of Section 364.025(6)(d), F.S.

SPECIFIC AUTHORITY: 350.127(2) FS.

LAW IMPLEMENTED: 364.025 FS.

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

DATE AND TIME: September 14, 2006, 9:30 a.m.

PLACE: Betty Easley Conference Center, Room 140, 4075 Esplanade Way, Tallahassee, Florida

Any person requiring some accommodation at this workshop because of a physical impairment should call the Division of the Commission Clerk and Administrative Services at (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, IF AVAILABLE, IS: Christiana T. Moore, Office of General Counsel, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0862, (850)413-6098

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Architecture and Interior Design

RULE NO.:	RULE TITLE:
61G1-12.005	Citations

PURPOSE AND EFFECT: The Board proposes to review the existing language in this rule to determine whether changes are necessary.

SUBJECT AREA TO BE ADDRESSED: Citations.

SPECIFIC AUTHORITY: 455.224, 455.225, 481.306 FS.

LAW IMPLEMENTED: 455.224 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, IF AVAILABLE, IS: Juanita Chastain, Executive Director, Board of Architecture and Interior Design, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Architecture and Interior Design

RULE NO.:	RULE TITLE:
61G1-16.002	Description of Seal

PURPOSE AND EFFECT: The Board proposes to review the existing language in this rule to determine whether changes are necessary.

SUBJECT AREA TO BE ADDRESSED: Description of Seal.

SPECIFIC AUTHORITY: 481.221 FS.

LAW IMPLEMENTED: 481.221 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, IF AVAILABLE, IS: Juanita Chastain, Executive Director, Board of Architecture and Interior Design, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Architecture and Interior Design

RULE NO.:	RULE TITLE:
61G1-17.002	Professional Fees and Penalties for Interior Designers

PURPOSE AND EFFECT: The Board proposes the rule amendment to specify an application fee to reinstate a void license.

SUBJECT AREA TO BE ADDRESSED: An application fee to reinstate a void license will be added to the rule.

SPECIFIC AUTHORITY: 455.213(2), 455.217(2), 455.219(3), 455.2281, 481.207, 481.2130, 481.229(5)(b) FS.

LAW IMPLEMENTED: 455.219(3), 455.2281, 481.207, 481.219 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: Juanita Chastain, Executive Director, Board of Architecture and Interior Design, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

61G1-17.002 Professional Fees and Penalties for Interior Designers.

(1) through (15) No change.

(16) The application fee to reinstate a void license shall be $500.00.

Specific Authority 455.213(2), 455.217(2), 455.219(3), 455.2281, 481.207, 481.2130, 481.229(5)(b) FS. Law Implemented 455.219(3), 455.2281, 481.207, 481.219 FS. History–New 12-21-88, Amended 5-10-89, 7-2-89, 12-24-89, 12-3-90, 2-28-91, 5-31-92, 11-11-92, Formerly 21B-17.002, Amended 9-27-93, 11-15-93, 11-21-94, 1-31-96, 10-20-96, 1-10-99, 3-15-99, 9-7-04, _____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Architecture and Interior Design

RULE NO.:	RULE TITLE:
61G1-21.003	Continuing Education – Approval of Subjects and Providers

PURPOSE AND EFFECT: The Board proposes to review the existing language in this rule to determine whether changes are necessary.

SUBJECT AREA TO BE ADDRESSED: Continuing Education – Approval of Subjects and Providers.

SPECIFIC AUTHORITY: 481.215(5) FS.

LAW IMPLEMENTED: 481.215(5) 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, IF AVAILABLE, IS: Juanita Chastain, Executive Director, Board of Architecture and Interior Design, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Architecture and Interior Design

RULE NO.:	RULE TITLE:
61G1-24.002	Continuing Education – Approval of Subjects and Providers

PURPOSE AND EFFECT: The Board proposes to review the existing language in this rule to determine whether changes are necessary.

SUBJECT AREA TO BE ADDRESSED: Continuing Education Approval of Subjects and Providers.

SPECIFIC AUTHORITY: 481.215 FS.

LAW IMPLEMENTED: 481.215 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, IF AVAILABLE, IS: Juanita Chastain, Executive Director, Board of Architecture and Interior Design, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

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

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Cosmetology

RULE NO.: RULE TITLE:
61G5-20.004 Display of Documents

PURPOSE AND EFFECT: To require lamination of the license and photo on display.

SUBJECT AREA TO BE ADDRESSED: Display of Documents.

SPECIFIC AUTHORITY: 477.016, 477.025(2) FS.

LAW IMPLEMENTED: 477.025 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: Robyn Barineau, Executive Director, Board of Cosmetology, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

61G5-20.004 Display of Documents.

(1) All holders of a cosmetology or specialty salon license shall display within their salons in a conspicuous place which is clearly visible to the general public upon entering the salon the following documents:

(a) The current salon license,

(b) A legible copy of the most recent inspection sheet for the salon.

(2) All holders of a cosmetology or specialty salon license shall require and ensure that all individuals engaged in the practice of cosmetology, any specialty, hair braiding, hair wrapping, or body wrapping display at the individual's work station their current license or registration at all times when the individual is performing cosmetology, specialty, hair braiding, hair wrapping, or body wrapping services. The license or registration on display shall be the original certificate or a duplicate issued by the Department and shall have attached a 2" by 2" photograph taken within the previous two years of the individual whose name appears on the certificate. The certificate with photograph attached shall be permanently laminated as of July 1, 2007. ~~A photograph of the individual whose name appears on the displayed license or registration certificate, which is approximately 2" by 2" and less than two years old, shall be permanently attached or affixed to all displayed licenses and registration.~~

Specific Authority 477.016, 477.025(2) FS. Law Implemented 477.025 FS. History–New 11-2-80, Amended 10-10-82, 6-28-84, 10-6-85, Formerly 21F-20.04, 21F-20.004, Amended 3-22-00, _____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Cosmetology

RULE NO.: RULE TITLE:
61G5-32.001 Continuing Education

PURPOSE AND EFFECT: To increase time for Continuing Education Providers to submit information.

SUBJECT AREA TO BE ADDRESSED: Continuing Education.

SPECIFIC AUTHORITY: 455.2178, 455.2179, 455.219(3), 455.2228, 477.016, 477.019(7) FS.

LAW IMPLEMENTED: 455.2178, 455.2179, 455.219(3), 455.2228, 477.019(7) 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: Robyn Barineau, Executive Director, Board of Cosmetology, 1940 North Monroe Street, Tallahassee, Florida 32399-0750

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

61G5-32.001 Continuing Education.

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

(e) Beginning November 1, 2001, continuing education providers shall electronically provide to the Department the list of attendees at each of its offered courses within 30 ~~5~~ business days of the completion of the course, or prior to the end of the renewal cycle, whichever occurs first. For home study courses, the provider shall electronically supply the list of those individuals successfully completing the course by the 5th of the month following the calendar month in which the provider received documentation and was able to determine the successful completion of the course by the individual. This list shall include the provider's name and provider number, the name and license or registration number of the attendee, the date the course was completed, and the course number. All documents from the provider shall be submitted electronically

to the Department and must be in a form as agreed to by the Department with the provider. Failure to comply with the time and form requirements will result in disciplinary action taken against the provider and the course approval. Each continuing education provider shall maintain records of attendance or completion for all continuing education courses offered or taught by the provider for a period of not less than four years following the offering of each course or the receipt of documentation of completion of a home study course. Upon request, these records shall be made available for inspection by the Department or its agent, or the private entity contracted with by the Department to administer the continuing education program at such reasonable time and location as determined by the Department or its agent, or the private entity. The list of attendees submitted electronically to the Department shall not include the names of applicants taking the course for initial licensure pursuant to Rule 61G5-18.011, F.A.C.

(f) through (8) No change.

Specific Authority 455.2178, 455.2179, 455.219(3), 455.2228, 477.016, 477.019(7) FS. Law Implemented 455.2178, 455.2179, 455.21993, 455.2228, 477.019(7) FS. History–New 3-25-99, Amended 2-28-00, 7-27-00, 7-29-01, 7-1-02, _____.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Notices for the Department of Environmental Protection between December 28, 2001 and June 30, 2006, go to http://www.dep.state.fl.us/ under the link or button titled "Official Notices."

DEPARTMENT OF ENVIRONMENTAL PROTECTION

RULE NO.: RULE TITLE:
62-204.800 Federal Regulations Adopted by Reference

PURPOSE AND EFFECT: The proposed rule development involves amendments to rule Chapter 62-204, F.A.C., to update the Department's adoption by reference of U.S. Environmental Protection Agency (EPA) regional haze regulations at 40 CFR Part 51. The update includes recent revisions to EPA's regulations related to Best Available Retrofit Technology (BART). Pursuant to the federal Clean Air Act, the Department is required to ensure that certain sources of visibility-impairing pollutants in Florida use BART to reduce the impact of their emissions on regional haze. The proposed amendments are part of the Department's overall rulemaking project to implement the BART requirement.

SUBJECT AREA TO BE ADDRESSED: The proposed rule amendments update the Department's adoption by reference of EPA regional haze regulations at 40 CFR Part 51 to include recent revisions related to BART requirements.

SPECIFIC AUTHORITY: 403.061 FS.

LAW IMPLEMENTED: 403.031, 403.061, 403.087 FS.

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

DATE AND TIME: Wednesday, September 13, 2006, 9:00 a.m.

PLACE: Department of Environmental Protection, Douglas Building, Conference Room A, 3900 Commonwealth Blvd., Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Ms. Lynn Scearce at (850)921-9551. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Ms. Lynn Scearce at Florida Department of Environmental Protection, Division of Air Resource Management, 2600 Blair Stone Road, MS 5500, Tallahassee, Florida 32399-2400, or lynn.scearce@dep.state.fl.us, phone (850)921-9551. The preliminary text of the proposed rule development is expected to be available by September 1, 2006, at no charge from the contact person listed above or at the following internet site: www.dep.state.fl.us/air.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION

RULE NO.: RULE TITLE:
62-296.340 Best Available Retrofit Technology

PURPOSE AND EFFECT: The proposed rule development involves amendments to rule Chapter 62-296, F.A.C., to implement the Best Available Retrofit Technology (BART) portion of the U.S. Environmental Protection Agency's regional haze rules. Pursuant to the federal Clean Air Act, the Department is required to ensure that certain sources of visibility-impairing pollutants in Florida use BART to reduce the impact of their emissions on regional haze. New rule Rule 62-296.340, F.A.C., is created to set forth procedural requirements by which individual BART determinations will be made.

SUBJECT AREA TO BE ADDRESSED: The proposed new rule section addresses air permitting requirements for sources subject to BART and visibility analysis requirements for sources claiming exemption from BART.

SPECIFIC AUTHORITY: 403.061 FS.

LAW IMPLEMENTED: 403.031, 403.061, 403.087 FS.

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

DATE AND TIME: Wednesday, September 13, 2006, 9:00 a.m.

PLACE: Department of Environmental Protection, Douglas Building, Conference Room A, 3900 Commonwealth Blvd., Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Ms. Lynn Scearce at (850)921-9551. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Ms. Lynn Scearce at Florida Department of Environmental Protection, Division of Air Resource Management, 2600 Blair Stone Road, MS 5500, Tallahassee, Florida 32399-2400, or lynn.scearce@dep.state.fl.us, phone (850)921-9551. The preliminary text of the proposed rule development is expected to be available by September 1, 2006, at no charge from the contact person listed above or at the following internet site: www.dep.state.fl.us/air.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
62-788	Voluntary Cleanup Tax Credit Rule
RULE NOS.:	RULE TITLES:
62-788.100	Applicability and Limitations
62-788.150	Referenced Guidelines
62-788.200	Definitions
62-788.300	Application Process
62-788.310	Affordable Housing VCTC Application Process
62-788.320	Solid Waste VCTC Application Process
62-788.400	Eligibility Determination
62-788.900	Forms

PURPOSE AND EFFECT: The Voluntary Cleanup Tax Credit Program has been expanded and clarified by statute, and the department proposes to clarify some existing requirements based on experience in implementing the program since the rule was initially adopted. The changes included in Chapter 62-788, F.A.C., will describe how the Voluntary Cleanup Tax Credit program has been expanded to include additional types of credits, how the applications will be reviewed, and how the tax credit awards will be calculated.

SUBJECT AREA TO BE ADDRESSED: The changes to Chapter 62-788, F.A.C., will incorporate or introduce the following at eligible sites: an increase in the per-site tax credit award amount and percentage for site rehabilitation; requirements for issuance of a one-time tax credit award when use of the brownfield site is limited to affordable housing; requirements for issuance of a one-time tax credit when solid waste is removed, transported and disposed of in accordance with department rules; extension of the application deadline from December 31 to January 15; extension of the site rehabilitation certificate issuance deadline from March 1 to March 31; updates in terminology and definitions for consistency and clarity; clarification of the useful life of issued tax credit certificates; clarification that applications must be complete by the submittal deadline and that placeholder applications are not accepted; allowance of tax credits for site rehabilitation conducted prior to brownfield area designation or the execution of the applicable voluntary cleanup agreement or brownfield site rehabilitation agreement.

SPECIFIC AUTHORITY: 376.30781 FS.

LAW IMPLEMENTED: 376.30781 FS.

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

DATE AND TIME: September 8, 2006, 9:00 a.m.

PLACE: The Bob Martinez Center, 2600 Blair Stone Road, Tallahassee, Florida, (Conference Room 609)

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Beth Walker at (850)245-8933. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Elizabeth E. Walker, Department of Environmental Protection, Bureau of Waste Cleanup, M.S. 4505, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, (850)245-8933 or Beth.Walker@dep.state.fl.us. Copies of directions to the meeting room, the proposed rule, or the agenda are available via the internet at: http://www.dep.state.fl.us/waste/categories/wc/pages/WCRuleDevelopment.htm.

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

DEPARTMENT OF HEALTH

Board of Massage

RULE NO.:	RULE TITLE:
64B7-25.004	Endorsements

PURPOSE AND EFFECT: To specify requirements for endorsement licensure.

SUBJECT AREA TO BE ADDRESSED: Endorsements.

SPECIFIC AUTHORITY: 456.013(2), 480.035(7), 480.041(4)(c) FS.

LAW IMPLEMENTED: 456.013(2), 480.041(4)(c) 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: Pamela E. King, Executive Director, Board of Massage Therapy, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B7-25.004 Endorsements.

(1) The Department shall issue a license by endorsement to a person who:

(a) Pays to the Department the initial licensure fee set forth in subsection 64B7-27.0087(2), F.A.C.; and

(b) Is currently licensed and has practiced massage under the laws of education or apprenticeship training substantially similar to, equivalent to, or more stringent than those required for licensure by Florida law and these rules; and

(c) Demonstrates that his out-of-state license was issued upon the satisfactory completion of an examination comparable to the examination approved by the Board ~~given by the Department~~; and

(d) Has no outstanding or unresolved complaints filed against him or her in the jurisdiction of licensure.

(e) Completes a current curriculum course from a Board approved school covering the Florida Statutes and rules related to massage therapy.

(f) Completes the HIV/AIDS course requirement in Rule 64B7-25.0012, F.A.C.

(g) Completes a course relating to the prevention of medical errors as required by subsection 456.013(7), F.S.

(2) The Department may interview an applicant for licensure by endorsement to determine whether he qualifies for such endorsement.

Specific Authority 456.013(2), 480.035(7), 480.041(4)(c) FS. Law Implemented 456.013(2), 480.041(4)(c) FS. History–New 11-27-79, Amended 7-9-80, 8-29-83, 10-9-85, Formerly 21L-25.04, Amended 6-12-88, 8-15-89, 2-11-93, Formerly 21L-25.004, Amended 9-15-94, 1-9-95, 8-18-96, 1-29-97, Formerly 61G11-25.004, Amended 6-22-99, _____.

DEPARTMENT OF HEALTH

Board of Massage

RULE NO.: RULE TITLE:
64B7-28.0095 Continuing Education for Pro Bono Services

PURPOSE AND EFFECT: To designate which requirements are satisfied by Pro Bono services.

SUBJECT AREA TO BE ADDRESSED: Continuing Education for Pro Bono Services.

SPECIFIC AUTHORITY: 456.013, 480.0415 FS.

LAW IMPLEMENTED: 456.013, 480.0415 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: Pamela E. King, Executive Director, Board of Massage Therapy, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

64B7-28.0095 Continuing Education for Pro Bono Services.

(1) Up to 6 hours of continuing education per biennium in satisfaction of paragraph 64B7-28.009(3)(a), F.A.C., may be awarded for the performance of pro bono services to the indigent, underserved populations or in areas of critical need within the state where the licensee practices. The standard for determining indigence shall be that recognized by the Federal Poverty income guidelines produced by the United States Department of Health and Human Services.

(2) In order to receive credit under this rule, the licensee must receive prior approval from the Board by submitting a formal request for approval, which must include the following information:

(a) The type, nature and extent of services to be rendered;

(b) The location where the services will be rendered;

(c) The number of patients expected to be served; and

(d) A statement indicating that the patients to be served are indigent underserved or in an area of critical need.

(3) Credit shall be given on an hour per hour basis.

(4) Approval for pro bono services is only granted for the biennium for which it is sought. The licensee must request approval for each biennium they wish to receive credit for pro bono services.

Specific Authority 456.013, 480.0415 FS. Law Implemented 456.013, 480.0415 FS. History–New 5-5-04, Amended _____.

DEPARTMENT OF HEALTH

Board of Massage

RULE NO.: RULE TITLE:
64B7-28.010 Requirements for Board Approval of Continuing Education Programs

PURPOSE AND EFFECT: To address Approved Continuing Education.

SUBJECT AREA TO BE ADDRESSED: Requirements for Board Approval of Continuing Education Programs.

SPECIFIC AUTHORITY: 455.213(6), 480.035(7), 480.0415, 480.0425 FS.

LAW IMPLEMENTED: 455.213(6), 480.0415, 480.0425 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, IF AVAILABLE, IS: Pamela E. King, Executive Director, Board of Massage Therapy, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399

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

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Mental Health Program Office

RULE NOS.:	RULE TITLES:
65E-5.100	Definitions
65E-5.115	Mental Health Personnel
65E-5.260	Transportation
65E-5.280	Involuntary Examination
65E-5.285	Involuntary Outpatient Placement
65E-5.290	Involuntary Inpatient Placement
65E-5.300	Continued Involuntary Inpatient Placement at Treatment Facilities
65E-5.400	Baker Act Funded Services Standards

PURPOSE AND EFFECT: Chapter 65E-5, Florida Administrative Code, is being amended to comply with the new Chapter 2006-171, Laws of Florida, (amends Chapter 394, Part I, the Baker Act) which adds mental health counselors, and marriage and family therapists to certain sections of the Act.

SUBJECT AREA TO BE ADDRESSED:

1. Revision of eight rule sections to add mental health counselors, and marriage and family therapists.

2. Revision of five Baker Act forms to include mental health counselors, and marriage and family therapists, as well as technical changes.

SPECIFIC AUTHORITY: Chapter 2006-171, L.O.F., 394.457, 394.46715 FS.

LAW IMPLEMENTED: 316, 394.455, 394.457, 394.4573, 394.459, 394.4599, 394.4615, 394.462, 394.4625, 394.463, 394.4655, 394.467, 395, 397.675, 400, 491, 765 FS.

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

DATE AND TIME: Thursday, September 28, 2006, 9:00 a.m.

PLACE: Building 6, Conference Room A, Winewood Office Complex, 1317 Winewood Blvd., Tallahassee, Florida.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, AVAILABLE AT NO CHARGE IS: Ron Kizirian, Medical/Healthcare Program Analyst, Mental Health Program Office, 1317 Winewood Blvd., Building 6, Room 211, Tallahassee, Florida 32399-0700. Telephone: (850)413-0928

ANY PERSON MAY SUBMIT INFORMATION REGARDING THE PROPOSED RULE DEVELOPMENT TO THE ABOVE NAME AND ADDRESS.

Persons with disabilities requiring accommodations contact: Linda Henshaw, Department of Children and Families, Mental Health Program Office, 1317 Winewood Blvd., Bldg. 6, Room 239, Tallahassee, Florida 32399, (850)921-5724 (voice) or (850)921-5724 (TDD), no later than five full working days prior to the workshop.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

65E-5.100 Definitions.

As used in this chapter the following words and phrases have the following definitions:

(1) through (9) No change.

~~(10) Mental Health Counselor means an individual who is licensed as a mental health counselor under Chapter 491, F.S.~~

(10)~~(11)~~ Person means an individual of any age, unless statutorily restricted, with a mental illness served in or by a mental health facility or service provider.

(11)~~(12)~~ PRN means an individualized order for the care of an individual person which is written after the person has been seen by the practitioner, which order sets parameters for attending staff to implement according to the circumstances set out in the order.

(12)~~(13)~~ Protective medical devices mean a specific category of restraint that includes devices, or combinations of devices, to restrict movement for purposes of protection from falls or complications of physical care, such as geri-chairs, posey vests, mittens, belted wheelchairs, sheeting, and bed rails. The requirements for the use and documentation of use of these devices are for specific medical purposes rather than for behavioral control.

(13)~~(14)~~ Restraint means the immobilization of a person's body in order to restrict free movement or range of motion, whether by physical holding or by use of a mechanical device. For purposes of this chapter, restraint includes all applications of such procedures, specifically including emergency treatment orders and emergency medical procedures which includes protective medical devices for ambulating safety, or furniture used to protect mobility-impaired persons from falls and injury.

The use of walking restraints when used during transportation under the supervision of trained staff is not considered restraint.

(14)~~(15)~~ Seclusion means an emergency response in which, as a means of controlling a person's immediate symptoms or behavior, the person's ability to move about freely has been limited by staff or in which a person has been physically segregated in any fashion from other persons. Seclusion requires a written emergency treatment order by a physician except as described and authorized in Rule 65E-5.1602, F.A.C., of this rule chapter.

(15)~~(16)~~ Standing order means a broad protocol or delegation of medical authority that is generally applicable to a group of persons, hence not individualized. As limited by this chapter, it prohibits improper delegations of authority to staff that are not authorized by the facility, or not permitted by practice licensing laws, to independently make such medical decisions; such as decisions involving determination of need, medication, routes, dosages for psychotropic medication, or use of restraints or seclusion upon a person.

Specific Authority 394.457(5), 494.46715 FS. Law Implemented 394.455(1), 394.457, 394.4573(1)(b), 394.459(2), 394.4625, 394.4655, 394.467, 491, 765.101, 765.401 FS. History–New 11-29-98, Amended 4-4-05, _____.

65E-5.115 Mental Health Personnel.

Whenever the term physician, psychiatrist, clinical psychologist, clinical social worker, psychiatric nurse, marriage and family therapist, or mental health counselor is used in these rules, the term is as defined in Section 394.455, F.S.~~, or this rule chapter.~~

Specific Authority 394.457(5), 394.46715 FS. Law Implemented 394.455, 394.457(5)(a) FS. History–New 4-4-05, Amended _____.

65E-5.260 Transportation.

(1) Each law enforcement officer who takes a person into custody upon the entry of recommended form CF-MH 3001, Feb. 05, "Ex Parte Order for Involuntary Examination," which is incorporated by reference and may be obtained pursuant to Rule 65E-5.120, F.A.C., of this rule chapter, or other form provided by the court, or the execution of mandatory form CF-MH 3052b, Sept. 06 ~~Feb. 05~~, "Certificate of Professional Initiating Involuntary Examination," which is hereby incorporated by reference and may be obtained pursuant to Rule 65E-5.120, F.A.C., of this rule chapter or completion of mandatory form CF-MH 3052a, Sept. 06 ~~Feb. 05,~~ "Report of a Law Enforcement Officer Initiating Involuntary Examination," which is incorporated by reference and may be obtained pursuant to Rule 65E-5.120, F.A.C., of this rule chapter shall ensure that such forms accompany the person to the receiving facility for inclusion in the person's clinical record.

(2) No change.

Specific Authority 394.457(5) FS. Law Implemented 394.462, 394.462(1) FS. History–New 11-29-98, Amended 4-4-05, _____.

65E-5.280 Involuntary Examination.

(1) No change.

(2) Law Enforcement.

(a) If a law enforcement officer, in the course of his or her official duties, initiates an involuntary examination, the officer shall complete the mandatory form CF-MH 3052a, ~~Feb. 05,~~ "Report of Law Enforcement Officer Initiating Involuntary Examination," as referenced in subsection 65E-5.260(1), F.A.C.

(b) No change.

(3) through (4) No change.

(5) In order for the department to implement the provisions of Section 394.463(2)(e), F.S., and to ensure that the Agency for Health Care Administration will be able to analyze the data it receives pursuant to that section, designated receiving facilities shall forward copies of each recommended form CF-MH 3001, "Ex Parte Order for Involuntary Examination," as referenced in subsection 65E-5.260(1), F.A.C., or other order provided by the court, mandatory form CF MH 3052a, "Report of Law Enforcement Officer Initiating Involuntary Examination," as referenced in subsection 65E-5.260(1), F.A.C., mandatory form CF-MH 3052b, "Certificate of Professional Initiating Involuntary Examination," as referenced in subsection 65E-5.260(1), F.A.C., accompanied by mandatory form CF-MH 3118, Sept. 06 ~~Feb. 05~~, "Cover Sheet to Agency for Health Care Administration," which is hereby incorporated by reference and may be obtained pursuant to Rule 65E-5.120, F.A.C., of this rule chapter to: BA Reporting Center, FMHI-MHC 2737, 13301 Bruce B. Downs Boulevard, Tampa, Florida 33612-3807.

(6) through (8) No change.

Specific Authority 394.457(5) FS. Law Implemented 394.463, 394.463(2)(e), (h), 400 FS. History–New 11-29-98, Amended 4-4-05, _____.

65E-5.285 Involuntary Outpatient Placement.

(1) Petition for Involuntary Outpatient Placement.

(a) No change.

(b) Petition Filed by Receiving Facility Administrator.

1. through 2. No change.

3. The administrator of the receiving facility or a designated department representative shall identify the service provider that will have the responsibility of developing a treatment plan and primary responsibility for service provision under an order for involuntary outpatient placement, unless the person is otherwise participating in outpatient psychiatric treatment and is not in need of public financing for that treatment. Recommended form CF-MH 3140, Sept. 06 ~~Feb. 05~~, "Designation of Service Provider for Involuntary

Outpatient Placement," which is incorporated by reference and may be obtained pursuant to Rule 65E-5.120, F.A.C., of this rule chapter may be used for this purpose.

4. A treatment plan, complying with the requirements of Section 394.4655, F.S., and this rule, shall be attached to the petition, along with a certification from the service provider that:

a. The proposed services are available in the person's local community;

b. There is space available in the program or service for the person;

c. Funding is available for the program or service;

d. The service provider agrees to provide those services; and

e. Proposed services have been deemed to be clinically appropriate by a physician, clinical psychologist, clinical social worker, mental health counselor, marriage and family therapist, or psychiatric nurse, as defined in Section 394.455 ~~394.4599~~, F.S., who consults with, is employed by, or has a contract with the service provider.

5. Recommended form CF-MH 3145, Sept. 06 ~~Feb. 05~~, "Proposed Individualized Treatment Plan for Involuntary Outpatient Placement and Continued Involuntary Outpatient Placement", which is incorporated by reference and may be obtained pursuant to Rule 65E-5.120, F.A.C., of this rule chapter may be used for the development of a treatment plan.

6. through 7. No change.

(c) Petition Filed by Treatment Facility Administrator

1. through 3. No change.

4. The petition shall have attached an individualized treatment or service plan that addresses the needs identified in the discharge plan developed by the treatment facility as represented by form CF-MH 3145, ~~Feb. 05,~~ "Proposed Individualized Treatment Plan for Involuntary Outpatient Placement and Continued Involuntary Outpatient Placement," as referenced in subparagraph 65E-5.285(1)(b)5.~~4~~., F.A.C. The plan must have been deemed to be clinically appropriate by a physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker, as defined in Section 394.455, F.S.

5. No change.

(2) No change.

(3) Court Order.

(a) No Change.

(b) Upon receipt of the court order for Involuntary outpatient placement, the administrator of a treatment facility will provide a copy of the court order and adequate documentation of a person's mental illness to the service provider, including any advance directives, a psychiatric evaluation of the person, and any evaluations of the person performed by a clinical psychologist, mental health counselor, marriage and family therapist, or clinical social worker.

(c) In order for the department to implement the provisions of Section 394.463(2)(e), F.S., and to ensure that the Agency for Health Care Administration will be able to analyze the data it receives pursuant to that section, service providers shall forward copies of each recommended form CF-MH 3155, "Order for Involuntary Outpatient Placement or Continued Involuntary Outpatient Placement," as referenced in paragraph 65E-5.285(3)(a), F.A.C., or other order provided by the court, accompanied by mandatory form CF-MH 3118, ~~Feb. 05,~~ "Cover Sheet to Agency for Health Care Administration," as referenced in subsection 65E-5.280(5), F.A.C., to: BA Reporting Center, FMHI-MHC 2637, 13301 Bruce B. Downs Boulevard, Tampa, Florida 33612-3807.

(d) No change.

(e) If a physician has determined the person who is subject to a court order for involuntary outpatient placement has failed or has refused to comply with the treatment ordered by the court, and in his or her clinical judgment, efforts were made to solicit compliance and the person meets the criteria for involuntary examination, the person may be brought to a receiving facility pursuant to Section 394.463, F.S. Mandatory form CF-MH 3052b, ~~Feb. 05,~~ "Certificate of a Professional Initiating Involuntary Examination," as referenced in subsection 65E-5.260(1), F.A.C., shall be used.

(4) Continued Involuntary Outpatient Placement.

(a) through (h) No change.

(i) In order for the department to implement the provisions of Section 394.463(2)(e), F.S., and to ensure that the Agency for Health Care Administration will be able to analyze the data it receives pursuant to that section, service providers shall forward copies of each recommended form CF-MH 3155, "Order for Involuntary Outpatient Placement or Continued Involuntary Outpatient Placement," as referenced in paragraph 65E-5.285(3)(a), F.A.C., or other order provided by the court, accompanied by mandatory form CF-MH 3118, ~~Feb. 05,~~ "Cover Sheet to Agency for Health Care Administration," as referenced in subsection 65E-5.280(5), F.A.C., to: BA Reporting Center, FMHI-MHC 2637, 13301 Bruce B. Downs Boulevard, Tampa, Florida 33612-3807.

(j) No change.

(k) If a physician has determined the person who is subject to a court order for involuntary outpatient placement has failed or has refused to comply with the treatment ordered by the court, and in his or her clinical judgment, efforts were made to solicit compliance and the person meets the criteria for involuntary examination, the person may be brought to a receiving facility pursuant to Section 394.463, F.S. Mandatory form CF-MH 3052b, ~~Feb. 05,~~ "Certificate of a Professional Initiating Involuntary Examination," as referenced in subsection 65E-5.260(1), F.A.C., shall be used.

(5) No change.

Specific Authority 394.46715 FS. Law Implemented 394.455, 394.455(18), 394.4599, 394.463, 394.4655, 394.4655(2)(a), 397.675 FS. History–New 4-4-05, Amended _____.

65E-5.290 Involuntary Inpatient Placement.

(1) through (9) No change.

(10) In order for the department to implement the provisions of Section 394.463(2)(e), F.S., and to ensure that the Agency for Health Care Administration will be able to analyze the data it receives pursuant to that section, designated receiving facilities and treatment facilities shall forward copies of each recommended form CF-MH 3008, "Order for involuntary Inpatient Placement," as referenced in paragraph 65E-5.1302(1)(b), F.A.C., or other order provided by the court, accompanied by mandatory form CF-MH 3118, ~~Feb. 05,~~ "Cover Sheet to Agency for Health Care Administration," as referenced in subsection 65E-5.280(5), F.A.C., to: BA Reporting Center, FMHI-MHC 2637, 13301 Bruce B. Downs Boulevard, Tampa, Florida 33612-3807.

Specific Authority 394.457(5), 394.46715 FS. Law Implemented 3994.463(2)(e), 394.467, 397.675 FS. History–New 11-29-98, Amended 4-4-05, _____.

65E-5.300 Continued Involuntary Inpatient Placement at Treatment Facilities.

(1) through (5) No change.

(6) In order for the department to implement the provisions of Section 394.463(2)(e), F.S., and to ensure that the Agency for Health Care Administration will be able to analyze the data it receives pursuant to that section, designated receiving facilities and treatment facilities shall forward copies of each recommended form CF-MH 3031, "Order for Continued Involuntary Inpatient Placement or Release," as referenced in subsection 65E-5.300(5), F.A.C., accompanied by mandatory form CF-MH 3118, ~~Feb. 05~~, "Cover Sheet to Agency for Health Care Administration," as referenced in subsection 65E-5.280(5), F.A.C., to: BA Reporting Center, FMHI-MHC 2637, 13301 Bruce B. Downs Boulevard, Tampa, Florida 33612-3807.

Specific Authority 394.457(5), 394.46715 FS. Law Implemented 394.463(2)(e), 394.467(6),(7) FS. History–New 11-29-98, Amended 4-4-05, _____.

65E-5.400 Baker Act Funded Services Standards.

(1) through (5) No change.

(6) Mobile Crisis Response Service and Mental Health Overlay Program Requirements.

(a) through (b) No change.

(c) Procedures must require employee's clinical activities and performance, as opposed to primarily administrative functions, are supervised by one of the following: a psychiatrist, physician, clinical psychologist, clinical social worker, mental health counselor, marriage and family therapist, or psychiatric nurse, as defined in Section 394.455, F.S.

(d) through (e) No change.

(7) No change.

Specific Authority 394.457(3), (5)(c), (6)(a) FS. Law Implemented 316, 394, Part I, 394.455(2), (4), (17), (19), (21), (23), (25), (34), (35), 394.4615, 394.462, 394.4625, 394.463, 395 FS. History–New 11-29-98, Amended 4-4-05, _____.

FLORIDA HOUSING FINANCE CORPORATION

RULE NOS.:	RULE TITLES:
67-21.002	Definitions
67-21.003	Application and Selection Process for Developments
67-21.004	Federal Set-Aside Requirements
67-21.006	Development Requirements
67-21.007	Fees
67-21.008	Terms and Conditions of MMRB Loans
67-21.009	Interest Rate on Mortgage Loans
67-21.010	Issuance of Revenue Bonds
67-21.013	Non-Credit Enhanced Multifamily Mortgage Revenue Bonds
67-21.014	Credit Underwriting Procedures
67-21.015	Use of Bonds with Other Affordable Housing Finance Programs
67-21.017	Transfer of Ownership
67-21.018	Refundings and Troubled Development Review
67-21.019	Issuance of Bonds for Section 501(c)(3) Entities
67-21.0035	Applicant Administrative Appeal Procedures
67-21.0045	Determination of Method of Bond Sale

PURPOSE AND EFFECT: The purpose of this Rule is to establish the procedures by which the Corporation shall: (1) administer the Application process, determine loan amounts, make and service mortgage loans for new construction or rehabilitation of affordable rental units under the Multifamily Mortgage Revenue Bond (MMRB) Program authorized by Section 142 of the Code and Section 420.509, F.S.

SUBJECT AREA TO BE ADDRESSED: The Rule Development workshop will be held to receive comments and suggestions from interested persons relative to the development of the 2007 application and program requirements for the MMRB Program, as specified in Rule Chapter 67-21, Florida Administrative Code (F.A.C.).

SPECIFIC AUTHORITY: 420.507, 420.508 FS.

LAW IMPLEMENTED: 420.509 FS.

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

DATE AND TIME: September 8, 2006 following the Board Meeting at a time to be announced at the conclusion of the Board Meeting

PLACE: Tallahassee City Hall, Commission Chambers, 300 South Adams Street, Tallahassee, FL 32301

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Valerie Turner at (850)488-4197. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Wayne Conner, Deputy Development Officer, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329, (850)488-4197

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE ON Florida Housing's web site www.floridahousing.org.

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

FLORIDA HOUSING FINANCE CORPORATION

RULE NOS.:	RULE TITLES:
67-48.001	Purpose and Intent
67-48.002	Definitions
67-48.004	Application and Selection Procedures for Developments
67-48.005	Applicant Administrative Appeal Procedures
67-48.007	Fees
67-48.009	SAIL General Program Procedures and Restrictions
67-48.010	Terms and Conditions of SAIL Loans
67-48.013	SAIL Construction Disbursements and Permanent Loan Servicing
67-48.014	HOME General Program Procedures and Restrictions
67-48.015	Match Contribution Requirement for HOME Allocation
67-48.017	Eligible HOME Activities
67-48.018	Eligible HOME Applicants
67-48.019	Eligible and Ineligible HOME Development Costs
67-48.020	Terms and Conditions of Loans for HOME Rental Developments
67-48.022	HOME Disbursements Procedures and Loan Servicing
67-48.023	Housing Credits General Program Procedures and Requirements
67-48.027	Tax-Exempt Bond-Financed Developments
67-48.028	Carryover Allocation Provisions
67-48.029	Extended Use Agreement
67-48.030	Sale or Transfer of a Housing Credit Development
67-48.031	Termination of Extended Use Agreement and Disposition of Housing Credit Developments
67-48.0072	Credit Underwriting and Loan Procedures
67-48.0075	Miscellaneous Criteria
67-48.0095	Additional SAIL Application Ranking and Selection Procedures
67-48.0205	Sale or Transfer of a HOME Development

PURPOSE AND EFFECT: The Purpose and effect is to establish the procedures by which the Corporation shall: (1) administer the Application process, determine loan amounts, make and service mortgage loans for new construction or rehabilitation of affordable rental units under the State Apartment Incentive Loan (SAIL) Program authorized by Section 420.5087, Florida Statutes (F.S.), and the HOME Investment Partnerships (HOME) Program authorized by Section 420.5089, Florida Statutes; and (2) administer the Application process, determine Housing Credit (HC) amounts and implement the provisions of the Housing Credit Program authorized by Section 42 of the Code and Section 420.5099, Florida Statutes.

SUBJECT AREA TO BE ADDRESSED: The Rule Development workshop will be held to receive comments and suggestions from interested persons relative to (1) the development of the 2007 application and program requirements for the SAIL, HOME, HC Programs, as specified in Rule Chapter 67-48, Florida Administrative Code (F.A.C.) and (2) amendments to the Florida Housing Finance Corporation's 2006 Qualified Allocation Plan (QAP).

SPECIFIC AUTHORITY: 420.507 FS.

LAW IMPLEMENTED: 420.5087, 420.5089, 420.5099 FS.

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

DATE AND TIME: September 8, 2006, following the Board Meeting at a time to be announced at the conclusion of the Board Meeting

PLACE: Tallahassee City Hall, Commission Chambers, 300 South Adams Street, Tallahassee, FL 32301

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the

agency at least 5 days before the workshop/meeting by contacting: Valerie Turner at (850)488-4197. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Vicki Robinson, Deputy Development Officer, Florida Housing Finance Corporation, 227 North Bronough Street, Suite 5000, Tallahassee, Florida 32301-1329, (850)488-4197

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE ON Florida Housing's web site www.floridahousing.org

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

DEPARTMENT OF FINANCIAL SERVICES

Division of Funeral, Cemetery, and Consumer Services

RULE NOS.:	RULE TITLES:
69K-6.0015	Definition of Established Adult Grave Space
69K-6.0016	Definition of Developed Area

PURPOSE AND EFFECT: Section 497.274, F.S., requires that a standard adult grave space be 42 inches in width and 96 inches in length. However, adult grave spaces established prior to October 1, 2005 are not required to meet this standard. Section 497.274, F.S., also requires cemetery companies to prepare maps and establish internal survey reference markers in areas planned for development. The proposed rules define the terms established adult grave space and developed area to provide clarification.

SUBJECT AREA TO BE ADDRESSED: Defining the terms established adult grave spaces and developed areas as used in Section 497.274, F.S.

SPECIFIC AUTHORITY: 497.103(5)(a), 497.161(1)(a) FS.

LAW IMPLEMENTED: 497.161(1)(a), 497.274 FS.

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

DATE AND TIME: Tuesday, September 12, 2006, 2:00 p.m.

PLACE: Alexander Building, 2020 S.E. Capital Circle, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Diana Evans, (850)413-3039. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENTS AND A COPY OF THE PRELIMINARY DRAFT IS: Diana Evans, Executive Director, Board of Funeral, Cemetery, and Consumer Services, Alexander Building, 2020 S.E. Capital Circle, Tallahassee, Florida 32399-0361 (850)413-3039

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENTS IS:

69K-6.0015 Definition of Established Adult Grave Space.

An established adult grave space is one that was established in a garden designated for ground burials clearly shown in a Plan of Development provided to the Department prior to October 1, 2005 and which was surveyed and pinned with appropriate markers placed prior to October 1, 2005. If no Plan of Development was provided to the Department prior to October 1, 2005, than an established adult grave space is one that is in a section or garden in which a sale or sales were made and specific grave spaces were assigned and shown on a map prior to October 1, 2005.

Specific Authority 497.103(5)(a), 497.161(1)(a) FS. Law Implemented 497.161(1)(a), 497.274 FS. History–New _____.

69K-6.0016 Definition of Developed Area.

(1) A developed area in a cemetery is a garden or other specifically defined area in which there is an established adult grave space as defined in Rule 69K-6.0015, F.A.C., or established after October 1, 2005.

(2) For the purposes of this rule, the following will not be considered an "undeveloped area":

(a) The addition of an area consisting of not more than 10 adult grave spaces that are created within 50 feet of an adjacent section or garden that contains grave spaces developed prior to or after October 1, 2005 and which is mapped and has internal reference markers.

(b) The addition of 4 or less spaces at any one time within or contiguous to a section or garden which is mapped and which has internal reference markers.

(3) Grave spaces developed pursuant to this rule must meet all the requirements of Section 497.274, F.S., with the exception of having a licensed survey of the area.

Specific Authority 497.103(5)(a), 497.161(1)(a) FS. Law Implemented 497.161(1)(a), 497.274 FS. History–New _____.

DEPARTMENT OF FINANCIAL SERVICES

Division of Funeral, Cemetery, and Consumer Services

RULE NO.:	RULE TITLE:
69K-6.009	Identification Tags – Acceptable Materials, Locations, and Methods of Affixing

PURPOSE AND EFFECT: The proposed rule implements Section 497.171, F.S., which authorizes the Board to adopt rules specifying acceptable materials, locations, and methods

of affixing tags to caskets, alternative containers, cremation containers, outer burial containers, and cremation internment containers.

SUBJECT AREA TO BE ADDRESSED: Acceptable materials, locations, and methods of affixing identification tags to caskets, alternative containers, cremation containers, outer burial containers, and cremation internment containers.

SPECIFIC AUTHORITY: 497.103, 497.171 FS.

LAW IMPLEMENTED: 497.171 FS.

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

DATE AND TIME: Tuesday, September 12, 2006, 2:00 p.m.

PLACE: Alexander Building, 2020 S.E. Capital Circle, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Diana Evans, (850)413-3039. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Diana Evans, Executive Director, Board of Funeral, Cemetery, and Consumer Services, Alexander Building, 2020 Capital Circle, S.E., Tallahassee, Florida 32399-0361, (850)413-3039

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

69K-6.009 Identification Tags – Acceptable Materials, Locations, and Methods of Affixing.

(1) Caskets.

(a) Acceptable materials for an identification tag for a casket shall include only the following:

1. Plastic.

2. Non-corrosive metal.

3. Encased in plastic.

4. Plasticized paper used with laser printer or permanent marker pen.

5. Weatherproof adhesive labels used with laser printer or permanent marker pen.

(b) Acceptable locations for an identification tag for a casket shall include:

1. Tag affixed on top, side, end, or handle.

2. Tag placed in seam between lid and base of casket when it does not have handles.

(c) Acceptable methods to affix the identification tag on a casket shall include:

1. Tag taped, glued or epoxied to casket with durable and long-lasting adhesive.

2. Tag attached by metal, plastic, or wire on handle of casket.

3. Plastic strap.

4. Non-corrosive metal strap.

5. Non-corrosive wire twisters.

(2) Alternative Containers.

(a) Acceptable materials for an identification tag for an alternative container shall include only the following:

1. Plastic.

2. Metal.

3. Encased in plastic.

4. Plasticized paper used with laser printer or permanent marker pen.

5. Weatherproof adhesive labels used with laser printer or permanent marker pen.

(b) Acceptable locations for an identification tag for an alternative container shall include:

Tag affixed on top, side, end, or handle of alternative container.

(c) Acceptable methods to affix an identification tag on an alternative container shall include:

1. Tag taped, glued or epoxied to alternative container with durable and long-lasting adhesive.

2. Tag attached by metal, plastic, or wire on handle of alternative container.

3. Plastic strap.

4. Non-corrosive metal strap.

5. Non-corrosive wire twisters.

(3) Cremation Containers.

(a) Acceptable materials for an identification tag for a cremation container shall include only the following:

1. Plastic.

2. Metal.

3. Encased in plastic.

4. Plasticized paper used with laser printer or permanent marker pen.

5. Weatherproof adhesive labels used with laser printer or permanent marker pen.

(b) Acceptable locations for an identification tag for a cremation container shall include:

Tag affixed on top, side, end, or handle of alternative container.

(c) Acceptable methods to affix an identification tag on a cremation container shall include:

1. Tag taped, glued or epoxied to cremation container with durable and long-lasting adhesive.

2. Tag attached by metal, plastic, or wire on handle of cremation container.

3. Plastic strap.

4. Metal strap.

5. Wire twisters.

(4) Outer Burial Containers.

(a) Acceptable materials for a tag or permanent marker for outer burial containers shall include only the following:

1. Non-corrosive metal.

2. Plastic.

3. Written directly on container by paint, indelible ink, etching, or engraving.

(b) Acceptable locations for a tag or permanent marker for outer burial containers shall include:

1. Tag affixed on top, side, end, handle, or hook.

2. Inside niche or crypt.

(5) Cremation Interment Containers.

(a) Acceptable materials for a tag or permanent marker for cremation interment containers shall include only the following:

1. Non-corrosive metal.

2. Plastic.

3. Written directly on container by paint, indelible ink, etching, or engraving.

(b) Acceptable locations for a tag or permanent marker for cremation interment containers shall include:

Exterior of cremation interment container.

(6) Any materials or methods of affixing an identification tag which are not listed above shall not be used without the prior approval of the Board.

Specific Authority 497.103(5)(a), 497.171 FS. Law Implemented 497.103(1)(n), 497.171 FS. History–New _____.

DEPARTMENT OF FINANCIAL SERVICES

Division of Worker's Compensation

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
69L-56	Electronic Data Interchange (EDI) Technical Requirements
RULE NOS.:	RULE TITLES:
69L-56.001	Forms and Instructions
69L-56.002	Definitions
69L-56.100	Proof of Coverage (POC) Electronic Filing Requirements
69L-56.110	Technical Requirements for POC EDI Transmissions
69L-56.200	Policy Cancellation or Non-Renewal Requirements
69L-56.210	Time Periods for Filing Electronic Policy Information
69L-56.300	Claims EDI Reporting Requirements and Implementation Schedules
69L-56.301	Electronic First Report of Injury or Illness
69L-56.3012	Electronic Notice of Denial
69L-56.3013	Electronic Periodic Claim Cost Report
69L-56.304	Electronic Notice of Action or Change, Including Change in Claims Administration, Required by the Insurer's Primary Implementation Schedule
69L-56.3045	Electronic Notice of Action or Change, Suspensions, and Reinstatement of Indemnity Benefits Required by the Insurer's Secondary Implementation Schedule
69L-56.307	Electronic Cancellation
69L-56.310	Technical Requirements for Claims EDI Transmissions
69L-56.320	Claims EDI Test to Production Status Requirements
69L-56.330	Electronic Formats for Reporting the Employee's 8th Day of Disability and the Claim Administrator's Knowledge of 8th Day of Disability
69L-56.500	Insurer Responsibilities Where Third Party Services Are Utilized

PURPOSE AND EFFECT: Rule Chapter 69L-56, F.A.C., is being amended to incorporate by reference the revised Florida Division of Workers' Compensation Proof of Coverage (POC) Electronic Data Interchange (EDI) Implementation Manual and the International Association of Industrial Accident Boards and Commission (IAIABC) EDI Implementation Guide for Proof of Coverage using the revised Release 2.1 national standard, and to modify transmission filing requirements to allow for daily receipt/processing of electronic POC files by the Division. Rule Chapter 69L-56, F.A.C., also creates filing requirements of insurers to electronically submit by specified time periods, claims information otherwise reported on Forms DFS-F2-DWC-1, DFS-F2-DWC-12, DFS-F2-DWC-13, DFS-F2-DWC-4, and DFS-F2-DWC-49 adopted in Rule Chapter 69L-3, F.A.C., plus certain electronic changes and cancellation notices for which there are no form equivalents promulgated by rule. The rule also incorporates by reference the Florida Division of Workers' Compensation Claims EDI Release 3 Implementation Manual, and the IAIABC Claims EDI Implementation Guides for Release 3.

SUBJECT AREA TO BE ADDRESSED: Electronic filing requirements and implementation schedules for Claims EDI (non-medical) filings.

SPECIFIC AUTHORITY: 440.185(7), 440.42(3), 440.591, 440.593 FS.

LAW IMPLEMENTED: 440.185(7), 440.42(3), 440.591, 440.593, 627.4133(4) FS.

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

DATE AND TIME: Wednesday, September 13, 2006, 9:00 a.m.

PLACE: Homewood Suites, Capitol Ballroom, 2987 Apalachee Parkway, Tallahassee, FL 32301

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Linda Yon at (850)413-1702 or Linda.yon@fldfs.com If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT IS: Linda Yon, EDI Coordinator, Office of Data Quality and Collection, Division of Workers' Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4226, phone (850)413-1702 or Linda.yon@fldfs.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

69L-56.001 Forms and Instructions.

(1) The following forms are incorporated herein by reference and adopted for use in filing Proof of Coverage (POC) and Claims (non-medical) Electronic Data Interchange (EDI) transactions ~~transmissions~~ to the Division. All of the forms may be obtained from the Division of Workers' Compensation at its website, http://www.fldfs.com/wc/edi.html~~, or by sending a request to the Division of Workers' Compensation, Office of Data Quality & Collection, 200 East Gaines Street, Tallahassee, Florida 32399-4226~~.

(a)~~(1)~~ DFS-F5-DWC-EDI-1, "EDI Trading Partner Profile" (xx/xx/2006 ~~01/01/2005~~).

(b)~~(2)~~ DFS-F5-DWC-EDI-2, "EDI Trading Partner Insurer/Claim Administrator ID List" (xx/xx/2006 ~~01/01/2005~~).

(c)~~(3)~~ DFS-F5-DWC-EDI-3, "EDI Transmission Profile-Sender's Specifications" (xx/xx/2006 ~~01/01/2005~~).

(d)~~(4)~~ DFS-F5-DWC-EDI-4, Secure Socket Layer (SSL)/File Transfer Protocol (FTP) Instructions (xx/xx/2006 ~~01/01/2005~~).

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History–New 3-5-02, Formerly 38F-56.001, 4L-56.001, Amended 5-29-05, _____.

69L-56.002 Definitions.

Unless otherwise defined in this section, definitions of data elements and terms used in this rule are defined in the Data Dictionary located in Section 6 of the "IAIABC Implementation Guide for Claims: First, Subsequent, Header, Trailer & Acknowledgement Detail Records, Release 3, June 1, 2006 Edition", and in the Data Dictionary located in Section 6 of the "IAIABC Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 04/01/06 Edition", and in the IAIABC "Glossary", and in the IAIABC "Supplement" for both POC and Claims, all of which are incorporated herein by reference. Copies of the IAIABC guides and glossary may be obtained from the IAIABC's website at, www. iaiabc.org/edi/implementation.htm.

When used in this chapter, the following terms have the following meanings:

(1) "Acknowledge" or "acknowledgement" means a response provided by the Division to communicate the acceptance or rejection of an electronic transaction sent to the Division. An acknowledgement returned by the Division will reflect the assignment of an Application A~~a~~cknowledgment C~~c~~ode of "TA" (Transaction Accepted) ~~(TA)"~~ if the transaction was accepted by the Division, or "TR" (Transaction Rejected) ~~(TR)"~~ if the transaction was rejected by the Division. If a transaction was assigned an Application A~~a~~cknowledgement C~~c~~ode of "TA" (Transaction Accepted) ~~(TA)"~~, the date the transaction was received by the Division will be used in determining whether an electronic form ~~equivalent~~ was timely filed with the Division.

(2) "Award/Order Date" means the date an order was signed by a Judge of Compensation Claims.

(3) "Average Wage" means the employee's average weekly wage as determined in Section 440.14, F.S.

(4)~~(2)~~ "Batch" means a set of records containing one header record, one or more detailed transactions, and one trailer record.

(5) "Benefit Payment Issue Date" reported for MTC "IP" (Initial Payment), "AP" (Acquired Payment), "PY" (Payment), and "RB" (Reinstatement of Benefits) means the date payment of a benefit left the control of the claim administrator (or the claim administrator's legal representative if delivery is made by the legal representative) for delivery to the employee or the employee's representative, whether by U.S. Postal Service or other delivery service, hand delivery, or deposit by electronic funds transfer. "Benefit Payment Issue Date" for MTC "S1-8" (Suspension reasons) means the date the last indemnity check prior to suspension of benefits left the control of the claim administrator (or the claim administrator's legal representative if delivery is made by the legal representative) for the delivery to the employee or the employee's representative, whether by U.S. Postal Service or other delivery service, hand delivery, or deposit by electronic funds transfer. The Benefit Payment Issue Date shall not be sent as the date the check is requested, created, or issued in the claim administrator's system unless the check leaves the control of the claim administrator the same day it is requested, created, or issued for delivery to the employee or the employee's representative.

(6) "Business day" means a day on which normal business is conducted by the State of Florida and excludes observed holidays as set out in Section 110.117, F.S. (see also www.myflorida.com/myflorida/government/policies/holidays).

(7) "Calculated Weekly Compensation Amount" means 66 2/3% of the employee's average weekly wage pursuant to Section 440.14, F.S., subject to the minimum and maximum amounts set out in Section 440.12, F.S., (a/k/a/ the statutory compensation rate).

(8) "Catastrophic Event" means the occurrence of an event outside the control of an insurer, claim administrator, or third party vendor, such as a telecommunications failure due to a natural disaster or act of terrorism (including but not limited to cyber terrorism), in which recovery time will prevent an insurer, claim administrator, or third party vendor from meeting the filing requirements of Chapter 440, F.S., and this rule. Programming errors, systems malfunctions, or electronic data interchange failures that are not the direct result of a catastrophic event are not considered to be a catastrophic event as defined in this rule.

(9)~~(3)~~ "Claim Administrator" means any insurer, service company/third party administrator, self-serviced self-insured employer or fund, or managing general agent, responsible for adjusting workers' compensation claims, ~~a "Claims-Handling Entity" as defined in Rule 69L-3, F.A.C.,~~ that is electronically sending its data directly to the Division.

(10) "Claim Administrator Primary Address", "Claim Administrator Secondary Address", "Claim Administrator City", "Claim Administrator State Code", and "Claim Administrator Postal Code" comprise the address associated with the physical location of the claims office at which the workers' compensation claim is being adjusted.

(11) "Claim Administrator Alternate Postal Code" means the zip code associated with the Claim Administrator's mailing address established for receiving mail on behalf of the claims office at which the claim is being adjusted.

(12) "Claim Type Code" means a code representing the current classification of the claim as either a "Lost Time /Indemnity Case" (Claim Type Code "I"), or "Medical Only to Lost Time Case" (Claim Type Code "L").

(13) "Date of Maximum Medical Improvement" (MMI) means the date on which maximum medical improvement has been achieved with respect to all compensable medical or psychiatric conditions caused by a compensable injury or disease (i.e., overall MMI).

(14) "Date Claim Administrator Had Knowledge of Lost Time" means the date the claim administrator was notified or became aware that the employee was disabled or claimed disability for eight (8) or more days and was entitled to or claimed entitlement to indemnity benefits. If the claim administrator acquired the claim from another claim administrator and is filing the Electronic First Report of Injury or Illness with the Division, the "Date Claim Administrator Had Knowledge of Lost Time" shall be the date the acquiring claim administrator had knowledge of the employee's 8th day of disability or claimed 8th day of disability.

(15)~~(4)~~ "Days" means calendar days, unless otherwise noted.

(16) "Denied Case" means a "Full Denial" or "Partial Denial" case for which all indemnity benefits are initially denied by the claim administrator.

(17)~~(5)~~ Department" means the Department of Financial Services.

(18)~~(6)~~ "Division" means the Division of Workers' Compensation.

(19)~~(7)~~ "Electronic Data Interchange" (EDI) means a computer-to-computer exchange of business transactions in a standardized electronic format.

(20)~~(8)~~ "Electronic Form Equivalent" means information sent in Division-approved electronic formats as specified in this rule, instead of otherwise required paper documents. Electronic form equivalents may require additional information not required in Rule Chapter 69L-3, F.A.C., for paper form filings. Electronic form equivalents do not include information sent by facsimile, file data attached to electronic mail, or computer-generated paper forms.

(21) "Employer Paid Salary in Lieu of Compensation" means the employer paid the employee salary, wages, or other remuneration for a period of disability for which the insurer would have otherwise been obligated to pay indemnity benefits. This does not include the waiting week if the employee was not disabled for 22 or more days.

(22)~~(9)~~ "File" or "Filed" means a transaction has been received by the Division and passes quality and structural edits and is assigned an Application A~~a~~cknowledgement C~~c~~ode of "TA" (Transaction Accepted) ~~(TA)~~".

(23)~~(10)~~ "FROI" means the First Report of Injury Record Layout adopted by the IAIABC as a Claims EDI Release 3 standard, ~~"IAIABC Release 1 First Report of Injury (148) format adopted by the IAIABC~~, and is comprised of the First Report of Injury Record identified by Transaction Set ID "148" paired with the First Report of Injury Companion Record identified by Transaction Set ID "R21". The "FROI" record layout (148/R21) is located in the Technical Documentation, Section 2, ~~on Pages "4-13" and "4-14"~~ in the IAIABC EDI Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 3~~1~~, June 1, 2006 ~~February 15, 2002~~, which is incorporated herein by reference. A copy of the guide may be obtained from the IAIABC's website ~~found~~ at http://iaiabc.org/edi/implementation.htm. ~~www.iaiabc.org/EDI/implementation_guide_index.htm.~~

(24) "Full Denial" means any case for which the claim administrator has denied liability for all workers' compensation benefits (i.e., both indemnity and medical benefits). A "Full Denial" is represented by a FROI or SROI Maintenance Type Code 04 (Denial).

(25) "Gross Weekly Amount" means the weekly amount payable for a specific Benefit Type. The Gross Weekly Amount is usually equal to the Calculated Weekly Compensation Amount (a/k/a/ statutory compensation rate) except when the weekly rate for a Benefit Type is paid as a percentage of either the Calculated Weekly Compensation Amount (Comp Rate), Average Wage, or average temporary total disability benefits, such as for Permanent Total Supplemental Benefits, Death Benefits, and Impairment Income Benefits.

(26)~~(11)~~ "Header Record" means the first record of a batch. The header record shall uniquely identify a sender, as well as the date and time a batch is prepared, and the transaction set within the batch.

(27)~~(12)~~ "IAIABC" means the International Association of Industrial Accident Boards and Commissions (www.iaiabc.org), which is a professional trade association comprised of state workers' compensation regulators and insurance representatives.

(28) "Industry Code" means the code that represents the nature of the employer's business as published in the North American Industry Classification System (NAICS) 2002 Edition, hereby incorporated by reference. NAICS code information may be obtained by contacting the NAICS Association, 341 East James Circle, Sandy, Utah, 84070, or from the NAICS website at www.naics.com.

(29) "Initial Date of Lost Time" means the employee's eighth (8th) day of disability, i.e., the first day on which the employee sustains disability as defined in Section 440.02, F.S., after fulfilling the seven (7) day waiting week requirement in Section 440.12, F.S.

(30) "Insurer" means an insurer as defined in Section 440.02, F.S.

(31)~~(13)~~ "Insurer Code #" means the Division-assigned number for the insurer bearing the financial risk of the claim ~~is defined in Chapter 69L-3, F.A.C~~.

(32)~~(14)~~ "Jurisdiction Designee Received Date" means the date on which a third party vendor received Proof of Coverage data from an insurer that is not submitting their electronic Proof of Coverage data directly with the Division. This date shall be used in place of the date the Division received electronic Proof of Coverage data for purposes of calculating the effective date of the cancellation or non-renewal, and timely filings of electronic Proof of Coverage data.

(33) "Knowledge" or "Notification" means an entity's earliest receipt of information, including by mail, telephone, facsimile, direct personal contact, or electronic submission.

(34) "Lost Time/Indemnity Case" means a work-related injury or illness which causes the employee to be disabled for more than 7 calendar days, or for which indemnity benefits have been paid. A Lost Time/Indemnity Case shall also include: A case involving a compensable volunteer as defined in Section 440.02, F.S., where no indemnity benefits will be paid, but where the employee is disabled for more than 7 calendar days; a compensable death case pursuant to Section 440.16, F.S., for which there are no known or confirmed dependents; and a case where a compensable injury results in disability of more than 7 calendar days where the "Employer Paid Salary in Lieu of Compensation" as defined in this section. The first 7 calendar days of disability do not have to occur consecutively, but are determined on a cumulative basis and can occur over a period of time. A "Lost Time/Indemnity Case" is represented by Claim Type Code "I" (Indemnity).

(35)~~(15)~~ "Maintenance Type Code" (MTC) is an IAIABC code that defines the specific purpose of individual claims transactions within the batch being sent, i.e., a code that represents the type of filing being sent electronically (For example: IP = initial payment, 04 = T~~t~~otal or Full D~~d~~enial). MTC's and data elements required by this rule may not exactly match paper claim forms and associated data reporting requirements set out in Rule Chapter 69L-3, F.A.C.

(36) "Manual Classification Code" means the 4-digit code assigned by the National Council on Compensation Insurance (NCCI) for the particular occupation of the injured employee as documented in the NCCI Scopes™ Manual 2004 Edition, which is hereby incorporated by reference. A listing of Manual Classification Codes may be obtained by contacting NCCI's Customer Service Center at (800)622-4123.

(37) "Medical Only Case" means a work-related injury or illness which requires medical treatment for which charges will be incurred, but which does not cause the employee to be disabled for more than 7 calendar days.

(38) "Medical Only to Lost Time Case" means a work-related injury or illness which initially does not result in disability of more than 7 calendar days, but later results in actual or claimed disability of more than 7 days, i.e., where disability is delayed and does not immediately follow the accident, or where one or more broken periods of disability occur within the first 7 days after disability has commenced and combined disability periods eventually total more than 7 days. A "Medical Only to Lost Time Case" includes a case for which Impairment Income Benefits are paid based on the assignment of the "Date of Maximum Medical Improvement" with a "Permanent Impairment Percentage" greater than zero (0) percent, or for which the initial payment of indemnity benefits is made in a lump sum for an award, advance, stipulated agreement or settlement, or for which indemnity benefits are claimed more than 14 days after the claim administrator's knowledge of the injury and are subsequently denied. A "Medical Only to Lost Time Case" is represented by Claim Type Code "L" (Became Lost Time).

(39) "Net Weekly Amount" means the weekly amount paid for a Benefit Type Code (i.e., Temporary Total, Impairment Income Benefits, etc.), minus any Benefit

Adjustments or Benefit Credits being applied to the benefit type. The Net Weekly Amount equals the "Gross Weekly Amount" where no adjustments or credits are applied.

(40) "Partial Denial" means a case where compensability is accepted but the claim administrator is initially denied all indemnity benefits and only medical benefits will be paid; also means a case where a specific indemnity benefit(s) was previously paid but subsequently denied, either in whole or in part. A "Partial Denial" is represented by a SROI Maintenance Type Code "PD".

(41) "Payment Issue Date" for MTC "IP" (Initial Payment), "AP" (Acquired Payment), "PY" (Payment), and "RB" (Reinstatement of Benefits) means the date payment of a specific benefit left the control of the claim administrator (or the claim administrator's legal representative if delivery is made by the legal representative) for delivery to the employee or the employee's representative, whether by U.S. Postal Service or other delivery service, hand delivery, or deposit by electronic funds transfer. The Payment Issue Date shall not be sent as the date the check is requested, created, or issued in the claim administrator's system unless the check leaves the control of the claim administrator the same day it is requested, created, or issued for delivery to the employee or the employee's representative.

(42) "Permanent Impairment Percentage" means "Permanent Impairment" as defined in Section 440.02, F.S.

(43)~~(16)~~ "Sender" means one of the following entities sending electronic filings to the Division:

(a) Claim Administrator,

(b) Insurer, or

(c) Third Party Vendor (Proof of Coverage only) For Claims EDI filing purposes, "sender" does not include an entity acting as an intermediary for sending transmissions to the Division on behalf of an insurer or claim administrator where the sender is not the insurer or claim administrator handling the claim.

(44)~~(17)~~ "SROI" means the Subsequent Report of Injury Record Layout adopted by the IAIABC as a Claims EDI Release 3 standard ~~"IAIABC Release 1 Subsequent Report of Injury (A49)" format adopted by the IAIABC.~~, and includes the Subsequent Report Record identified by Transaction Set "A49" paired with the Subsequent Report Companion Record identified with Transaction Set ID "R22". The "SROI" record layout (A49/R22) is located in the Technical Documentation, Section 2, ~~on Pages "4-15" and "4-16"~~ in the IAIABC EDI Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 3 ~~1~~, June 1, 2006 ~~February 15, 2002~~, and Supplement, which is incorporated herein by reference. A copy of the guide may be obtained from the IAIABC's website at http://iaiabc.org/edi/implementation.htm.

(45)~~(18)~~ "Third Party Vendor" means an entity acting as a submission agent or vendor on behalf of an insurer, service company or third party administrator, which ~~that~~ has been authorized to electronically send required data to the Division.

(46)~~(19)~~ "Trading Partner" means an entity approved by the Division to exchange ~~exchanging~~ data electronically with the Division.

(47)~~(20)~~ "Trailer Record" means the last record that designates the end of a batch of transactions. It shall provide a count of transactions contained within the batch, not including the header and trailer transactions.

(48)~~(21)~~ "Transaction" is one or more records within a batch which communicates information representing ~~about~~ an ~~particular~~ electronic form equivalent.

(49)~~(22)~~ "Transaction Accepted Code "~~(~~TA~~)~~" means an Application A~~a~~cknowledgement C~~c~~ode assigned by the Division to represent that a transaction was sent to the Division and passed required edits.

(50)~~(23)~~ "Transaction Rejected Code "~~(~~TR~~)~~" means an Application A~~a~~cknowledgement C~~c~~ode assigned by the Division to represent that a transaction was sent to the Division and did not pass required edits.

(51)~~(24)~~ "Transmission" consists of one or more batches sent to or received by the Division or a trading partner.

(52)~~(25)~~ "Triplicate Code" is a series of three two-digit numeric codes that define the specific purpose of individual records in a Proof of Coverage transmission, i.e., new policy, renewal, endorsement, cancellation or non-renewal. It is a combination of the Transaction Set Purpose Code, Transaction Set Type Code and Transaction Set Reason Code as defined in the Data Dictionary, Section 6 ~~7~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 04/01/06 Edition ~~May 1, 2002~~, which is incorporated herein by reference. A copy of the guide may be found at http://iaiabc.org/edi/implementation.htm ~~www.iaiabc.org/EDI/implementation_guide_index.htm~~.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History–New 3-5-02, Formerly 38F-56.002, 4L-56.002, Amended 5-29-05, _____.

69L-56.100 Proof of Coverage (POC) Electronic Filing Requirements.

(1) Effective March 1, 2002, every insurer authorized to insure employers in the State of Florida, except for individual self-insurers approved under Section 440.38, F.S., shall file policy information electronically to the Division rather than by filing on paper forms previously required.

(a) Every insurer shall send to the Division ~~department~~ by electronic data interchange electronic policy information for Certificates of Insurance, Endorsements, Reinstatements, Cancellations and Non-Renewals pursuant to the filing time periods in Rule 69L-56.210, F.A.C.~~, of this chapter~~. Such

policy information shall be sent in accordance with the "EDI Trading Partner Requirements" set forth in Section 2 through 6 of the Florida Division of Workers' Compensation Proof of Coverage Electronic Data Interchange (EDI) Implementation Manual, July 2006 ~~January 2005~~, which is incorporated herein by reference. A copy of the manual may be obtained from the Division of Workers' Compensation at its website, http://www.fldfs.com/wc/edi.html~~, or by sending a request to the Division of Workers' Compensation, Office of Data Quality & Collection, 200 East Gaines Street, Tallahassee, Florida 32399-4226~~. The Division will not accept an electronic transaction that fails to comply with the "EDI Trading Partner Requirements" in Section 2 through 6 in this manual. The insurer shall send electronic transmissions either directly to the Division or through a third party vendor.

(2) On or before April 2, 2007, all e~~E~~lectronic form equivalents of Proof of Coverage data shall be sent in the Proof of Coverage formats adopted by the IAIABC and located in Section 2 ~~on Pages "5-7" and "5-8"~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 04/01/06 Edition ~~May 1, 2002~~.

(3)(a) At least one (1) business day before the insurer or third party vendor sends its first transmission to the Division, the insurer or third party vendor shall send to the Division in an email addressed to poc.edi@fldfs.com, their profile information using the following forms adopted in Rule 69L-56.001, F.A.C.:

1. "EDI Trading Partner Profile," DFS-F5-DWC-EDI-1 (10/01/2006 ~~01/01/2005~~), and

2. "EDI Trading Partner Insurer/Claim Administrator ID List", DFS-F5-DWC-EDI-2 (10/01/2006 ~~01/01/2005~~), and

3. "EDI Transmission Profile – Sender's Specifications," DFS-F5-DWC-EDI-3 (10/01/2006 ~~01/01/2005~~).

(b) The insurer or third party vendor shall report changes to its profile information to the Division at least one (1) business day before sending transactions containing new profile-related information. The insurer or third party vendor shall report the new profile information by emailing a revised "EDI Trading Partner Profile", DFS-F5-DWC-EDI-1 (10/01/2006 ~~01/01/2005~~), and if applicable, the "EDI Trading Partner Insurer/Claim Administrator ID List", DFS-F5-DWC-EDI-2 (10/01/2006 ~~01/01/2005~~), and if applicable, the "EDI Transmission Profile – Sender's Specifications", DFS-F5-DWC-EDI-3 (10/01/2006 ~~01/01/2005~~) to the Division at poc.edi@fldfs.com.

(c) If the insurer suspends the use of a third party vendor and begins sending its electronic Proof of Coverage data directly to the Division, the insurer shall, at least one(1) business day prior to the effective date of this change, email a revised "EDI Transmission Profile – Sender's Specifications," DFS-F5-DWC-EDI-3 (10/01/2006 ~~01/01/2005~~), to the Division at poc.edi@fldfs.com.

(d) If the insurer changes third party vendors, the insurer shall, at least one (1) business day prior to the effective date of the change, send an email to the Division at poc.edi@fldfs.com to report the name of the new vendor and effective date on which POC transactions will be sent by the new vendor.

(e) Insurers or third party vendors, that experience a catastrophic event resulting in the insurer's failure to meet the filing requirements of this rule, shall submit a written or electronic request to the Division for approval to submit required electronic form equivalents in an alternative filing timeline. The request shall be sent to the Division within 15 business days after the catastrophic event. The request shall contain a detailed explanation of the nature of the event, date of occurrence, and measures being taken to resume electronic submission. The insurer or third party vendor shall also provide an estimated date by which electronic submission of affected EDI filings will be resumed. Approval to submit in an alternative filing timeline shall be granted by the Division if a catastrophic event prevents electronic submission. The approval must be obtained from the Division's Office of Data Quality and Collection, 200 E. Gaines Street, Tallahassee, Florida 32399-4226, or via email at poc.edi@fldfs.com.

Specific Authority 440.591, 440.593(5), 440.185(7) FS. Law Implemented 440.593, 440.185(7) FS. History–New 3-5-02, Formerly 38F-56.100, 4L-56.100, Amended 5-29-05, _____.

69L-56.110 Technical Requirements for POC EDI Transmissions ~~Transactions~~.

(1) In order to send Proof of Coverage data electronically to the Division, the insurer or third party vendor shall complete the testing requirements set forth in Section 1 of the Florida Division of Workers' Compensation Proof of Coverage Electronic Data Interchange (EDI) Implementation Manual, July 2006 ~~January 2005~~. Each transmission for Test~~, Pilot~~ or Production purposes shall be in the PC1-Insured Record format and PC2-Employer Record format located in Section 2 ~~on Pages "5-7" and "5-8"~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 04/01/06 Edition and Supplement ~~May 1, 2002~~ .

(2) Each transmission shall contain the following as set forth in Section 2 ~~on Pages "5-6" and "5-8"~~ of ~~in~~ the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 04/01/06 Edition ~~May 1, 2002~~:

(a) Header Record.

(b) One or more records – PC1, PC2 (See "Transaction Overview, Sub Type Code ~~Carrier-Insurer Submits~~" column located in Section 4 ~~on Pages "6-7" through "6-12"~~ of the guide).

(c) Trailer Record.

(3) Header records shall include the following information:

(a) Receiver FEIN for the State of Florida: 59-6001874.

(b) "Receiver Postal Code" for the State of Florida: 323994226 ~~effective June 1, 2005. (Receiver Postal Code may be sent as 323990685 through May 31, 2005)~~.

(c) Sender Identifier. The Sender Identifier (Sender ID) shall consist of the insurer's or third party vendor's FEIN and Postal Code as reported on Form DFS-F5-DWC-EDI-3 (10/01/2006 ~~01/01/2005~~), EDI Transmission Profile – Sender's Specifications.

(d) "Sender Postal Code" is indicated in DWC Form EDI-3 "EDI Transmission Profile- Sender's Specifications."

(4) POC EDI transmissions may be sent on a daily basis, and shall be sent via secured File Transfer Protocol (FTP). Effective June 1, 2005, electronic transmissions of Proof of Coverage data required pursuant to this rule, shall be sent to the Division using Secure Socket Layer/File Transfer Protocol (SSL/FTP) ~~with a client software program to accomplish SSL/FTP uploads and downloads~~ in accordance with instructions on Form DFS-F5-DWC-EDI-4 (10/01/2006 ~~01/01/2005~~).

(5) Transmissions received on or before 9:00 p.m., Eastern Standard Time, shall be processed by the Division the same day the transmission was sent to the Division and acknowledged by the Division the next business day. Transmissions received after 9:00 p.m. through 11:59 p.m., Eastern Standard Time, shall be processed by the Division the following day and acknowledged by the Division the next business day after the transmission is processed.

~~(5)(a) Transmissions sent Monday through Saturday: In order for a transmission sent Monday through Saturday to be processed as received by the Division and acknowledged the same day the transmission was sent, the insurer or third party vendor shall send the transmissions by 9:00 p.m., Eastern Standard Time, Monday through Saturday. Transmissions received after 9:00 p.m. Eastern Standard Time, Monday through Saturday shall be processed as received by the Division and acknowledged the day after the transmission was sent.~~

~~(b) Transmissions sent Sunday: In order for a transmission sent on Sunday to be processed as received by the Division on Sunday, the insurer or third party vendor shall send the transmission by 4:00 p.m., Eastern Standard Time, Sunday. Transmissions received by 4:00 p.m. Eastern Standard Time, Sunday, will be acknowledged on Monday. Transmissions received after 4:00 p.m. Eastern Standard Time, Sunday, shall be processed as received by the Division on Monday and acknowledged on Monday.~~

(6) Transmissions shall be sent using the flat file PC1 and PC2 formats located in Section 2 ~~on Pages "5-7" and "5-8"~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 04/01/06 Edition and Supplement ~~May 1, 2002~~ .

(7) For ~~During~~ test ~~and pilot~~ transmissions, the "Test-Production Indicator" in the Header record shall be set to "T." Beginning with authorized production transmissions, the "Test-Production Indicator" shall be set to "P."

(8) All insurers or third party vendors shall have the capability to receive and process the Division's POC EDI Acknowledgement Transaction (AKP), described in Section 2 ~~on Page "5-8"~~ of ~~in~~ the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 04/01/06 Edition ~~May 1, 2002~~ and Supplement. The Division will also send, when applicable, a re-acknowledgment transaction (ACR) to identify an EDI filing previously acknowledged with Application Acknowledgement Code "TR" but subsequently re-processed by the Division due to incorrect prior processing, and re-assigned an Application Acknowledgement Code of "TA" (Transaction Accepted). The claim administrator shall have the option of processing re-acknowledgement transactions.

(9) The definitions established in Section 6 ~~7~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 04/01/06 Edition ~~May 1, 2002.~~ and Supplement, shall be utilized when reporting data elements to the Division.

(10) The insurer or third party vendor shall send the PC1 and PC2 transactions required in Rule 69L-56.210, F.A.C., in accordance with the information appearing in the "Sub Type Code ~~Carrier-Insurer Submits~~" column in the "Proof of Coverage Transaction Overview" document, located in Section 4 ~~on Pages "6-7" through "6-12"~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 04/01/06 Edition ~~May 1, 2002~~. If the PC2 record is required and is rejected by the Division, both the PC1 and PC2 records shall be re-sent together in the same transmission. The Division will not "hold" a PC1 record in anticipation of the return of a corrected corresponding PC2 record.

(11) The insurer or third party vendor's business and technical contacts shall have e-mail system capabilities that support Word, Excel, or PDF attachments from the Division.

(12) The insurer or third party vendor shall utilize anti-virus software to screen out and clean any viruses on all electronic transmissions prior to sending transmissions to the Division. The insurer or third party vendor shall maintain the anti-virus software with the most recent anti-virus update files from the software provider. If the insurer or third party vendor sends a transmission that contains a virus which prevents the Division from processing the transmission, the transmission will not be considered as having been received by the Division.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History–New 3-5-02, Formerly 38F-56.110, 4L-56.110, Amended 5-29-05, _____.

69L-56.200 Policy Cancellation or Non-Renewal Requirements ~~of Workers' Compensation Insurance~~**.**

(1) Except for cancellation for nonpayment of premium, or cancellation or non-renewal at the request of the insured, an insurer shall not cancel or non-renew any workers' compensation insurance policy, contract of insurance, or renewal until at least 30 days have elapsed after the insurer has electronically filed a cancellation or non-renewal with the Division, either directly or through a third party vendor. When an insurer files an electronic cancellation or non-renewal directly with the Division for any reason other than non-payment of premium or when cancellation or non-renewal is requested by the insured, the 30-day notice period shall be calculated from the first day following the date on which the electronic cancellation or non-renewal was filed with the Division. If the insurer files an electronic cancellation or non-renewal through a third party vendor for any reason other than non-payment of premium, or when cancellation or non-renewal is requested by the insured, the 30-day notice period shall be calculated from the first day following the "Jurisdiction Designee Received Date".

(2)(a) For any workers' compensation insurance policy, contract of insurance, or renewal with a policy effective date prior to October 1, 2003, an insurer shall not cancel or non-renew the policy for non-payment of premium until and unless 30 days have elapsed after the insurer has electronically filed a cancellation or non-renewal with the Division, either directly or through a third party vendor. When an insurer files an electronic cancellation or non-renewal directly with the Division, the 30-day notice period shall be calculated from the first day following the date on which the electronic cancellation or non-renewal was filed with the Division. If the insurer files an electronic cancellation or non-renewal through a third party vendor, the 30-day notice period shall be calculated from the first day following the "Jurisdiction Designee Received Date".

(b) For any workers' compensation insurance policy, contract of insurance, or renewal with a policy effective date on or after October 1, 2003, an insurer shall not cancel or non-renew the policy for non-payment of premium until and unless the insurer has mailed notification of the cancellation or non-renewal to the employer at least 10 days prior to the effective date of the cancellation or non-renewal. Notification to the Division is not required to cancel or non-renew a workers' compensation insurance policy, contract of insurance, or renewal for non-payment of premium. However, the insurer shall advise the Division of the cancellation or non-renewal due to non-payment of premium in accordance with the electronic filing time periods for policy information set out in subsections 69L-56.210(5) and (6), F.A.C.~~, of this rule.~~

(3) If an insured requests cancellation or non-renewal of any workers' compensation insurance policy, contract of insurance or renewal, the cancellation or non-renewal shall be effective on the date the insurer sends the cancellation or non-renewal to the insured. Notification to the Division is not required to cancel or non-renew a workers' compensation insurance policy, contract of insurance, or renewal when cancellation or non-renewal is requested by the insured. However, the insurer shall advise the Division of the cancellation or non-renewal requested by the insured in accordance with the electronic filing time periods for policy information set out in subsection 69L-56.210(7), F.A.C.~~, of this rule.~~

(4) If a policy has been re-written by the same insurer for the same employer with the same effective date and has been electronically filed with the Division, the earlier policy may be cancelled by the insurer the same day the earlier policy became effective. The insurer shall electronically file a cancellation or non-renewal directly with the Division or through a third party vendor, and serve a copy of the notice of cancellation or non-renewal upon the employer in person or by mail, stating therein the reason for such cancellation or non-renewal.

Specific Authority 440.185(7), 440.42(3), 440.591, 440.593(5), 627.4133(4) FS. Law Implemented 440.185(7), 440.42(3), 440.593, 627.4133(4) FS. History–New 5-29-05, Amended _____.

69L-56.210 ~~Electronic Filing~~ Time Periods for Filing Electronic Policy Information.

Pursuant to subsection 440.593(1), F.S., the Division may establish different deadlines for filing required reports electronically than are otherwise required when reporting information by other means. Accordingly, notwithstanding the deadlines for filing policy information by other means as set forth in subsection 440.185(7), F.S., an insurer, other than an individual self-insurer approved under Section 440.38, F.S., must electronically file the following information in accordance with the provisions of this rule, and shall have received an Application A~~a~~cknowledgement C~~c~~ode of "TA" (Transaction Accepted)~~" (TA)~~" by the Division within the following deadlines:

(1) No later than thirty days after the effective date of any workers' compensation insurance policy, contract of insurance, or renewal, every insurer shall send the electronic Certificate of Insurance.

(2) No later than thirty days after the issue date of each endorsement to any workers' compensation insurance policy, contract of insurance, or renewal, every insurer shall send the electronic Notice of Endorsement.

(3) No later than thirty days after the effective date of each reinstatement of a cancelled workers' compensation insurance policy, contract of insurance, or renewal, every insurer shall send the electronic Notice of Reinstatement.

(4) No later than thirty days prior to the cancellation or non-renewal of any workers' compensation insurance policy, contract of insurance, or renewal, other than a cancellation for

non-payment of premium or when cancellation or non-renewal is requested by the insured, every insurer shall send the electronic cancellation or non-renewal.

(5) No later than thirty days prior to the cancellation of any workers' compensation insurance policy, contract of insurance, or renewal with a policy effective date prior to October 1, 2003, that is being cancelled for non-payment of premium, every insurer shall send the electronic cancellation represented by Triplicate Code "00-41-59".

(6) No later than ten days prior to the cancellation of any workers' compensation insurance policy, contract of insurance, or renewal with a policy effective date on or after October 1, 2003, that is being cancelled for non-payment of premium, every insurer shall send the electronic cancellation represented by Triplicate Code "00-41-59".

(7) No later than ten days after the cancellation or non-renewal of any workers' compensation insurance policy, contract of insurance, or renewal for which an insured has requested cancellation or non-renewal, the insurer shall send the electronic cancellation or non-renewal to the Division. The electronic cancellation or non-renewal shall be represented by Triplicate Codes containing Transaction Set Type Codes "42" & "60", with the exception of Triplicate Code "00-60-64", pursuant to the "Transaction Overview" document, located in Section 4 ~~on Pages "6-7" through "6-12"~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 04/01/06 Edition and Supplement ~~May 1, 2002~~.

(8) An insurer shall not cancel or non-renew a workers' compensation insurance policy, contract of insurance, or renewal for underwriting reasons represented by Triplicate Code "00-60-64" until and unless 30 days have elapsed after the insurer has electronically sent a cancellation or non-renewal to the Division directly or through a third party vendor.

Specific Authority 440.185(7), (9), 440.42(3), 440.591, 440.593(5), 627.4133(4) FS. Law Implemented 440.185(7), (9), 440.42(3), 440.593, 627.4133(4) FS. History–New 5-29-05, Amended _____.

69L-56.300 Claims EDI Reporting Requirements and Implementation Schedules.

(1)(a) On or before the implementation schedules set out in paragraphs (3)(a) and (b) of this section, every insurer shall file claims information (non-medical) for all "Lost Time/Indemnity", "Medical Only to Lost Time", and "Denied" cases, regardless of date of injury, using electronic data interchange (EDI) pursuant to paragraph (d) of this section, rather than by submitting paper forms otherwise required in Rule Chapter 69L-3, F.A.C. The insurer shall file the electronic form equivalent of the First Report of Injury, Notice of Denial, Claim Cost Report, and Notice of Action/Change adopted in Rule Chapter 69L-3, F.A.C., pursuant to the requirements and timeframes set out in Rules 69L-56.301, 69L-56.3012, 69L-56.3013, 69L-56.304, 69L-56.3045, and 69L-56.307, F.A.C., and in accordance with the "Claims EDI Trading Partner Filing Specifications" contained in Section 1 of the "Florida Division of Workers' Compensation Claims Electronic Data Interchange (EDI) Implementation Manual, September 2006", incorporated herein by reference, and hereafter referred to as the "FL Claims EDI Implementation Manual". A copy of the FL Claims EDI Implementation Manual may be obtained from the Division of Workers' Compensation at its website, www.fldfs.com/WC/edi_clms.html.

(b) Electronic form equivalents, hereafter also referred to as "Claims EDI Filings" required under this rule do not correspond exactly to, and may require additional information not currently contained on claims forms promulgated under Rule Chapter 69L-3, F.A.C. The term, "insurer", as defined in this rule chapter, refers to the entity responsible for filing electronic form equivalents on or before the compliance dates established in the insurer's Primary and Secondary Implementation Schedules set out in paragraphs 69L-56.300(3)(a) and (b), F.A.C. The term, "claim administrator", as defined in this rule chapter, refers to the trading partner that is sending electronic transactions to the Division, which can be either an insurer filing directly with the Division on its own behalf, or a third party administrator filing on the behalf of the insurer. For purposes of this rule, the terms Claim Administrator and Trading Partner do not mean a third party vendor.

(c) The insurer or its claim administrator shall electronically report all First Reports of Injury or Illness for which the claim administrator's knowledge of the injury is on or after the date the claim administrator is authorized by the Division to send Electronic First Reports of Injury or Illness in production status (i.e., actual production implementation date). All other electronic form equivalents of periodic claim cost information, denials, changes, suspensions, reinstatements, and cancellations required by this rule shall be electronically reported to the Division, regardless of date of accident, once the claim administrator is approved by the Division to electronically send these types of filings in production status (i.e., actual production implementation date).

(d) The claim administrator shall report the Claims EDI filings required in Rules 69L-56.301, 69L-56.2012, 69L-56.3013, 69L-56.304, 69L-56.3045, and 69L-56.307, F.A.C., using the First Report of Injury (FROI) and Subsequent Report of Injury (SROI) electronic record layouts adopted by the International Association of Industrial Accident Boards and Commissions (IAIABC). A sample of the FROI, which consists of the 148 and companion R21 records, and a sample of the SROI, which consists of the A49 and companion R22 records, are located in Section 2, "Technical Documentation" of the "IAIABC EDI Implementation Guide for Claims: First, Subsequent, Header, Trailer & Acknowledgement Detail

Records, Release 3, June 1, 2006 Edition" and "Supplement", incorporated herein by reference, and hereafter referred to as the IAIABC Claims EDI Release 3 Implementation Guide. A copy of this guide may be obtained from the IAIABC at its website, http://www.iaiabc.org/edi/implementation.htm.

1. The claim administrator shall send the FROI (148/R21), SROI (A49/R22), and combination FROI and SROI records with the Maintenance Type Code (MTC) or MTC combinations specified in Rules 69L-56.301, 69L-56.3012, 69L-56.3013, 69L-56.304, 69L-56.3045 and 69L-56.307, F.A.C., to represent the Claims EDI Filing being sent to the Division (Example: FROI MTC 04 = Total Denial of an Electronic First Report of Injury or Illness; SROI AN = Electronic Periodic Annual Claim Cost Report; FROI 00 with SROI IP = Electronic First Report of Injury or Illness where the Initial Payment was made by claim administrator.)

(e) In conjunction with the technical documentation and processing rules contained in the IAIABC Claims EDI Release 3 Implementation Guide, the claim administrator shall also comply with the below information documented in the Claims EDI Trading Partner Filing Specifications contained in the FL Claims EDI Implementation Manual:

1. "FL Claims EDI R3 Event Table" (Identifies the FROI MTC and SROI MTC and FROI/SROI MTC combinations required to be sent for an electronic form equivalent required by this rule and the associated filing time periods by which the FROI and SROI MTC's must be filed with the Division in order to be considered timely;

2. "FL Claims EDI R3 Element Requirement Table" (Specifies the data elements required to be sent for each MTC); and

3. "FL Claims EDI R3 Edit Matrix" (Identifies Division editing that will be applied to data elements and transactions, including transaction sequencing and duplicate processing rules).

(f) Claims EDI filings that comply with data element reporting requirements and pass edits specified in the "FL Claims EDI R3 Element Requirement Table" and the "FL Claims EDI R3 Edit Matrix" shall be accepted and acknowledged by the Division with Application Acknowledgement Code "TA" (Transaction Accepted). Claims EDI filings that receive an Application Acknowledgement Code of "TA" shall be assigned a "Received by Division Date" for purposes of determining whether an EDI filing was timely filed with the Division in accordance with the timeframes identified in the "FL Claims EDI R3 Event Table" and as required in Rules 69L-56.301, 69L-56.3012, 69L-56.3013, 69L-56.304, 69L-56.3045, and 69L-56.307, F.A.C. The date assigned as the "Received by Division Date" is the date the transmission containing the accepted Claims EDI filing was sent to and received by the Division based on the technical transmission requirements in Rule 69L-56.310(4), F.A.C. An electronic First Report of Injury or Illness that is assigned an Application Acknowledgement Code of "TA" shall also be assigned a "Jurisdiction Claim Number" by the Division which shall be reported by the claim administrator on every subsequent Claims EDI filing. Electronic transactions that do not satisfy data element requirements and edits specified in the "FL Claims EDI R3 Element Requirement Table" and the "FL Claims EDI R3 Edit Matrix" shall be rejected and acknowledged by the Division with Application Acknowledgement Code "TR" (Transaction Rejected). The claim administrator shall correct the error(s) identified in the acknowledgement returned by the Division and re-send the Claims EDI filing to the Division as appropriate (a transaction receiving fatal error # 0002-057 because it was an extra MTC in the transmission or already on file with the Division is not expected to be re-filed with the Division.).

(g) The claim administrator shall receive and process each acknowledgement transaction (AKC) returned by the Division. The Division will also send, when applicable, a re-acknowledgment transaction (ACR) to identify a Claims EDI filing(s) previously acknowledged with Application Acknowledgement Code "TR" but subsequently re-processed by the Division due to incorrect prior processing, and re-assigned an Application Acknowledgement Code of "TA". The claim administrator shall have the option of processing re-acknowledgement transactions sent by the Division.

(h) Claims EDI filings acknowledged with Application Acknowledgement Code "TA" (Transaction Accepted) that invoke one or more non-fatal edits depicted with an "FL" in the "DN-Error Message Table" contained in the FL Claims EDI R3 Edits Matrix of the FL Claims EDI R3 Implementation Manual, shall result in an error message that will be communicated by the Division to the claim administrator in a proprietary report, separate from the acknowledgement transaction (AKC). Non-fatal error listings shall be provided by the Division to the claim administrator by email or in a password-protected report posted to the Division's website. The claim administrator shall respond to all inquiries and reports issued by the Division concerning non-fatal errors and other written or electronic requests for information, within 14 days after the claim administrator's receipt of the request from the Division.

(i) Paper copies of Forms DFS-F2-DWC-1, DFS-F2-DWC-4 and DFS-F2-DWC-12 shall continue to be provided by the claim administrator to the employee, employer and other parties as required by Rule Chapter 69L-3, F.A.C., and as specified in Rules 69L-56.301, 69L-56.3012, 69L-56.304, and 69L-56.3045, F.A.C., and the "FL Claims EDI R3 Event Table" -"Paper Form" and "Receiver" columns.

1. If the employer notifies the claim administrator of the injury via telephone or electronic data interchange, the claims administrator shall produce and send to the employer and employee within 3 business days of the claims administrator's knowledge of the injury, either Form DFS-F2-DWC-1 or Form

IA-1, adopted in Rule Chapter 69L-3, F.A.C. The Division will not accept Form IA-1 in place of an Electronic First Report of Injury or Illness or Form DFS-F2-DWC-1 adopted in Rule Chapter 69L-3, F.A.C.

(j) The claim administrator shall produce and mail to the injured worker and employer the informational brochures required in Rules 69L-3.0035, F.A.C., and 69L-3.0036, F.A.C.

(k) Claim administrators who, directly or through its third party vendor, experience a catastrophic event resulting in the insurer's failure to meet the filing requirements of this rule, shall submit a written or electronic request to the Division for approval to submit required electronic form equivalents in an alternative filing timeline. The request shall be sent to the Division within 15 business days after the catastrophic event. The request shall contain a detailed explanation of the nature of the event, date of occurrence, and measures being taken to resume electronic submission. The claim administrator shall also provide an estimated date by which electronic submission of affected EDI filings will be resumed. Approval to submit in an alternative filing timeline shall be granted by the Division if a catastrophic event prevents electronic submission. The approval must be obtained from the Division's Office of Data Quality and Collection, 200 E. Gaines Street, Tallahassee, Florida 32399-4226, or via email at claims.edi@fldfs.com. If approved, the electronic form equivalents that were due to be filed during the time the claim administrator was unable to file due to a catastrophic event, shall be filed with Late Reason Code "LB" (Late Notification due to a Natural Disaster) or "LC" (Late Notification due to an Act of Terrorism).

(l) Non-compliance with the electronic reporting requirements in this section shall result in referral to the Division's Bureau of Monitoring and Audit.

(2) Trading Partner Profile Documents:

(a) At least two business days prior to sending its first test transmission to the Division, the claim administrator shall send to the Division in an email addressed to claims.edi@fldfs.com, the claim administrator's current profile information using the following forms adopted in Rule 69L-56.001, F.A.C.:

1. "EDI Trading Partner Profile", DFS-F5-DWC-EDI-1 (10/01/2006), and

2. "EDI Trading Partner Insurer/Claim Administrator ID List", DFS-F5-DWC-EDI-2 (10/01/2006), and

3. "EDI Trading Partner Claim Administrator Address List", DFS-F5-DWC-EDI-2A (10/01/2006), and

4. "EDI Transmission Profile – Sender's Specifications, DFS-F5-DWC-EDI-3 (10/01/2006).

Claim administrators currently filing Electronic First Reports of Injury or Illness or Electronic Claim Cost Reports on a voluntary basis using the IAIABC Release 1 standard formats shall re-file their profile information with the Division using the forms in subparagraphs (2)(a)1.-3. above, even if the claim administrator's profile information has not changed since previously reported to the Division.

(b) The insurer or its claim administrator shall report changes to its profile information required on the forms listed in subparagraphs (2)(a)1.-3. above, at least two (2) business days prior to sending transactions containing revised profile-related information to the Division. The insurer or its claim administrator shall report revisions to its profile information by emailing to the Division at claims.edi@fldfs.com, a revised "EDI Trading Partner Profile", DFS-F5 DWC-EDI-1 (10/02/2006), and if applicable, a revised "EDI Trading Partner Insurer/Claim Administrator ID List", DFS-F5-DWC-EDI-2 (10/01/2006), and if applicable, a revised "EDI Trading Partner Claim Administrator Address List", DFS-F5-DWC-EDI-2A (10/01/2006), and if applicable, a revised "EDI Transmission Profile – Sender's Specifications", DFS-F5-DWC-EDI-3 (10/01/2006). Failure by the insurer or its claim administrator to report changes to trading partner profile information using the forms adopted in this rule, including changes to the Submitter ID (i.e., Trading Partner FEIN/Postal Code on the Header Record), may result in the rejection of an entire transmission or individual transaction(s) containing profile information different from that reported on the insurer's or claim administrator's profile documents previously filed with the Division.

(c) If the insurer or its claim administrator contracts with a new third party vendor, the insurer or its claim administrator shall, at least two (2) business days prior to the effective date of the change in vendors, send an email to the Division at claims.edi@fldfs.com to report the name of the new vendor and effective date on which Claims EDI transactions will be sent via the new vendor.

(3) Claims EDI Implementation Schedules:

(a) Primary Implementation Schedule: The insurer shall comply with the following implementation schedule for reporting Electronic First Reports of Injury or Illness specified in Rule 69L-56.301, F.A.C., Electronic Notices of Denial specified in Rule 69L-56.3012, F.A.C., Electronic Periodic Claim Cost Reports specified in Rule 69L-56.3013, F.A.C., Electronic Notices of Actions or Changes, including changes in claims administration specified in Rule 69L-56.304, F.A.C., and Electronic Cancellations Specified in Rule 69L-56.307, F.A.C. The insurer's Primary Implementation Schedule shall consist of three "test to production" periods as described in subparagraphs (3)(b)1.-3., of this subsection. Each insurer shall be assigned to either the first, second, or third "test to production" period based on the insurer's Division-assigned Insurer Code #. If there are multiple or subsidiary insurer entities within an insurer's corporate structure or organization, the insurer's "test to production" period in the Primary Implementation Schedule will be based on the lowest numeric value assigned to any of the insurer's subsidiary companies. Insurers that write large deductible policies for insureds adjusting their own claims are responsible for ensuring those

insureds meet the insurer's required "test to production" timelines and implementation schedules, even if the insured is not using the insurer's computer system to file its Claims EDI Filings with the Division. Claim administrators voluntarily submitting Claims EDI Filings in production status using the IAIABC Release 1 national standard shall convert to Release 3 and be in production status by the same date as that required for the first group of insurers specified in subparagraph (3)(a)1. below, regardless of Insurer Code #. Each "test to production period" shall consist of three calendar months. The insurer's compliance date for the Primary Implementation Schedule shall be the last day of the third month of the insurer's assigned "test to production" period.

1. The first "test to production" period shall commence 9 months after the effective date of the rule (xx/xx/2007) and shall include insurers with Division-assigned Insurer Code #'s 102 through # 600. The compliance date for the Insurer's Primary Implementation Schedule shall be (xx/xx/2007).

2. The second "test to production" period shall commence 12 months after the effective date of the rule (xx/xx/2007), and shall include insurers with Division-assigned Insurer Code #'s 601 through 1122, and future Insurer Code #'s 1123 through 4999. The compliance date for the insurer's Primary Implementation Schedule shall be (xx/xx/2007).

3. The third "test to production" period shall commence 15 months after the effective date of the rule (xx/xx/2008) and shall include insurers with Division-assigned Insurer Code #'s 8000 through #9999. The compliance date for the insurer's Primary Implementation Schedule shall be (xx/xx/2008).

(b) Secondary Implementation Schedule: The insurer shall comply with the Secondary Implementation Schedule for reporting the additional Electronic Notices of Action or Change, Suspensions, and Reinstatements of indemnity benefits specified in Rule 69L-56.3045, F.A.C., as follows:

No later than 9 months after the compliance date established in the insurer's Primary Implementation Schedule, the insurer shall commence testing its Electronic Notice of Action or Change, Suspension, and Reinstatement of Indemnity benefits required in Rule 69L-56.3045, F.A.C. The insurer shall be in production status within three months after the commencement of testing, i.e., within one year after the compliance date established in the insurer's Primary Implementation Schedule.

(c) Beginning July 1, 2007, a claim administrator may voluntarily commence testing any electronic form equivalent/MTC with the Division using the IAIABC EDI Release 3 standard for Claims.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History–New _____.

69L-56.301 Electronic First Report of Injury or Illness.

On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.301(3)(a), F.A.C., the insurer shall file the electronic form equivalent for claims information otherwise reported on Form DFS-F2-DWC-1, as adopted in Rule Chapter 69L-3, F.A.C. Pursuant to subsection 440.593(1), F.S., the Division may establish different deadlines for filing required reports electronically than are otherwise required when reporting information by other means. Accordingly, notwithstanding the deadlines for filing the injury report by other means as set forth in subsection 440.185(2), F.S., the claim administrator shall send to the Division the electronic form equivalent of the First Report of Injury or Illness for the following cases, and by the following filing time periods:

(1) Initial Payment for "Lost Time Case" or "Medical Only to Lost Time Case".

(FROI MTC 00 with SROI MTC IP, EP, CD, or VE):

(a) Where the initial payment of indemnity benefits, excluding Temporary Partial benefits, Impairment Income benefits, and Lump Sum Payment/Settlement, is made by the claim administrator, or where the employer is paying salary in lieu of compensation, or for a compensable death with no known dependents, or a compensable volunteer:

1. If disability is immediate and continuous for 8 or more calendar days after the workers' compensation injury, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 21 days after the claim administrator's knowledge of the injury.

2. If the first 7 days of disability are nonconsecutive or delayed, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 13 days after the claim administrator's knowledge of the employee's 8th day of disability ("Initial Date of Lost Time").

3. The Electronic First Report of Injury or Illness shall be represented by sending the FROI and SROI records as follows:

a. Initial Payment by Claim Administrator: FROI MTC 00 (Original) with SROI MTC IP (Initial Payment);

b. Employer Paid Salary in Lieu of Compensation: FROI MTC 00 (Original) with SROI MTC EP (Employer Paid);

c. Compensable Death, No Dependents/Payees: FROI MTC 00 (Original) with SROI MTC CD (Compensable Death);

d. Compensable Volunteer: FROI with MTC 00 (Original) with SROI MTC VE (Volunteer);

(b) If the initial payment of indemnity benefits is for Temporary Partial benefits, Impairment Income benefits, or results from a Lump Sum Payment/Settlement, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA"

(Transaction Accepted) on or before 14 days after the date the initial payment of benefits was mailed to the employee or to the employee's legal representative.

1. The Electronic First Report of Injury or Illness shall be represented by sending the FROI and SROI records as follows:

a. Initial Payment of Temporary Partial Benefits (TP): FROI MTC 00 (Original) with SROI MTC IP (Initial Payment) and Benefit Type Code "070 (Temporary Partial);

b. Initial Payment of Impairment Income Benefits (IB): FROI MTC 00 (Original) with SROI MTC IP (Initial Payment) and Benefit Type Code "030" (Permanent Partial Scheduled);

c. Initial Payment of Lump Sum Payment/Settlement: FROI MTC 00 (Original) with SROI MTC PY (Payment Report) and Benefit Type Code "5xx" (specific benefit(s) covered by the lump sum payment/settlement).

(2) "Denied Case":

(FROI MTC 04, SROI MTC PD,

(a) Full/Total Denial – If a case is denied in its entirety (i.e., both medical and indemnity benefits are denied), an Electronic First Report of Injury of Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 21 days after the claim administrator's knowledge of the injury.

1. The Electronic First Report of Injury or Illness reporting a "Full/Total Denial" shall be represented by sending FROI MTC 04 (Denial).

2. The electronic form equivalent of DFS-F2-DWC-12 adopted in Rule Chapter 69L-3, F.A.C., required in Rule 69L-56.3012, F.A.C., to be filed with the Division to explain the reason(s) for the denial, shall be accomplished by reporting the applicable Denial Reason Code(s) on the same FROI MTC 04 (Denial).

(b) Partial/Indemnity Only Denial – If a case is accepted as compensable but only indemnity benefits are denied, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 13 days after the Date Claim Administrator Had Knowledge of Lost Time (i.e., the date the claim administrator had knowledge of the employee's claimed 8th day of disability). The claim administrator shall report Claim Type as "L", and the Initial Date of Lost Time (employee's 8th day of claimed disability).

1. The Electronic First Report of Injury or Illness reporting a Partial (Indemnity Only) Denial shall be represented by sending FROI MTC 00 (Original) with SROI MTC PD (Partial Denial).

2. The electronic form equivalent of the DFS-F2-DWC-12 adopted in Rule Chapter 69L-3, F.A.C., required in Rule 69L-56.3012, F.A.C., to be filed with the Division to explain the reason(s) for the denial, shall be accomplished by reporting the applicable Partial Denial Code and Denial Reason Narrative on the same SROI MTC PD (Partial Denial).

(c) Medical Only Case that becomes Partial/Indemnity Only Denial – If a case is initially determined by the claim administrator to be a compensable Medical Only Case and indemnity benefits are claimed subsequent to the initial disposition of the case by the claim administrator, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 13 days after the Date Claim Administrator Had Knowledge of Lost Time (i.e., the date the claim administrator had knowledge of the employee's claimed 8th day of disability). The claim administrator shall report Claim Type as "L", and the Initial Date of Lost Time (employee's 8th day of claimed disability).

1. The Electronic First Report of Injury or Illness to report the denial of indemnity benefits in whole or in part but not medical benefits, where indemnity benefits were subsequently claimed on a case initially determined to be a Medical Only Case, shall be represented by sending a FROI MTC 00 (Original) with SROI MTC PD (Partial Denial).

2. The electronic form equivalent of Form DFS-F2-DWC-12 adopted in Rule Chapter 69L-3, F.A.C, required in Rule 69L-56.3012, F.A.C., to be filed with the Division to explain the reason(s) for the denial, shall be accomplished by reporting the applicable Partial Denial Code and the Denial Reason Narrative on the same SROI PD (Partial Denial).

(d) Medical Only Case that becomes a Total Denial – If a case is initially determined by the claim administrator to be a compensable Medical Only Case and indemnity benefits are claimed subsequent to the initial disposition of the case which will now be denied in its entirety, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 14 days after the Initial Date Disability Began. The claim administrator shall report the Claim Type as "L" (Became Lost Time), and report the Initial Date Disability Began as the first date on which the claimant alleges to have been disabled.

1. The Electronic First Report of Injury or Illness to report the denial of both indemnity and medical benefits on a case initially determined to be a Medical Only case, shall be represented by sending a FROI MTC 04 (Total Denial).

2. The electronic form equivalent of Form DFS-F2-DWC-12 adopted in Rule Chapter 69L-3, F.A.C., required in Rule 69L-56.3012, F.A.C., to be filed with the Division to explain the reason(s) for the denial, shall be accomplished by reporting the applicable Full Denial Reason Code(s) on the same FROI MTC 04 (Total Denial).

(3) Initial Payment on an Acquired Claim:
(FROI MTC AU, SROI MTC AP, PY, EP, CD, VE, or PD)

(a) If the claim administrator acquires a claim from a previous claim administrator and a First Report of Injury or Illness (paper or electronic form equivalent) is not on file with the Division, or the case became a "Lost Time/Indemnity Case" after the new claim administrator acquired the case, the Electronic First Report of Injury or Illness filed by the acquiring claim administrator to report its initial payment or lump sum payment or settlement of indemnity benefits will be considered timely filed when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 14 days after the initial payment of indemnity benefits was mailed by the acquiring claim administrator. If the former claim administrator did not file a First Report of Injury or Illness with the Division in accordance with this rule or Rule Chapter 69L-3, F.A.C., the insurer shall ensure the acquiring claim administrator files an Electronic First Report of Injury or Illness in accordance with this section of the rule.

1. The Electronic First Report of Injury or Illness reporting initial payment by the acquiring claim administrator shall be represented by sending FROI MTC "AU" (Acquired/Unallocated) with SROI MTC "AP" (Acquired/Payment).

2. The Electronic First Report of Injury or Illness reporting a lump sum payment or settlement of indemnity benefits shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC "PY" (Payment Report).

(b) If the claim administrator acquires a claim from a previous claim administrator and a First Report of Injury or Illness (paper or electronic form equivalent) is not on file with the Division, or the case became a "Lost Time/Indemnity Case" after the new claim administrator acquired the case, the Electronic First Report of Injury or Illness filed by the acquiring claim administrator to report acceptance of compensability but where the claim administrator will not be issuing payment of indemnity benefits will be considered timely filed when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 13 days after the Date Claim Administrator Had Knowledge of Lost Time (i.e., the date the claim administrator had knowledge of the employee's 8th day of disability or alleged 8th day of disability). The claim administrator shall report Claim Type "L", and the Initial Date of Lost Time (employee's 8th day of disability or alleged 8th day of disability).

1. The Electronic First Report of Injury or Illness reporting initial payment by the employer on an acquired claim shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC EP (Employer Paid).

2. The Electronic First Report of Injury or Illness reporting a Compensable Death, No Dependents/Payees on an acquired claim shall be represented by sending FROI MTC 00 (Acquired/Unallocated) with SROI MTC CD (Compensable Death, No Dependents/Payees).

3. The Electronic First Report of Injury or Illness reporting a compensable Volunteer on an acquired claim shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC VE (Compensable Volunteer).

4. The Electronic First Report of Injury or Illness reporting a Partial/Indemnity Only Denial on an acquired claim shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC PD (Partial Denial).

(4) Total Denial of an Acquired Claim: If the claim administrator acquires a claim from a previous claim administrator and a First Report of Injury or Illness (paper or electronic form equivalent) is not on file with the Division, or the case became a "Lost Time/Indemnity Case" after the new claim administrator acquired the case, the Electronic First Report of Injury or Illness filed by the acquiring claim administrator to report the total denial of both indemnity and medical benefits will be considered timely filed when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 21 days after the Date Claim Administrator Had Knowledge of Lost Time (i.e., the date the acquiring claim administrator had knowledge of the employee's 8th day of disability or alleged 8th day of disability). The claim administrator shall report Claim Type "L", and the Initial Date of Lost Time (employee's 8th day of disability or alleged 8th day of disability).

(5) Any insurer failing to timely file the Electronic First Report of Injury or Illness required under this section is subject to administrative penalties assessable by the Division according to the provisions of Rule Chapter 69L-24, F.A.C., and as allowed for in Section 440.185(9), F.S. If the initial payment is not timely issued in accordance with the time period prescribed in Section 440.20, F.S., or the Electronic First Report of Injury or Illness is not timely filed with the Division in accordance with this section, the claim administrator shall report the appropriate Late Reason Code(s) when sending the Electronic First Report of Injury or Illness. If the initial payment and Electronic First Report of Injury or Illness were originally reported to another jurisdiction and the claim was subsequently transferred to Florida, the claim administrator shall include Late Reason Code "L4" (late notification, jurisdiction transfer) on the Electronic First Report of Injury or Illness that is being re-filed in Florida.

(5) An Electronic First Report of Injury or Illness for a "Medical Only Case" shall not be sent to the Division unless the claim administrator has received a written or electronic request from the Division.

(6) When both FROI and SROI transactions are sent to report the Electronic First Report of Injury or Illness, the claim administrator shall ensure the values sent on the FROI and SROI records for data elements identified in the "FROI to SROI" column of the Match Data Table contained in the FL Claims EDI R3 Edit Matrix are the same value, or the EDI filing will be rejected.

(7) A paper or Electronic First Report of Injury or Illness must have been received and accepted by the Division before any subsequent electronic filings will be accepted.

(8) Only 2002 NAICS Codes shall be reported for the Industry Code and must be a sent as a minimum of 5 digits. If the insured is a Professional Employment Organization (PEO), the Industry/NAICS Code should represent the nature of the client's/employer's business.

(9) If the employee does not have a Social Security Number, the claim administrator shall contact the Division by following the instructions provided on the Division's website: www.fldfs.com/WC/organization/odqc.html (under Records Management – Division-Assigned Numbers) and obtain a Division-assigned number until the employee's actual Social Security Number is obtained. Upon receipt of the employee's Social Security Number, the claim administrator shall file MTC 02 (Change) and provide the employee, employer and other party(s) to the claim with Form DFS-F2-DWC-4, pursuant to Rule 69L-3.025, F.A.C.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History–New_____.

69L-56.3012 Electronic Notice of Denial. (FROI/SROI MTC 04, SROI MTC PD).

On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.301(3)(a), F.A.C., the insurer shall file the electronic form equivalent for the denial information otherwise reported on Form DFS-F2-DWC-12, adopted in Rule Chapter 69L-3, F.A.C. The claim administrator shall send to the Division an Electronic Notice of Denial to report the reason for the denial of indemnity benefits for the following types of denial notices, and by the following time periods:

(1) Electronic Notice of Denial – Full (Both Indemnity and Medical Benefits Denied):

(a) If the entire compensability of the claim is initially denied and both indemnity and medical benefits will not be paid by the claim administrator, the claim administrator shall file the Electronic Notice of Denial by reporting the applicable Full Denial Reason Code(s) and Full Denial Effective Date on the same FROI MTC 04 (Denial) the claim administrator sends to the Division to report the Electronic First Report of Injury or Illness, in accordance with filing time periods in subsection 69L-56.301(2), F.A.C. The Denial Reason Narrative may also be sent on the FROI MTC 04 (Denial) to supplement the Full Denial Reason Code(s), if necessary.

(b) If the claim administrator initially accepts compensability but subsequently denies liability for the entire claim after having previously paid indemnity benefits, the claim administrator shall file the Electronic Notice of Denial by sending a SROI MTC 04 (Denial). The Electronic Notice of Denial will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 14 days after the date the claim administrator decided to deny benefits. The claim administrator shall report the applicable Full Denial Reason Code(s) and Full Denial Effective Date on the SROI MTC 04 (Denial). The Full Denial Reason Narrative may also be sent on the SROI MTC 04 (Denial) to supplement the Denial Reason Code(s), if necessary.

(2) Electronic Notice of Denial – Partial (Indemnity Only Benefits Denied):

(a) If all indemnity benefits are initially denied but some or all medical benefits will be provided, the claim administrator shall file the Electronic Notice of Denial by reporting Partial Denial Code "A" (Denying Indemnity in whole, but not Medical) on the same SROI MTC PD (Partial Denial) the claim administrator sends with FROI MTC 00 (Original) to report the Electronic First Report of Injury or Illness in accordance with the filing time periods in subsection 69L-56.301(2), F.A.C. Partial Denial Code "A" is defined in the Data Dictionary, Section 6, of the IAIABC Claims EDI Release 3 Implementation Guide. The claim administrator shall also report the "Denial Reason Narrative" on the SROI PD to explain the reason for the denial of indemnity benefits.

(b) If payment of a specific indemnity benefit(s) is denied in whole or part subsequent to the claim administrator's initial disposition of the claim and the Electronic First Report of Injury or Illness has already been filed with the Division, the claim administrator shall file the Electronic Notice of Denial by sending a SROI MTC PD (Partial Denial). The Electronic Notice of Denial will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 14 days after the date the claim administrator decided to deny benefits. The claim administrator shall report the applicable Partial Denial Code as defined in the Data Dictionary, Section 6, of the IAIABC Claims EDI Release 3 Implementation Guide as follows: "B" (Denying Indemnity in part, but not Medical), "E" (Denying Indemnity in whole and Medical in part), or "G" (Denying both Indemnity and Medical in part). The claim administrator shall also report the "Denial Reason Narrative" on the SROI PD to explain the reason for the denial of indemnity benefits.

(3) Electronic Notice of Denial – Medical Only Case that becomes a Partial/Indemnity Only Denial or a Total Denial.

(a) For a case initially determined to be a compensable Medical Only Case where indemnity benefits are claimed subsequent to the claim administrator's initial disposition of the claim and subsequently denied in whole or part but not medical, i.e., Partial/Indemnity Only Denial, the claim administrator shall file an Electronic Notice of Denial with the Division by reporting the applicable Partial Denial Reason Code(s) on the same SROI MTC PD (Partial Denial) the claim administrator sends with the FROI MTC 00 (Original) to report the Electronic First Report of Injury or Illness, in accordance with the filing time periods in subsection 69L-56.301(2), F.A.C.

(b) For a case initially determined to be a compensable Medical Only Case where indemnity benefits are claimed subsequent to the claim administrator's initial disposition of the claim and both indemnity and medical benefits are denied, i.e., Full/Total Denial, the claim administrator shall file an Electronic Notice of Denial with the Division by reporting the applicable Full Denial Reason Code(s) on the same FROI MTC 04 (Total Denial) sent to report the Electronic First Report of Injury or Illness, in accordance with the filing time periods in subsection 69L-56.301(2), F.A.C.

(4) In addition to filing the Electronic Notice of Denial with the Division, the claim administrator shall produce and mail a paper copy of the Notice of Denial, Form DFS-F2-DWC-12 adopted in Rule Chapter 69L-3, F.A.C., to the employer, employee, and any additional party requesting payment or authorization, in accordance with the filing time period set out for Form DFS-F2-DWC-12 in Rule 69L-3.012, F.A.C.

(5) If the claim administrator is invoking the "120 day rule" allowed in Section 440.192(8), F.S., when initiating payment without prejudice to its right to subsequently deny benefits, it may send the Agreement to Compensate Code "W" (Without Liability) on the same SROI IP (Initial Payment) being sent to report the Electronic First Report of Injury or Illness.

(6) The claim administrator shall not file an Electronic Notice of Denial with the Division if it is denying payment of a medical benefit only. The claim administrator shall provide Form DFS-F2-DWC-12, Notice of Denial, adopted in Chapter 69L-3, F.A.C., to the employer, employee and other parties to the claim requesting payment of medical benefits.

(7) Electronic Notice of Rescinded Denial–

(a) Rescission of Full Denial. If the claim administrator denied the claim in its entirety, either initially by sending an Electronic First Report of Injury or Illness FROI MTC 04 (Denial) or subsequent to its initial disposition by sending an Electronic Notice of Denial SROI MTC 04 (Denial), or if the claim administrator acquired a denied claim for which a First Report of Injury or Illness is already on file with the Division, but subsequently accepts compensability of the claim, the claim administrator shall file an Electronic Notice of Rescinded Denial with the Division to report the change in disposition. The Electronic Notice of Rescinded Denial will be considered timely filed if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before the 14 days after the date the denial was rescinded. The claim administrator shall also notify the employee and employer about the decision to rescind the full denial by sending to the employee and employer, Form DFS-FD2-DWC-12, Notice of Denial, pursuant to Chapter 69L-3, F.A.C., or an explanatory letter.

1. The Electronic Notice of Rescinded Denial reporting payment of indemnity benefits shall be represented by sending SROI MTC AP (Acquired/Payment) for an acquired claim, or SROI MTC IP (Initial Payment). The Electronic Notice of Rescinded Denial reporting a lump sum payment/settlement of indemnity benefits shall be represented by sending SROI MTC PY (Payment Report). The Electronic Notice of Rescinded Denial reporting reinstatement of indemnity benefits following denial shall be represented by sending SROI MTC RB. The Electronic Notice of Rescinded Denial shall report on the SROI MTC AP, IP or PY, or RB, the "Full Denial Rescission Date", the date the payment of indemnity benefits was mailed, and the type of indemnity benefits paid.

2. The Electronic Notice of Rescinded Denial reporting acceptance of a compensable death case where there are no known dependants shall be represented by sending SROI MTC CD (Compensable Death, No Dependents/Payees). The Electronic Notice of Rescinded Denial shall report on the SROI MTC CD, the "Full Denial Rescission Date".

3. The Electronic Notice of Rescinded Denial reporting acceptance of a compensable volunteer shall be represented by sending SROI MTC VE (Volunteer). The Electronic Notice of Rescinded Denial shall report on the SROI MTC VE, the "Full Denial Rescission Date".

(b) Rescission of Partial/Indemnity Only Denial. If the claim administrator initially denied payment of indemnity benefits only and filed an Electronic First Report of Injury or Illness FROI 00 (Original) and SROI MTC PD (Partial Denial) with the Division, or the claim administrator acquired a Partial Denial claim for which a First Report of Injury or Illness is already on file with the Division, and the claim administrator subsequently pays indemnity benefits, the claim administrator shall file an Electronic Notice of Rescinded Denial with the Division to report a change in disposition. The Electronic Notice of Rescinded Denial will be considered timely if filed if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before the 14 days after the date the denial was rescinded. The claim administrator shall also notify the employee and employer about the decision to rescind the partial/indemnity only denial by sending to the employee and employer, Form DFS-F2-DWC-12, Notice of Denial, pursuant to Chapter 69L-3, F.A.C., or explanatory letter.

1. The Electronic Notice of Rescinded Denial reporting payment of indemnity benefits shall be represented by sending SROI MTC AP (Acquired/Payment) for an acquired claim, or SROI MTC IP (Initial Payment). The Electronic Notice of Rescinded Denial reporting a lump sum payment/settlement of indemnity benefits shall be represented by sending SROI MTC PY (Payment Report). The Electronic Notice of Rescinded Denial shall report-the "Full Denial Rescission Date", the date the initial payment of indemnity benefits was mailed, and the type of indemnity benefits paid.

2. The Electronic Notice of Rescinded Denial reporting acceptance of a compensable death case where there are no known dependants shall be represented by sending SROI MTC CD (Compensable Death, No Dependents/Payees). The Electronic Notice of Rescinded Denial shall report on the SROI MTC CD, the "Full Denial Rescission Date".

3. The Electronic Notice of Rescinded Denial reporting acceptance of a compensable volunteer shall be represented by sending SROI MTC VE (Volunteer). The Electronic Notice of Rescinded Denial shall report on the SROI MTC VE the "Full Denial Rescission Date".

(8) Any insurer failing to timely send the Electronic Notice of Denial in accordance with the filing time periods prescribed in this subsection shall be subject to administrative penalties assessable by the Division in accordance with the provisions of Rule Chapter 69L-24, F.A.C.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History–New_____.

69L-56.3013 Electronic Periodic Claim Cost Reports. (SROI MTC SA, AN, FN).

On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.301(3)(a), F.A.C., the insurer shall file the electronic form equivalent for claim cost information otherwise reported on Form DFS-F2-DWC-13, adopted in Rule Chapter 69L-3, F.A.C.

(1) The claim administrator shall send Electronic Periodic Claim Cost Reports to the Division for the following cases and by the filing time periods in subsection (2) of this section:

(a) "Lost Time/Indemnity Case";

(b) "Medical Only to Lost Time Case;

(c) "Denied Case" for which any indemnity benefit was paid prior to or after the denial, a case where indemnity benefits were paid and not suspended as of a change in jurisdiction;

(d) A case where indemnity benefits were paid prior to the date the claim administrator learned of a change in jurisdiction and filed SROI MTC S8;

(e) A case where indemnity benefits were paid but subsequently suspended because the employee could not be located and the claim administrator filed a SROI MTC S6 (Suspension, Claimant's Whereabouts Unknown).

(2)(a) Electronic Initial (Sub-Annual) Claim Cost Report: The claim administrator shall report the Electronic Initial (Sub-Annual) Claim Cost Report by sending SROI MTC SA (Sub-Annual – a/k/a/ Initial). The Electronic Initial (Sub-Annual) Claim Cost Report will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 30 days after the six month anniversary of the date of injury. The Electronic Initial (Sub-Annual) Claim Cost Report shall not be sent to the Division earlier than six months after the date of injury. However, if the claim administrator has closed the case prior to six months after the date of injury, the first electronic Claim Cost Report may be sent prior to six months after the date of injury if it is sent as an Electronic Final Claim Cost Report (MTC FN). If the case did not become a "Lost Time/Indemnity Case" until more than six months after the date of injury, the Electronic Initial (Sub-Annual) Claim Cost Report will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 30 days after the first anniversary of the date of injury.

(b) Annual Claim Cost Report: The claim administrator shall report the Electronic Annual Claim Cost Report by sending SROI MTC AN (Annual). The Electronic Annual Claim Cost Report will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgment Code of "TA" (Transaction Accepted) on or before 30 days after each anniversary of the date of injury for all open cases. The first Electronic Annual (MTC AN) Claim Cost Report shall not be sent to the Division earlier than 12 months after the date of injury.

(c) Final Claim Cost Report: The claim administrator shall report the Electronic Final Claim Cost Report by sending SROI MTC FN (Final). The Electronic Final Claim Cost Report will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 30 days after the anniversary of the date of injury. The Electronic Final Claim Cost Report may be sent prior to the anniversary of the date of injury if the claim administrator closes the case and will not be paying any further medical or indemnity benefits. If the claim administrator issues payment of any benefit in any amount or changes the amount of any benefit since the filing of the previous Final Claim Cost Report, the claim administrator shall send an Electronic Final Claim Cost Report on or before 30 days after the anniversary of the date of injury to summarize benefits paid since the last Final Claim Cost Report filed with the Division. If the claim administrator is re-opening the claim to pay on-going medical or indemnity benefits, the Electronic Periodic Claim Cost Report should be sent as an Electronic Annual Claim Cost Report on or before 30 days after the anniversary of the date of injury.

(3) Any insurer failing to timely send an Electronic Periodic Claim Cost Report in accordance with the filing time periods prescribed in this subsection shall be subject to administrative penalties assessable by the Division in accordance with the provisions of Rule Chapter 69L-24, F.A.C.

(4)(a) In the event claims are acquired from another claim administrator, the insurer shall ensure that its former claim administrator provides the acquiring claim administrator with the total amounts paid for indemnity and medical benefits paid prior to the acquisition of the claim by the new claim administrator. Notwithstanding provision of specific claim costs amounts paid by the former claim administrator(s) for each indemnity and medical benefit type, the acquiring claim administrator shall report on the next required Electronic Periodic Claim Cost Report, cumulative totals for all indemnity benefits and cumulative totals for all medical monies paid by the former claim administrator(s) on a transferred case as follows: Cumulative totals for indemnity costs paid by the former claim administrator(s) shall be reported under Other Benefit Type Code 430 (Total Unallocated Prior Indemnity Benefits); cumulative totals for medical costs paid by the former claim administrator(s) shall be reported under Other Benefit Type Code 440 (Total Unallocated Prior Medical). The acquiring claim administrator shall report any specific costs for each indemnity and medical benefit type paid by the acquiring claim administrator in addition to the unallocated indemnity and medical amounts paid by the former claim administrator(s).

(b) The acquiring claim administrator shall file FROI MTC AQ (Acquired Claim) or FROI MTC AU (Acquired/Unallocated) prior to sending any Electronic Periodic Claim Cost Reports.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History–New _____.

69L-56.304 Electronic Notice of Action or Change, Including Change in Claims Administration, Required by the Insurer's Primary Implementation Schedule.

(FROI/SROI MTC 02, FROI MTC AQ, AU, SROI IP, PY, EP)

(1) Electronic Notice of Action or Change (MTC 02). On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.301(3)(a), F.A.C., the insurer shall file an Electronic Notice of Action or Change for reporting changes to the information specified in paragraphs (1)(a) and (b) of this section. The claim administrator shall file the FROI or SROI MTC 02 (Change) on or before 14 days after the claim administrator has knowledge of the new or changed information. If there is a change in Insurer FEIN, or Claims Administrator FEIN, Claim Administrator Postal Code, and Claim Administrator Claim Number due to the acquisition of a claim, the claim administrator shall file MTC AQ or AU pursuant to subsection (2) of this section.

(a) The claim administrator shall file a FROI or SROI MTC 02 (Change) as noted below, and provide Form DFS-F2-DWC-4 to the employee, employer and other party(s) to the claim pursuant to Rule Chapter 69L-3, F.A.C., if any of the following data elements are changed or reported for the first time:

1. Insurer FEIN not due to change in claims administration (FROI or SROI MTC 02);

2. Claim Administrator FEIN not due to change in claims administration (FROI or SROI MTC 02);

3. Claim Administrator Postal Code not due to change in claims administration (FROI or SROI MTC 02);

4. Claim Administrator Alternate Postal Code not due to change in claims administration (SROI MTC 02);

5. Claim Administrator Claim Number (FROI or SROI MTC 02);

6. Industry Code (FROI MTC 02 only);

7. Manual Classification Code (FROI MTC 02 only);

8. Employee SSN (FROI or SROI MTC 02);

9. Employee ID Assigned by Jurisdiction (FROI or SROI MTC 02);

10. Employee ID Type Qualifier (FROI or SROI MTC 02);

11. Employee First/Last Name, Last Name Suffix, Middle Name/Initial (FROI or SROI MTC 02);

12. Date of Injury (FROI or SROI MTC 02);

13. Initial Date Disability Began (FROI or SROI MTC 02 – Can initially be reported on FROI MTC 02);

14. Employee Date of Death (FROI or SROI MTC 02 – Can initially be reported on FROI MTC 02);

15. Death Result of Injury Code (FROI or SROI MTC 02 – Can initially be reported on FROI MTC 02);

(b) The claim administrator shall file MTC 02 (Change) to report a change in any other data element designated with the requirement code of "Y", "Y^{2}", "Y^{3}", "YC" or "FY" on the FROI or SROI MTC 02 column on the FL Claims EDI R3 Element Requirement Table contained in the FL Claims EDI Implementation Manual. The provision of Form DFS-F2-DWC-4 is not required since these data elements are not contained on Form DFS-F2-DWC-4 adopted in Rule Chapter 69L-3, F.A.C.

(2) Electronic Change in Claims Administration (MTC AQ, AU). If responsibility for handling the claim has changed due to acquisition of the claim from another claim administrator, the new claim administrator shall send FROI MTC AQ (Acquired Claim) or FROI MTC AU (Acquired/Unallocated) to report the change in claims administration, on or before 21 days after the effective date of the new claim administrator's acquisition of the claim. If MTC AQ (Acquired Claim) or MTC AU (Acquired/Unallocated) rejects because a First Report of Injury or Illness was not previously filed with the Division by the former claim

administrator, the acquiring claim administrator shall file an Electronic First Report of Injury or Illness in accordance with Rule 69L-56.301, F.A.C. If the former claim administrator did not file a First Report of Injury or Illness with the Division in accordance with this rule or Rule Chapter 69L-3, F.A.C., the insurer shall ensure that the acquiring claim administrator file the Electronic First Report of Injury or Illness in accordance with Rule 69L-56.301, F.A.C. If the acquiring claim administrator is concurrently reporting its initial payment information and change in claims administration in the same filing, the due date for the SROI MTC shall take precedence over the due date for the FROI MTC AU.

(a) The acquiring claim administrator shall provide to the employee, employer, and other party to the claim, Form DFS-F2-DWC-4 adopted in Rule Chapter 69L-3, F.A.C., or an explanatory letter, on or before 21 days from the date of acquisition, to advise the parties about the change in claims administration.

(b) A batch of FROI MTC AQ (Acquired Claim) or FROI MTC AU (Acquired/Unallocated) filings to report the change in claims-handling responsibility for multiple claims shall replace the option of the claim administrator to otherwise file Form DFS-F2-DWC-49, Aggregate Claims Administration Change Report adopted in Rule Chapter 69L-3, F.A.C.

(c) The claim administrator shall file FROI MTC AQ (Acquired Claim) or FROI MTC AU (Acquired/Unallocated) prior to sending any subsequent transactions (e.g., electronic suspension notices, electronic periodic claim cost reports).

(3) Initial Payment (MTC IP) following Employer Paid benefits, Compensable Death with no known dependants/payees, or compensable Volunteer. If the claim administrator makes its initial payment following the initial payment of Employer Paid (SROI EP) benefits or the initial filing of a SROI CD (Compensable Death) or SROI VE (Volunteer), the claim administrator shall file SROI MTC IP (Initial Payment) on or before 14 days after the date the claim administrator's initial payment was mailed. The claim administrator shall utilize Form DFS-F2-DWC-4 adopted in Rule Chapter 69L-3, F.A.C., or provide an explanatory letter to the employee, employer and other party(s) to the claim regarding the commencement of indemnity benefits by the claim administrator.

(4) Electronic Notice of Lump Sum Payment/Settlement (MTC PY). If an order is signed for a lump sum payment or settlement of indemnity benefits subsequent to the initial payment of indemnity benefits, i.e., an award, advance, stipulated agreement or final settlement of indemnity benefits, the claim administrator shall file SROI PY (Payment Report), on or before 14 days after the date the award/order was signed. The claim administrator shall report the applicable Lump Sum Payment/Settlement Code as defined in Section 6, Data Dictionary, of the IAIABC Claims EDI R3 Implementation Guide: "SF" (Settlement Full) if both indemnity and medical benefits were settled; "SP" (Settlement Partial) if only indemnity but not medical benefits were settled; "AS" (Agreement Stipulated) if the lump sum payment was for a non-adjudicated amount; "AW" (Award) if the lump sum payment was for an adjudicated amount; or "AD" (Advance) if the lump sum payment was for benefits in advance of when they were due.

(a) The claim administrator shall also report the Payment Issue Date on the SROI PY. The Payment Issue Date shall not be sent as the date the check is requested, created, or issued in the claim administrator's system unless the check leaves the control of the claim administrator the same day it is requested, created, or issued for delivery to the employee or the employee's representative.

(b) The claim administrator shall provide Form DFS-F2-DWC-4, adopted in Rule Chapter 69L-3, F.A.C., to the employee, employer, and other party(s) to the claim.

(5) Electronic Notice When Employer Pays Indemnity Benefits Other than Initial Payment (MTC EP). If the employer pays an indemnity benefit(s) for the first time following payment of and suspension of all indemnity benefits by the claim administrator (e.g., employer payment of Impairment Income Benefits), the claim administrator shall file a SROI MTC EP (Employer Paid) only, on or before 14 days after the date the claim administrator had knowledge of the payment of indemnity benefits by the employer. The provision of Form DFS-F2-DWC-4 is not required.

(6) The filing of a FROI or SROI MTC 02 to report a change in Insurer FEIN, Claim Administrator FEIN, or Claim Administrator Postal Code and Claim Administrator Claim Number due to the establishment or elimination of a claims office location or subsidiary entity within the insurer's organization does not negate the obligation of the trading partner (insurer or claim administrator) to file a revised "EDI Trading Partner Profile, DFS-F5-EDI-1 (10/01/2006), and if applicable, a revised "EDI Trading Partner Insurer/Claim Administrator ID List", DFS-F5-DWC-EDI-2 (10/01/2006), and if applicable, a revised "EDI Trading Partner Claim Administrator Address List", DFS-F5-DWC-EDI-2A (10/01/2006), pursuant to subsection 69L-56.300(2), F.A.C.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History–New .

69L-56.3045 Electronic Notice of Action or Change, Suspensions, and Reinstatement of Indemnity Benefits Required by Insurer's Secondary Implementation Schedule. (SROI MTC 02, CA, CB, AB, S1-S8, P7, RB, ER).

(1) Electronic Notice of Action or Change (SROI MTC 02). On or before the compliance date established in the insurer's Secondary Implementation Schedule set forth in paragraph 69L-56.301(3)(b), F.A.C., the insurer shall file an Electronic Notice of Action or Change for the reporting of changes to the information in paragraphs (1)(a) and (b) of this

section. The claim administrator shall file the SROI MTC 02 (Change) on or before 14 days after the claim administrator has knowledge of the new or changed information. The claim administrator shall also file Electronic Changes in Amount, Electronic Changes in Benefit Type, Electronic Reinstatements of Indemnity Benefits by the claim administrator or employer, and Electronic Suspensions pursuant to this section.

(a) The claim administrator shall file SROI MTC 02 (Change) and provide Form DFS-F2-DWC-4 (unless noted in subparagraph 1-14 below) pursuant to Rule Chapter 69L-3, F.A.C., to the employee, employer and other party(s) to the claim pursuant to Rule Chapter 69L-3, F.A.C., if any of the following data elements are changed (unless the change has been previously reported and accepted by the Division on another transaction (MTC) for data elements designated with the requirement code of "M" or "MC" on the FL Claims EDI R3 Element Requirement Table contained in the FL Claims EDI Implementation Manual).

1. Date of Maximum Medical Improvement

2. Permanent Impairment Percentage

3. Initial Return to Work Date

4. Current Return to Work Date

5. Return to Work Type Code

6. Physical Restrictions Indicator

7. Permanent Impairment Minimum Payment Indicator – No DFS-F2-DWC-4 required

8. Return to Work with Same Employer Indicator – No DFS-F2-DWC-4 required

9. Suspension Effective Date

10. Suspension Narrative – No DFS-F2-DWC-4 required

11. Average Wage

12. Wage Effective Date

13. Gross Weekly Amount Effective Date – No DFS-F2-DWC-4 required

14. Net Weekly Amount Effective Date – No DFS-F2-DWC-4 required

If one or more of these data elements were reported on another MTC already filed with the Division, MTC 02 is not required; however, the claim administrator shall provide Form DFS-F2-DWC-4 (unless noted in subparagraph 1-14 above) pursuant to Rule Chapter 69L-3, F.A.C., to communicate the change in information to the employee, employer and other party(s) to the claim.

(b) If the Average Wage, Wage Effective Date, Gross Weekly Amount Effective Date, or Net Weekly Amount Effective Date changes but the Net Weekly Amount does not change because the benefit being paid will continue to be paid at the statutory maximum, the claim administrator shall file a SROI MTC 02 on or before 14 days after the date the claim administrator has knowledge that the information associated with the Average Wage, Wage Effective Date, Gross Weekly Amount Effective Date, or Net Weekly Amount Effective Date has changed (MTC CA required in subsection (2) of this section shall not be filed to report a change in the Average Wage if the Net Weekly Amount does not change).

(c) When the claim administrator is directing a portion of the Net Weekly Amount to another party on the behalf of the employee or the employee's beneficiary due to a court ordered lien for child support, the claim administrator shall report Benefit Redistribution Code "H" being applied to the specific indemnity benefit type, and file SROI MTC 02 on or before 14 days after the Benefit Redistribution Start Date to report that a portion of the net weekly amount is being redistributed to another party due to an income deduction order pursuant to Section 61.1301, F.S.

(2) Electronic Change in Amount (MTC CA): If the Net Weekly Amount for a Benefit Type (indemnity benefit) changes from the amount previously reported due to the receipt of revised wage information, or due to the application of a Benefit Adjustment Code or Benefit Credit Code specified in paragraph (2)(a) of this section, the claim administrator shall file a SROI MTC CA (Change in Benefit Amount) on or before 14 days after the date the claim administrator amended the Net Weekly Amount.

(a) When the claim administrator applies an adjustment (offset) or credit which reduces the Net Weekly Amount for a specific indemnity benefit type, the claim administrator shall report the Benefit Adjustment Code or Benefit Credit Code being applied to the specific indemnity benefit type, and send a SROI MTC CA (Change in Amount) to report the change on or before 14 days after the date the claim administrator changed the Net Weekly Amount as follows:

1. Benefit Adjustment Codes –

a. "A" = Apportionment/Contribution. The weekly payment amount is reduced for shared or partial liability with another party.

b. "B" = Subrogation (Third Party Offset). The weekly payment amount is reduced for recovery from third party tort-feas or pursuant to Section 440.39(2), F.S.

c. "N" = Non-cooperation: Rehabilitation, Training, Education, and Medical. The weekly payment amount is reduced because the employee failed to accept training and education pursuant to Section 440.491(6)(b), F.S., for dates of accident prior to October 1, 2003, or the employee failed to timely cancel an independent medical examination pursuant to Section 440.13(5)(d), F.S.

d. "R" = Social Security Retirement. The weekly payment amount is reduced for retirement benefits paid under the Federal Old Age, Survivors, and Disability Insurance Act, pursuant to Section 440.15(9), F.S.

e. "S" = Social Security Disability. The weekly payment amount is reduced for disability benefits paid under the Federal Old Age, Survivors, and Disability Insurance Act, pursuant to Section 440.15(9), F.S.

f. "U" = Unemployment Compensation. The weekly payment amount is reduced for payment of unemployment compensation insurance benefits, pursuant to Section 440.15(10), F.S.

g. "V" = Safety Violation. The weekly payment amount is reduced for safety violation(s) pursuant to Section 440.09(5), F.S.

h. "X" = Death Benefit Reduction (Dependent Change). The weekly payment amount is reduced because of a change in number or kind of dependents entitled to death benefits pursuant to Section 440.16, F.S.

2. Benefit Credit Codes –

a. "C" = Overpayment. The weekly payment amount is reduced for recoupment of benefits paid but not due.

b. "P" = Advance. The weekly payment amount is reduced for reimbursement of benefit payments advanced pursuant to Section 440.20(13), F.S.

(b) In addition to filing MTC CA with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee, employer and other party(s) to the claim as required by Rule Chapter 69L-3, F.A.C.

(c) If the Net Weekly Amount is adjusted due to the application of a Social Security Offset, the claim administrator shall also send a completed Form DFS-F2-DWC-14, Request for Social Security Disability Benefit Information adopted in Rule Chapter 69L-3, F.A.C., at the same time the claim administrator sends the SROI MTC CA to report the change in the Net Weekly Amount.

(3) Electronic Change in Benefit Type (MTC CB): When an indemnity benefit type being paid changes and payments are being continued under a different indemnity benefit type without a break in continuity of payments, the claim administrator shall file a SROI MTC CB (Change in Benefit Type) on or before 14 days after the date the claim administrator changed the indemnity benefit type being paid.

(a) In addition to filing MTC CB with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee, employer and other party(s) to the claim as required by Rule Chapter 69L-3, F.A.C.

(4) Adding Concurrent Benefit (MTC AB): When Permanent Total Benefits (Benefit Type 020) are being paid, and Permanent Total Supplemental Benefits (Benefit Type Code 021) are initiated in addition to the prior commencement of Permanent Total Benefits (Benefit Type Code 020), the claim administrator shall file a SROI MTC AB (Add Concurrent Benefit Type) on or before 14 days after the date the claim administrator mails the initial payment of Permanent Total Supplemental Benefits (Benefit Type Code 021).

(a) In addition to filing MTC AB with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee, employer and other party(s) to the claim as required by Rule Chapter 69L-3, F.A.C.

(5) Electronic Suspension of all indemnity benefits (MTC S1-S8): When all indemnity benefits are suspended because the employee returned to work, or was medically released to return to work and the claim administrator does not anticipate paying further indemnity benefits of any kind, the claim administrator shall file with the Division a SROI MTC S1 (Suspension, RTW, or Medically Determined/Qualified RTW) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits.

(a) When all indemnity benefits are suspended because the employee failed to report for an independent medical examination pursuant to Section 440.13(5)(d), F.S., or failed to report for an evaluation by an expert medical advisor appointed by a Judge of Compensation Claims pursuant to Section 440.13(9)(c), F.S., the claim administrator shall file with the Division a SROI MTC S2 (Suspension, Medical Non-compliance) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits.

(b) When all indemnity benefits are suspended because the employee failed to comply with one or more of the following statutory sections and rules, the claim administrator shall file with the Division a SROI MTC S3 (Suspension, Administrative Non-compliance) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits:

1. Section 440.15(1)(e)3., F.S. (1994), which is incorporated herein by reference – Employee in Permanent Total status failed to attend vocational evaluation or testing.

2. Section 440.15(1)(f)2.b., F.S. (1994), which is incorporated herein by reference – Employee in Permanent Total status failed to report or apply for Social Security benefits.

3. Section 440.15(2)(d), F.S. (1994), which is incorporated herein by reference – Employee in Temporary Total status failed or refused to complete and return the Form DFS-F2-DWC-19 adopted in Rule Chapter 69L-3, F.A.C.

4. Section 440.15(7), F.S. (1994), which is incorporated herein by reference – Employee in Temporary Partial status failed or refused to complete and return the Form DFS-F2-DWC-19 adopted in Rule Chapter 69L-3, F.A.C.

5. Section 440.15(6), F.S. (2003), which is incorporated herein by reference – Employee refused suitable employment.

6. Section 440.15(9), F.S. (2003), which is incorporated herein by reference – Employee failed or refused to sign and return the release for Social Security benefits earnings on Form DFS-F2-DWC-14, or unemployment compensation earnings on Form DFS-F2-DWC-30 adopted in Rule 69L-3.025, F.A.C.

7. Section 440.491(6)(b), F.S. (2003), which is incorporated herein by reference – Employee failed or refused to accept vocational training or education.

8. Section 440.15(4)(d), F.S. (2003), which is incorporated herein by reference – Employee in Temporary Partial status failed to notify the claims-handling entity of the establishment of earnings capacity within 5 business days of returning to work.

9. Section 440.15(4)(e), F.S. (1994), which is incorporated herein by reference – Employee in Temporary Partial status terminated from post-injury employment due to the employee's misconduct.

10. Section 440.105(7), F.S. (2003), which is incorporated herein by reference – Employee refused to sign and return the fraud statement.

(c) When all indemnity benefits are suspended because the employee died and there are no known or confirmed dependents to whom death benefits must be paid, or if the death was not compensable, the claim administrator shall file with the Division a SROI MTC S4 (Suspension, Claimant Death) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits.

(d) When all indemnity benefits are suspended because the employee became an inmate of a public institution and there are no known or confirmed dependents to whom indemnity benefits must be paid, the claim administrator shall file with the Division a SROI MTC S5 (Suspension, Incarceration) on or before 14 days from the date the claim administrator decided to suspend all indemnity benefits.

(e) When all indemnity benefits are suspended because the claim administrator's good faith repeated attempts to locate and send indemnity benefits to the employee have been unsuccessful; or the employee has no known address, representative or guardian to whom the claim administrator can send indemnity benefits; or indemnity benefits have been returned to the claim administrator indicating that the employee has moved and the current or forwarding address is unknown, or the employee no longer resides at the last known address, the claim administrator shall file with the Division a SROI MTC S6 (Suspension, Claimant's Whereabouts Unknown) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits.

(f) When all indemnity benefits are suspended because the employee is no longer eligible for or entitled to any indemnity benefits because the limits of or entitlement to indemnity benefits have been exhausted, the claim administrator shall file with the Division a SROI MTC S7 (Suspension, Benefits Exhausted) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits.

(g) When all indemnity benefits are suspended because the employee elects to receive workers' compensation benefits under another state's law, or the claim administrator determines the claim is compensable under another compensation act, such as the Federal Employers' Liability Act, the Federal Employees' Compensation Act, the U.S. Longshoremen's and Harbor Workers' Compensation Act, or the Jones Act, the claim administrator shall file with the Division a SROI MTC S8 (Suspension, Jurisdiction Change) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits. Until the claim administrator implements the electronic reporting of suspension information as required in Rules 69L-56.304, F.A.C., and 69L-56.3045, F.A.C., the claim administrator shall file Form DFS-F2-DWC-4, Notice of Action/Change adopted in Rule Chapter 69L-3, F.A.C., and report Suspension Reason Code "S8" when there is a change in jurisdiction; however, once the claim administrator is in production status with filing electronic suspension notices, the claim administrator shall report a change in jurisdiction by filing SROI MTC S8 (Suspension, Jurisdiction Change).

(h) In addition to filing MTC S1-S8 with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee, employer and other party(s) to the claims as required by Rule Chapter 69L-3, F.A.C.

(i) When Permanent Total Supplemental Benefits (Benefit Type 021) are suspended but Permanent Total Benefits (Benefit Type 020) will continue to be paid, the claim administrator shall file with the Division a SROI MTC P7 (Partial Suspension, Benefits Exhausted) on or before 14 days after the date Permanent Total Supplemental Benefits were suspended. In addition to filing MTC P7 with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee, employer and other party(s) to the claim as required by Rule Chapter 69L-3, F.A.C.

(6) Electronic Reinstatement of Indemnity Benefits (MTC RB, ER):

(a) When payment of indemnity benefits are resumed by the claim administrator after having been previously suspended, the claim administrator shall file with the Division a SROI MTC RB (Reinstatement of Benefits) on or before 14 days after the date payment is mailed reinstating indemnity benefits.

(b) When the employer reinstates payment of salary in lieu of compensation (following the prior suspension of all indemnity benefits and the claim administrator is not paying indemnity benefits), the claim administrator shall file with the Division a SROI MTC ER (Employer Reinstatement) on or before 14 days after the date the claim administrator received notification about the reinstatement of salary in lieu of compensation.

(c) In addition to filing MTC RB, ER with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee, employer and other party(s) to the claim as required by Rule Chapter 69L-3, F.A.C.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History–New _____.

69L-56.307 Electronic Cancellation.
(FROI MTC 01).

(1) The claim administrator shall send a FROI MTC 01 (Cancel) immediately upon the claim administrator's knowledge of the need to cancel if any of the following occur:

(a) An Electronic First Report of Injury or Illness has been filed incorrectly and accepted by the Division and the claim administrator subsequently determines the claim is a Medical Only Case.

(b) An Electronic First Report of Injury or Illness has been filed incorrectly and accepted by the Division and the claim administrator subsequently determines the claim is a duplicate of another accepted claim.

(2) If the claim has been previously cancelled via FROI MTC 01 (Cancel) after an Electronic First Report of Injury or Illness was filed with the Division, and the claim administrator determines the claim should not be cancelled, the claim administrator shall re-file another Electronic First Report of Injury or Illness with the appropriate MTC(s) as specified in this rule. The original Electronic First Report of Injury or Illness filed shall be disregarded by the Division. The required filing timeframe for the Electronic First Report of Injury or Illness filed after the MTC 01 (Cancel) shall correspond to the filing timeframes required by this rule.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History–New .

69L-56.310 Technical Requirements for ~~Voluntary~~ Claims EDI Transmissions.

(1) ~~Effective June 1, 2005, as a voluntary alternative to paper filing pursuant to Rule 69L-3 F.A.C.,~~ Iinsurers shall ~~may elect to~~ send Claims EDI Filings ~~electronic transmissions~~ required in Rules 69L-56.301, 69L-56.3012, 69L-56.3013, 69L-56.304, 69L-56.3045, 69L-56.307, and 69L-56.330, F.A.C., ~~of the First Report of Injury or Illness (Form DFS-F2-DWC-1 as incorporated by reference in Chapter 69L-3, F.A.C.), Claim Cost Report (Form DFS-F2-DWC-13 as incorporated by reference in Chapter 69L-3, F.A.C.), and the Division approved electronic formats for reporting the employee's 8th day of disability and claim administrator's knowledge of the 8th day of disability required in Chapter 69L-3, F.A.C.,~~ to the Division using only the following transmission methods:

(a) Advantis Value Added Network (VAN), or

(b) Secure Socket Layer/File Transfer Protocol (SSL/FTP) ~~using a client software program to accomplish SSL/FTP uploads and downloads~~ in accordance with instructions on Form DFS-F5-DWC-EDI-4 (01/01/2005).

(2) ~~Effective June 1, 2005, voluntary~~ Eelectronic transmissions of Claims EDI Filings ~~the First Report of Injury or Illness (DFS-F2-DWC-1), and the Claim Cost Report (DFS-F2-DWC-13),~~ shall be sent to the Division using the First Report of Injury (FROI)/148 flat file transaction set, including the R21 companion record, and the Subsequent Report (SROI)/A49 flat file transaction set, including the R22 companion record, described in Section 2, "Technical Documentation", ~~on Pages "4-13" through "4-16"~~ of the IAIABC Claims EDI Release 3 Implementation Guide ~~for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1 February 15, 2002~~. The claim administrator shall not send transmissions containing files in the ANSI 148 format to the Division ~~on or after June 1, 2005~~.

(3)(a) Each ~~voluntary~~ FROI transmission shall contain at least one batch in the FROI format, a sample of which is located in Section 2, Technical Documentation, ~~on Pages "4-13" and "4-14"~~ in the IAIABC Claims EDI Release 3 Implementation Guide ~~for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1 February 15, 2002~~. Each ~~voluntary~~ SROI transmission shall contain at least one batch in the SROI format located in Section 2, Technical Documentation, Record Layouts, ~~on Pages "4-15" and "4-16"~~ in the IAIABC Claims EDI Release 3 Implementation Gguide.

(b) Each batch shall contain only one of the following transaction types:

1. First Report of Injury (FROI/148 transaction with R21 companion record), or

2. Subsequent Report of Injury (SROI/A49 transaction with R22 companion record).

(c) A batch shall contain the following as set forth in Section 2, Technical Documentation, ~~on Pages "4-11" thorough "4-19"~~ in the IAIABC Claims EDI Release 3 Implementation Guide ~~for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1 February 15, 2002~~:

1. Header Record.

2. One or more transactions – FROI 148~~'s~~ with R21, or SROI A49~~'s,~~ with R22

3. Trailer Record.

(d) Header records shall include the following information:

1. Receiver FEIN for the State of Florida: 596001874

2. Receiver Postal Code for the State of Florida: 323994226 ~~effective June 1, 2005 (Receiver Postal Code 323996085 may be sent through May 31, 2005.)~~

3. Sender Identifier. The Sender Identifier (Sender ID) shall consist of the claim administrator's FEIN and Postal Code as reported on Form DFS-F5-DWC-EDI-3 (01/01/2005), EDI Transmission Profile – Sender's Specifications.

(4) To ~~voluntarily~~ report the electronic equivalent of the First Report of Injury or Illness (Form DFS-F2-DWC-1 adopted in Rule Chapter 69L-3, F.A.C.), where ~~for which~~ total compensability of the claim has not been denied, the claim administrator shall send to the Division both the FROI and SROI within the processing times set out in subsection (5) of this section. If either the FROI or SROI contains an error that results in the rejection of one of the transactions both the FROI and SROI shall be rejected and the claim administrator shall

re-send both the corrected FROI and SROI to the Division within the processing times set out in paragraph (5) of this rule section, in order for the two transactions to be processed together. The Division will only pair for processing purposes, FROI's and SROI's that are received by the Division on the same day, as set out in paragraph (5) of this rule section.

(5) Transmissions received on or before 9:00 p.m., Eastern Standard Time, shall be processed by the Division the same day the transmission was sent to the Division and acknowledged by the Division the next business day. Transmissions received after 9:00 p.m. through 11:59 p.m., Eastern Standard Time, shall be processed by the Division the following day and acknowledged by the Division the next business day after the transmission is processed.

~~(a) Transmissions sent Monday through Saturday: In order for a transmission sent Monday through Saturday to be processed as received by the Division the same day the transmission was sent, the claim administrator shall send voluntary Claims EDI transmissions by 9:00 p.m., Eastern Standard Time, Monday through Saturday. Transmissions received by 9:00 p.m., Eastern Standard Time, will be acknowledged the next business day after Division receipt and processing. Transmissions received between after 9:00 p.m. and 11:59 p.m., Eastern Standard Time, Monday through Saturday, shall be processed as received by the Division the day after the transmission was sent, and will be acknowledged the next business day after Division receipt and processing.~~

~~(b) Transmissions sent Sunday: In order for a transmission sent on Sunday to be processed as received by the Division on Sunday, the claim administrator shall send voluntary Claims EDI transmissions by 4:00 p.m., Eastern Standard Time, Sunday. Transmissions received by 4:00 p.m., Eastern Standard Time, Sunday will be acknowledged on Tuesday. Transmissions received after 4:00 p.m., Eastern Standard Time, Sunday shall be processed as received by the Division on Monday and will be acknowledged on Tuesday.~~

(6) During the test ~~and pilot~~ phases, the "Test-Production Code ~~Indicator~~" in the Header record shall be set to "T". After the claim administrator has been approved by the Division to send transmissions in production status, the "Test-Production Code ~~Indicator~~" shall be set to "P".

(7) The claim administrator shall have the capability to receive and process the Division's Claims EDI AKC ~~AK1~~ Acknowledgement transaction described in Section 2, Technical Documentation, ~~on Page "4-11"~~ of ~~in~~ the IAIABC Claims EDI Release 3 Implementation Guide ~~for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records Release 1 February 15, 2002~~. The Claim Administrator shall update its database with the ~~Division's~~ Jurisdiction ~~Agency~~ Claim Number (JCN) ~~(ACN)~~ provided by the Division on the EDI AKC ~~AK1~~ Acknowledgement transaction for each successfully filed transaction.

(8) Formats and meaning of data elements ~~voluntarily~~ reported via EDI to the Division pursuant to ~~under~~ this rule ~~section~~ shall match format specifications and data element definitions established in Sections 2, ~~4~~ and 6 of the IAIABC Claims EDI Release 3 Implementation Guide ~~for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 1 February 15, 2002~~, unless otherwise defined in Rule 69L-56.002, F.A.C.

(9) The claim administrator's business and technical contacts shall have e-mail system capabilities that support Word, Excel, or PDF attachments from the Division of at least 2 Megabytes.

(10) The claim administrator or other third party vendor shall utilize anti-virus software to screen out and clean any viruses on all electronic transmissions prior to sending transmissions to the Division. The claim administrator or other third party vendor shall maintain anti-virus software with the most recent anti-virus update files from the software provider. If the claim administrator or third party vendor sends a transmission that contains a virus which prevents the Division from processing the transmission, the transmission will not be considered as having been received by the Division.

(11) If a vendor is submitting files on behalf of more than one insurer or claim administrator, the vendor shall send separate header and trailer records for each claim administrator. The Sender ID on the Header Record shall represent the insurer's or claim administrator's FEIN and Postal Code, not that of the vendor.

Specific Authority 440.591, 440.593 FS. Law Implemented 440.593 FS. History–New 5-29-05, Amended _____.

69L-56.320 Claims EDI Test and Production Status Requirements.

(1) Prior to sending an initial test transmission, the claim administrator shall file the EDI Trading Partner forms required in subsection 69L-56.300(2), F.A.C. If a form is incomplete and does not contain responses to all of the required fields in accordance with the form instructions, testing with the Division will not commence until the corrected form(s) is re-filed with the Division.

(2) If the claim administrator has contracted with a vendor to send Claims EDI filings on its behalf to the Division, the claim administrator shall comply with the testing requirements in this section before being approved for production status, even if the vendor has been previously approved by the Division for production status with another client.

(3) During the Claims EDI testing period and until the claim administrator is approved for production status for sending the required electronic form equivalents required by this rule, the claim administrator shall continue to file Forms DFS-F2-DWC-1, DFS-F2-DWC-12, DFS-F2-DWC-13 and DFS-F2-DWC-4 and DFS-F2-DWC-49 in accordance with Rule Chapter 69L-3, F.A.C.

(4) The claim administrator shall send test files in the correct IAIABC Release 3 formats specified in Section 2, Technical Documentation, of the IAIABC Claims EDI Release 3 Implementation Guide, and comply with transmission requirements set out in Rule 69L-56.310, F.A.C.

(5) The insurer or claim administrator shall indicate the Maintenance Type Codes (MTC's) it will be sending, if not all MTC's will be initially tested at the same time (e.g., MTC's not required until the insurer's Secondary Implementation Schedule). The claim administrator shall file a revised Form DFS-F5-EDI-3, EDI Transmission Profile – Sender Specifications, to report any new MTC's that will be added during the test to production periods.

(6) The claim administrator shall also indicate on its Form DFS-F5-EDI-3, Transmission Profile – Sender Specifications, the frequency with which files will be sent to the Division, i.e., daily, weekly. Test files shall consist of Claims EDI Filings that correspond with Forms DFS-F2-DWC-1, DFS-F2-DWC-12, DFS-F2-DWC-13, and DFS-F2-DWC-4 adopted in Rule Chapter 69L-3, F.A.C., that were previously mailed to the Division at least one week prior to the date the test transmission containing the corresponding Electronic First Report of Injury or Illness, Electronic Notice of Denial, Electronic Periodic Claim Cost Report, and Electronic Notice of Action or Change, Suspension, and Reinstatement of Indemnity Benefits information is sent to the Division. If the claim administrator is unable to transmit test files on a daily or weekly basis due to a low volume of actual claim filings being mailed to the Division during the specified testing frequency, the claim administrator may create and send "mock" paper and electronic filings for Claims EDI testing purposes. The claim administrator shall clearly mark any mock paper filings as an "EDI Test Filing" and fax the mock paper filings to the Division's Claims EDI Team at (850)488-3453.

(7) Data element values sent on the Claims EDI filings shall match values reported on the corresponding paper form filing. If differences are detected and cited in a written parallel analysis report issued to the claim administrator by the Division, the claim administrator shall confirm if the electronic version contained the accurate data, or otherwise provide an explanation for the discrepancy. The claim administrator shall investigate and reconcile its database as necessary in conjunction with data errors identified during the test period(s).

(8) The claim administrator shall send the following minimum number of Claims EDI filings during the test period(s), of which 90% of each of the required categories specified in paragraphs (5)(a) through (f) of this section shall receive an Application Acknowledgement Code of "TA":

(a) Ten (10) Electronic First Report of Injury or Illness filings utilizing at least two of each of the following required FROI/SROI MTC combinations: 00/IP, 00/EP, and 00/PY. MTC's 00/CD, 00/VE, and AU/AP may be optionally included in the testing period. The claim administrator shall send one of the two required MTC 00/IP filings with Claim Type "I" and the other required MTC 00/IP filing with Claim Type "L".

(b) Five (5) Electronic Denied First Report of Injury or Illness filings utilizing at least one FROI MTC 04 (Full Denial) and one FROI MTC 00 with SROI PD (Partial Denial). The Electronic First Report of Injury or Illness shall include the applicable Full Denial Reason Code(s) and Partial Denial Code with Denial Reason Narrative, to report the Electronic Notice of Denial information.

(c) Ten (10) Electronic Periodic Claim Cost filings utilizing at least two each of the following SROI MTC's: SA, AN, or FN. A corresponding paper or Electronic First Report of Injury or Illness must have been previously accepted in test or production status before testing MTC SA, AN or FN.

(d) Five (5) Electronic Notice of Denial filings (post-EDI DWC-1) utilizing at least one each of the following SROI MTC's: MTC 04 and PD (Electronic First Report of Injury or Illness must have been previously accepted in test or production status before testing these EDI filings.)

(e) Five (5) Electronic Notice of Action or Change transactions based on electronic filings required in the insurer's Primary Implementation Schedule for the initial testing period if not all MTC's will be implemented by the insurer during its Primary Implementation Schedule, utilizing either FROI or SROI MTC 02 (Change). A corresponding paper or Electronic First Report of Injury or Illness must have been previously accepted in test or production status before testing these EDI filings with the Division.

(f) Five (5) of the following Electronic Notice of Action or Changes, Suspension and Reinstatement of Indemnity Benefits filings required in the insurer's Secondary Implementation Schedule utilizing at least two MTC 02 filings, one of which shall report a change in the Average Wage with no change to the Net Weekly Amount and one MTC 02 that reports a Benefit Redistribution. The claim administrator shall also send at least one each of the following MTC's: S1-S8 (Suspensions); RB (Reinstatement); CA (Change in Amount), CB (Change in Benefit Type).

(9) To be approved for production status:

(a) The claim administrator shall achieve a 90% acceptance rate for Claims EDI Filings sent during the test period(s), i.e., 90% of all test Claims EDI Filings shall be accepted and assigned an Application Acknowledgement Code "TA" (Transaction Accepted), and 10% or less of all Claims EDI filings shall be assigned an Application Acknowledgement Code "TR" (Transaction Rejected); and,

(b) The claim administrator must achieve a 95% accuracy rate for correctly reporting the following data elements:

a. Benefit Payment Issue Date and Payment Issue Date (represents the date payment was mailed to the employee).

b. Employee SSN and Date of Injury (unless Form DFS-FS-DWC-4, Notice of Action/Change adopted in Rule Chapter 69L-3, F.A.C., was filed to report a change in Employee SSN and Date of Injury that explains the different value sent on the test EDI filing compared to the value sent on the prior paper or EDI filing ;

c. Benefit Type reported on the Division paper form promulgated under Rule Chapter 69L-3, F.A.C., compared to the test Electronic First Report of Injury or Illness filing;

d. Initial Date of Lost Time;

e. Date Claim Administrator Had Knowledge of Lost Time; and

f. Any penalties and/or Interest reported on the prior paper filing compared to the test Electronic First Report of Injury or Illness, and

(c) The claim administrator has responded to all parallel pilot analysis reports issued during the test period(s).

(10) The claim administrator shall send a minimum of two transmissions containing the test MTC's pursuant to subsections (8) of this section for evaluation by the Division before the claim administrator will be approved for production status.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.593 FS. History–New _____.

69L-56.330 Electronic Formats for Reporting the Employee's 8th Day of Disability and the Claim Administrator's Knowledge of 8th Day of Disability.

(1) Until required by this rule to report Claims EDI filings using the IAIABC Release 3 standard, if a claim administrator is voluntarily reporting Claims EDI information using the IAIABC EDI Release 1 standard and reports the electronic First Report of Injury or Illness ~~If the electronic form equivalent of the DFS-F2-DWC-1, First Report of Injury or Illness, as incorporated by reference in Rule 69L-3, F.A.C., is voluntarily sent via EDI~~ with Claim Type "L" ("Became Lost Time", a.k.a., Medical Only to Lost Time), the claim administrator shall report the employee's 8th day of disability and the claim administrator's knowledge of the 8th day of disability at the same time the electronic form equivalent of Form DFS-F2-DWC-1 is required to be sent to the Division as specified in Rule 69L-56.301, ~~69L-24.0231~~, F.A.C, using any of the electronic formats approved by the Division and adopted by reference in this rule ~~section~~.

(2) If the initial payment of benefits is for Impairment Income Benefits or settlement agreement or order for indemnity benefits, or follows a total or partial denial, the claim administrator is not required to electronically report the employee's 8th day of disability and the claim administrator's knowledge of 8th day of disability.

(3) The claim administrator shall utilize the electronic format, "Electronic Supplement to the First Report of Injury (DWC-1) Transaction (January 2005)", from the Division's web site at www.fldfs.com/wc/edi.html, or the "8th Day of Disability For EDI Submitters" database located at www.fldfs.com/wc/ to report the employee's 8th day of disability and the claim administrator's knowledge of the 8th day of disability required in Rule Chapter 69L-3, F.A.C. ~~The requirement to report the employee's 8th day of disability and the claim administrator's knowledge of the 8th day of disability via an alternative electronic format shall commence upon the effective date of this rule.~~

Specific Authority 440.591, 440.593 FS. Law Implemented 440.593 FS. History–New 5-29-05, Amended _____.

69L-56.500 Insurer Responsibilities Where Third Party Services are Utilized.

If an insurer contracts with a claim administrator or third party vendor to electronically send transactions to the Division on the insurer's behalf, or uses a claim administrator or third party vendor's software product for electronically sending transactions to the Division, the insurer shall remain responsible for the timely filing of transactions required by this rule, processing of acknowledgements, ~~electronic form equivalents~~ and any penalties and fines that may result from untimely electronic filings.

Specific Authority 440.591, 440.593(5) FS. Law Implemented 440.20(8)(b), 440.593 FS. History–New 5-29-05, Amended _____.

Section II
Proposed Rules

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Notices for the Board of Trustees of the Internal Improvement Trust Fund between December 28, 2001 and June 30, 2006, go to http://www.dep.state.fl.us/ under the link or button titled "Official Notices."

DEPARTMENT OF CORRECTIONS

RULE NO.:	RULE TITLE:
33-601.820	Maximum Management

PURPOSE AND EFFECT The purpose and effect of the proposed rule is to reflect the Deputy Director of Health Services (Clinical) as a member of the MMRT instead of the Deputy Assistant Secretary of Health Services (Clinical) and modify Form DC6-171 to include information to assist staff in correctly processing the form.

SUMMARY: Amends the rule to reflect the Deputy Director of Health Services (Clinical) as a member of the MMRT instead of the Deputy Assistant Secretary of Health Services (Clinical) and modify Form DC6-171 to include information to assist staff in correctly processing the form.