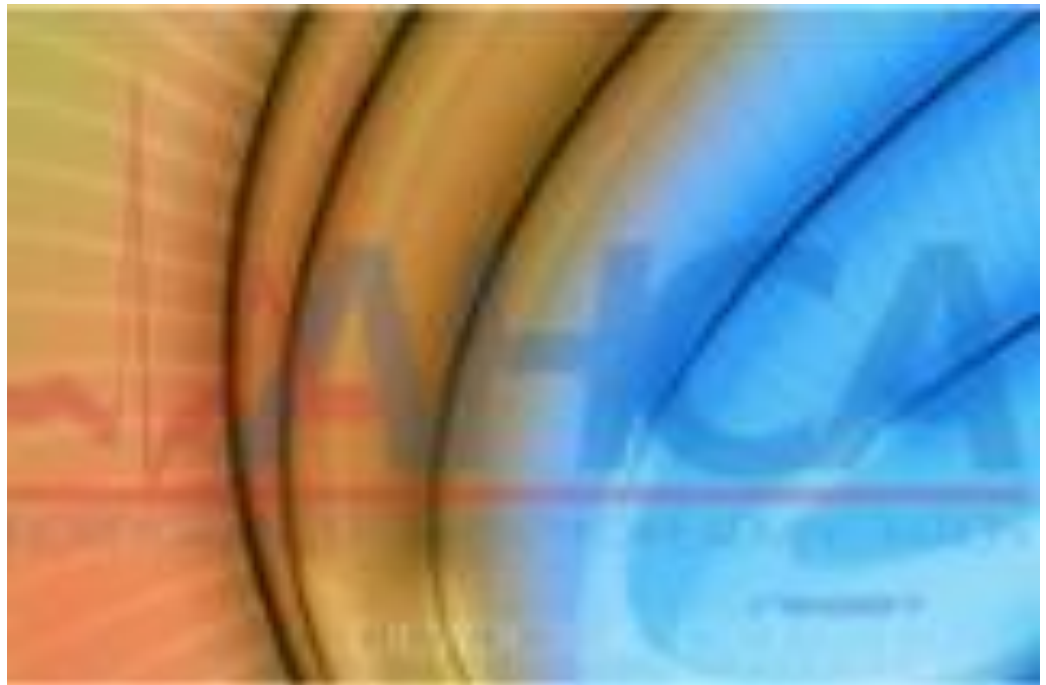# 2012 LONG RANGE PLAN

| 1/31/2012 | State Consumer Health Information and Policy Advisory Council |

Section 408.05, Florida Statutes, states, in part, that the Agency shall "….develop, in conjunction with the State Comprehensive Health Information System Advisory Council, and implement a long-range plan for making available performance outcome and financial data that will allow consumers to compare health care services. The performance outcome and financial data the agency must make available shall include, but is not limited to, pharmaceuticals, physicians, health care facilities, and health plans and managed care entities."

2012 LONG RANGE PLAN
UPDATE AND IMPLEMENTATION STATUS REPORT

INTRODUCTION

In 2004, new legislation required the Agency for Health Care Administration (Agency) to develop a transparent, health care performance and web-based reporting system. The State Consumer Health Information and Policy Advisory Council (Advisory Council) is to make recommendations to the Florida Center for Health Information and Policy Analysis (Florida Center) to accomplish these legislative mandates.

§408.05(3) (k), F.S., further states that the Agency is required to update the Long Range Plan on an annual basis. This report provides an update of the status and implementation of the Long Range Plan and the goals established by the Agency in 2011.

During its last quarterly meeting of 2011, the Advisory Council reviewed the established goals and accomplishments of 2011. The Agency provided a status report of the past goals and the Council offered recommendations for amendment and/or clarifications and proposed new goals for 2012. Throughout the year, the Advisory Council will continue to review and update the goals, and as such, the goals may be amended and/or additional goals adopted. Measurable objectives were established for each of the adopted goals.

BACKGROUND INFORMATION

The Advisory Council was established to make recommendations to the Florida Center and the Agency to accomplish the requirements of §408.05, Florida Statutes. This statute directs the Agency to make available health care quality measures and financial data including (but not limited to) data on pharmaceuticals, physicians, health care facilities, health plans, and managed care entities. This statute also directs the Agency to make available patient safety indicators, inpatient quality indicators, and performance outcome and patient charge data collected from health care facilities and to determine which conditions, procedures, health care quality measures, and patient charge data to disclose with input from the Advisory Council.

The statute sets specific requirements for the publication of infection rates, mortality rates, readmission rates, and complication rates, and further requires that the Agency make available performance measures, benefit design, and premium cost data from health plans licensed pursuant to Chapters 627 and 641, Florida Statutes. The Agency determines which health care quality measures and member and subscriber cost data to disclose with input from the Advisory Council.

The Agency also determines the method and format for public disclosure of data with input from the Advisory Council. The statute specifies that, at a minimum, the data shall be made available on the Agency's website, FloridaHealthFinder.gov, in a manner that provides consumers the opportunity to conduct an interactive search allowing them to view and compare information for specific providers. The website must include such additional information as is determined necessary to ensure the improvement of decision making among consumers and health care purchasers. The website must also include appropriate guidance on how to use the data and an explanation of why the data may vary from provider to provider.

With the assistance of the Advisory Council, the Agency has developed and refined long range goals that address opportunities for expanding available consumer information related to hospitals, other facilities, physicians, and health plans. These goals enhance the Agency's effectiveness in providing transparent health care price and quality information to the general public by providing the clear communication of essential information that consumers need to make choices about their health care.

In addition, the Agency establishes long range planning and strategic goals for the promotion of health information technology and health information exchange, such as electronic health records and health information exchange between providers, which is a related responsibility of the Florida Center that supports both transparency and Florida's health care infrastructure.

ADVISORY COUNCIL AND TECHNICAL WORKGROUPS STRUCTURE

↓ The State Consumer Health Information and Policy Advisory Council

The mission of the State Consumer Health Information and Policy Advisory Council (Advisory Council) is to assist the Florida Center in reviewing the comprehensive health information system, including the identification, collection, standardization, sharing, and coordination of health-related data, fraud and abuse data, and professional and facility licensing data among federal, state, local, and private entities. The Advisory Council also recommends improvements for purposes of public health, policy analysis, and transparency of consumer health care information. The composition and functions of the Advisory Council are described in §408.05(8) and §408.062(5) of the Florida Statutes.

The Advisory Council is also charged with advising the Florida Center on the development and implementation of a long range plan for making available health care quality measures and financial data that will allow consumers to compare health care services.

In addition, the Advisory Council advises the Florida Center in the development and implementation strategies for the adoption and use of electronic health records, including the development of an electronic health information network for the sharing of electronic health records among health care facilities, health care providers, and health insurers.

The Advisory Council meets quarterly, or at the request of the Chair, at the Agency offices in Tallahassee, Florida, or at other locations in the state. Meetings are noticed in the Florida Administrative Weekly and are open to the public in accordance with the Florida Sunshine Law.

↓ Technical Workgroups

The Advisory Council delegates special projects to ad-hoc technical workgroups that meet on an as-needed basis. The current technical workgroups are the Data Standards and Transparency Committee (DST), the Health Information Exchange Coordinating Committee (HIECC), and the Health Information Exchange Legal Work Group (HIE Legal Work Group).

Data Standards and Transparency Committee: The Data Standards and Transparency Committee (DST) reviews national standards for reporting and makes recommendations to the Advisory Council to assist in defining a standardized method of data reporting for all facilities, physicians, health plans and other providers.

The DST advises the Advisory Council and Florida Center regarding the development and implementation of data reporting standards to compare health care services. The health care quality measures and financial data include, but are not limited to, pharmaceuticals, physicians, health care facilities, health plans, and managed care entities.

The duties and responsibilities of the DST include, but are not limited to, the following:

1. Improve and streamline data analysis methodology (such as small numbers, appropriate display of information and which measures to display);

2. Find ways to standardize the sharing of data across different types of entities (hospitals, health plans, physicians);

3. Identify external organizations that are measuring similar data to avoid unnecessary duplication of reporting efforts;

4. Consider what information is most useful to consumers who are making comparisons among providers and plan other tasks as the Advisory Council and/or Committee may determine; and

5. To broaden consumer awareness by developing strategies for the promotion of the FloridaHealthFinder.gov website.

Health Information Exchange Coordinating Committee (HIECC): The HIECC advises and supports the Agency in the development and implementation of a strategy for establishing a privacy-protected, secure, and integrated statewide network for the communication of electronic health records among authorized parties. The HIECC functions as an issue-oriented technical workgroup of the State Consumer Health Information and Policy Advisory Council (Advisory Council).

The HIECC is responsible for leading statewide federally funded health information technology initiatives. The HIECC also assists the Agency as it develops and implements specific programs for the creation of a statewide network, adoption of electronic health record systems, and the development of health information exchange at the local level.

Health Information Exchange Legal Work Group: The HIE Legal Work Group, originally established in 2006 to advise the Health Information Security and Privacy Collaboration (HISPC), currently advises the Agency on legal matters such as policy issues and review of materials related to Florida's health information exchange initiatives.

PAST ACCOMPLISHMENTS

2011 GOALS AND ACCOMPLISHMENTS

The Florida Center and Advisory Council adopted four goals and objectives for FloridaHealthFinder.gov in 2011. Below is an outline of those goals and objectives, and how they were met:

♣ Goal 1: Improve and streamline Florida Center data collection

In 2011 the Florida Center met this goal by addressing six measurable objectives:

Objective 1. *Work with the vendor on producing a production-ready online auditor and transition to full use of an online auditor.*

Results: The software vendor that was to produce the online auditor has decided to withdraw from the data validation engine market. The creator of the current auditor has agreed to continue to support the auditor in its current form. Lack of funding will limit the Florida Center's ability to pursue other auditor replacements or upgrades for the foreseeable future. Staff research has failed to identify a vendor
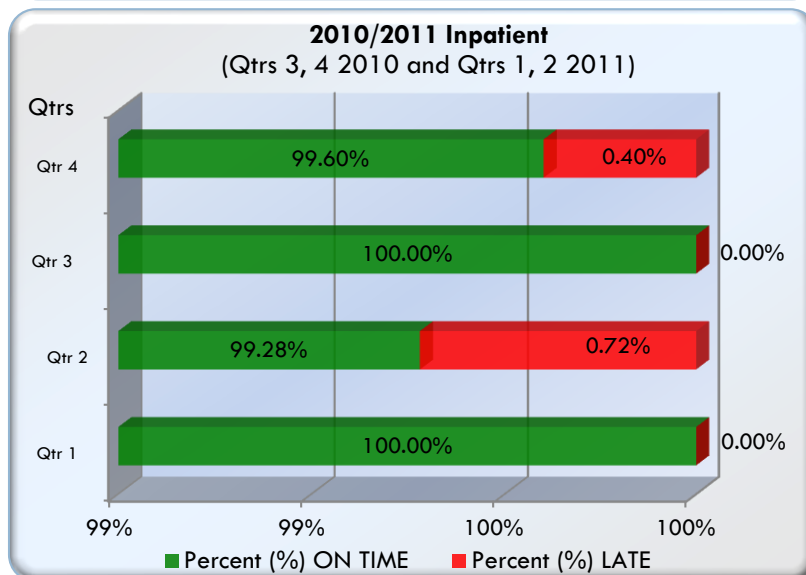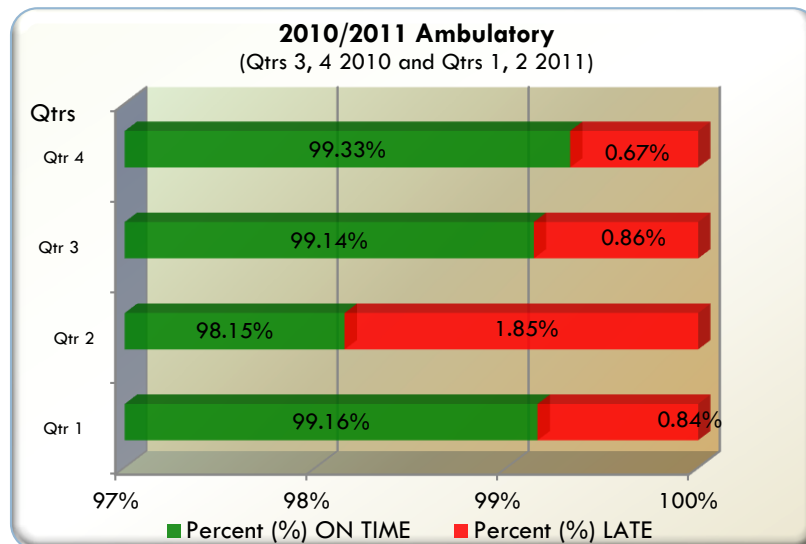
willing to provide any form of updated software for the funds AHCA has available for this purpose, however, staff is continuing discussions with vendors. Research has also eliminated AHCA IT as a potential source of a software solution as Senior IT staff estimates market cost of software to be "in the high six figures."

Objective 2. *Update internal AHCA computer systems to allow the Agency to process data submitted in accordance with the new data collection administrative rules 59B-9 and 59E-7.*

Results: This objective was met and completed.

Objective 3. *Complete the processing of all data quarters with little to no decrease in data currency (percentage of facilities completing their data submission by the certification deadline).*

Results: This goal is continuing to be met. The graphs below show the percentage of facilities, Ambulatory and Inpatient, completing data submission by certification deadline for the last two quarters of 2010, and the first two quarters of 2011.

2010/2011 Ambulatory
(Qtrs 3, 4 2010 and Qtrs 1, 2 2011)

Qtrs	Percent (%) ON TIME	Percent (%) LATE
Qtr 4	99.33%	0.67%
Qtr 3	99.14%	0.86%
Qtr 2	98.15%	1.85%
Qtr 1	99.16%	0.84%

2010/2011 Inpatient
(Qtrs 3, 4 2010 and Qtrs 1, 2 2011)

Qtrs	Percent (%) ON TIME	Percent (%) LATE
Qtr 4	99.60%	0.40%
Qtr 3	100.00%	0.00%
Qtr 2	99.28%	0.72%
Qtr 1	100.00%	0.00%

Objective 4. *Continue to address submission difficulties experienced by facilities (such as mastery of XML formatting) through increased Agency outreach.*

Results: Facility mastery of XML continues at a high level. The Agency continues to work through the Data Working Group to reach more facilities with assistance and to understand their issues.

Objective 5. *Invite interested parties to participate in an ad hoc workgroup that can assist in identifying best practices while providing facilities input into data collection streamlining efforts.*

Results: The workgroup held a publicly-noticed teleconference on September 7, 2011. The teleconference facilitated networking between participants discussing data extraction and vendor issues. The Agency continues to make ourselves available for public comments and concerns as well as review recommendations for process changes. The Agency is currently looking at dates for the next meeting.

Objective 6. *Complete and deploy (with AHCA IT) a new online reporting system for adverse incident reports.*

Results: Funding for the project has not yet been identified.

Goal 2: Promote FloridaHealthFinder.gov

In 2011 the Agency provided community outreach and education through the publication of consumer materials, response to requests from the public, and participation in community outreach programs. E-mail requests from the public received through FloridaHealthFinder.gov are responded to by Agency staff in the Florida Center. In 2011, the Florida Center responded to 1,459 requests for information including information on specific health care facilities and providers; Medicaid and other insurance questions; data requests; educational information on health care issues; and requests for referrals to meet basic needs like health care, medication, insurance, food, and shelter.
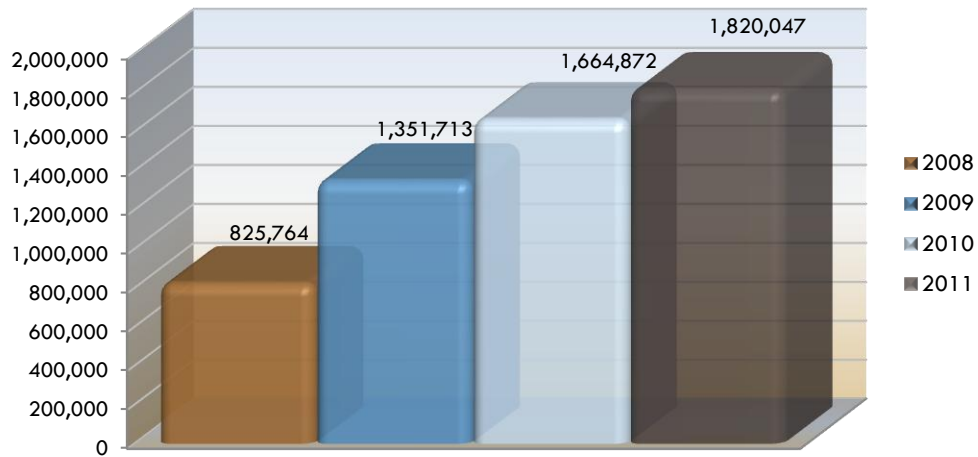
The Agency also initiated and participated in community-based programs, as authorized by §408.063(3) and §408.063(6), Florida Statutes. Such programs educate the public about health care issues, make consumer brochures available, and introduce the FloridaHealthFinder.gov website.

During 2011, staff continued to provide consumer outreach and education about FloridaHealthFinder.gov through the distribution of website pamphlets, bookmarks, and other consumer brochures. Outreach has included participation and presentations at health and wellness fairs, employee benefit fairs, and health conferences. Brochures and pamphlets are also distributed by the Agency's Area Medicaid Offices in their outreach activities. In 2011 website bookmarks were mailed to 59 county public libraries and in 2012 mailings will be sent to additional libraries and other targeted organizations.

Accomplishing this goal included the following three objectives:

Objective 1. *Increase the number of visits from 1.66 million in 2010 to 2.0 million in 2011.*

Results: In 2011, there were a total of 1,820,047 visits compared to 1,664,872 visits in 2010, an increase of 9.3%. The graph below represents the total increase in visits from 2008 to 2011.
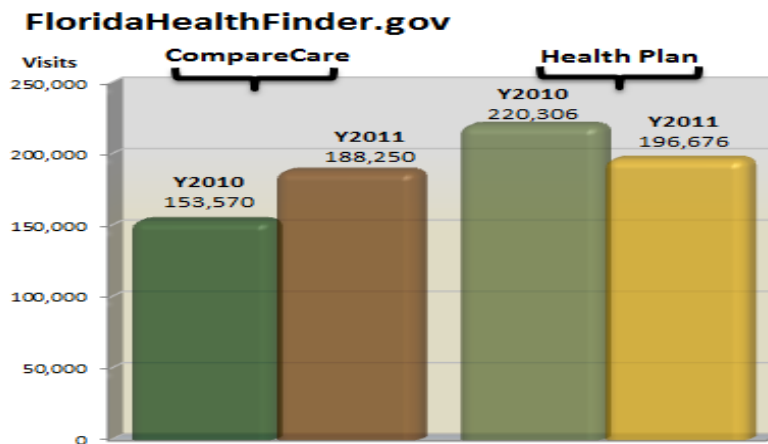
Objective 2. Increase the number of visits to Compare Hospitals and Ambulatory Surgery Centers by 5%.

Results: In 2011, there were a total of 188,250 visits compared to 153,570 visits in 2010, representing an increase of 22.58%.

Objective 3. Increase the number of visits to Compare Health Plans by 5%.

Results: In 2011, there were a total of 196,676 visits compared to 220,306 visits in 2010, representing a decrease of 10.73%. It was felt by the Council that the shorter 2011 open enrollment period for state employees may explain the slight drop in visits for 2011.

The chart below represents the total increase/decrease in visits for CompareCare and Compare Health Plans for 2010-2011.

➕ **Goal 3: Improve FloridaHealthFinder.gov**

In 2011, Florida Center staff worked with the Data Standards and Transparency (DST) Committee on a second physician volume pilot project to display additional physician volume data on

FloridaHealthFinder.gov. The pilot was a success and the website will soon include physician volume data for coronary artery bypass graft (CABG) (principal procedure ICD-9 codes 36.10-36.19) and percutaneous transluminal coronary angioplasty (PTCA) (principal procedure ICD-9 code 00.66) performed by the operating physician. It excludes those physicians who performed less than 10 procedures statewide. This data is anticipated to go live in February 2012. The website also allows the user to see the information by facility (listing all the physicians performing the procedure at a particular facility) and by physician (listing all the facilities in which the physician performs the procedures). The physician volume data includes a total of 12 months of data and is updated quarterly.

To consolidate and streamline the information found on FloridaHealthFinder.gov, the website was redesigned in 2011to allow for more ease of use and navigation. The home page is divided into four sections: Compare, Locate, Health Education, and Resources. The new design allows consumers to navigate by topic of interest. The Locate, Health Education and Resources links connect to a landing page with more related health care information on the topic.

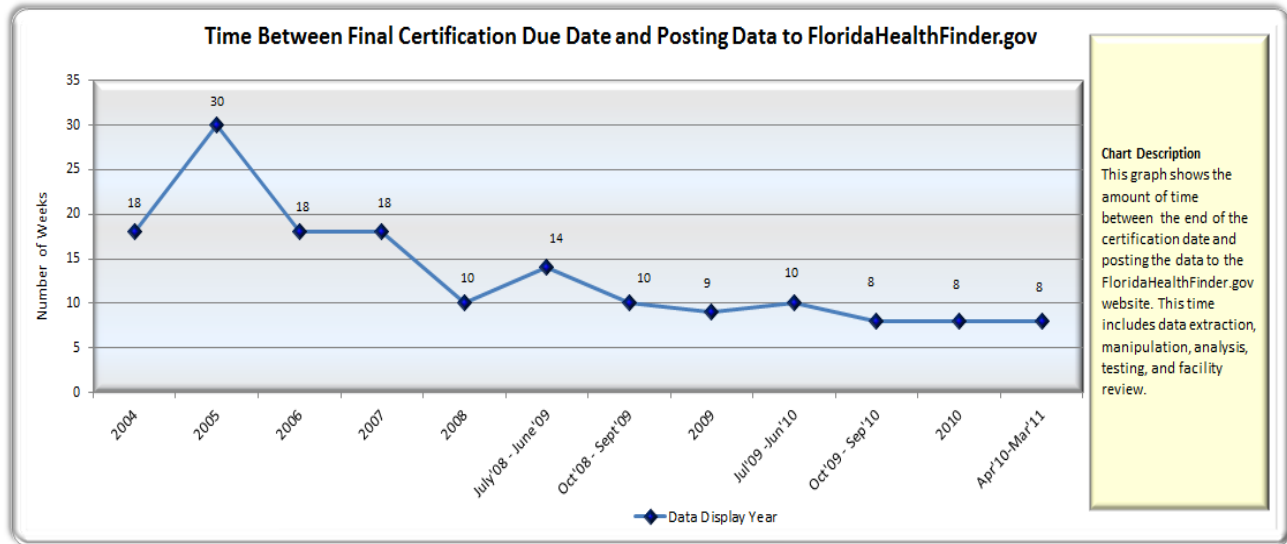In 2011, the following six objectives for accomplishing this goal were met as follows:

Objective 1. Continue to make FloridaHealthFinder.gov more user-friendly and enhance navigation.

Results: The completed redesign of the website went live October 2011. A picture of the new home page is shown below:

Objective 2. *Post performance measures within 8-10 weeks of the final certification date on a quarterly basis.*

Results: Quarterly updates have posted in 8 weeks for the last 3 updates.

Objective 3. *Provide comparison data differently such as trending the data and providing short reports by fall 2011, focusing specifically on health outcome and performance measures.*

Results: Currently looking at readmission trends, and patient education. We are in the process of developing a report on congestive heart failure with the Florida Hospital Association which will also be utilized to help promote FloridaHealthFinder.gov.

Objective 4. *Post additional HEDIS measures on 'Compare Health Plans' by July 1, 2011.*

Results: The HEDIS measures have been posted in an Excel version, however they have not been implemented yet into the interactive version.

Objective 5. *Work with the Data Standards and Transparency Workgroup on a second pilot project for providing additional physician volume data on the website.*

Results: The pilot was a success and the website will soon include physician volume data for coronary artery bypass graft (CABG) (principal procedure ICD-9 codes 36.10-36.19) and percutaneous transluminal coronary angioplasty (PTCA) (principal procedure ICD-9 code 00.66) performed by the operating physician. It excludes those physicians who performed less than 10 procedures statewide. This data is anticipated to go live in February 2012.

Objective 6. *Work with the Data Standards and Transparency Workgroup on posting additional information such as HCAHPS and/or Process of Care measures.*

Results: HCAHPS Data is scheduled to go live in April 2012.

- **Goal 4: Pursue state wide Health Information Exchange (HIE) opportunities for the State consistent with national initiatives funded through the American Recovery and Reinvestment Act (ARRA) of 2009 and assist the Agency in the implementation of the State Health Information Exchange Cooperative Agreement Program.**

The 2010 Legislature provided the Agency with funding to contract as needed with independent consultants and vendors to develop implementation plans and to implement the Medicaid EHR Incentive Program in FY 2010-2011. The Agency's Implementation Advanced Planning Document (I-APD) was approved by CMS on April 8, 2011. The 2011 Legislature appropriated $283,611,508 to administer the program and to provide incentives during FY 2011-12.

The Medicaid EHR Incentive Program was launched on September 5, 2011. The program provides incentives to eligible professionals and hospitals that adopt and meaningfully use electronic health records. As of December 31, 2011, 2,423 providers and 140 hospitals had registered for the program. As of this same date, 890 providers and 91 hospitals had been paid a total of $83,233,158 in incentive payments.

In 2011, the following five measureable objectives for accomplishing this goal were met as follows:

Objective 1. Register 500 health care providers in the provider directory.

Results: Direct Secure Messaging Services launched June 30th 2011. Eighty-four providers have enrolled as of December 31, 2011.

Objective 2. Six to eight early adopter HIE Participation Agreements will be completed and of these, two to three will be implemented for data sharing.

Results: The initial roll out of Patient Look Up Services was at the end of December 2011. This included Big Bend RHIO, Florida Division of Adventist Health System and Strategic Health Intelligence in Pensacola. Additional organizations expected to complete agreements are: Atlantic Coast HIE, Florida Department of Health, Health Choice Network, and Orlando Health.

Objective 3. Increase electronic prescriptions by 25% and electronic prescribing physicians by 10% within the state from 2010 to 2011 and increase the participation of independent pharmacies in electronic prescribing.

Results: The number of e-prescriptions in 2011 through the month of November increased 36% compared to 2010. The number of e-prescribers increased 66% from December 2010 to November 2011. Activated pharmacies were at 92% in November 2011 up from 88% in 2010.

Objective 4. Make payments to eligible hospitals and eligible professionals that register and qualify.

Results: The Medicaid Electronic Health Record Incentive Program launched September 5, 2011. As of December 31, 2011, 2,423 providers and 140 hospitals had registered for the program. As of this same date, 890 providers and 91 hospitals had been paid a total of $83,233,158 in incentive payments.

Objective 5. Make initial Medicaid Incentive payments to 50% of eligible hospitals in the first program year.

Results: Since launching the Medicaid Electronic Health Record Incentive Program September 5, 2011, the Agency has paid incentives to 91 hospitals as of December 31 2011. This is 52% of the 175 hospitals projected to be eligible for Medicaid incentive payments.

2012 GOALS AND OBJECTIVES

Long Range Planning Process: The Advisory Council met December 1, 2011 to approve the 2011 goals and measurable objectives and provided recommendations for the 2012 Long Range Plan. The Agency reviewed the recommendations and concurred that the following transparency goals be adopted by the Advisory Council for 2012:

➢ **Goal 1**: Improve and streamline Florida Center data collection.

➢ **Goal 2**: Promote and improve FloridaHealthFinder.gov.

➢ **Goal 3**: Pursue statewide Health information Exchange (HIE) opportunities for the State, consistent with national initiatives funded through the HITECH Act of 2009 through a public-private partnership.

The Council also made the recommendation that the status of implementing these goals and objectives be reported on at the quarterly meetings, and should be modified as needed during the upcoming year.

➕ **Goal 1: Improve and streamline Florida Center data collection**

- Work with the Data Working Group to give reporting facilities a venue to share issues with AHCA staff.

- Begin a "new submitter" forum (webinar/conference call/) to manage facility turnover in reporting positions and help new reporters get up to speed as soon as possible.

- Address identified program risk area by leveraging new AHCA software platforms to develop a plan for a new system to receive, validate, tack and store patient data files.

- Continue to explore opportunities for linking existing patient data with federal payer and related data.

- Continue to support efforts to develop national consensus data release standards.

  Measurable Objectives for 2012:

  1. Hold three or more Data Working Group meetings in CY 2012.

  2. Hold three or more New Submitter Forums in CY 2012.

  3. Create an online video guide to data submission to supplement the existing data guide by December 31, 2012.

  4. Manage rule changes while continuing to process data submissions with little to no decrease in data currency.

Goal 2: Promote and improve FloridaHealthFinder.gov

Staff continues to develop ideas for outreach through an Internal Communications Team charged with preparing an action plan and marketing strategies for increasing visits to the website. This internal team, consisting of the Agency's Communications Office, MultiMedia Office and Florida Center staff, work in conjunction with the Advisory Council and the Data Standards and Transparency Committee and together, they work to expand and enhance marketing efforts by developing training videos on how to navigate the website, initiating outreach efforts through the Advisory Council members' colleagues, as well as researching and developing Web 2.0 marketing strategies.

- The Data Standards and Transparency Committee will assist the Advisory Council and Agency in expanding the current data and information posted on the website.

- The Agency's communications office will assist the Advisory Council in updating and completing implementation of the communications plan to promote FloridaHealthFinder.gov.

- Review web utilization reports and surveys to assist in improving and promoting FloridaHealthFinder.gov.

    Measurable Objectives for 2012:   Improve FloridaHealthFinder.gov

    1. Populate the website with HCAHPS (patient satisfaction scores) data by April 2012.

    2. Post physician volume for the principal procedure and operating physician for Coronary Artery Bypass Graft (CABG) Surgery and Angioplasty by February 2012.

    3. Post Trending Report for Congestive Heart Failure by March 2012; expand number of trending reports to 2-3 in 2012.

    4. Analyze and report on ways to better utilize the data currently available, specifically the ambulatory surgery data.

    5. Expand the number of HEDIS (quality of care indicators) for Medicaid from 10 to 40 measures by June 2012.

    6. Survey data users to see what they are using data for, to develop ways to expand and enhance.

    7. Expand on current emergency actions and sanctions information by July 2012.

    8. Conduct training on FloridaHealthFinder.gov and promote it to other state agencies (i.e. Department of Elder Affairs, Department of Health, Department of Children and Families and Department of Financial Services), along with legislative staff and the media, by July 2012.

Measurable Objectives for 2012:   **Promote FloridaHealthFinder.gov**

1. Increase the number of visits to 2.0 million by December 2012.

2. Increase the number of visits to Compare Hospitals and Ambulatory Surgery Centers by 5% by December 2012.

3. Increase the number of visits to Compare Health Plans by 5% by December 2012.

4. Continue developing a communications plan and marketing toolkit that includes a strategy for reaching facilities, providers, consumers, patients, through health fairs, open enrollment, press releases, op-eds, press conferences, newsletters, through various materials such as pamphlets, bookmarks, webinars, training videos,

5. Increase promotion of the Facility/Provider Locator by focusing on educating and partnering with providers to feature FloridaHealthFinder.gov in their print materials and online resources.

6. Expand efforts to develop social media tools and policies for display on social media, including Facebook, Twitter, and mobile apps, by June 2012.

7. Develop on-line tutorials on how to use the website, why the information is useful, by July 2012.

8. Focus on expanding outreach to seniors by working with AARP and SHINE to develop marketing opportunities.

9. Expand and update information kits for health care providers.

10. Develop opportunities to partner with other agencies/health councils for information forums to media groups and the public.

11. Work with Agency IT to expand on the Facility/Provider Locator application for Medicaid beneficiaries.

Goal 3: Pursue statewide Health Information Exchange (HIE) opportunities for the State, consistent with national initiatives funded through the HITECH Act of 2009 through a public-private partnership.

1. The Health Information Exchange Coordinating Committee (HIECC) will assist the Agency in the implementation of the State Health Information Exchange Cooperative Agreement Program.

2. The Health Information Exchange Legal Work Group will advise on the implementation of Florida Health Information Exchange participation agreements that are used to describe the rights and responsibilities of participants in the electronic exchange of health information.

3. The HIECC will also participate in the implementation of the State Medicaid Health Information Technology Plan. The plan describes the details of the implementation of the Medicaid Electronic Health Record Incentive Payment Program as well as the future of

Medicaid Health Information Technology and how the Medicaid program will operate in conjunction with the larger health system and Statewide HIT efforts.

Measurable Objectives for 2012:

1. Increase adoption of Direct Secure Messaging, the implemented secure messaging using national Direct standards including a Participant directory of registered physicians and other participants, to support Florida eligible providers in meeting the requirements for electronic health record meaningful use incentive during 2012.

Measure – Register 1,500 – 2,000 health care providers in the Participant directory by January 1, 2013.

Measure – Achieve 50% active participants who have sent a transaction at least one time in the last month by December 2012.

Measure – Establish one HISP to HISP connection with one or more transactions by July 1, 2012 and an additional interstate, payer, and provider HISP connection by January 1, 2013.

2. Identify and engage organizations (e.g. hospital systems, provider networks, RHIOs, county health departments) to participate in the Florida HIE patient look-up network in 2012.

Measure – Ten to twelve organizations will be implemented for data sharing by January 1, 2013 with 8-10 actively sharing data daily.

3. Increase the volume of electronic prescriptions and the number of electronic prescribing physicians within the state and increase the participation of independent pharmacies in electronic prescribing.

Measure - Increase the electronic prescriptions by 25% and electronic prescribing physicians by 10% within the state from 2011 to 2012 and increase the participation of independent pharmacies in electronic prescribing.

4. Achieve increased meaningful use of certified electronic health records among Florida eligible professionals.

Measure - Achieve an increase in eligible professionals that are engaged in meaningful use of a certified electronic health record and/or adoption, implementation, upgrade of certified electronic health records that exceeds the baseline average for Florida reported by the Centers for Medicare and Medicaid in 2011 by 10% in 2012.

5. Administer the Florida Medicaid Electronic Health Record Incentives Program and make program payments accordingly during 2012.

Measure – Make initial Medicaid Incentive payments to 50% of eligible hospitals in 2012.

Measure – Make initial Medicaid Incentive payments to 25% of estimated eligible professionals in 2012.

FloridaHealthFinder.gov

A review of the current quality measures on FloridaHealthFinder.gov:

Quality and Outcome Measures	
1. **Overall Facility Performance**	Volume, Range of Charges, and Risk Adjusted Average Length of Stay
2. **Hospital Inpatient Medical Conditions and Procedures - Adults**	Volume, Range of Charges, Risk Adjusted Average Length of Stay - includes Potentially Preventable Readmissions (excluding deliveries and cancer related conditions/procedures except mastectomy)
3. **Hospital Inpatient Medical Conditions and Procedures – Pediatrics**	Volume, Range of Charges, Risk Adjusted Average Length of Stay, and Potentially Preventable Readmissions (excluding cancer care).
4. **Hospital Inpatient Medical Conditions and Procedures – Deliveries and Newborns**	Volume, Range of Charges and Risk Adjusted Average Length of Stay
5. **Inpatient Mortality Data for Adults (AHRQ IQIs)**	AHRQ Inpatient Quality Indicators (IQIs) to reflect quality of care inside hospitals, including inpatient mortality for medical conditions and surgical procedures
6. **Inpatient Infection/Complication Data for Adults (AHRQ PSIs)**	AHRQ Patient Safety Indicators (PSIs) to reflect quality of care inside hospitals and focus on potentially avoidable complications, infections and iatrogenic events
7. **Inpatient Pediatric Quality Indicators (AHRQ PDIs)**	AHRQ Pediatric Quality Indicators (PDIs) to reflect quality of care for neonates and children inside hospitals and identify potentially avoidable hospitalizations
8. **Physician Volume Data**	Total Hip and Total Knee Replacements
9. **Health Plan Quality of Care Indicators (HEDIS® Measures) and Health Plan Member Satisfaction Indicators (CAHPS® Measures)**	**HEDIS** are a set of measures that are used nationally to report the performance of health plans. Consumers can use this information to help them to decide which health plan to choose. Purchasers of health care use the information to compare health plans and determine the relative value of care offered by managed care health plans. The measures allow the public to understand how well health plans achieve results that matter, such as how effective and accessible is the care delivered. **CAHPS** information provides a general indication of how well the plan meets the members' expectations. Information on member satisfaction is obtained from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). Health care organizations, health care purchasers and consumers use CAHPS® results to (1) assess the patient-centeredness of care, (2) compare health plan performance, and (3) improve quality of care.
10. **Hospice**	The survey, "Family Evaluation of Hospice Care," is given to families whose loved one received hospice care. It asks family members about their view on the care provided to the patient, as well as their own hospice experience. This comparison tool, submitted voluntarily by Florida licensed hospice providers, presents the results of that survey and can help you compare hospice providers.
11. **Nursing Homes**	Florida's *Nursing Home Guide* is part of AHCA's ongoing effort to provide information to consumers faced with difficult health care decisions. This website allows you to search for a nursing home by geographic region or by the characteristics of the nursing homes.
12. **Prescription Drugs**	Developed by the Office of the Attorney General and the Agency for Health Care Administration (AHCA) to help consumers shop for the lowest price in their area for their prescription drugs. The Florida Prescription Drug Price website provides pricing information for the 150 most commonly used prescription drugs in Florida. The prices are the "usual and customary prices," also known as retail prices, reported monthly by pharmacies.

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Appendix A

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Hospital Inpatient Medical Conditions and Procedures – Adults
Includes PPRs except Cancer (excluding Mastectomy)

Bones and Joints

1. Back Problems - APR-DRG code 347
2. Disc Surgery - APR-DRG code 310
3. Femur Fracture Surgical Repair - APR-DRG code 308
4. Fracture of Pelvis or Dislocation of Hip - APR-DRG code 341
5. Hip Replacement - APR- DRG code 301
6. Knee Replacement - APR-DRG code 302
7. Leg Amputation - APR- DRG code 305
8. Shoulder, Upperarm and Forearm Procedures - APR- DRG code 315
9. Spinal Fusion - APR-DRG codes 303, 304 and 321
10. Tibia/Fibula Fracture Repair - APR- DRG code 313

Brain and Nervous System

1. Craniotomy (brain surgery) - APR-DRG codes 20 and 21
2. Stroke - APR-DRG codes 44 and 45
3. Transient Cerebral Ischemia - APR-DRG code 47

Cancer

1. Acute Leukemia - APR-DRG code 690
2. Bone Marrow Transplant - APR-DRG code 3
3. Brain Cancer - APR-DRG code 41
4. Chemotherapy - APR-DRG code 693
5. Digestive System Cancer - APR-DRG code 240
6. Female Reproductive Cancer - APR-DRG code 530
7. Kidney / Ureter Removal - APR-DRG code 442
8. Leukemia / Lymphoma, Non – Surgical - APR-DRG codes 691 and 694
9. Leukemia / Lymphoma, Surgical - APR-DRG code 681
10. Liver/Pancreatic Cancer - APR-DRG code 281
11. Lung Cancer - APR-DRG code 136
12. Mastectomy - APR-DRG code 362

Diabetes/Endocrinology/Metabolism

1. Diabetes - APR-DRG code 420

General Medical Information

1. Acute Pancreatitis - APR-DRG code 282
2. Cellulitis - APR-DRG code 383
3. Convulsions (Seizures) - APR-DRG code 53
4. Diverticulosis / Diverticulitis - APR-DRG code 244
5. Gastrointestinal Hemorrhage - APR-DRG codes 241, 242 and 253
6. Hypovolemia (Low Blood Volume) - APR-DRG code 422
7. Inflammatory Bowel Disease - APR-DRG code 245
8. Migraine and Other Headaches - APR-DRG code 54
9. Non-Bacterial Gastroenteritis, Nausea and Vomiting - APR-DRG code 249
10. Renal Failure - APR-DRG code 460
11. Septicemia (blood poisoning) - APR-DRG codes 720 and 724
12. Sickle Cell Disease - APR-DRG code 662
13. Syncope (fainting) - APR-DRG code 204

14. Urinary Stones - APR-DRG code 465
15. Urinary Tract Infection - APR-DRG code 463

Heart and Circulatory System

1. Angina Pectoris and Coronary Atherosclerosis -APR-DRG codes 198
2. Angioplasty - APR-DRG codes 174 and 175
3. Cardiac Catheterization - APR-DRG codes 191 and 192
4. Cardiac Defibrillator and Heart Assist Anomaly - APR-DRG code 161
5. Cardiac Pacemaker Implant - APR-DRG code 171
6. Cardiac Valve Procedures without Cardiac Catheterization - APR-DRG code 163
7. Chest Pain - APR-DRG code 203
8. Coronary Bypass Surgery - APR-DRG codes 165 and 166
9. Heart Attack - APR-DRG code 190
10. Heart Failure - APR-DRG code 194
11. High Blood Pressure - APR-DRG code 199
12. Irregular Heartbeat - APR-DRG code 201
13. Major Thoracic and Abdominal Vascular Procedures - APR-DRG code 169
14. Peripheral Vascular Disease (PVD) - APR-DRG code 197
15. Pulmonary Edema and Respiratory Failure - APR-DRG code 133

Lungs

1. Asthma - APR-DRG code 141
2. Chronic Obstructive Pulmonary Disease, COPD (pulmonary disease) - APR-DRG code 140
3. Lung and Chest Procedures - APR-DRG codes 120 and 121
4. Pneumonia - APR-DRG code 139
5. Pneumonitis, Aspiration - APR-DRG code 137

Surgery

1. Appendectomy - APR-DRG code 225
2. Arteriovenostomy (renal dialysis) - APR-DRG code 444
3. Gall Bladder Removal - APR-DRG 262
4. Heart and/or Lung Transplant - APR-DRG code 2
5. Hernia Repair - APR-DRG code 227
6. Inguinal, Femoral and Umbilical Hernia Procedures - APR-DRG code 228
7. Kidney/Pancreas Transplant - APR-DRG codes 6 and 440
8. Laparoscopic Gall Bladder Removal - APR-DRG code 263
9. Liver Transplant - APR-DRG code 1
10. Major Small and Large Bowel Procedures - APR-DRG code 221
11. Major Stomach, Esophageal and Duodenal Procedures - APR-DRG code 220
12. Minor Small and Large Bowel Procedures - APR-DRG code 223
13. Obesity Procedures - APR-DRG code 403
14. Peritoneal Adhesiolysis - APR-DRG code 224
15. Radical Prostatectomy - APR-DRG code 480
16. Thyroid, Parathyroid and Thyroglossal Procedures - APR-DRG code 404
17. Transurethral Prostatectomy - APR-DRG code 482
18. Urethral and Transurethral Procedures - APR-DRG code 446

Women's Health

1. Hysterectomies and Other Uterine and Adnexa Procedures - APR-DRG codes 511, 512, 513 and 519

Hospital Inpatient Medical Conditions and Procedures - Deliveries and Newborns

1. Baby with Complications - APR-DRG codes 583, 588, 589, 591, 593, 602, 603, 607, 608, 609, 611, 612, 613, 614, 621, 622, 623, 625, 626, 630, 631, 633, 634, 636, 639, 640 (APR-DRG 640 is limited to Severity Levels 2, 3 and 4)
2. Cesarean Section Delivery - APR-DRG code 540 - The data for cesarean deliveries include all ages.
3. Normal Baby - APR-DRG code 640 (limited to Severity Level 1)
4. Vaginal Delivery - APR-DRG code 560 - The data for vaginal deliveries include all ages.

Hospital Inpatient Medical Conditions and Procedures – Pediatrics Includes PPRs except Cancer Care, New April 2010

1. Appendectomy – Ages 1-17 years - APR-DRG code 225 (limited to Severity Level 1, minor) – Ages 1-17 years
2. Asthma – Ages 2-17 years - Inclusions: ICD-9-CM principal diagnosis codes of asthma, 49300, 49301, 49302, 49310, 49311, 49312, 49320, 49321, 49322, 49381, 49382, 49390, 49391, and 49392. Exclusions: Excludes those patients with a diagnosis code for cystic fibrosis and anomalies of the respiratory system. Excludes transfers from other institutions. Excludes cases ages 0-1. Excludes cases in MDC 14 (obstetrics).
3. Brain Surgery – Ages 0-17 years - APR-DRG codes 20, 21, and 22 – Ages 0-17 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
4. Bronchiolitis and RSV Pneumonia – Ages 0-4 years - APR-DRG code 138 – Ages 0-4 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
5. Cancer Care – Ages 0-17 years - APR-DRG codes 680, 681, 690, 691, 692, 693, 694, and 41 – Ages 0-17 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
6. Cellulitis – Ages 0-17 years - APR-DRG code 383 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
7. Convulsions (Seizures) – Ages 0-4 years and 5-17 years - APR-DRG code 53 – Ages 0-4 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old) and ages 5-17.
8. Diabetes – Ages 6-17 years - Inclusions: All non-maternal discharges ages 6 to 17 years with ICD-9-CM principal diagnosis codes for short-term complications (ketoacidosis, hyperosmolarity, coma) including 25010, 25011, 25012, 25013, 25020, 25021, 25022, 25023, 25030, 25031, 25032, and 25033. Exclusions: Excludes transfers from other institutions. Excludes cases in MDC 14 (obstetrics).
9. Fever and Infectious Illness – Ages 0-17 years - APR-DRG codes 722, 723, and 113 – Ages 0-17 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
10. Gastroenteritis – Ages 1 year – 4 years and 5-17 years - Inclusions: All non-maternal discharges ages 1 year-4 years and 5-17 years with ICD-9-CM principal diagnosis code for gastroenteritis or with a secondary diagnosis code of gastroenteritis and a principal diagnosis code of dehydration. ICD-9-CM gastroenteritis diagnosis codes 00861, 00862, 00863, 00864, 00865, 00866, 00867, 00869, 0088, 0090, 0091, 0092, 0093, and 5589. ICD-9-CM dehydration diagnosis codes 27650, 27651, 27652, and 2765. Exclusions: Excludes transfers from other institutions. Exclude those with a diagnosis code of gastrointestinal abnormalities or bacterial gastroenteritis. Excludes ages less than 1 year (or neonates if age in days is missing). Excludes cases in MDC 14 (obstetrics).
11. Pneumonia, Other – Ages 2-17 years - APR 139. Inclusions: Includes ages 2-17. Exclusions: Excludes transfers from other institutions. Exclude cases in MDC 14 (obstetrics). Excludes those patients with a diagnosis code for cystic fibrosis and anomalies of the respiratory system.
12. Sickle Cell Disease – Ages 1-17 years - APR-DRG code 662 – Ages 1-17.
13. Spinal Fusion – Ages 5-17 years - APR-DRG codes 303, 304, and 321 – Ages 5-17 years.
14. Urinary Tract Infections – Ages 1 year to 17 years - Inclusions: All non-maternal discharges ages 1 year to 17 years with ICD-9-CM urinary tract principal diagnosis codes 59010, 59011, 5902, 5903, 59080, 59081, 5909, 5950, 5959, 5990.   Exclusions: : Excludes transfers from other institutions. Exclude those patients with a diagnosis code of kidney/urinary tract disorder and with a diagnosis code of high or intermediate-risk immuno-compromised state. Excludes ages less than 1 year (or neonates if age in days is missing). Excludes cases in MDC 14 (obstetrics).
15. Viral Meningitis – Ages 0-17 years - APR-DRG code 51 – Ages 0-17 years (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).

AHRQ Mortality Inpatient Procedures

1. Abdominal Aortic Aneurysm Repair (AAA) Mortality - IQI 11
2. Carotid Endarterectomy Mortality - IQI 31
3. Coronary Artery Bypass Graft (CABG) Mortality - IQI 12
4. Craniotomy Mortality (Surgical opening of the skull) - IQI 13
5. Esophageal Resection Mortality (Surgical Removal of the Throat) - IQI 8
6. Hip Replacement Mortality - IQI 14
7. Pancreatic Resection Mortality (Surgical Removal of the Pancreas) - IQI 9
8. PTCA Mortality - IQI 30

AHRQ Mortality Inpatient Conditions

1. Acute Myocardial Infarction (Heart Attack) - IQI 15
2. Acute Myocardial Infarction (Heart Attack), Without Transfer Cases - IQI 32
3. Acute Stroke Mortality - IQI 17
4. Congestive Heart Failure (CHF) Mortality - IQI 16
5. Gastrointestinal (GI) Hemorrhage Mortality - IQI 18
6. Hip Fracture Mortality - IQI 19
7. Pneumonia Mortality - IQI 20

AHRQ Patient Safety Indicators - Complication and Infection

1. Decubitus Ulcer - PSI 3
2. Iatrogenic Pneumothorax - PSI 6
3. Central Venous Catheter Related Bloodstream Infections - PSI 7
4. Postoperative Hip Fracture - PSI 8
5. Postoperative Pulmonary Embolism or Deep Vein Thrombosis - PSI 12
6. Postoperative Sepsis - PSI 13

AHRQ Pediatric Quality Indicators – Effective April 2010

1. Accidental Puncture or Laceration - PDI 1
2. Pediatric Heart Surgery Mortality - PDI 6
3. Pediatric Heart Surgery Volume - PDI 7
4. Postoperative Sepsis - PDI 10
5. Central Venous Catheter Related Bloodstream Infections - PDI 12

Physician Volume Reporting

1. Total Hip Replacement – Principal Procedure ICD-9 Code 81.51 – *Effective December 2010*
2. Total Knee Replacement – Principal Procedure ICD-9 Code 81.54 – *Effective December 2010*
3. Coronary Artery Bypass Graft (CABG) – Principal Procedure ICD-9 Codes 36.10-36.19 *Coming February 2012*
4. Angioplasty (PTCA) – Principal Procedure Code 00.66 *Coming February 2012*

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) – Coming February 2012

1. How do patients rate the hospital overall?
2. Would patients recommend the hospital to friends and family?
3. How often did nurses communicate well with patients?
4. How often did doctors communicate well with patients?
5. How often did patients receive help quickly from hospital staff?
6. How often was patients' pain well controlled?
7. How often did staff explain about medicines before giving them to patients?
8. How often were patients' rooms and bathrooms kept clean kept clean?
9. How often was the area around patients' rooms kept quiet at night?
10. Were patients given information about what to do during their recovery at home?

Ambulatory (Outpatient) Surgery Centers Procedures/ Surgeries – Adults

Levels of complexity

Level I	– Short treatment time in the operating room. Few laboratory tests or radiology procedures ordered. Few expensive disposable devices used, if any.
Level II	– Laboratory tests and radiology procedures typically ordered as part of procedure. Disposable devices may consume significant resources. Increased length of time in the operating room.
Level III	– Laboratory tests and radiology procedures ordered as part of a procedure. Disposable devices consume significant resources. Longer stay in the operating room than levels I and II.
Level IV	– Procedure of major complexity. Treatment and resources used are extensive. Thus, Level IV EAPGs are frequently performed in an inpatient setting, not in an outpatient setting.

Bones and Joints

1. Arthroscopy, Level I – EAPG 37
2. Arthroscopy, Level II – EAPG 38
3. Bunion Procedures – EAPG 45
4. Open or Percutaneous Treatment of Fractures – EAPG 43

Digestive System

1. Colonoscopy, Therapeutic – EAPG 137
2. Endoscopy of the Lower Airway – EAPG 64
3. Endoscopy of the Upper Airway, Level I – EAPG 62
4. Endoscopy of the Upper Airway, Level II – EAPG 63
5. Hernia Repair, Level I – EAPG 139
6. Hernia Repair, Level II – EAPG 140
7. Lower Gastrointestinal Endoscopy, Diagnostic – EAPG 136
8. Upper Gastrointestinal (GI) Endoscopy or Intubation, Diagnostic – EAPG 134
9. Upper Gastrointestinal (GI) Endoscopy or Intubation, Therapeutic – EAPG 135

Eyes

1. Cataract Procedures – EAPG 233
2. Laser Eye Procedures – EAPG 232
3. Vitrectomy – EAPG 242

General Surgery

1. Facial and Ear, Nose and Throat Procedures, Level I – EAPG 252
2. Facial and Ear, Nose and Throat Procedures, Level II – EAPG 253
3. Facial and Ear, Nose and Throat Procedures, Level III – EAPG 254
4. Facial and Ear, Nose and Throat Procedures, Level IV – EAPG 255
5. Tonsil and Adenoid Procedures – EAPG 256

Heart and Circulatory System

1. Cardiac Catheterization, Diagnostic – EAPG 84
2. Pacemaker Insertion and Replacement – EAPG 86

Kidneys and Urologic System

1. Bladder and Kidney Procedures, Level I – EAPG 163
2. Bladder and Kidney Procedures, Level II – EAPG 164
3. Bladder and Kidney Procedures, Level III – EAPG 165
4. Extracorporeal Shock Wave Lithotripsy – EAPG 160

Skin

1. Excision and Biopsy of Skin and Soft Tissue, Level I – EAPG 9
2. Excision and Biopsy of Skin and Soft Tissue, Level II – EAPG 10
3. Excision and Biopsy of Skin and Soft Tissue, Level III – EAPG 11
4. Skin Debridement and Destruction, Level I – EAPG 6
5. Skin Debridement and Destruction, Level II – EAPG 7
6. Skin Debridement and Destruction, Level III – EAPG 8

Women's Health

1. Breast Procedure, Level I – EAPG 20
2. Breast Procedure, Level II – EAPG 21
3. Breast Procedure, Level III – EAPG 22
4. Hysteroscopy – EAPG 200

Ambulatory (Outpatient) Surgery Centers Procedures/ Surgeries – Pediatrics

Bones and Joints

1. Arthroscopy, Level I – EAPG 37
2. Arthroscopy, Level II – EAPG 38
3. Open or Percutaneous Treatment of Fractures – EAPG 43

Digestive System

1. Endoscopy of the Lower Airway – EAPG 64
2. Endoscopy of the Upper Airway, Level I – EAPG 62
3. Endoscopy of the Upper Airway, Level II – EAPG 63
4. Hernia Repair, Level I – EAPG 139
5. Hernia Repair, Level II – EAPG 140
6. Lower Gastrointestinal (GI) Endoscopy, Diagnostic – EAPG 136
7. Upper Gastrointestinal (GI) Endoscopy or Intubation, Diagnostic – EAPG 134
8. Upper Gastrointestinal (GI) Endoscopy or Intubation, Therapeutic – EAPG 135

Eyes

1. Strabismus (Repair of Cross-Eyed) and Muscle Eye Procedures – EAPG 239

General Surgery

1. Circumcision – EAPG 181
2. Facial and Ear, Nose and Throat Procedures, Level I – EAPG 252
3. Facial and Ear, Nose and Throat Procedures, Level II – EAPG 253
4. Facial and Ear, Nose and Throat Procedures, Level III – EAPG 254
5. Facial and Ear, Nose and Throat Procedures, Level IV – EAPG 255
6. Tonsil and Adenoid Procedures – EAPG 256

Health Plan Quality Measures

Health Plan Quality of Care Indicators (HEDIS® Measures)

These are a set of measures that are used nationally to report the performance of health plans. Consumers can use this information to help them to decide which health plan to choose. Purchasers of health care use the information to compare health plans and determine the relative value of care offered by managed care health plans. The measures allow the public to understand how well health plans achieve results that matter, such as how effective and accessible is the care delivered. Data for these measures come from the Healthcare Effectiveness Data and Information Set (HEDIS®). These measures are available only from managed care health plans, mainly HMOs.

1. Asthma Medications for Long-Term Control
2. Breast Cancer Screening
3. Cervical Cancer Screening
4. Chlamydia Screening in Women
5. Diabetes Care: Lipid Profile Performed
6. Diabetes Care: Lipids Controlled
7. Diabetes Care: Dilated Eye Exam Performed
8. Diabetes Care: Kidney Disease Screening
9. Well-Child Visits, First 15 Months of Life
10. Well-Child Visits, Ages 3-6 Years

Health Plan Member Satisfaction Indicators (CAHPS® Measures)

Obtaining information on a member's satisfaction with a particular health plan is a key component in the decision of choosing a health plan. This information provides a general indication of how well the plan meets the members' expectations. Information on member satisfaction is obtained from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). Health care organizations, health care purchasers and consumers use CAHPS® results to (1) assess the patient-centeredness of care, (2) compare health plan performance, and (3) improve quality of care. Below are descriptions of the specific CAHPS® questions that are displayed on the website:

1. Overall Plan Satisfaction
2. Ease in Getting Needed Care
3. Ease in Getting Care Quickly
4. How Well Doctors Communicate
5. How Well Plan Processes Claims
6. Getting Help from Customer Service
7. Rate the Number of Doctors to Choose From
8. Recommend Health Plan to Family or Friends
9. Would You Select Your Current Plan Again?

Hospice Provider Quality Indicators

Family Evaluation of Hospice Care (FEHC) Satisfaction Survey Tool

The Family Evaluation of Hospice Care (FEHC) is a survey given to families who participated in hospice care, after their loved one has died. It asks family members about their view on the care provided to the patient, as well as their own hospice experience.

1) How often were the patient's personal care needs - such as bathing, dressing, and changing bedding - taken care of as well as they should have been by the hospice team? (% Favorable – Always or Usually)
2) How often did the hospice team treat the patient with respect? (% Favorable – Always or Usually)
3) How often did the hospice team keep you or other family members informed about the patient's condition? (% Favorable – Always or Usually)
4) Overall, how would you rate the care the patient received while under the care of hospice? (% Favorable – Excellent, Very Good, or Good)
5) How would you rate the way the hospice team responded to your needs in the evenings and weekends? (% Favorable – Excellent, Very Good, or Good)

Prescription Drug Pricing

The MyFloridaRx.com website went live in June of 2005. The website was developed by the Agency for Health Care Administration (AHCA) and the Office of the Attorney General to help consumers shop for the lowest retail prices on prescription drugs in their area. The retail price is the price that an uninsured consumer, with no discount or supplemental plan, would normally pay. This is also known as the "Usual and Customary" price. The pricing information is updated on a monthly basis. In June 2010, the number of drugs displayed on the website increased from 100 to 150 of the most prescribed brand name drugs in Florida, along with their available generic drugs.

Appendix B

State Consumer Health Information and Policy Advisory Council	
Member List	**Elizabeth Dudek** Secretary, Agency for Health Care Administration
	James Bracher, M.B.A., Chair Representative, Florida Association of Health Plans
	Laura Cantwell Representative of Consumers, A.A.R.P
	Chanta Combs Representative of health care purchasers;
	Susan Douglas An employee of the Department of Education;
	Michael L. Epstein, M.D. Pediatric Representative of Health Care Coalition
	Diane Godfrey, Vice Chair Representative of professional healthcare related association
	Meade Grigg Representative of the Department of Health
	Nikole Helvey Representative of local health planning council
	Jane Johnson An employee of the Governor's Office of Policy & Budget
	Ebrahim Randeree, M.B.A, Ph.D. Representative of a state university
	Kim Streit C.H.E., M.B.A., M.H.S. Representative of professional health care related association
	Michael Wasylik, M.D. Representative of professional health care related association
	Sally West Representative of Florida Association of Business/Health Coalitions
	Tom Zutell An employee of the Office of Insurance Regulation

Health Information Exchange Coordinating Committee Member List

Elizabeth Dudek, Chair	Secretary, Agency for Health Care Administration; Member of State Consumer Health Information and Policy Advisory Council
Bill Bell	Representative of an association supporting electronic health record systems
Ronald Burns, D.O.	Representative of physicians utilizing an advanced electronic health records system in his or her practice
Allen Byington	Representative of the Florida Association of RHIOs
Nadine Dexter	Representative of best practices work in the health information technology field supporting health information exchange sustainability and business development
Matt Doster	Representative of information technology development
Robert Harmon, M.D.	Representative of the Florida Department of Health
Nikole Helvey	State Consumer Health Information and Policy Advisory Council Liaison
Michael Jackson	Representative of an association supporting electronic health record systems
Kevin Kearns	Representative of a federally qualified health center or other rural health organization utilizing electronic health records, telemedicine, or telehealth systems
Karen Koch	Representative of a statistically significant consumer population in Florida
Peter Kress	Representative of an association supporting electronic health record systems
Julie Meadows-Keefe	Representative of health information technology/privacy security law
Linda McMullen	Representative of an association supporting electronic health record systems
Catherine Peper	Representative of the health insurance industry
Dennis Saver, M.D.	Representative of physicians utilizing an advanced electronic health records system in his or her practice
Reginald Smith	Representative of a hospital or clinic system utilizing an advanced electronic health records system
Duane Steward, Ph.D.	Representative of a hospital or clinic system utilizing an advanced electronic health records system
Phil Williams	Representative of Florida Medicaid

Legal Work Group
Member List

Bill Bell	Representative of Florida Hospital Association
Carol Berkowitz	Representative of Florida Association of Homes & Services for the Aging
John Collins, Chair	Representative of Agency for Health Care Administration
Craig Dalton	Representative of Pensacola Chamber of Commerce
William Dillon	Representative of Messer, Caparello & Self, P.A.
Diane Gaddis	Representative of Community Health Centers Alliance
Heidi Garwood	Representative of Humana
Diane Godfrey	Representative of Florida Hospital and State Consumer Health Information and Policy Advisory Council Liaison
Jan Gorrie	Tampa Bay RHIO; Representative of Carlton Fields
Sandra P. Greenblatt	Representative of Sandra P. Greenblatt, PA
Rodney Johnson	Representative of Florida Department of Health
Karen Koch	Representative of Florida Council for Community Mental Health
Dr. Maureen Levy	Representative of KePRO
Julie Meadows-Keefe	Representative of Florida Department of Health
Lynn McCartney	Representative of Florida Justice Association
Holly Miller	Representative of Florida Medical Association
Lisa Rawlins	South Florida Regional Extension Centers; Representative of Broward Health
Annette Riley	Representative of Holmes Regional Medical Center
Nick Romanello	Representative of the Health Care District of Palm Beach County

Data Standards and Transparency Committee
Member List

Beth Eastman, Chair	Representative of Florida Agency for Health Care Administration
James Bracher	Representative of Florida Association of Health Plans
Mary Jane Branch	Representative of Humana
Ronald Burns, D.O.	Representative of physicians utilizing an advanced electronic health records system in his or her practice
Nikole Helvey	Representative of local Health Planning Council of Northeast Florida, Inc.
Tait J. Martin, Ph.D.	Representative of InSight Cooperative
Denise R. Remus, Ph.D.	Health Care Consultant
Kim Streit	Representative of Florida Hospital Association
Michael Wasylik, M.D.	Representative of Florida Medical Association