

Florida Center for Health Information and Policy Analysis

2012 Annual Report

Agency for Health Care Administration Florida Center for Health Information and Policy Analysis

Document Abstract
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Title: Florida Center for Health Information and Policy Analysis 2012 Annual Report

Summary: This edition of the Annual Report reviews the accomplishments of the Florida Center for Health Information and Policy Analysis (Florida Center) from January through December 2012. Topics presented in this report include public reporting of comparative data, data collection, research publications, State Consumer Health Information and Policy Advisory Council activities, data dissemination, and health information exchange. The Agency for Health Care Administration's (Agency) Certificate of Need (CON) unit became a part of the Florida Center effective July 1, 2012; therefore, CON activities are covered in this report as well.

Relevant Florida Statutes: Section 408.05(5)(d), Florida Statutes, directs the Florida Center to publish and disseminate an annual report. Section 408.062(1)(j), Florida Statutes, directs the Florida Center to publish an annual status report on the collection of data and publication of performance outcome indicators. Section 408.033(3)(b), Florida Statutes requires the Agency to maintain a comprehensive health care database for health planning and certificate of need determinations. This annual report addresses these statutory requirements.

For More Information Contact: Florida Center for Health Information and Policy Analysis, (850) 412-3730. Please visit our websites:
www.FloridaHealthFinder.gov
www.fhin.net
www.ahca.myflorida.com/MCHQ/CON_FA/index.shtml

Table of Contents

TABLE OF CONTENTS	II
INTRODUCTION	1
OFFICE OF DATA COLLECTION, QUALITY ASSURANCE, AND PATIENT SAFETY	2
INPATIENT DATA COLLECTION	3
AMBULATORY SURGERY DATA COLLECTION	3
COMPREHENSIVE INPATIENT REHABILITATION DATA COLLECTION	4
EMERGENCY DEPARTMENT DATA COLLECTION.....	4
RISK MANAGEMENT AND PATIENT SAFETY	5
OFFICE OF DATA DISSEMINATION AND COMMUNICATION	6
FLORIDAHEALTHFINDER.GOV WEBSITE	8
COLLABORATION WITH THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY	14
COMMUNITY OUTREACH AND EDUCATION	15
CONSUMER AWARENESS SERIES.....	16
OFFICE OF HEALTH INFORMATION EXCHANGE AND POLICY ANALYSIS	16
MEDICAID ELECTRONIC HEALTH RECORD INCENTIVE PROGRAM	17
REGIONAL EXTENSION CENTERS	18
PERSONAL HEALTH RECORD (MY FLORIDA HEALTH eBook)	19
MEDICAID HEALTH INFORMATION NETWORK	19
HEALTH PLAN QUALITY INDICATOR DATA COLLECTION	20
CONSUMER ASSESSMENT OF HEALTH PLAN SURVEY DATA	20
PUBLICATIONS AND REPORTS	22
PRESCRIPTION DRUG PRICE WEBSITE.....	23
STATE HEALTH DATA DIRECTORY	23
HEALTH INFORMATION EXCHANGE	24
FLORIDA HEALTH INFORMATION EXCHANGE AND COOPERATIVE AGREEMENT	24
ELECTRONIC PRESCRIBING.....	25
STATE HEALTH POLICY CONSORTIUM - HEALTH INFORMATION EXCHANGE FOR DISASTER PREPAREDNESS	26
STATE HEALTH POLICY CONSORTIUM – BEHAVIORAL HEALTH DATA EXCHANGE	27
UNIVERSAL PATIENT AUTHORIZATION FOR HEALTH INFORMATION EXCHANGE	27
CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT.....	28
CERTIFICATE OF NEED PROGRAM	28
COMMITTEES AND COUNCILS	30
STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY COUNCIL.....	30
TECHNICAL WORKGROUPS	31
FOR MORE INFORMATION	32

Introduction

The authority of the Florida Center for Health Information and Policy Analysis is established in §408.05, Florida Statutes.

The Florida Center for Health Information and Policy Analysis (Florida Center) collects, compiles, coordinates, analyzes, indexes, disseminates, and utilizes health-related data and statistics for the purpose of developing public policy and providing consumer health care information.

The Florida Center provides comparative health care data to consumers regarding hospitals, nursing homes, ambulatory surgery centers, emergency departments, physicians, hospice providers, health plans, and prescription drugs. Florida Center activities include:

- Data collection and quality assurance;
- Patient safety;
- Data dissemination and communication;
- Research and development;
- Development of electronic health information exchange infrastructure; and
- Certificate of Need determinations.

Office of Data Collection, Quality Assurance, and Patient Safety

Data collection is guided by §408.061, Florida Statutes.

Accurate, timely, and unbiased data is an essential component of good analyses and efforts to model and understand Florida's health care system. To that end, the Florida Center for Health Information and Policy Analysis (Florida Center) collects and maintains three major databases:

- Hospital Inpatient
- Ambulatory Surgery
- Emergency Department

Detailed information about the data collected in the databases can be found at www.FloridaHealthFinder.gov/Researchers/OrderData/order-data.aspx.

A Brief Synopsis of the Process

In accordance with §408.061, Florida Statutes, and Chapters 59E-7 and 59B-9, Florida Administrative Code (F.A.C), the Florida Center electronically collects patient data from every Florida licensed inpatient hospital, ambulatory surgery center (ASC), emergency department, and comprehensive rehabilitation hospital. These facilities submit quarterly data describing every patient visit, based on the date of the patient's visit or discharge.

The submitted data is validated by a custom-designed computer program that identifies any data that may have been reported incorrectly. Reports detailing identified inconsistencies are sent to the reporting facility for correction or verification. Following appropriate facility action, the corrected data is again processed until final validation confirms the absence of errors or inconsistencies. After final validation, the facility's chief executive officer (CEO) is asked to certify the correctness of the data. Once certified, the data is added to the main database where it is available for public release.

It is important to note that the federal Health Insurance Portability and Accountability Act (HIPAA) restricts the release of protected patient health information; therefore, not all information collected is made available to the public. Detailed information about the handling of confidential data is presented in the "Data Dissemination and Communication" section of this report.

Inpatient Data Collection

Hospital inpatient data collection is authorized under §408.061(1)(e), Florida Statutes, and Chapter 59E-7, Florida Administrative Code.

The hospital inpatient database contains records for each patient stay at 268 Florida acute care facilities, including long-term care hospitals and psychiatric hospitals. The number of hospital inpatient discharge records submitted each year has increased from 2,386,661 in 2002 to 2,618,773 records in 2011 which includes 35,575 comprehensive rehab facility records.

Discharge records include patient demographics, admission information, medical information, discharge information, and charge data. Patient demographics include the patient's race, birth date, gender, and zip code. Admission information includes type of admission, admission source, and admission date. Medical information includes diagnosis codes, procedure codes, principal procedure date, present on admission indicators, and attending and operating Florida physician license numbers.

Charge data include total charges and charges by individual revenue code charge categories. Revenue code charge categories include room and board, nursery, intensive care unit, pharmacy, medical/surgical supplies, oncology, laboratory, pathology, radiation, operating room services, anesthesia, respiratory therapy, physical and occupational therapy, emergency room services, cardiology, recovery room, labor room, trauma response, behavioral health, and other categories. Sixteen principal payer codes (including Medicaid, Medicaid health maintenance organization (HMO), Medicare, Medicare HMO, and Commercial HMO) are also reported.

Facilities also provide a unique hospital-generated record identification number; the patient's Social Security number; an infant linkage identification number; the reporting year; and the quarter; in each record.

Ambulatory Surgery Data Collection

Ambulatory surgery data collection is authorized under §408.061(1)(e), Florida Statutes, and Chapter 59B-9, Florida Administrative Code.

The Agency for Health Care Administration's (Agency) ambulatory surgery database contains "same-day surgery" data on reportable patient visits to 645 Florida facilities, including freestanding ambulatory surgery centers; short-term acute care hospitals; lithotripsy centers; and cardiac catheterization laboratories. Each facility submits quarterly reports under a unique Agency-assigned identification number. In 2011, 2,931,301 ambulatory patient records were collected.

Reportable ambulatory surgery visits are those that include primary procedures in Current Procedural Terminology (CPT™) code ranges: 10021 through 69999, 92980 through 92998, and 93451 through 93462. These codes include surgical procedures, cardiac catheterization, and

lithotripsy. Facilities documenting less than 200 patient visits in a quarter may formally request, in advance of the due date, an exemption from reporting for the specified quarter.

Ambulatory surgery data records include, but are not limited to, patient demographics, medical information, and charge data. Demographics include race, birth date, gender, and zip code. Facilities also report patient visit date and license numbers for attending and operating Florida physicians. Medical data include ICD-9-CM diagnosis codes and CPT procedure codes. Charge data includes total charges and charges by CPT code. CPT procedure codes include pharmacy, medical/surgical supplies, radiation, laboratory, operating room services, anesthesia, recovery room, treatment or observation room, cardiology, and other charge categories. Principal payer code (selected from a list of sixteen choices including Medicaid, Medicaid HMO, Medicare, Medicare HMO, and Commercial HMO) is also reported. The data also contain individual record identification numbers and Social Security numbers.

Comprehensive Inpatient Rehabilitation Data Collection

Comprehensive inpatient rehabilitation data collection is authorized under §408.061(1)(e), Florida Statutes, and Chapter 59E-7 Part II, Florida Administrative Code.

The comprehensive inpatient rehabilitation data contain patient-level discharge information from Florida's licensed freestanding comprehensive inpatient rehabilitation hospitals and acute care hospital distinct part rehabilitation units.

The Florida Center for Health Information and Policy Analysis initiated the comprehensive inpatient rehabilitation database in 1993 as a companion to the hospital inpatient database. In 2010, comprehensive rehab reporting was integrated with the inpatient data reporting. The data now captures all comprehensive rehab services provided in the state regardless of whether they were provided in a specialty hospital or a general acute care hospital.

This change will lead to a notably higher number of rehabilitation visits being reported each year, which will give a clearer picture of the amount and types of rehabilitation services Florida residents are receiving each year.

Emergency Department Data Collection

Emergency department data collection is authorized under §408.061(1)(e), Florida Statutes, and Chapter 59B-9, Florida Administrative Code.

In 2005, the Florida Center for Health Information and Policy Analysis (Florida Center) began collecting emergency department (ED) data as directed by §408.061(1)(a), Florida Statutes, and Chapter 59B-9, Florida Administrative Code. This statute requires the reporting of all ED visits where ED registration occurred, but the patient was not admitted for inpatient care. Accordingly, each patient registered by the facility generates a record from the ED by their acuity level using

an evaluation and management (E&M) code to indicate the level of seriousness of their condition.

Data elements include the hour of arrival, the patient's chief complaint, principal diagnosis, race, ethnicity, and external causes of injury. The data elements reported are very similar to those used for reporting ambulatory surgery data. This report is electronically transmitted by the facilities to the Agency for Health Care Administration (Agency) via a secure Internet data submission system.

As of December 2011, nearly 50 million ED records have been collected, processed, and certified by the Florida Center. The volume of ED records collected has steadily increased since the inception of the program with approximately 5.7 million records collected in 2005, 5.8 million in 2006, 5.7 million in 2007, 6.5 million in 2009, 6.6 million in 2010, and 6,893,503 in 2011.

Pursuant to §408.062(1)(i), Florida Statutes, the Agency analyzes the use of ED services by patient acuity level and assesses the impact of ED services on the increase in hospital costs when non-urgent care is provided in EDs. This analysis is provided each year to the Florida Legislature.

Risk Management and Patient Safety

The Risk Management and Patient Safety Program is guided by Chapter 395 and §641.55, Florida Statutes.

The Risk Management & Patient Safety Program collects adverse incident reports. Hospitals and ambulatory surgical centers are required by law to report adverse incidents to the Agency for Health Care Administration (Agency), as defined in §395.0197, Florida Statutes. Health maintenance organizations are also required to report adverse incidents as defined in §641.55(6), Florida Statutes. The requirements for nursing homes and assisted living facilities to report adverse incidents are defined in §400.147, and §429.23 (2) and (3), Florida Statutes, respectively.

Adverse incidents are medical incidents, as defined in §395.0197, Florida Statutes, which result in one of the following injuries:

- Patient death;
- Brain or spinal damage to a patient;
- Permanent disfigurement;
- Fracture or dislocation of bones or joints;
- A resulting limitation of neurological, physical, or sensory function, which continues after discharge from the facility;
- Any condition that required specialized medical attention or surgical intervention resulting from non-emergency medical intervention, other than an emergency medical condition, to which the patient has not given his or her informed consent;

- Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident;
- The performance of a surgical procedure on the wrong patient; a wrong surgical procedure; a wrong site surgical procedure; or a surgical procedure unrelated to the patient's diagnosis or medical condition;
- Required surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage was not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process; or
- Was a procedure to remove unplanned foreign object remaining from a surgical procedure.

The Agency publishes quarterly reports on adverse incidents which can be viewed on the Risk Management and Patient Safety website at www.ahca.myflorida.com/SCHS/RiskMgtPubSaftey/index.shtml or the Agency website at <http://apps.ahca.myflorida.com/dashboard/> under "Health Care Providers."

Office of Data Dissemination and Communication

Data dissemination and communication is guided by §408.063, Florida Statutes. Technical assistance is provided to customers as required by §408.05(4), Florida Statutes.

The Office of Data Dissemination and Communication performs several functions to ensure the public has access to health care information to assist them in making well informed health care decisions:

- Maintains the consumer health care website, www.FloridaHealthFinder.gov. The website provides easy access to health care data; encourages health care transparency; and includes a variety of information to assist consumers and professionals with their medical needs and medical research.
- Fulfills numerous data requests and provides customers with technical assistance to address their specific health care data needs by utilizing a variety of database sources. These database sources include hospital inpatient, ambulatory surgery center, emergency department (ED), and hospital financial data.
- Offers consumer health care education through a Consumer Awareness Series and community outreach programs. The brochures within the Consumer Awareness Series cover topics such as Florida Medicaid, home health care, long-term care, end-of-life issues, and patient safety. The participation in community outreach programs heightens awareness about the health care information available from the Agency for Health Care Administration (Agency) and the www.FloridaHealthFinder.gov website.

Typically, data requests fall into the following categories:

- Requests for de-identified data (limited data set);
- Requests for standard reports; and
- Requests for ad hoc reports.

Information on the data available and prices for data are listed in the [Data Catalog and Price List](#) on the Agency's website; however, prices for ad hoc reports are estimated based on the time required to complete the report. Completed customer orders are mailed after payment is received. Federal, state, or municipal government agencies are not charged.

Requests for De-identified Data

Hospital inpatient, ambulatory surgery, and ED data are available for sale to the general public in a non-confidential format (limited data set). To receive data, the requestor must sign a Limited Data Set Data Use Agreement form. The agreement contains provisions to limit the data to the use specified in the agreement and to limit disclosure of the data.

The following confidential data items are not included in the limited data set:

- Patient identification (ID) number
- Medical record number
- Social Security number
- Masked Social Security number
- Infant linkage identification number
- Masked infant linkage identification number
- Date of admission
- Date of discharge
- Visit beginning date
- Visit ending date
- Age in days
- Payer (restricted with Social Security number and patient ID)
- Date of birth
- Procedure dates

Calculated information is added to the database that includes the state of residence; county of residence; age at admission; age in days; days to procedure; day of week of the admission; length of stay; and Diagnostic Related Group or Medicare Severity Diagnostic Related Group (MS-DRG beginning with 4th quarter 2007 inpatient data).

The patient-level limited data set is sold by quarter and is available on CD-ROM or DVD by facility, county, facility region, or statewide data. The Office of Data Dissemination and Communication processed approximately 5,188 data requests in 2012.

Standard Reports

The Office of Data Dissemination and Communication disseminates a number of standard reports:

Prior Year Report. This hospital fiscal year financial data report is listed on standard financial worksheets. Reports are available as a printout or as an email attachment.

Audited Financial Statement. This hospital financial report is prepared by an independent auditor. It includes the auditor's opinion; hospital's balance sheet; statement of cash flow; statement of revenues and expenses; statement of changes in fund balance; and financial statement notes. Reports are available as a photocopy or as an email attachment.

Hospital Financial Data. This hospital report contains fiscal year facility-level information and is available on CD-ROM or as an email attachment. The data contain audited information on hospital revenues; expense/expenditures and depreciation; medical staff data; selected discounts and prospective payment arrangements; and other statistics and general data for each hospital.

Ad Hoc Reports

An ad hoc report may be requested for customers looking for very specific information not included on a standard report or for customers who do not wish to purchase an entire data set to obtain information. An example of an ad hoc report request would be a request for the average length of stay of patients admitted to the hospital with diabetes as the principal or secondary diagnosis, by year, from 2000 to 2005. Completed reports may be disseminated on paper, email, CD-ROM, or DVD.

FloridaHealthFinder.gov Website

A consumer-focused website displaying information on health care facilities, health plans, physicians, pharmacies, and more is required by §408.05(3)(k), Florida Statutes.

The nationally recognized website, www.FloridaHealthFinder.gov was established to assist consumers in making informed health care decisions and lead to improvements in quality of care in Florida. This website provides a facility and provider locator and tools to compare hospitals, ambulatory surgery centers, emergency departments (ED), hospice providers, physician volume, health plans, nursing homes, and prices for prescription drugs.

The website also provides the A.D.A.M. Multimedia Health Encyclopedia, Wellness Tools and Symptom Navigator; RSS (Really Simple Syndications) Facility Feed Builder; information about insurance, medications, seniors, medical conditions, resources for the uninsured; consumer health care publications; and information for health care professionals. The hospital and ambulatory surgery comparison tool in the "Compare" section of the website provides performance data for selected medical conditions and procedures in Florida's hospitals and ambulatory surgery centers, including volume, charges, length of stay, and a separate section for

pediatric data. Additional hospital information includes rates for readmission, mortality, infections, and complications. Other comparison tools on the website include:

- **Health Plans** – presents information on member satisfaction, coverage areas, and quality of care.
- **Hospice Providers** – presents the results of surveys completed by family members of patients who received hospice care.
- **Nursing Homes** – allows the public to compare nursing homes based on surveys and inspections conducted by the Agency for Health Care Administration (Agency).
- **Prescription Drug Prices** – takes the consumer to www.MyFloridaRx.com where they can compare prescription retail prices at Florida pharmacies.
- **Physicians** – provides physician volume information on a select number of procedures.

Health data tools on the “Researchers and Professionals” side of the website allow specialized data queries that require users to have some knowledge of medical coding and terminology. The inpatient query tool allows a user to search by diagnosis and procedure codes, as well as Medicare Severity-Diagnostic Related Group (MS-DRG codes). The outpatient query tool allows users to search by Current Procedural Terminology (CPT) procedure codes and ICD-9-CM diagnosis and procedure codes. The ED query tool allows users to search by the patient’s reason for visit, diagnosis, and CPT procedure codes. Results from the query tools can be returned by various demographics and other criteria. The results of the queries will return the most recent four quarters (one year) of data.

Multimedia Encyclopedia and Symptom Navigator

The A.D.A.M. Multimedia Health Encyclopedia includes information on more than 1,600 diseases and conditions, along with over 3,900 articles covering conditions, procedures, treatments, surgeries, tests, and more. Some of the articles include links that allow users to compare health care data from Florida hospitals on a particular condition or procedure covered in the article. It also includes over 3,000 illustrations, diagrams, photos, and over 80 multimedia videos to give visitors information in various formats. The patient health care videos cover common health topics such as tracking your blood pressure at home; the difference between a cold and the flu; and how to use an asthma inhaler.

This interactive tool also includes Care Points, which features over 300 topics covering the most common health issues, like gallbladder removal, spine surgery, cancer, and heart failure. Care Points is designed to help patients become more active participants in their care, both before and after their doctor visits. Care Points covers four clinical areas where patients need information the most. These clinical areas include patient education on discharge information; pre-operative information and instructions; self-care information; and suggested questions to ask your doctor.

The symptom navigator allows the user to click on a human figure (adult or child, male or female) to find information related to particular symptoms, like lower back pain, knee or elbow problems, and then provides the user with a variety of links that open up articles in the multimedia encyclopedia related to the symptom.

Hospitals and Ambulatory Surgery Centers Performance Data

The FloridaHealthFinder.gov website provides performance data for over 150 selected medical conditions and procedures in Florida's short-term acute care hospitals and ambulatory (outpatient) surgery centers. For either type of facility, the user can make a selection based on health care conditions or procedures, facility name, and/or the geographic location of the facility. This information is updated on a quarterly basis.

An easy-to-use navigation tool helps consumers generate reports that compare hospital inpatient care by volume, average length of stay, range of charges, mortality, complications, infections, and readmissions. The data comparison tool for ambulatory surgery centers currently offers data on the number of visits and range of charges. Information is also provided on various conditions and procedures specific to the pediatric population, which provides parents with a powerful resource to find key information when faced with the hospitalization of a child.

Hospitals – Inpatient Care

When a user selects “Hospitals – Inpatient Care” on the Web page, he or she is offered the following choices:

- Hospital Performance, Health Outcome, and Pricing Information; and
- Facility Profiles.

The first choice provides a search by a particular medical condition or procedure for adults or children. Both choices provide the user the option to search by geographic location or overall facility performance. The geographic option includes a search by location, facility name, or special services. Special services include those hospitals that have trauma centers, primary or comprehensive stroke centers, licensed adult cardiovascular programs, burn units, teaching hospitals, and more.

The health care data presented for hospitals includes volume, charges, length of stay, and readmission rates. Total hospitalizations (volume) are the total number of patients treated at that hospital for a particular condition or procedure. Charges are represented as a range with the lowest and highest charge for a particular procedure or condition for patients discharged from the hospital. The interquartile range methodology, which represents the middle 50% of the charges, is used to minimize outliers. The hospital charge does not include physician fees, nor does it reflect the actual cost or the amount paid for the care. The amount that a patient pays depends on the type of insurance coverage; co-payments and/or deductibles; if a patient is uninsured; or whether that patient qualifies for discounts under the hospital's discount or charity policies.

The average length of stay represents the typical number of days a patient stayed in the hospital for a particular condition or procedure. It is adjusted using the 3M APRTM DRG Classification System to account for hospitals that take care of patients who are sicker and require more treatment or resources than the average patient.

The potentially preventable readmissions (PPRs) rate information provided on the website is based on patients ages 18 and older and pediatric patients readmitted to the same facility or another short-term acute care hospital within 15 days of the original admission for the same or related condition. This rate is assigned to the hospital that first admitted the patient regardless of

where the patient is readmitted. Since sicker patients are more likely to be readmitted, the readmission rate is adjusted for the severity of patients' illnesses. Return hospitalizations are identified when readmission may have resulted from the process of care and treatment or lack of post admission follow-up rather than unrelated events that occurred post-admission.

Mortality Rates, Complication and Infection Rates

Along with the measures described above, the website also presents mortality (inpatient quality indicators) and infection/complication (patient safety indicators) rates for hospitals. These measures were developed by the Agency for Healthcare Research and Quality (AHRQ).

Inpatient quality indicators are a set of measures that reflect the quality of care given in hospitals. They include measures of mortality for selected medical conditions and surgical procedures; utilization of procedures for which there is overuse, underuse, and misuse; and volume of procedures for which there is some evidence that a higher volume of procedures is associated with lower mortality.

Patient safety indicators are a set of measures that help identify potentially preventable complications and infections that may occur during hospitalization. These indicators provide an initial measure of inpatient complications following surgeries, medical procedures, and childbirth.

Ambulatory (Outpatient) Surgery Centers - Includes Hospital Based

When a user selects "Ambulatory (Outpatient) Surgery Centers - Includes Hospitals" on the website, the user is offered information on the following:

- Number of visits and charges (includes pediatrics); and
- Facility Profile.

A second set of choices allows the user to search by the geographic location of facilities, by medical conditions or procedures, or by the overall facility performance. When a user selects the number of visits and their secondary choice is "search by medical condition/procedure," then the user can choose from the top performed surgeries or procedures. The website reports procedures by volume and charges. Charges are represented as a range of charges with the lowest and highest charge for a particular procedure based on the interquartile range. The interquartile range methodology, which represents the middle 50% of the charges, is used to minimize outliers.

Florida Health Plans

The "Compare Health Plans" section of www.FloridaHealthFinder.gov displays comparative information for Florida health plans. The plans include commercial health maintenance organizations (HMOs), commercial preferred provider organizations (PPOs), Florida Healthy Kids, Florida Medicaid, and Florida Medicare managed care health plans. Comparison information includes a listing of health plans available in each Florida County (coverage areas); quality of care indicators; and member satisfaction survey results. The quality measures are used

to report the performance of health plans. Consumers can use this information to help them decide which health plan to choose.

These measures allow the public to understand how well health plans achieve results that matter, such as effective and accessible delivery of care. The data come from the Healthcare Effectiveness Data & Information Set (HEDIS) and include measures for adolescent well-care visits, well-child visits, diabetes care, and other information.

Information on member satisfaction is obtained from the Consumer Assessment of Health Plans Survey (CAHPS). Health care organizations, health care purchasers, and consumers can use CAHPS results to assess the patient-centeredness of care, compare health plan performance, and improve quality of care. Consumers can also compare health plans' monthly premium rates via a link to the Office of Insurance Regulation and find additional resources on many health insurance topics.

Hospice Providers

The hospice comparison tool presents the results of the "Family Evaluation of Hospice Care" survey. The survey is given to families whose loved ones received services from Florida hospice providers. It asks family members their views on the care provided to the patient and their experience with hospice. The five satisfaction measures include meeting the patient's personal needs; respect for the patient; information provided to the family; the response to evening and weekend needs; and overall patient care.

Facility/Provider Locator

The facility/provider locator tool provides consumers with multiple search options for health care facilities and providers regulated by the Agency. Consumers can search by name, street address, zip code, AHCA number, license number, administrator or chief executive officer, owner, and/or emergency actions. Depending on the facility or provider type, advance search options might include: bed type, specialty license, service area, special programs and services, certification status, hospital off-site emergency departments, nursing homes on the watch list, and other options.

From the profile page of each facility or provider, a user can link directly to the Agency's inspection reports, emergency actions, legal actions, and the nursing home watch list (where applicable). Additionally, hospitals, hospice providers, and ambulatory surgery centers include a link to the Compare Care part of the website where health care information on volume, quality of care, and other data can be viewed; home health agencies have a link to a comparison tool for Medicare and Medicaid certified agencies; and nursing homes have links to the Agency's Nursing Home Guide and a Medicare comparison tool.

Examples of the information available on the profile pages include:

- The types and numbers of beds at assisted living facilities, hospitals, nursing homes, residential treatment facilities, and other facility types (where applicable);
- Service areas (counties) served by home health agencies, hospices, nurse registries, homemaker/companions, as well as the listing of satellite offices for home health agencies and hospice providers;
- Hospital listings which include the chief executive officer (CEO), links to hospital websites (when available), specialty programs and services, and accreditations;
- Specialty licenses for assisted living facilities;
- Medicare and Medicaid certification for home health agencies; and
- Emergency actions against a license (moratorium, revocation, or suspension), legal actions, and/or bankruptcy, when applicable.

Recent Developments

During 2012, many enhancements and additions to the website www.FloridaHealthFinder.gov were made. Changes included adding two new physician volume procedures (coronary artery bypass graft and angioplasty), and adding Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measures. HCAHPS is a national, standardized, publicly reported survey of patient's perspectives of hospital care and experience. The survey results show how the hospital ranked overall; if patients would recommend the hospital to family and friends; and if patients were given information about what to do during their recovery at home.

Facility/Provider Locator and the A.D.A.M. multimedia encyclopedia/Symptom Navigator were also enhanced with additional information and enhanced navigation. Wellness tools were added in 2012 to measure, evaluate, and learn about common health concerns including body mass index (BMI), calorie burner, target heart rate, ideal body weight, nutritional needs, and waist to hip ratio. This information is important for consumers to better understand their personal health and assist in deciding when to seek care.

In April 2012, the Agency added an easy to use smart phone application (app) for iPhone and Android users. Consumers can use this app to get information on, locate, and/or receive driving directions to any health care facility regulated by the Agency.

In 2012, there were a total of 1,980,022 visits to www.FloridaHealthFinder.gov compared to 1,820,047 visits in 2011, representing an increase of 8.8%. The following chart shows the visit numbers per month in 2012.

Number of FloridaHealthFinder.gov Website Visits, 2012



Collaboration with the Agency for Healthcare Research and Quality

Since 1989, the Florida Center for Health Information and Policy Analysis (Florida Center) has been a founding partner and participator in the federally-funded Healthcare Cost and Utilization Project, sponsored by the Agency for Healthcare Research and Quality (AHRQ). This voluntary project builds on the data and efforts of state data organizations, state hospital organizations, and other private data organizations to create a national resource of health care data. Data from Florida, along with data from 45 other states, are combined (with personal health information removed). These data are available for purchase to interested parties. Using these data, Florida can compare the overall performance of its facilities against that of other states, as well as regional and national benchmarks.

Florida data is a key component in several Healthcare Cost and Utilization Project national databases, such as the:

- National Inpatient Sample, the largest all-payer health care database in the United States;
- Kids' Inpatient Database, containing two million hospital discharges for children;
- State Ambulatory Surgery Databases; and
- State Emergency Department Databases.

Florida data are included in many publications of the Healthcare Cost and Utilization Project, including the *National Health Disparities Report* and the *National Health Quality Report*. In these reports, and the related *State Snapshots* briefs, the annual performance of Florida facilities may be compared against the performance of other states. This allows researchers and policymakers to focus on both successful and deficient areas in Florida's health care system.

Finally, the Florida Center has partnered with AHRQ and other states on various research projects. These efforts include:

- Understanding post-hospital mortality;
- The use of clinical data in improving performance of AHRQ Quality Indicators;
- The effects of vaccination on rotavirus hospital admissions; and
- Readmissions for congestive heart failure.

More information about the Healthcare Cost and Utilization Project, sponsored by AHRQ, can be found at www.hcup-us.ahrq.gov/overview.jsp.

Community Outreach and Education

The Agency for Health Care Administration shall publish and disseminate information to the public which will enhance decision making as mandated by §408.063(2), Florida Statutes.

The Office of Data Dissemination and Communication provides community outreach and education through the publication of consumer materials, responses to requests from the public, and participation in community outreach programs.

Email requests from the public received through the www.FloridaHealthFinder.gov website include 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. In 2012, the Florida Center for Health Information and Policy Analysis responded to 785 requests for information.

During 2012, staff provided consumer outreach and education about www.FloridaHealthFinder.gov, including:

- Provided training seminar to Agency for Health Care Administration (Agency) staff, other health and human services agencies, Governor's office staff, etc.;
- Conducted presentations at the Agency's new employee training, the Florida Dept. of Financial Services, Family Café (Medicaid conference for families), a local church, and to state agencies and community groups invited to the Agency;
- Emailed sister state agencies asking them to add the website logo to their websites;
- Contacted 54 agencies/groups asking them to update the website logo on their websites;
- Wrote articles for the Agency's Medicaid Provider Bulletin, the Dept. of Elder Affairs Update, and the Florida Council on Aging;
- Mailed website bookmarks/pamphlets to the area offices of 32 statewide social service agencies (including county health departments, aging resource centers, local health councils, etc.);

- Mailed website bookmarks/pamphlets to 1,618 Florida adult day care centers, hospice providers, adult family care homes, nursing homes, and hospital discharge planners; and
- Distributed website bookmarks/pamphlets at 10 health/benefit fairs and conferences at state agencies and community events.

Consumer Awareness Series

The Consumer Awareness Series is directed by §408.063(2), Florida Statutes.

The Consumer Awareness Series is written for the health care consumer. The series consists of brochures designed to assist the public in making informed health care decisions. The brochures are 15 to 20 pages in length, in English or Spanish, and are available on the www.FloridaHealthFinder.gov website. The brochures contain general information on a health care topic, as well as website links to additional resources and information. The brochures are available on the website and include:

- A Patient's Guide to a Hospital Stay;
- Assisted Living in Florida;
- End of Life Issues - A Practical Planning Guide;
- Florida Medicaid - A Reference Guide;
- Health and Human Services Programs;
- Health Care Advance Directives;
- Home Health Care in Florida;
- Long-Term Care;
- Nursing Home Care in Florida;
- Patient Safety; and
- Understanding Prescription Drug Costs.

Office of Health Information Exchange and Policy Analysis

Health care research, policy analysis, studies, and reports are guided by §408.062, Florida Statutes.

The Office of Health Information Exchange and Policy Analysis's primary functions include the production of statutorily mandated reports; responsibility for the State Health Information Exchange Cooperative Agreement Program; administration of the Medicaid Electronic Health Record (EHR) Incentive Program; policy and analytic support for the development of Medicaid Health Information Network tools; and research and analyses of the data collected by the Florida Center for Health Information and Policy Analysis to support the Agency for Health Care Administration's mission.

Medicaid Electronic Health Record Incentive Program

Section 4201 of the Health Information Technology for Economic and Clinical Health (HITECH) Act authorizes federal funding for the adoption and meaningful use of certified Electronic Health Record (EHR) technology.

The Office of Health Information Exchange and Policy Analysis is responsible for the implementation of the Florida Medicaid Electronic Health Record (EHR) Incentive Program, as established by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The HITECH Act provides 100% federal financial participation (FFP) for state expenditures for incentive payments to encourage Medicaid health care providers to adopt, implement, and use EHR technology. The HITECH Act also established a 90% FFP for state expenses related to the administration of the incentive program and for promoting EHR adoption.

This program is overseen by the Centers for Medicare & Medicaid Services (CMS) and state Medicaid agencies. Eligible Medicaid professionals may receive up to \$63,750 over six years for the adoption and subsequent meaningful use of certified EHR technology. Incentive payments to eligible hospitals are based on a complex formula in which a base incentive amount for each hospital is modified by the number of Medicaid patient discharges, as well as other factors. Eligible professionals include Medicaid-enrolled physicians, nurse mid-wives, dentists, and nurse practitioners with a 30% Medicaid patient volume. For professionals in federally qualified health centers and rural health clinics, the patient volume requirement is 30% needy individuals. Acute care hospitals with no less than 10 % Medicaid volume, and children's hospitals, which have no volume requirements, are also eligible.

In order to implement the incentive program, the Agency for Health Care Administration (Agency) was required to have a state Medicaid Health Information Technology Plan (SMHP) submitted and approved by CMS. This plan was originally approved December 2, 2010; and is updated annually.

CMS established the rule for meaningful use that includes a set of standards, implementation specifications, and certification criteria for EHR technology. In the first program year, Medicaid eligible professionals and hospitals only have to demonstrate that they have adopted, implemented, or upgraded to certified EHR technology. In order to receive payment in subsequent participation years, they will have to attest to the meaningful use of certified EHR technology. CMS has published requirements for meeting Stage 1 and Stage 2 meaningful use requirements.

Florida's Medicaid EHR Incentive Program was launched on September 5, 2011. As of December 31, 2012; 4,067 incentive payments had been made to eligible professionals and 170 incentive payments had been made to hospitals. Also as of this date, 3,905 individual providers and 156 hospitals had been paid a total of \$290,639,644 in incentive payments. Program metrics are posted on the Agency's dashboard at <http://apps.ahca.myflorida.com/dashboard/>.

Information on specific eligibility and payment for eligible professionals and hospitals can be found at www.ahca.myflorida.com/medicaid/ehr/.

Regional Extension Centers

In 2010, the Department of Health and Human Services (HHS), Office of the National Coordinator for Health Information Technology (ONC) awarded four institutions funding to support the creation of four Regional Extension Centers (REC) in Florida, as outlined in Section 3012 of the Health Information Technology for Economic and Clinical Health (HITECH) Act. RECs assist health care providers with the adoption, upgrade, or implementation of EHR software and documentation of meaningful use to the Centers for Medicare and Medicaid Services (CMS).

Florida's Regional Extension Center Status as of December 2012

Regional Extension Center	Counties	Enrolled Providers
South Florida Regional Extension Center Amy Rosa, Interim Executive Director	Indian River, Okeechobee, St. Lucie, Martin, Palm Beach, Broward, Miami-Dade, Monroe	3,479
University of Central Florida College of Medicine Josue F. Rodas, Executive Director	Lake, Volusia, Seminole, Orange, Brevard, Polk, Osceola	1,950
PaperFree Florida (University of South Florida) Gary A. Hendrickson, Project Manager	Levy, Marion, Citrus, Sumter, Hernando, Pasco, Pinellas, Hillsborough, Hardee, DeSoto, Highlands	1,469
The Center for the Advancement of Health IT Diane Gaddis, President/CEO	Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Jackson, Calhoun, Gulf, Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, Madison, Taylor, Hamilton, Suwannee, Lafayette, Dixie, Columbia, Gilchrist, Baker, Union, Bradford, Alachua, Nassau, Duval, Clay, Putnam, St. Johns, Flagler, Manatee, Sarasota, Charlotte, Glades, Lee, Hendry, Collier	2,697

Florida's RECs are targeting individual and small group practices, critical access hospitals, health clinics, and county health departments. Several RECs have selected a set of preferred EHR vendors. The RECs are coordinating with and supporting the CMS EHR Incentive Programs and the ONC Health Information Exchange Cooperative Program through education, outreach, and technical assistance to help providers successfully implement and use certified EHR software. During 2012, the RECs began a concentrated effort to reach target milestones in coordination with the Agency for Health Care Administration.

Personal Health Record (My Florida Health eBook)

The Medicaid Personal Health Record (PHR) is a free Web portal for Medicaid beneficiaries that offers secure access to their Medicaid claims records and allows them to enter pertinent health-related information for themselves or their family. The Medicaid PHR provides a platform for Medicaid beneficiaries to access and document their personal health information, which includes appointment reminders, milestone charts, information about health conditions, and recommended preventive services.

In 2012, work was completed to populate each Medicaid recipient's PHR with data from services paid for by Florida Medicaid. Medicaid recipients can use the My Florida eHealth Book to track information about their health care visits, procedures, medications, and immunizations.

The Medicaid PHR is made possible through an innovative partnership that includes the Agency for Health Care Administration; Availity, LLC; HealthTrio, LLC; and Healthwise® - at no cost to taxpayers. Availity, LLC is the vendor providing the Medicaid Health Information Network for physicians and holds the contract with HealthTrio, LLC to offer a consumer Web portal. Healthwise provides the Healthwise Knowledgebase to deliver health-related content posting in the Medicaid PHR. More information on the PHR (also known as the My Florida Health eBook) can be found at

www.ahca.myflorida.com/Medicaid/MediPass/aboutCare.shtml.

Medicaid Health Information Network

In November 2009, the Agency for Health Care Administration announced the launch of the Medicaid Health Information Network (HIN), which is available at no charge through a Web portal provided by Availity, LLC. Any Florida physician or other practitioner who treats Medicaid patients can use the service at the point of care with patient consent.

The Medicaid HIN offers an 18-month listing of Medicaid claims-based records to any treating provider in Florida with the ability to look up eligibility and benefits for Medicaid clients. There is no cost to the provider to use the services provided by the Medicaid HIN. Records available to the treating physician include:

- Physician contact information
- Encounter histories
- Procedures
- Prescriptions
- Laboratory orders
- Hospital visits

Any provider in Florida treating Medicaid patients can gain access to the Florida Medicaid HIN by registering with Availity, LLC. The Medicaid HIN provides information about sensitive conditions, such as mental health, substance abuse, HIV, and sexually transmitted diseases. To access patient records from the Medicaid HIN, a treating physician must obtain explicit patient authorization and attest to the patient authorization in the Medicaid HIN portal.

Health Plan Quality Indicator Data Collection

Health plan quality indicator data collection is required under §641.51(9), Florida Statutes, and implemented under Chapter 59B-13, Florida Administrative Code.

The Office of Health Information Exchange and Policy Analysis is responsible for collection and analysis of health plan quality indicator data. Health plan quality indicator data are reported in a summary format by Florida's licensed managed care organizations for each line of business (commercial, Medicare, and Medicaid). The data display annual statewide quality measures gathered by health plans. This reporting process began with data reported in 1999. This information was published as a hardcopy health maintenance organization (HMO) report card from 2000 until 2005 and is now published electronically. Information from all prior time periods is available on request. Information from the most recent data year (2012) is available electronically at www.floridahealthfinder.gov/HealthPlans/Default.aspx.

Data Collection Summary

Quality indicator data typically display the percentage of eligible members who have received a specific health care service during the measurement year. Quality indicator measurement specifications are prescribed in the Healthcare Effectiveness Data & Information Set (HEDIS) technical specifications manual. This manual is available from the National Committee for Quality Assurance (NCQA). Technical specifications are updated annually in order to reflect medical coding changes, to clarify requirements, and to improve the quality measures.

The indicators reported to the Agency for Health Care Administration (Agency) include measures of chronic disease management; preventive health care; prenatal care; and infant, child, and adolescent health checkups. Chronic disease management indicators address diabetes care, asthma medications, and controlling high blood pressure. Preventive health care indicators include breast cancer screening, cervical cancer screening, and chlamydia screening in women.

As indicated in the HEDIS manual, selected measures are not reported annually. A rotation schedule is issued by the NCQA. This notifies health plans of the indicators that are required for the subsequent reporting cycle. Rotated measures are usually reported every two years.

Quality indicator data submitted to the Agency also include supplementary information such as the number of eligible members, sample size, confidence intervals, and whether administrative or hybrid methodology was used to calculate the reported rate.

Consumer Assessment of Health Plan Survey Data

An annual survey of health maintenance organization (HMO) members is required by §641.58(4), Florida Statutes. The Agency for Health Care Administration is required to conduct the survey to determine the satisfaction of health plan members. Surveying for commercial health plans is implemented under Chapter 59B-14, Florida Administrative Code.

The Office of Health Information Exchange and Policy Analysis is responsible for collection and analysis of Consumer Assessment of Healthcare Providers and Systems (CAHPS) data. CAHPS data contain the results of an annual statewide survey. Members in each Florida licensed health maintenance organization (HMO) health plan and certain preferred provider organization (PPO) health plans were surveyed. Included in this category are Florida Medicaid and Healthy Kids plans. There was a separate survey for members of commercial plans. Data for members of Medicare managed care plans may be viewed on a website maintained by the Centers for Medicare and Medicaid Services.

Data Collection Summary

The CAHPS data contain the responses of members to a set of questions regarding their experience with their health plan. The CAHPS survey includes questions about health care utilization, access to care and specialists, communicating with health care providers, customer service, experience with claims processing, and overall satisfaction with the health plan.

The CAHPS survey instrument was developed by the federal Agency for Healthcare Research and Quality and the National Committee for Quality Assurance. Public release version 4.0H was used in 2012. The Medicaid and commercial versions of the CAHPS survey are used as appropriate, and a Spanish language version is used as required. CAHPS 4.0H includes both a survey of health care for adults and a parent/child survey that contains additional questions applicable to children's health care and interaction with their child's health care providers. Additionally, the Agency for Health Care Administration (Agency) added three supplemental questions to the surveys focused on overall satisfaction with their plan.

Commercial health plans report data directly to the Florida Center for Health Information and Policy Analysis (Florida Center). HMO plans report all items from the CAHPS survey, while PPO plans may report only eight specified CAHPS items, in addition to the supplemental items. The plans also provide certification, signed by the chief financial officer, that the information submitted is true and accurate. In 2012, there were a total of 14,884 completed surveys. The number of CAHPS surveys by plan type that were completed and reported in 2012 is shown below:

- Medicaid HMO surveys - 6,254
- Healthy Kids HMO surveys - 1,625
- Commercial HMO surveys - 4,477
- Commercial PPO surveys - 2,528

Beginning with CAHPS survey data collected in 2008, the Agency has modified some of the information that is displayed. Prior to 2008, most CAHPS items displayed were individual questions. With the more recent CAHPS data updates, many individual questions have been combined to form groups, or composites, of separate questions. Composites are displayed for Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, How Well Plans Handle Claims, and Getting Help From Customer Service.

Publications and Reports

Emergency Department Utilization Report

This report fulfills the requirements of §408.062(1)(i), Florida Statutes, which mandates that the Agency for Health Care Administration publish an annual report on the use of emergency department services, including an analysis of the treatment given by patient acuity level and the implications of increasing hospital costs in providing non-urgent care in emergency departments.

The Agency for Health Care Administration (Agency) prepares an annual report on emergency department (ED) costs and utilization in Florida. The Agency initiated collection of all hospital ED records for ambulatory visits that do not result in a hospital inpatient admission beginning with visits in January 2005. This report provides patient demographic information and other characteristics of the visits to the ED for the most recent calendar year, as well as information on visits to the ED that resulted in an inpatient admission.

The analysis of the 2011 calendar year ED data revealed that 68.3% of pediatric ED visits were made by children under age 9 and that 64.1% of adult ED visits were for persons under age 55. More than 32% of pediatric ambulatory ED visits and 17.3% of adult ambulatory ED visits were low acuity. Nearly 58% of pediatric and nearly 56% of adult Florida resident Medicaid ambulatory ED visits could potentially be avoided through greater utilization of primary care services.

Florida Electronic Prescribing Report

A report on the status of electronic prescribing (e-prescribing) is required by §408.0611(4), Florida Statutes.

The Florida Electronic Prescribing Annual Report for 2012 provides a general assessment of the status of electronic prescribing (e-prescribing) in Florida. The report presents a review of the progress of e-prescribing implementation in Florida; activities to promote e-prescribing; highlights of e-prescribing initiatives; Florida e-prescribing metrics; and recommendations to promote adoption of e-prescribing coordinated with other health information technology initiatives overseen by the Agency. Previous reports (2007-2011) can be found at www.fhin.net/content/eprescribing/fleprescribingRpts.shtml.

Florida Health Care Expenditures Report (published May 2012)

A report on health care expenditures in Florida is required by §408.063(5), Florida Statutes.

The Florida Health Care Expenditures Report examines trends in expenditures for health care services, health care payers, and health maintenance organizations. The report focuses on data from the most recent calendar year available (2010), but also shows trends from 1992. The Health Care Expenditures report describes payments for services delivered in Florida, including services delivered to nonresidents. The next Health Care Expenditures Report will detail

spending in calendar year 2011. The Florida Health Care Expenditures Report can be viewed at www.floridahealthfinder.gov/researchers/studies-reports.aspx.

Prescription Drug Price Website

The creation of the MyFloridaRx.com website is required by §408.062(1)(h), Florida Statutes.

The www.MyFloridaRx.com website went live in June of 2005. The website was developed by the Agency for Health Care Administration 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. The retail pharmacies appearing on the website are those that dispensed at least one of the Top 150 posted drugs to a consumer receiving Medicaid assistance to purchase that medication.

The price data is presented in a way that allows the information to be searched by:

- county
- city
- drug name

This drug pricing website can be accessed at www.FloridaHealthFinder.gov and www.MyFloridaRx.com. Individual pharmacies and their locations are listed with contact information and a map.

State Health Data Directory

The creation of the State Health Data Directory is required by §408.05(4)(a)(7), Florida Statutes.

The State Health Data Directory is a compilation of information about health care data resources available from various state agencies, intending to promote the efficient use of data for research and public policy purposes. Its purpose is to facilitate referrals to the responsible data administrator. The administrator then provides detailed information regarding available data and promotes the efficient use of data for research and public policy purposes. The State Health Data Directory is available at www.FloridaHealthFinder.gov. The directory is updated periodically by an email survey of state agencies and contains over 110 entries. Each entry contains information on the types of data collected, reporting entities, purpose of the database with statutory or rule reference, and contact information. If available, website references are provided.

Health Information Exchange

Development, use, and protection of electronic health records is guided by §408.062(5), Florida Statutes. Creation of a statewide health information network is guided by §408.05(4)(a)9.(b) and (c), Florida Statutes. Establishment and use of a Universal Patient Authorization Form is guided by §408.051, Florida Statutes.

In 2004, the Florida Legislature directed the Agency for Health Care Administration (Agency) to develop a strategy for the adoption and use of electronic health records (EHR). This section was amended in 2006 to include the development of an electronic health information network to exchange EHRs among health care facilities, health care providers, and health insurers. The Florida Center for Health Information and Policy Analysis (Florida Center) is responsible for the development and oversight of all health information exchange (HIE) initiatives.

In §408.05(4), Florida Statutes, the Legislature specified the technical assistance responsibilities of the Agency, such as administering grants for development of a health information network. The Agency is directed to integrate health care data from state agencies and make the health data available to health care practitioners through a state health information network. Section 408.0611, Florida Statutes, required the Agency to collaborate with stakeholders in creating an electronic prescribing (e-prescribing) clearinghouse. The Agency is also directed to coordinate with private sector e-prescribing initiatives to accelerate the adoption of e-prescribing.

During the 2009 Legislative Session, §408.051, Florida Statutes, was created. This section required the adoption and development of a Universal Patient Authorization Form by the Agency to establish standards, as well as immunity from civil liability, for accessing or releasing health information during a medical emergency. The Agency adopted rules establishing authorization forms in 2010 and adopted revised forms in 2012 which are posted on www.fhin.net.

Florida Health Information Exchange and Cooperative Agreement

The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 provided the Agency for Health Care Administration (Agency) with funding for the implementation of a sustainable strategy for health information exchange (HIE). As the state designated entity for Florida, the Agency submitted an application for funding, which included a Strategic and Operations Plan (SOP) to the Office of the National Coordinator for Health Information Technology (ONC) in October of 2009. The Agency worked with multiple stakeholders, the State Consumer Health Information and Policy Advisory Council (Advisory Council), and Health Information Exchange Coordinating Committee (HIECC) to prepare the application.

In March 2010, the Agency was awarded \$20.7 million over a four-year funding period. The Agency was directed to complete planning and begin implementing the Florida Health Information Exchange (HIE) pending final ONC approval of the SOP. The Florida Legislature directed the Agency to contract with a technology organization to implement the Florida HIE and select the vendor through an Invitation to Negotiate (ITN).

The Agency issued the ITN on July 15, 2010; and submitted a plan for the use of funds along with a report on the Florida HIE to the Legislature on August 1, 2010. On November 30, 2010; upon completion of the procurement process, the Agency announced the selection of Harris Corporation as the HIE vendor. The total four-year vendor contract amount is \$19,013,194. The contract was executed February 4, 2011.

During 2011, Harris Corporation implemented two HIE services for the Florida HIE. Patient Look-Up and Delivery (PLU) is a service that connects HIE networks with other HIE networks, expanding the landscape of information exchange. This project is being implemented incrementally and is anticipated to achieve critical mass for sustainability in 2014. Direct Secure Messaging (DSM) is a service that allows providers to send and receive secure, encrypted email messages with personal health information including attachments such as continuity of care documents, lab results, and discharge summaries. This service is currently available to all eligible providers that have an Internet connection. The Agency developed a subscription agreement for each service that must be signed by the participants and which describes their roles and responsibilities.

During 2012, Harris Corporation developed a group registration process for DSM that encouraged adoption. In addition, the Agency revised the subscription agreement to enable health plans to register. By the end of 2012, over 2,200 DSM accounts had been established. Florida connected the DSM service to two other health information service providers (HISP); one is Quest Care 360 and the other is the state of Alabama's HISP. These connections greatly expand the secure electronic exchange of protected health information.

At the end of 2012, seventeen organizations (17) had signed the Participation Agreement for connecting to the Florida HIE PLU service and are in various stages of making the connection. Additional participants will be selected in January 2013. Early adopter participants in PLU include hospitals, hospital systems, regional health information organizations, county health departments, and health clinic networks statewide.

The ONC directed that 2% of the HIE project funding should be used for program evaluation. The Agency entered into a contract with Florida International University (FIU) for the evaluation in July 2011. FIU has conducted and will continue to conduct interviews and surveys of health care providers and other stakeholders. In addition to the project evaluation, a final deliverable is a metrics dashboard for tracking adoption and use of Florida HIE services. The dashboard can be viewed at <http://floridahie-eval.fiu.edu>.

Electronic Prescribing

Section 408.0611, Florida Statutes, was passed during the 2007 legislative session. It required the Agency for Health Care Administration (Agency) to create a clearinghouse of electronic prescribing (e-prescribing) information on its website to include:

- A description of the process of e-prescribing and the availability of e-prescribing products, including no-cost or low-cost products;
- The advantages of e-prescribing, including using medication history data to prevent drug interactions, allergic reactions, and deter doctor shopping for controlled substances; and

- Reference links to federal and private sector websites that provide guidance on selecting an e-prescribing product and information on implementation and available incentive programs.

The Agency was directed to convene stakeholders on a quarterly basis to assess and accelerate the implementation of e-prescribing. The Agency was also directed to monitor and report on the implementation of e-prescribing and submit an annual report to the Legislature by January 31st of each year.

The Agency formed an advisory panel, the State Electronic Prescribing Advisory Panel (SEPAP) which held meetings from 2007 through 2009. In 2010, the Agency assigned responsibility for e-prescribing promotion to the Health Information Exchange Coordinating Committee (HIECC) and added a representative of the Florida Pharmacy Association. The HIECC was formed by the State Consumer Health Information and Policy Advisory Council (Advisory Council) to advise the Agency on implementing a strategy to establish privacy-protected, secure, and integrated exchange of electronic health records (EHR) among physicians involved in patient care. The inclusion of e-prescribing in the HITECH Act of 2009 as a measure of meaningful use encourages the adoption of e-prescribing and its integration in EHRs and health information exchange (HIE).

In 2012, the Agency conducted outreach to independent pharmacies to encourage their participation in e-prescribing and HIE. Pharmacies began registering for Direct Secure Messaging in 2012. The Agency continued enabling prescriber access to Florida Medicaid prescription drug claims and eligibility information through the Surescripts pharmacy network. The e-Prescribing Clearinghouse and metrics on e-prescribing adoption are posted on www.fhin.net.

State Health Policy Consortium - Health Information Exchange for Disaster Preparedness

In November 2010, the Agency for Health Care Administration and other members of the Southeast Regional Health Information Technology - Health Information Exchange Collaboration (SERCH) submitted and received approval from the Office of the National Coordinator for Health Information Technology (ONC) on a proposal for work on health information exchange (HIE) in the aftermath of disasters. Other states participating in the project include Alabama, Arkansas, Georgia, Louisiana, Mississippi, and Texas.

The Southeast and Gulf states are prone to natural disasters including hurricanes, tornadoes, and flooding. These disasters contribute to the displacement of patients and providers, who often cross state boundaries to seek safety. Physicians need access to information, but even certified electronic health record systems will not function in a disaster if there is no preparation for secure interstate HIE.

The project developed a white paper that focused on addressing these needs and made recommendations which will allow states to fully develop strategies and protocols for exchange, especially in times of emergency. The final report, "Health Information Exchange in Disaster Preparedness and Response" is posted on www.fhin.net. Following release of the report in

2012, SERCH members met to consider action steps to move forward on regional interstate exchange.

State Health Policy Consortium – Behavioral Health Data Exchange

In October 2011, the Agency for Health Care Administration signed a memorandum of understanding to participate in a multi-state consortium sponsored by the Office of the National Coordinator for Health Information Technology (ONC). The purpose of the project is to pilot the interstate exchange of behavioral health treatment records among treating health care providers using secure email that follows Nationwide Health Information Network Direct protocols. The focus of the project is on meeting the requirements of federal law 42 CFR Part 2 governing the proper handling of substance abuse treatment records and meeting the respective state mental health laws of consortium participants.

Consortium states are Alabama, Florida, Kentucky, Michigan, and New Mexico. Also participating are representatives of ONC, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Legal Action Center, and subject matter technical experts on the Nationwide Health Information Network Direct protocols.

During 2012, three community mental health centers in Florida registered for Direct Secure Messaging (DSM). In August, an exchange of de-identified records with Alabama providers using direct exchange implemented by the State of Alabama was conducted. The pilot incorporated best practices for exchanging mental health and substance abuse records developed by the project team. Following the pilot, the Florida project team continued to work to encourage community mental health centers to engage with other health care providers using DSM.

Universal Patient Authorization for Health Information Exchange

Section 408.051, Florida Statutes required the Agency for Health Care Administration (Agency) to develop a standard form for patient authorization. Working with stakeholders, the Agency developed two universal patient authorization forms for the use or release of a patient's identifiable health record. The forms were incorporated by reference in the rule which was adopted July 2010.

The rule and forms are located at 59B-16, Florida Administrative Code. The patient authorization rule is available on www.fhin.net under the privacy regulations section. A question and answer document (FAQs) explaining the purposes and use of the forms is also posted. One of the authorization forms (the "Florida Form") adopted in rule meets the requirement of the Florida Health Information Exchange's subscription agreement for the Patient Look-Up and Delivery service. Providers may also use their own authorization form but it must be legally equivalent to the Florida Form.

During 2012, the Agency adopted revisions to the forms including the Spanish language versions.

Children's Health Insurance Program Reauthorization Act

In February 2010, the states of Florida and Illinois received a grant award of \$11.3 million to work together towards improving health care quality and delivery systems for children enrolled in Medicaid and the Children's Health Insurance Program (CHIP). The Medicaid and CHIP agencies in Florida and Illinois will use the Children's Health Insurance Program Reauthorization Act (CHIPRA) grant to improve health outcomes for children by enhancing access to information for use by providers, consumers, and state agencies.

The Agency for Health Care Administration (Agency) is working in collaboration with the Department of Health, providers, consumers, advocates, the Health Information Exchange Coordinating Committee (HIECC), and other stakeholders to leverage current statewide health information exchange infrastructure-building efforts to support better coordination of care and improve quality of care for children. The Agency is coordinating efforts to engage pediatricians and other care providers in health information exchange through outreach to promote adoption of the Direct Secure Messaging (DSM) service and electronic health records.

During 2012, the South Florida Regional Extension Center (SFREC) was funded through the CHIPRA grant to begin conducting outreach to pediatricians in south Florida regarding the DSM service of the Florida Health Information Exchange. Through contacts with pediatricians, SFREC will identify and outreach to pediatric specialists with the objective of enabling secure communications among care providers.

Certificate of Need Program

The authority of the Agency for Health Care Administration's Certificate of Need program is established in §408.031-408.045, Florida Statutes; and Rule 59C-1.004 and 59C-1.005, Florida Administrative Code.

The Certificate of Need (CON) program is a regulatory process that requires certain health care providers to obtain state approval before offering certain new and expanded services. The CON process is intended to help ensure that new services proposed by health care providers are needed for quality patient care within a particular region or community.

The program prevents unnecessary duplication of services by selecting the best proposal among competing applicants who wish to provide a particular health service. In Florida, CON regulates hospice, skilled nursing, intermediate care for the developmentally disabled, the development of new hospitals and certain hospital services.

CON regulation involves several types of review. These include comparative review, expedited review, exemptions, and notifications. Comparative review involves the evaluation of applications pertaining to similar types of services or facilities affecting the same service area or sub district. Expedited reviews are conducted for projects that require CON approval prior to licensure but are not required to be in comparative review batching cycles. These projects include sheltered nursing home beds (in facilities regulated under §651.118, Florida Statutes), transfer of a CON

issued but not licensed (existing hospitals undergoing change of ownership are not subject to this provision), and the replacement of a community nursing home or relocation of a portion of a community home's beds in the same district and within a 30 mile radius of the existing nursing home under certain conditions.

Exemptions are projects that require CON approval prior to licensure but are not required to be in comparative review batching cycles or expedited review. For example, projects which involve beds in state developmental disabilities centers (as defined in §393.063, Florida Statutes) and inmate health care facilities built by or for the exclusive use of the Department of Corrections (as provided in chapter 945, Florida Statutes) qualify as exemptions. Additionally, regulated health providers are required to notify the CON program of any intent to add or delete beds or services.

During Calendar Year 2012, 33 comparative reviews, 2 expedited reviews, 17 exemptions, and 53 notifications were conducted.

Pursuant to §408.033(3)(b), Florida Statutes, regulated entities are required to provide utilization reports to the Agency or its designee. Hospitals and nursing homes provide utilization reports to Florida's 11 local health councils which compile the data and send it to the CON program. Hospitals report the number of patient days by service and number of procedures provided during each quarter of the year. Nursing homes report the number of patient days and the number of Medicaid patient days provided monthly. The CON unit publishes the quarterly numbers for hospitals and nursing homes.

Hospice programs provide semi-annual reports directly to the CON unit. Hospices report the number of admissions for cancer patients under age 65 and patients age 65 and over. They also report the number of admissions for non-cancer patients under age 65 and patients age 65 and over. These are based on semi-annual numbers. The hospice report also includes a snap shot of the patient census on January 1 and July 1 for hospice patients in private homes, assisted living facilities, hospice residential units, nursing homes, and hospitals.

The CON unit publishes nursing home, hospital, and hospice 12-month utilization reports semi-annually. These publications can be viewed at www.ahca.myflorida.com/MCHQ/CON_FA/Publications/index.shtml. Population estimates from the Governor's office; birth and death statistics from the Department of Health, Office of Vital Statistics obtained for use by the CON program, and facility and program inventory based on the appropriate licensure unit's data are also available at the site.

Committees and Councils

State Consumer Health Information and Policy Advisory Council

The State Consumer Health Information and Policy Advisory Council is mandated by and conducted under the provisions of §408.05(8), Florida Statutes.

The mission of the State Consumer Health Information and Policy Advisory Council (Advisory Council) is to assist the Florida Center for Health Information and Policy Analysis (Florida Center) in reviewing the comprehensive health information system. This includes 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 §408.61 of the Florida Statutes. The Advisory Council is composed of 15 members representing consumers, purchasers (employers), health insurers, local health councils, state universities, health associations, and state agencies. The Advisory Council meets quarterly each year. Meetings are open to the public and are noticed in the Florida Administrative Weekly. Meeting minutes are posted on the Internet at www.ahca.myflorida.com/SCHS/CommitteesCouncils/SCHIP/chismetings.shtml.

The Advisory Council advises the Florida Center on data sets, the types of data collected, and their uses. The Advisory Council further advises the Florida Center on the development and implementation of a long-range plan for making health care quality measures and financial data available which will allow consumers 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 Advisory Council also provides guidance in the development of health information exchange, and recommendations to enhance consumer reporting. The Advisory Council has also encouraged and participated in the continued expansion of the Agency for Health Care Administration's (Agency) consumer-oriented website www.FloridaHealthFinder.gov.

The Office of Data Dissemination and Communication, within the Florida Center, coordinates and staffs the Advisory Council and the technical workgroup organized to address specific issues in transparency of health care data reporting, the Data Standards and Transparency Committee (DST). The Office of Health Information Exchange and Policy Analysis coordinates the health information exchange related workgroups, the Health Information Exchange Coordinating Committee (HIECC) and the Health Information Exchange Legal Work Group (HIE Legal Work Group).

The Advisory Council held four meetings in 2012 and made key recommendations to the Agency for the expansion and enhancement of public reporting of health care information on the website www.FloridaHealthFinder.gov. Detailed information on the 2012 accomplishments of the

Advisory Council can be found in the long range plan update at www.FloridaHealthFinder.gov/researchers/studies-reports.aspx.

Advisory Council Goals

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 opportunities for the State, consistent with national initiatives funded through the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 through a public-private partnership.

Technical Workgroups

In addition to the State Consumer Health Information and Policy Advisory Council (Advisory Council), the Florida Center for Health Information and Policy Analysis (Florida Center) received guidance and recommendations on a variety of topics from the Advisory Council technical workgroups during 2012. The mission of each of the three workgroups is described below:

Data Standards and Transparency Committee

The Data Standards and Transparency Committee (DST) was created in April 2008 to review national standards for reporting and to make recommendations to the Advisory Council on defining a standard method of reporting information for facilities, physicians, and health plans. This committee meets at the call of the Advisory Council and was instrumental in the redesign and enhancements to www.FloridaHealthFinder.gov in 2012. The DST also recommended that coronary artery bypass surgery (CABG) (Principal Procedure codes 36.10-36.19) and percutaneous transluminal coronary angioplasty (PTCA) (Principal Procedure code 00.66) be added to the physician volume data on the website which went live in early 2012.

Health Information Exchange Coordinating Committee

The Health Information Exchange Coordinating Committee (HIECC) was created in December 2007 to advise the Agency for Health Care Administration in developing and implementing a strategy to establish a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records. During 2011 and 2012, the HIECC received quarterly updates on the implementation status of Florida HITECH programs and recommended goals for 2012 and 2013.

Health Information Exchange Legal Work Group

The Health Information Exchange (HIE) Legal Work Group was reconstituted in 2009 on an on-going basis. The HIE Legal Work Group focuses on resolving legal and privacy issues related to

Florida's HIE initiatives. During 2010 and 2011 the HIE Legal Work Group reviewed the development of subscription agreements for the HIE services implemented in 2011 and 2012.

For More Information

Most of the brochures, reports, and guides mentioned in this report are available free-of-charge at www.FloridaHealthFinder.gov. Reports can be viewed and printed from the website. Contact information is also provided on the website.

Call the Office of Data Dissemination and Communication at (850) 412-3772 to order data or submit a specific data request. Information on how to order data can be found at www.FloridaHealthFinder.gov (on the "Researchers and Professionals" page click "Order Data/Data Dictionary"). The page includes the data catalog, a price list, the status of certified data, as well as other useful information.

For more information about the Florida Center for Health Information and Policy Analysis, please visit www.FloridaHealthFinder.gov or the Agency for Health Care Administration's website, www.ahca.myflorida.com.

The Florida Center for Health Information and Policy Analysis may be reached at (850) 412-3730 during normal business hours (8:00 a.m. – 5:00 p.m. Eastern Standard Time, Monday through Friday, excluding official State holidays).

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