processes, for all electronic form equivalents, that comply with requirements set forth in the Florida Workers' Compensation Medical EDI Implementation Guide (MEIG), 2007.

~~(e) Effective September 1, 2006, each insurer shall be responsible for accurately completing the additional electronic Revision C record layout programming requirements in accordance with the Florida Medical EDI Implementation Guide (MEIG), 2006. The additional requirements include:~~

~~1. The electronic record layout in the Florida Medical EDI Implementation Guide (MEIG), 2006, for Form DFS-F5-DWC-10 adds the new Field 16B for submission of the Amount Paid by Insurer.~~

~~2. The electronic record layout in the Florida Medical EDI Implementation Guide (MEIG), 2006, amends the Payment Plan Code values in Appendix D for Field 23A on the Form DFS-F5-DWC-9, Field 24A on the Form DFS-F5-DWC-10, Field 24A on the Form DFS-F5-DWC-11, and Field 36A on the Form DFS-F5-DWC-90 in order to collect and specify the insurer's particular medical bill claims-handling arrangements for "date insurer received" and for "date insurer paid, adjusted and paid, disallowed, or denied" for each individual medical bill form type. The data field name is changed from "Payment Plan Code" to "Payment Code" to reflect these modifications to the values.~~

~~3. The designation of the claims handling arrangement affirms the option selected by the insurer in subparagraph (5)(l)1. of this rule.~~

(7) No change.

Specific Authority 440.13(4), 440.15(3)(b), (d), 440.185(5), 440.525(2), 440.591, 440.593(5) FS. Law Implemented 440.09, 440.13(2)(a), (3), (4), (6), (11), (12), (14), (16), 440.15(3)(b), (d), 440.185(5), (9), 440.20 (6), 440.525(2), 440.593 FS. History–New 1-23-95, Formerly 38F-7.602, 4L-7.602, Amended 7-4-04, 10-20-05, 6-25-06, _____.

Section II
Proposed Rules

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Driver Licenses

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
15A-6	Administrative Suspension Review Hearings
RULE NOS.:	RULE TITLES:
15A-6.005	Notice of Suspension/ Disqualification
15A-6.006	Request for Review
15A-6.009	Venue
15A-6.011	Notice of Hearing; Prehearing Order
15A-6.012	Subpoenas
15A-6.013	Formal Review; Introduction of Evidence; Order
15A-6.014	Preservation of Testimony
15A-6.015	Failure to Appear
15A-6.018	Informal Review
15A-6.019	Judicial Review
15A-6.020	Forms

PURPOSE AND EFFECT: The purpose of the proposed rule action is to amend the current rule to reflect the 2006 revision to Section 322.2615, F.S., Suspension of license; right to review. This rule chapter sets forth the standards for proceedings relating to the review of a suspension or disqualification of a person's driving privilege pursuant to Sections 322.2615, 322.2616, or 322.64, F.S. Currently a law enforcement officer or correctional officer shall, on behalf of the department, suspend the driving privilege of a person who has been arrested by a law enforcement officer for a violation of Section 316.193, F.S., relating to unlawful blood-alcohol level or breath-alcohol level, or of a person who has refused to submit to a breath, urine, or blood test authorized by Section 316.1932, F.S. The changes reflected in the 2006 revision to Section 322.2165, F.S., provide for further separation of the suspension of the driving privilege and the criminal charge for a violation of Section 316.193, F.S., Driving Under the Influence (DUI). These changes make the suspension purely an administrative function pursuant to Section 322.2615, F.S. The lawful arrest for the criminal charge for DUI is no longer an issue to be considered at a review hearing conducted pursuant to Section 322.2615, F.S. The changes allows for the crash report to be submitted into evidence for the hearing officer consideration when making their decision and hearing officers are only authorized to issue subpoenas to officers and witnesses identified in particular documents submitted pursuant to Section 322.2615(2), F.S. In addition a law enforcement agency may appeal any decision of the department invalidating a suspension by a petition for writ of certiorari.

SUMMARY: The changes reflected in the 2006 revision to Section 322.2165, F.S. provide for further separation of the suspension of the driving privilege and the criminal charge for a violation of Section 316.193, F.S., Driving Under the Influence (DUI). The lawful arrest for the criminal charge for DUI is no longer an issue to be considered at a review hearing conducted pursuant to Section 322.2615, F.S. The changes allows for the crash report to be submitted into evidence for the hearing officer consideration when making their decision and hearing officers are only authorized to issue subpoenas to officers and witnesses identified in particular documents submitted pursuant to Section 322.2615(2), F.S. In addition a law enforcement agency may appeal any decision of the department invalidating a suspension by a petition for writ of certiorari.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 322.2615, 322.2616, 322.64 FS.

LAW IMPLEMENTED: 322.2615, 322.2616, 322.64 FS.

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

DATE AND TIME: November 20, 2006, 9:00 a.m.

PLACE: Department of Highway Safety and Motor Vehicles, Neil Kirkman Building, Auditorium, 2900 Apalachee Parkway, Tallahassee, Florida 32399

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Danny C. Watford, Bureau Chief, Department of Highway Safety and Motor Vehicles, Division of Driver Licenses, Bureau of Administrative Reviews, 2900 Apalachee Parkway, C305, MS 81, Tallahassee, Florida 32399-0561

THE FULL TEXT OF THE PROPOSED RULES IS:

15A-6.005 Notice of Suspension/Disqualification.

(1) The issuance of the Uniform Traffic Citation, HSMV Form 75903, or HSMV Form 75904, will inform the driver of the following:

~~(a) The driver has been arrested for a violation of Section 316.193, Florida Statutes.~~

(a)~~(b)~~ The suspension or disqualification of the driving privilege ~~upon the date of arrest for a violation of Section 316.193, F.S.,~~ if the driver's blood-alcohol or breath-alcohol level is .08 or higher or the driver refused to submit to a breath, urine or blood test.

(b)~~(c)~~ The issuance of a 10 day ~~30 day~~ temporary driving permit commencing upon the date of issuance of the notice of suspension ~~arrest~~ and expiring at midnight on the 10th ~~30th~~ day following the date of suspension ~~arrest~~, provided that the driver is otherwise eligible to drive. The provisions of Rule 15A-6.004, F.A.C., shall not apply to this paragraph.

(c)~~(d)~~ The driver's right to request a formal or informal review, and the procedures to be followed in obtaining a formal or informal review.

(d)~~(e)~~ The issues to be considered by the division in a formal or informal review.

(e)~~(f)~~ A copy of the notice of suspension ~~citation~~ submitted by a law enforcement or correctional officer shall constitute evidence that the driver received a temporary permit and notice of the reason for the ~~arrest and~~ suspension.

(2) The issuance of a notice of suspension, HSMV Form 78103 ~~72103~~, pursuant to Section 322.2616, F.S., will inform the driver of the following:

(a) through (e) No change.

(3) If the notice of suspension/disqualification has been mailed by the division, the suspension or disqualification shall be effective 20 days from the date of issuance of the notice. The provisions of Rule 15A-6.004, F.A.C., shall not apply to this subsection. For the purpose of this rule, the date of mailing shall be deemed the date of issuance of the notice. The notice of suspension/disqualification issued by the division, HSMV Form 78031 ~~72031~~, shall inform the driver of the following:

(a) The suspension or disqualification of the driving privilege ~~for a violation of Section 316.193, F.S.~~, if the driver's blood-alcohol or breath-alcohol level is .08 percent or higher or the driver refused to submit to a breath, urine or blood test, shall be effective 20 days from the date of the notice.

(b) through (c) No change.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.251, 322.64(12) FS. Law Implemented 322.2615, 322.2616, 322.64 FS. History–New 10-1-90, Amended 10-17-90, 10-7-91, 1-12-94, 1-2-96, 7-3-97, _____

15A-6.006 Request for Review.

(1) Initiation of a formal or informal review shall be made by a written request for review to the division. HSMV Form 78065 ~~72065~~ may be used for this purpose.

(2) All requests for review shall include:

(a) No change.

(b) A statement of the date of suspension ~~the arrest~~ and the county where the driver ~~was arrested and~~ received notice of suspension or disqualification of the driving privilege.

(c) A copy of the ~~uniform traffic citation or~~ notice of suspension/disqualification issued to the driver.

(3) Any request for a formal or informal review must be postmarked or filed with the clerk of the appropriate division office within ten (10) days following the date of the ~~arrest of the driver or~~ issuance of the notice of suspension/disqualification ~~whichever is later~~.

(4) through (7) No change.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.251, 322.64(12) FS. Law Implemented 322.2615(1), 322.2616, 322.64(1) FS. History–New 10-1-90, Amended 10-17-90, 10-7-91, 1-2-96, 7-3-97, _____.

15A-6.009 Venue.

Hearings shall be held in the judicial circuit where the notice of suspension was issued, ~~or where the arrest occurred which resulted in the suspension or disqualification of the driving privilege,~~ unless otherwise ordered by the hearing officer with the consent of the driver.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615, 322.2616, 322.64 FS. History–New 10-1-90, Amended 10-7-91, 1-2-96, 7-3-97, _____.

15A-6.011 Notice of Hearing; Prehearing Order.

(1) Whenever a formal review is to be conducted, the division shall issue and serve upon the driver a notice of hearing, HSMV Form 78059 ~~72059~~. The notice shall state the time and place of the hearing, shall include a statement of the legal authority and jurisdiction under which the hearing is to be held, and shall refer to the particular statutes and rules involved. The driver shall be served notice of the hearing at least fourteen (14) days prior to the scheduled hearing.

(2) The notice of hearing shall include a prehearing order requiring the driver to provide a prehearing statement, HSMV Form 78061 ~~72061~~, of relevant issues of fact and law. The prehearing order shall direct the driver to identify witnesses, exhibits and documentary evidence.

(a) through (d) No change.

Specific Authority 322.2615(12), 322.02(4), 322.271, 322.64(12) FS. Law Implemented 322.2615, 322.64 FS. History–New 10-1-90, Amended 10-17-90, 1-2-96, _____.

15A-6.012 Subpoenas.

(1) The driver may request a subpoena/subpoena duces tecum, HSMV Form 78066 ~~72066~~, for signature and issuance by the clerk or by the hearing officer, for the officers and witnesses identified in documents submitted pursuant to Section 322.2615(2), F.S. as indicated, the driver's license; an affidavit stating the officer's grounds for belief that the person was driving or in actual physical control of a motor vehicle while under the influence of alcoholic beverages or chemical or controlled substances; the results of any breath or blood test or an affidavit stating that a breath, blood or urine test was requested by a law enforcement officer or correctional officer and that the person refused to submit; the officer's description of the person's field sobriety test if any; the notice of suspension; and a copy of the crash report, if any, if requested at or prior to the ~~a~~ hearing. The hearing officer may issue a subpoena on his or her own initiative without the request of the driver. Such subpoena forms may be submitted ex parte to the division for issuance and shall be submitted as an original form with one copy.

(a) If a driver requests a subpoena/subpoena duces tecum, the driver shall submit a typed HSMV Form 78066 ~~72066~~ containing the name and address of the witness whose attendance is requested, the time and place at which the witness is to appear, and the driver's name and address;

(b) If a subpoena duces tecum is requested, the driver shall also describe with particularity and specificity any material to be produced and the relevancy of such material. Materials requested pursuant to a subpoena duces tecum are limited to a time period not to exceed three months prior to the date of suspension ~~arrested~~.

(c) through (7) No change.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615, 322.2616, 322.64 FS. History–New 10-1-90, Amended 10-7-91, 1-2-96, 7-3-97, _____.

15A-6.013 Formal Review; Introduction of Evidence; Order.

(1) No change.

(a) through (b) No change.

(2) The hearing officer may ~~shall~~ consider any report or photocopies of such report submitted by a law enforcement officer, correctional officer or law enforcement or correctional agency relating to the suspension ~~arrest~~ of the driver, the administration or analysis of a breath or blood test, the maintenance of a breath testing instrument, or a refusal to submit to a breath, blood, or urine test, which has been filed prior to or at the review. Any such reports submitted to the hearing officer ~~Such reports, which~~ shall be in the record for consideration by the hearing officer. ~~, include:~~

~~(a) The uniform traffic citation or notice of suspension issued to the driver;~~

~~(b) An affidavit stating the officer's grounds for belief that the person arrested was in violation of Section 316.193;~~

~~(c) An affidavit of any breath, urine or blood test refusal, submitted by a law enforcement officer;~~

~~(d) The results of any breath or blood test documenting the driver's alcohol level;~~

~~(e) The officer's alcohol influence report or a description of the field sobriety test;~~

~~(f) Any video or audio tape of the driver incidental to the arrest, including any field sobriety test performed or attempted to be performed by the driver;~~

~~(g) Notice of Commercial Driver's License/Privilege Disqualification, HSMV Form 72005;~~

~~(h) Certification of Blood Withdrawal, FDLE/ICP Form 11;~~

~~(i) Breath Test Result Affidavit, FDLE/ICP Form 14;~~

~~(j) Blood Test Result Affidavit, FDLE/ICP Form 15; or~~

~~(k) Agency Inspection Checklist, FDLE/ICP Form 24.~~

No extrinsic evidence of authenticity as a condition precedent to admissibility is required.

(3) through (10) No change.

(11) The hearing officer is authorized to enter a final order. The hearing officer shall file the original order, HSMV Form 78060 ~~72060~~, with the clerk and the division shall transmit a copy of the order to the driver no later than seven (7) working days from the close of the hearing, unless waived by the driver.

(12) No change.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615, 322.2616, 322.64 FS. History–New 10-1-90, Amended 10-17-90, 10-7-91, 1-12-94, 1-2-96, 7-3-97, _____.

15A-6.014 Preservation of Testimony.

(1) The division shall provide for the ~~tape~~ recording of all testimony. The Department shall retain the recording of ~~tape on which~~ the proceedings ~~were recorded~~ and the case files for a period of 60 days following the issuance of the final order by the hearing officer. In the event a driver appeals a final order as provided in Rule 15A-6.019, F.A.C., the Department shall retain the recording ~~tape~~ of the proceedings in the case files until the conclusion of such appeal. The driver or his representative may obtain a copy of the recording ~~tape~~ during such retention period upon written request accompanied by the appropriate medium ~~a blank cassette tape or tapes~~ sufficient in length to record the hearing.

(2) No change.

Specific Authority 322.2615(12), 322.02(4), 322.64(12) FS. Law Implemented 322.2615, 322.64 FS. History–New 10-1-90, Amended 10-7-91, _____.

15A-6.015 Failure to Appear.

(1) If the driver fails to appear at a scheduled hearing, the formal review shall be waived. The division shall inform the driver of his failure to appear by HSMV Form 78064 ~~72064~~, and shall include a final order.

(2) The driver, or a properly subpoenaed witness who fails to appear at a scheduled hearing may submit to the hearing officer a written statement showing just cause for such failure to appear within (2) two days of the hearing.

(a) For the purpose of this rule, just cause shall mean extraordinary circumstances beyond the control of the driver, the driver's attorney, or the witness which prevent that person from attending the hearing.

(b) If just cause is shown, the hearing shall be continued and notice given

(c) No hearing shall be continued for a second failure to appear.

(d) Notification to the department of a witness's non-appearance with just cause prior to the start of a scheduled formal review shall not be deemed a failure to appear.

(3) No change.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615, 322.2616, 322.64 FS. History–New 10-1-90, Amended 10-7-91, 2-21-93, 1-12-94, 1-2-96, 7-3-97, _____.

15A-6.018 Informal Review.

(1) through (2) No change.

(3) The hearing officer is authorized to enter a final order. The hearing officer shall file the original order, HSMV Form 78060 ~~72060~~, with the clerk and transmit a copy to the driver no later than seven working days after completion of the review, unless waived by the driver.

(4) The date of rendition of a final order shall be the date of mailing entered on the driver license record.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615(13), 322.2616, 322.64(13) FS. History–New 10-1-90, Amended 10-17-90, 10-7-91, 1-2-96, 7-3-97, _____.

15A-6.019 Judicial Review.

A driver may appeal a final order entered by the division by a petition for writ of certiorari filed with the circuit court pursuant to Sections 322.2615(13), 322.2616(14) or 322.64(13) and 322.31, F.S. A law enforcement agency may appeal any decision of the department invalidating a suspension by a petition for writ of certiorari to the circuit court in the county wherein a formal or informal review was conducted pursuant to Section 322.2615(13), F.S. Review by petition for writ of certiorari shall not stay the suspension or disqualification or provide for a de novo appeal.

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615(13), 322.2616, 322.64(13) FS. History–New 10-1-90, Amended 10-7-91, 7-3-97, _____.

15A-6.020 Forms.

The forms identified by this rule are listed below by number, title and effective date. Each form is incorporated by reference. Copies may be obtained by contacting the nearest office of the Division of Driver's Licenses, Bureau of Administrative Reviews ~~Bureau of Driver Improvement~~.

~~(1) Florida DUI Uniform Traffic Citation HSMV Form 75903, and notice of suspension (effective 10-01-90, revised 10/91, 10/93),~~

(1)~~(2)~~ Florida DUI Uniform Traffic Citation HSMV Form 75904, and notice of suspension (effective 10-01-90, revised 10/91, 10/93, 10/06),

(2)~~(3)~~ Application for Formal Review or Informal Review of Driver License Suspension/Disqualification HSMV Form 78065 ~~72065~~, (effective 10-01-90, revised 07-01-91, 03/93, 10-06),

(3)~~(4)~~ Notice of Formal Review Hearing/Prehearing Order HSMV Form 78059 ~~72059~~, (effective 10-01-90, 06/93, revised 01/94, 10/06),

(4)~~(5)~~ Driver's Prehearing Statement HSMV Form 78061 ~~72061~~, (effective 10-01-90, 10/06),

(5)~~(6)~~ Subpoena/Subpoena Duces Tecum HSMV Form 78066 ~~72066~~, (effective 10-01-90, revised 07-01-91, 10/06),

(6)~~(7)~~ Affidavit of Refusal to Submit to Breath, Urine or Blood Test HSMV Form 78054 ~~72054~~, (revised 10-01-90, 07-01-91, 07/93, 03/03),

(7)~~(8)~~ Order – Results of Review Hearing HSMV Form 78060 ~~72060~~ (A), (B), (C) and (D), (effective 10-01-90, revised 08/92, 01/94, 10-06),

(8)~~(9)~~ Failure to Appear Notice HSMV Form 78064 ~~72064~~, (effective 10-01-90, 10-01-06),

(9)~~(10)~~ Notice of License Suspension/Disqualification HSMV Form 78031 ~~72031~~, (effective 10-01-90, revised 07-01-91, 01/94, 10/06),

(10)~~(11)~~ Notice of Suspension HSMV Form 78103 ~~72103~~, (effective 09-01-96, revised 09/05),

(11)~~(12)~~ Notice of Commercial Driver's License/Privilege Disqualification HSMV Form 78005 ~~72005~~, (effective 04-91, revised 10/97).

~~(13) Order of License Suspension/Disqualification HSMV Form 72008 (effective 07-01-91).~~

~~(14) Certification of Blood Withdrawal, FDLE/ICP Form 11, (October, 1993).~~

~~(15) Breath Test Result Affidavit, FDLE/ICP Form 14, (October, 1993).~~

~~(16) Blood Test Result Affidavit, FDLE/ICP Form 15, (October, 1993).~~

~~(17) Agency Inspection Checklist, FDLE/ICP Form 24, (October, 1993).~~

~~(18) Department Inspection Checklist, FDLE/ICP Form 25, (October, 1993).~~

Specific Authority 322.2615(12), 322.2616(13), 322.02(4), 322.64(12) FS. Law Implemented 322.2615, 322.2616, 322.64 FS. History–New 10-1-90, Amended 10-17-90, 10-7-91, 7-6-92, 1-12-94, 7-3-97, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Danny C. Watford, Bureau Chief, Division of Driver Licenses, Bureau of Administrative Reviews, 2900 Apalachee Parkway, C305, MS 81, Tallahassee Florida 32399

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Peter N. Stoumbelis, Manager, Program Operations-HSMV Division of Driver Licenses, 2900 Apalachee Parkway, Tallahassee, Florida 32399

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 15, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 29, 2006

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

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

DEPARTMENT OF CORRECTIONS

RULE NO.: RULE TITLE:
33-501.301 Law Libraries

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to revise the population threshold for law library collections; eliminate starter collection law libraries; revise the procedure for addressing inmates' failure to return borrowed law library research materials; modify the inmate law clerk training program; revise form DC5-152 for clarity; amend the definition of legal assistance; and broaden priority use of the law library and legal services.

SUMMARY: The proposed rule updates technical changes; raises the threshold for minor collections from 400 to 500 inmates; eliminates starter collection law libraries; eliminates language allowing law libraries to suspend confinement services for the failure to return research materials and substitutes language providing for disciplinary action; modifies the inmate law clerk training program; eliminates the provision stating that inmate law clerks are not permitted to use typewriters, work processors personal computers, or like equipment to prepare legal documents and legal mail; amends the definition of legal assistance; broadens priority use of the law library and legal services; and revises Form DC5-152, Law Library Interlibrary Loan Request, for clarity.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 944.09, 944.11 FS.

LAW IMPLEMENTED: 20.315, 944.09, 944.11 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Dorothy M. Ridgway, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500

THE FULL TEXT OF THE PROPOSED RULE IS:

33-501.301 Law Libraries.

(1) No change.

(2) Definitions.

(a) Central office library services: refers to library services section in the bureau of institutional programs~~, office of classification and programs,~~ in the department's central office headquarters.

(b) through (d) No change.

(e) Inmate law clerk: refers to any inmate that an institution has assigned to work in a law library in departmental inmate work assignment code~~s~~ L04 ~~and L09~~.

Inmate law clerks have successfully completed the department's law clerk training program, or have equivalent legal training, and have "LEGAL" or "LAW" certificate entries recorded in the department's offender database.

(f) Inmate law clerk trainee: refers to any inmate that an institution has assigned to work in a law library in departmental inmate work assignment code~~s~~ L03 ~~and L08~~. Inmates must meet all of the qualifications established in paragraph (7)(d) to be assigned as a law clerk trainee.

(g) Inmate library clerk: refers to any inmate that an institution has assigned to work in the law library in departmental work assignment code~~s~~ L01 ~~and L06~~.

(h) through (i) No change.

(j) Legal assistance: refers to those services that the law library program or inmate law clerks provide to the inmate population. They include: providing inmates access to law library materials; assisting inmates in conducting legal research; assisting inmates with the preparation of legal documents and legal mail ~~associated with the filing of post-conviction petitions filed in the state or federal courts, civil rights actions filed in the state or federal courts,~~ and administrative actions filed with the Florida Parole Commission or the Florida Bar; assisting inmates with the preparation of grievances filed with the Department of Corrections; providing inmates with access to grievance and court forms; providing indigent inmates with access to legal writing supplies pursuant to Rule 33-210.102, F.A.C.; and providing copying services to inmates pursuant to Rule 33-501.302, F.A.C.

(k) Library services administrator: refers to departmental employee in the bureau of institutional programs who is responsible for statewide coordination of library and law library services.

(l) Major collection: refers to a law library that includes the following legal publications: an annotated edition of the Florida Statutes; an annotated edition of the U.S. Constitution and federal statutes governing habeas corpus and prisoner's rights; Florida and federal case reporters; Florida and federal Shepard's citation indexes; Florida and federal practice digests; forms manuals; and secondary source materials providing research guidance in the areas of federal habeas corpus, Florida post-conviction and post-sentence remedies, and prisoner's rights. Major collection law libraries also maintain current copies of departmental rules and regulations as provided in paragraph (5)~~(4)~~(b).

(m) Minor collection: refers to a law library that includes the following legal publications: an annotated edition of the Florida Statutes; Florida case reporters; Shepards Florida Citations; Florida and federal practice digests; an annotated edition of the U.S. Constitution and federal statutes governing habeas corpus and prisoner's rights; forms manuals; and secondary source materials providing research guidance in the areas of federal habeas corpus, Florida post-conviction and post-sentence remedies, and prisoner's rights. Minor collection law libraries also maintain current copies of departmental rules and regulations as provided in paragraph (5)~~(4)~~(b).

(n) through (s) No change.

~~(t) Starter collection: refers to a law library that includes the following legal publications: an annotated edition of the Florida Statutes; an annotated edition of the Title 42, United States Code, Section 1983; the Florida and federal rules of court; and a legal dictionary.~~

(t)~~(u)~~ Working day: refers to any weekday, i.e., Monday to Friday, except when the day is an official state holiday.

(3) Law Library Access – General.

(a) Hours of Operation. Major and minor collection law libraries shall be open for inmate use a minimum of 25 hours per week, except weeks which include official state holidays. Only times that inmates have access to the law library collection and inmate law clerks, or when inmate law clerks are providing research assistance to close management, death row, other special status populations, shall be counted. The law library's operating schedule shall be designed to permit ~~each~~ inmates access to legal materials consistent with:

1. through 4. No change.

(b) Inmates at satellite correctional facilities without law libraries ~~attached to institutions with major or minor law collections~~ shall be provided access to the law library and inmate law clerks by means of correspondence, except as otherwise provided in paragraphs (3)(d), (3)(e) and (3)(f).

(c) through (e) No change.

(f) Inmates who must meet deadlines imposed by law, court rule or court order ~~in legal proceedings challenging convictions, sentences or prison conditions~~ shall be given priority in the use of the law library and related legal services. However, the inmate shall be responsible for notifying the department of the deadline in a timely manner. Department staff shall respond to a request for special access to meet a deadline within 3 working days of receipt of the request, not including the day of receipt. This period shall not be shortened due to the failure of the inmate to give timely notice of the deadline.

1. through 4. No change.

(g) through (h) No change.

(4) Law Library Access for Inmates in Administrative Confinement, Disciplinary Confinement, Close Management, Protective Management, on Death Row, and in Medical or Mental Health Units.

(a) Inmates in administrative confinement, disciplinary confinement, and close management shall be permitted to have access to their personal legal papers and law books, to correspond with the law library, to have the law library deliver legal materials to their cells, and, as provided in paragraphs (3)(e) and (3)(f), to visit with inmate law clerks. Efforts shall be made to accommodate the research needs of inmates who

have filing deadlines imposed by law, court rule or court order ~~in legal proceedings challenging convictions, sentences or prison conditions~~.

1. through 2. No change.

(b) Inmates in mental health units shall be provided access to the law library and provided opportunities to visit with inmate law clerks. These inmates shall be permitted to have access to their personal legal papers and law books, to correspond with the law library, and to have the law library deliver legal materials to their cells. These inmates may request legal assistance by submitting Form DC6-236, Inmate Request, to the law library supervisor or by making an oral request for legal assistance to the security or mental health staff working in the unit. Security and mental health staff shall relay oral requests for legal assistance to the law library supervisor. Upon receipt of a request, the law library supervisor shall arrange for an inmate law clerk to visit the inmate. Efforts shall be made to accommodate the research needs of inmates who have filing deadlines imposed by law, court rule or court order ~~in legal proceedings challenging convictions, sentences or prison conditions~~.

(c) Inmates in protective management shall be permitted to have access to their personal legal papers and law books, to correspond with the law library, and to have the law library deliver legal materials to their cells. Inmates in protective management shall have access to the law library, to include access to at least 1 inmate law clerk, during evening or other hours when general population inmates are not present. If security reasons prevent a visit to the law library, access shall be provided through visits with inmate law clerk or by means of correspondence. Efforts shall be made to accommodate the research needs of inmates who have filing deadlines imposed by law, court rule or court order ~~in legal proceedings challenging convictions, sentences or prison conditions~~.

(d) Inmates on death row shall be permitted to have access to their personal legal papers and law books, to correspond with the law library, to have the law library deliver legal materials to the inmate's cell, and to visit with inmate law clerks. Inmates on death row who have filing deadlines imposed by law, court rule or court order~~, in legal proceedings challenging convictions, sentences, or prison conditions,~~ shall be permitted to visit the unit's law library at least once per week for up to two hours if the law library has research cells and if security requirements permit it. If security requirements prevent a personal visit to the law library, the inmate shall be required to secure legal assistance through visits with inmate law clerks or by means of correspondence.

(e) No change.

(f) Inmates shall be limited to possession of no more than 15 research items from the law library. Research items shall be loaned for a maximum of 21 days. Inmates who fail to return ~~If~~ research items ~~are not returned to the law library~~ within 21 days~~, then the inmate's privilege to borrow research items from the law library~~ shall be subject to disciplinary action as provided in Rules 33-601.301-.314, F.A.C ~~suspended until the material is returned~~. Institutions shall also limit the accumulation of research materials when possession of same in an inmate's cell creates a safety, sanitation or security hazard.

(5) Major~~,~~ and minor ~~and starter~~ collection law libraries.

(a) Major or minor collection law libraries shall be established at all institutions and satellite correctional facilities housing more than 500 ~~400~~ inmates. ~~Starter collection law libraries shall be established at institutions and satellite correctional facilities housing less than 400 inmates and located 50 or more miles from the main unit of the institution or other institutions with major or minor law library collections.~~ In determining whether a major collection shall be established at an institution, consideration shall be given to the following factors:

1. through 5. No change.

(b) Major and minor collection law libraries shall maintain current copies of the following departmental rules and regulations:

1. No change.

2. Department of Corrections Procedures ~~and Policy and Procedure Directives~~, except those that the Office of the Secretary has directed be withheld from inspection by inmates for security reasons.~~;~~

~~3. Institutional operating procedures, except those that the Office of the Secretary or the regional director has directed be withheld from inspection by inmates for security reasons. No law library collection shall include departmental or institutional emergency plans, security post orders, or departmental operations manuals.~~

(c) Major~~,~~ and minor ~~and starter~~ collections shall be maintained in a current condition by annual subscription service. The library services administrator shall be responsible for ensuring that all legal collections are current and complete.

(d) No change.

(e) The contents of legal collections shall be reviewed annually by the library services administrator to ensure continued compliance with applicable federal and state laws and American Correctional Association standards. When the library services administrator believes that titles need to be added or deleted from the collections, he or she shall make such recommendation to the chief of the bureau of institutional programs. If the recommendation is approved, the material shall be ordered and placed in the appropriate law library collections.

(f) Requests for the addition or deletion of titles in major~~,~~ and minor~~, and starter~~ law library collections shall be submitted in writing to the library services administrator in the central office. The library services administrator shall review all requests and make a recommendation to the chief of the bureau of institutional programs. Requests shall be reviewed according to the material's primary research value and whether

it substantively provides additional information, or merely duplicates what is in the current collection. If the recommendation is approved, the materials shall be ordered and placed in the appropriate law library collections.

(g) No change.

(6) Interlibrary loan services for law libraries.

(a) Major collection law libraries shall provide research assistance to minor ~~and starter~~ collection libraries and to inmates housed at satellite correctional facilities without law libraries. On receipt of Form DC5-152, Law Library Interlibrary Loan Request, the law library supervisor shall immediately assign an inmate law clerk to provide legal assistance. Form DC5-152 is incorporated by reference in subsection (11) of this rule. All assistance that can be provided through use of that institution's major collection shall be completed within 3 working days of receipt, not including the day of receipt, except where the request requires the researching of complex or multiple legal issues or is so broad in scope that work can not be initiated without further information from the requesting inmate.

(b) No change.

(c) Inmates at satellite correctional facilities without ~~starter collection~~ law libraries, who need access to legal materials in major or minor collection law libraries, shall submit Form DC5-152, Law Library Interlibrary Loan Request, or Form DC6-236, Inmate Request, to the law library supervisor at the main unit of the institution. ~~The law library supervisor shall review the request to determine whether it can be completed by that institution's law library.~~

1. If the law library has the information that the inmate has requested, the request shall be completed and returned to the inmate within three working days of receipt, not including the day of receipt, except when the request requires the researching of complex or multiple legal issues or is so broad in scope that work cannot be initiated without further information from the requesting inmate. ~~The law library supervisor shall provide a copy of Form DC5-152, Law Library Interlibrary Loan Request, and the requested material to the inmate.~~

2. No change.

(d) Inmate requests to secure law materials not in the department's major collection libraries shall be submitted to the library services administrator for review and approval. Only requests for primary source materials, such as statutes, rules, and court decisions~~, that relate to state post-conviction and post-sentence remedies, federal habeas corpus, or the rights of prisoners,~~ shall be approved.

1. Inmates needing such materials are to submit Form DC5-152, Law Library Interlibrary Loan Request, to the institution's law library supervisor. Form DC5-152, Law Library Interlibrary Loan Request, is to include the full and complete citation of the material needed, and a written justification on why the material is needed ~~to litigate any of the above types of actions~~. If any deadlines apply, the date of the deadline is to be noted on Form DC5-152, Law Library Interlibrary Loan Request. The law library supervisor is then to forward the request to the library services administrator in the central office. The correct mailing address is: Department of Corrections, Attention: Library Services, 2601 Blair Stone Road, Tallahassee, FL 32399-2500.

2. No change.

(e) Inmates with deadlines imposed by law, court rule or court order ~~in legal proceedings challenging convictions and sentences or prison conditions~~ shall be given priority in the handling of interlibrary loan requests, and such requests shall be submitted separately from requests not involving deadlines.

(f) through (g) No change.

(7) Use of inmates as clerks in law libraries.

(a) through (b) No change.

(c) Inmate law clerks: major and minor collection law libraries shall be assigned inmates as inmate law clerks to assist inmates in the research and use of the law library collection, and in the drafting of legal documents, ~~and~~ legal mail ~~associated with the filing of post-conviction petitions or civil rights actions filed in the state or federal courts~~, administrative actions filed with the Florida Parole Commission, the Florida Bar, and other administrative bodies, and inmate grievances filed with the Department of Corrections. A minimum of 2 inmate law clerks shall be assigned to major and minor collection law libraries in adult institutions, and a minimum of 1 inmate law clerk shall be assigned to minor collection law libraries in youthful offender institutions. Institutions shall assign additional inmate law clerks to the law library as needed to ensure that illiterate and impaired inmates are provided research assistance.

(d) Qualifications. Inmate law clerks shall:

1. through 4. No change.

(e) Law clerk training program. Central office library services shall develop a training program to provide inmates who work in law libraries with knowledge of legal research and writing, use of specific legal research materials, the law and rules of criminal law and post-conviction remedies, prisoners' civil rights, and other subject matter identified as necessary for an inmate law clerk to provide meaningful assistance to inmates.

~~1. Successful completion of the law clerk training program shall be evidenced by attendance at the law clerk training seminar, completion of all writing assignments and practice exercises included as part of the law clerk training seminar, and receipt of a passing score on the law clerk training seminar's final examination.~~

~~2.~~ Inmates who successfully complete the law clerk training program ~~seminar~~ shall be given a certificate by central office library services documenting successful completion of the program, and a notation shall be recorded in the department's offender database.

~~(f) Central office library services shall be responsible for the scheduling of law clerk training programs. When training programs are scheduled, institutions shall be notified of the upcoming training, and requested to identify inmates in need of training. The library services administrator shall review the requests and verify that the inmates satisfy the minimum qualifications established in paragraph (7)(d); only inmates who meet the minimum qualifications shall be accepted for training. No inmate shall attend the law clerk training program unless his or her participation has been approved by the library services administrator. Central office library services shall arrange for the temporary transfer of the approved inmate participants to the institution where the seminar is to be conducted.~~

(f)~~(g)~~ Inmates, who have prior educational or work experience in the law, or who possess current knowledge of the law, knowledge of legal research materials and how to use them, may be certified by the office of library services without having to complete the ~~attend a~~ law clerk training program ~~seminar~~. Admissible educational achievements or work experiences include:

1. through 4. No change.

(g)~~(h)~~ At the time of an inmate's assignment to work in the law library, the law library supervisor shall advise the inmate that he or she is not to disclose any information about an inmate's legal case to other inmates.

(h)~~(i)~~ The law library supervisor shall immediately remove an inmate law clerk from his or her work assignment in the law library upon demonstration that the inmate law clerk is incompetent. Central office library services shall also have the authority to order the removal of an inmate law clerk from his or her work assignment in the law library for incompetence.

(i)~~(j)~~ Prohibited conduct: Inmate law clerk. Violation of any of the provisions of this section shall result in the immediate removal of the inmate law clerk from his or her work assignment in the law library, and disciplinary action pursuant to Rules 33-601.301-601.314, F.A.C. The library services administrator will be informed whenever an institution removes an inmate law clerk from the law library for any of the following reasons.

1. through 3. No change.

4. Inmate law clerks shall not use department or institution letterhead stationery ~~stationary~~ or memoranda to prepare personal letters or legal documents;

5. through 6. No change.

7. Inmate law clerks shall not conduct legal research or prepare legal documents for staff; and,

~~8. Inmate law clerks shall not use department owned typewriters, word processors, personal computers, or like equipment to prepare legal documents and legal mail; and~~

8.~~9.~~ Inmate law clerks shall not display an unwillingness to work and cooperate with others or refuse or fail to perform the general duties of that work assignment. Such conduct shall be defined as a failure to follow departmental rules and procedures relating to law library program operations, or violation of the rules of prohibited conduct, Rule 33-601.314, F.A.C., while in the law library or performing work-related tasks.

(j)~~(k)~~ Upon receipt of notice that an inmate law clerk has been found guilty of a disciplinary infraction concerning violation of any of the provisions of subsection ~~paragraph~~ (7)~~(j)~~, the library services administrator will review the matter to determine whether the inmate's law clerk certificate should be revoked. The determination as to whether the inmate's certificate shall be revoked shall be based on a consideration of the following factors: the findings of the disciplinary report; discussions with institution staff about the infraction; a record of prior counseling or disciplinary action for violation of the provisions of subsection ~~paragraph~~ (7)~~(j)~~; a record of multiple violations of the provisions of subsection ~~paragraph~~ (7)~~(j)~~; and a determination that the violations of subsection ~~paragraph~~ (7)~~(j)~~ were intentional rather than inadvertent. If the library services administrator determines that revocation is warranted, the inmate's law clerk training certificate shall be revoked and his or her certificate entry will be deleted from the offender database.

(k)~~(l)~~ No action shall be taken against an inmate law clerk for assisting, preparing, or submitting legal documents to the courts or administrative bodies, to include complaints against the department or staff. Good faith use or good faith participation in the administrative or judicial process shall not result in formal or informal reprisal against the inmate law clerk.

(l)~~(m)~~ An inmate law clerk who wishes to correspond in writing with inmate law clerks at other institutions regarding legal matters shall be required to obtain prior approval from the warden at his or her institution. The approved correspondence shall be mailed through institution mail from law library supervisor to law library supervisor.

(m)~~(n)~~ Inmate law clerks shall give all work files to inmates who are being transferred or released. If the inmate law clerk is unable to give the inmate the file prior to transfer, he or she shall give it to the law library supervisor. As soon as the inmate's destination is known, the law library supervisor shall forward the file to the law library supervisor or other designated employee at the inmate's new location for forwarding to the inmate. Work files for inmates who have escaped, died, or been released shall be handled in accordance with Rule ~~subsection~~ 33-602.201~~(10)~~, F.A.C.

(n)~~(o)~~ The law library supervisor at the institution from which an inmate is transferred may authorize an inmate law clerk at that institution to continue assistance to the transferred inmate on a pending matter if the inmate's new institution or facility does not have a major or minor collection law library and the inmate requests continued assistance in writing.

(o)~~(p)~~ Central office library services shall suspend the law clerk certificate of an inmate when 4 years have passed since he or she worked in a law library as an inmate law clerk. Whenever a law clerk certificate is suspended, central office library services shall remove the certificate entry from the offender database. Central office library services shall reinstate the law clerk certificate if the inmate demonstrates, through successful completion of a written examination, that he or she still possesses current knowledge of the law, knowledge of legal research materials and how to use them, and can communicate effectively in writing.

(p)~~(q)~~ Inmate law clerks must secure prior, written approval from the law library supervisor, on Form DC5-153, Personal Legal Papers Authorization, to retain their own or another inmate's personal legal papers in the law library. Form DC5-153 is incorporated by reference in subsection (11) of this rule. At a minimum, the following information shall documented on Form DC5-153: the committed name and DC number of the inmate who owns the papers; a list of all documents and papers to be retained in the law library and the number of pages for each; and, the committed name and dc number of the inmate law clerk who is assisting the inmate. The inmate shall then sign and date the form and submit it to the law library supervisor for approval. If the law library supervisor approves the request, he or she shall sign the form and enter the date when the personal legal papers must be removed from the law library. Inmates who do not remove their personal legal papers from the law library by that date shall be subject to formal disciplinary action as provided in Rules 33-601~~2~~.301-.314, F.A.C.

1. through 2. No change.

(q)~~(r)~~ Inmate law clerks shall not be permitted to conduct legal research or prepare legal documents and legal mail on personal legal matters during work hours unless:

1. The inmate law clerk has a legal deadline imposed by law, court rule, or court order to prepare legal documents ~~in legal proceedings challenging convictions, sentences or prison conditions,~~ and qualifies for priority access as provided in paragraph (3)(f); or,

2. No change.

(8) Circulation and control of legal materials.

(a) through (c) No change.

(9) Grievance and Court Forms.

(a) No change.

(b) Major and minor collection law libraries shall provide inmates access to court-approved forms needed to file ~~Rule 3.800 and~~ Rule 3.850, Florida Rules of Criminal Procedure, post-conviction relief petitions with the Florida courts. Federal habeas corpus, affidavits of insolvency, and civil rights complaint forms shall only be supplied if copies of the forms are provided to the law library by the federal courts. If additional copies are required for submission to the courts, the inmate shall secure them using the procedures established in Rule 33-501.302, F.A.C.

(10) No change.

(11) Forms. The following forms are hereby incorporated by reference. A copy of any of these forms is available from the Forms Control Administrator, Office of Research, Planning and Support Services, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500.

(a) Form DC5-152, Law Library Interlibrary Loan Request, effective _____~~12-23-03~~.

(b) No change.

Specific Authority 944.09, 944.11 FS. Law Implemented 20.315, 944.09, 944.11 FS. History–New 4-6-93, Amended 7-3-94, 11-2-94, 4-28-96, 9-30-96, 11-7-97, 12-7-97, Formerly 33-3.0055, Amended 2-15-01, 11-4-01, 12-23-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Franchatta Barber, Deputy Assistant Secretary of Institutions – Programs.

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: George Sapp, Assistant Secretary of Institutions

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 16, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 2, 2006

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Hotels and Restaurants

RULE NO.:	RULE TITLE:
61C-5.006	Elevator Fees; Construction and Alteration Permits; Annual Certificates of Operation; Delinquency Fee; Certificate Replacement

PURPOSE AND EFFECT: The purpose of this rule development is to adopt a single fee for certificate of operation annual license renewals, effective with the August 1, 2007 renewal cycle; clarify application for permit to alter and permit extension requirements; clarify certificate of operation annual license renewal requirements; and to create consistency between the rule language and statutes.

SUMMARY: This rule amendment addresses fee and documentation requirements for certificate of operation annual license renewals; application for permit to alter and permit extension requirements; and creates consistency between the rule language and statutes.

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

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

SPECIFIC AUTHORITY: 399.03, 399.07, 399.10 FS.

LAW IMPLEMENTED: 399.03, 399.061, 399.07 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW:

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John Calpini, Bureau Chief, Department of Business and Professional Regulation, Division of Hotels and Restaurants, Bureau of Elevator Safety, 1940 North Monroe Street, Tallahassee, FL 32399-1012; Telephone: (850)488-9098

THE FULL TEXT OF THE PROPOSED RULE IS:

61C-5.006 Elevator Fees; Construction and Alteration Permits; Annual Certificates of Operation; Delinquency Fee; ~~Temporary Operation Permits~~ Certificate Replacement.

(1) Application for ~~elevator~~ permit to install ~~erect~~ or relocate ~~move~~ an elevator shall be accompanied by a fee of $250 plus the appropriate fee specified in section 61C-5.006(4)(a), Florida Administrative Code. Every permit issued becomes invalid unless the work authorized by such permit is commenced within 6 months ~~1 year~~ after issuance, or~~f~~ if the work authorized by such permit is suspended or abandoned for a period of 60 days ~~1 year~~ after the time the work is commenced.~~, provided that,~~ F~~f~~or good cause, one or more extensions of time, for periods not exceeding 90 days each may be allowed. Such extensions shall be in writing and signed by the director of the Division of Hotels and Restaurants ~~or his designee~~. The following ~~grounds for extension~~ shall constitute good cause for the granting of an extension:

~~(a) An extension of time shall be granted due to~~ delays in construction~~, including delay~~ arising from the non-availability of parts necessary to complete construction; the occurrence of a natural disaster or civil disturbance; the injury, illness, or death of an involved material party to the construction; or other hardship as approved by the director; except when the director ~~or his designee~~ determines that the delay is the fault of the contractor or applicant, or where the delay results from failure to diligently pursue construction.

~~(b) An extension of time shall be granted due to delays caused by the injury, illness or death of an involved material party to the construction.~~

~~(c) The director shall also grant an extension of time where failure to grant the requested extension will impose hardship on the party requesting the permit; except when the director or his designee determines that the necessity for the extension is due to the party's own negligence and the necessity for the extension would have been avoided by the party's exercise of due diligence.~~

(2) Application for ~~elevator~~ permit to alter an elevator shall be accompanied by a fee of $200. Each application for alteration shall also be accompanied by a list of the alterations to be performed under the permit.

(3) The annual license renewal period of certificates of operation commences on August 1 of each year. ~~A renewal application for a certificate of operation filed with the division after August 1 of each year must be accompanied by a delinquency fee of $50 in addition to the annual renewal fee and any other fees required by law.~~ ~~For the purpose of this section,~~ All ~~all~~ certificates of operation will expire on July 31, at 11:59 p.m. of each year. Applications and fee payments for renewal of certificates of operation not postmarked or received before ~~paid by~~ August 1 of each year will be deemed delinquent. The following items are required for renewal and must be submitted to the Bureau of Elevator Safety prior to issuance of a renewal certificate of operation:

(a) Proof of a current satisfactory inspection;

(b) Those elevators or other conveyances not requiring an inspection pursuant to Section 399.061(1)(a), Florida Statutes, shall annually submit proof of a current satisfactory inspection or an attestation to the presence of a current service maintenance contract as defined in Section 399.01(10), Florida Statutes, which is in compliance with Rule 61C-5.013, Florida Administrative Code, including the date of the most recent routine examination. The duration of the service maintenance contract shall equal or exceed the license renewal period;

(c) The annual license renewal fee and any other fees required by law; and

(d) A delinquent certificate of operation renewal application must be accompanied by a delinquency fee of $50 in addition to the annual license renewal fee and any other fees required by law.

(4)(a) The annual ~~Annual~~ certificate of operation fee ~~fees for elevators are based on whether or not a service maintenance contract to insure safe elevator operation is consistently in force. In addition, The fee~~ shall be $45 for each elevator class as follows ~~based on the following schedules~~:

TYPE OF INSTALLATION	CLASS
Traction Passenger	01
Hydraulic Passenger	02
Traction Freight	03
Hydraulic Freight	04

TYPE OF INSTALLATION	CLASS
LU/LA (Limited Use/Limited Application)	09
Dumbwaiter	10
Escalator	12
Sidewalk Elevator	14

Hand Power Passenger	05
Hand Power Freight	06
Moving Walk	07
Inclined Lift	08
Material Lift/Dumbwaiter with Automatic Transfer Device	15
Special Purpose Personnel Elevator	16
Inclined Stairway Chairlift	17
Inclined & Vertical Wheelchair Lift	18

This fee applies to all annual certificate of operation renewals beginning with the 2007-2008 license renewal cycle.

(b) The fee for annual certificate of operation renewals preceding the 2007-2008 license renewal cycle shall be based on the following schedules:

1.~~(a)~~ Fees based on type of installation and number of landings. Hand-operated, electric, hydraulic passenger and freight elevators, escalators, side walk elevators, power operated dumbwaiters, material lifts and dumbwaiters with automatic transfer devices, inclined stairway chairlifts, inclined and vertical wheelchair lifts and inclined elevators.

NUMBER OF LANDINGS	FEES UNDER SERVICE MAINTENANCE CONTRACT	FEE NO SERVICE MAINTENANCE CONTRACT
Elevators serving 0-2 landings	$32	$72
Elevators serving 3-5 landings	$36	$77
Elevators serving 6-10 landings	$41	$81
Elevators serving 11-15 landings	$45	$86
Elevators serving over 15 landings	$45	$90

2.~~(b)~~ Fee based on type of installation, regardless of the number of landings:

TYPE OF INSTALLATION	FEES UNDER SERVICE MAINTENANCE CONTRACT	FEE NO SERVICE MAINTENANCE CONTRACT
Special purpose Elevators, Manlifts, Moving Walks	$45	$90

~~(c) Fee for Temporary Operating Permits $100. The permit shall be issued for a period not to exceed 30 days.~~

(5) through (6) No change.

Specific Authority 399.03(2), 399.07(1) ~~399.07(1)(d), 399.07(2)(d),~~ 399.10 FS. Law Implemented 399.03, 399.061, 399.07 ~~399.07(1)(d), 399.07(2)(d)~~ FS. History–New 8-21-79, Amended 11-20-79, 10-8-81, 4-21-82, 8-1-82, 11-27-83, 9-19-84, 10-8-85, Formerly 7C-5.06, Amended 10-31-88, 7-1-92, 10-11-92, Formerly 7C-5.006, Amended 2-2-94, 1-1-98, 5-24-01, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: John Calpini, Bureau Chief, Division of Hotels & Restaurants, Department of Business & Professional Regulation

NAME OF PERSON OR SUPERVISOR WHO APPROVED THE PROPOSED RULE: Simone Marstiller, Secretary, Department of Business and Professional Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 12, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 21, 2006

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Employee Leasing Companies

RULE NO.:	RULE TITLE:
61G7-10.002	Reporting of Change of Status Required; Effect on Licensees; Change of Licensee Name

PURPOSE AND EFFECT: The Board proposes a rule amendment to address the requirements for the reporting of change of status.

SUMMARY: The Board proposes a rule amendment to address the Application for Certificate of Approval for Changes of Ownership EL-4511.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 468.522, 468.524(2), 468.525(3), 468.526, 468.530(3), 468.531, 455.201(2) FS.

LAW IMPLEMENTED: 468.524(2), 468.525(3), 468.526, 468.530(3), 468.531 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Richard Morrison, Executive Director, Board of Employee Leasing Companies, Department of Business and Professional Regulations, 1940 North Monroe Street, Tallahassee, Florida 32399-0767

THE FULL TEXT OF THE PROPOSED RULE IS:

61G7-10.002 Reporting of Change of Status Required; Effect on Licensees; Change of Licensee Name.

(1) No change.

(2) Licensees experiencing a change in status listed below in the left column shall file or do what is listed in the corresponding right column as follows:

CHANGE IN STATUS	NEEDED ACTION BY COMPANY, GROUP, OR CONTROLLING PERSON
(a) through (e) No change.	
(f) Sale or transfer of a majority of business assets ~~(buyer takes over business; seller gets out of business)~~	Application for Certificate of Approval for Change of Ownership EL-4511, new company application if buyer not already licensed, and fee from buyer – old license does not transfer but remains with seller; unless already licensed, new controlling person license application and fee for each new controlling person ~~as defined in Rule 61G7-6.003, F.A.C.~~
(g) through (i) No change.	

(3) through (7) No change.

Specific Authority 468.522, 468.524(2), 468.525(3), 468.526, 468.530(3), 468.531, 455.201(2) FS. Law Implemented 468.524(2), 468.525(3), 468.526, 468.530(3), 468.531 FS. History–New 1-27-93, Amended 5-20-93, Formerly 21EE-10.002, Amended 10-24-93, 8-17-94, 11-9-95, 5-21-96, 11-24-96, 3-18-97, 3-1-05, 10-23-05, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Employee Leasing Companies

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Employee Leasing Companies

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 20, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 21, 2006

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:
64B8-1.007 List of Approved Forms; Incorporation

PURPOSE AND EFFECT: The proposed rule amendments are intended to incorporate new and revised forms into the current forms rule.

SUMMARY: The proposed rule amendments incorporate new and revised forms into the Board's rule regarding forms.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 120.55(1)(a), (4), 456.013, 456.036(5), 456.048(1), 458.309, 458.311, 458.3124(6), 458.313(4), 458.3145, 458.315(2), 458.320(8), 458.321(2), 458.347(13), 458.3475, 458.351(6) FS.

LAW IMPLEMENTED: 456.013, 456.035, 456.036, 456.048, 456.073, 458.309, 458.311, 458.3124, 458.313, 458.3145, 458.315, 458.316, 458.317, 458.319, 458.320, 458.321, 458.345, 458.347, 458.3475, 458.348, 458.351, 465.0276 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Larry McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin # C03, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-1.007 List of Approved Forms; Incorporation.

The following forms used by the Board in its dealings with the public are listed as follows and are hereby adopted and incorporated by reference, and can be obtained from the Board office by writing to the Board of Medicine, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-1753, or by telephoning (850)245-4131:

(1) DH-MQA 1000, entitled "Board of Medicine Medical Doctor Application for Licensure," (07/06) ~~(1/06)~~.

(2) through (15) No change.

(16) DH-MQA 1030, entitled "Physician Office Adverse Incident Report," (rev. 12/05) ~~(9/01)~~.

(17) through (23) No change.

(24) DH-MQA 1087, entitled "Application for Licensure as an Anesthesiologist Assistant," (10/06) ~~(9/04)~~.

(25) DH-MQA 1093, entitled "Anesthesiologist Assistant Licensure Renewal Form," (8/06).

(26)~~(25)~~ No change.

(27)~~(26)~~ No change.

(28)~~(27)~~ No change.

(29)~~(28)~~ DH-MQA 2000, entitled "Application for Licensure as a Physician Assistant," (10/06) ~~(6/05)~~.

(30)~~(29)~~ No change.

(31)~~(30)~~ No change.

(32)~~(31)~~ No change.

Specific Authority 120.55(1)(a), (4), 456.013, 456.036(5), 456.048(1), 458.309, 458.311, 458.3124(6), 458.313(4), 458.3145, 458.315(2), 458.320(8), 458.321(2), 458.347(13), 458.3475, 458.351(6) FS. Law Implemented 456.013, 456.035, 456.036, 456.048, 456.073, 458.309, 458.311, 458.3124, 458.313, 458.3145, 458.315, 458.316, 458.317, 458.319, 458.320, 458.321, 458.345, 458.347, 458.3475, 458.348, 458.351, 465.0276 FS. History–New 4-17-01, Amended 11-20-01, 8-13-02, 11-10-02, 3-19-03, 6-4-03, 11-17-03, 4-19-04, 1-31-05, 9-29-05, 6-29-06, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Credentials, Rules, and Anesthesiologist Assistants Committee, Council on Physician Assistants, Board of Medicine

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 7, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 8, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:

64B8-4.009 Applications

PURPOSE AND EFFECT: The proposed rule amendment is intended to address removal of the requirement for HIV/AIDS and domestic violence continuing medical education at the time of initial licensure.

SUMMARY: The proposed rule amendments delete the requirements for HIV/AIDS and domestic violence continuing medical education at the time of initial licensure.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 120.53, 456.031, 456.033, 458.309, 458.311, 458.3137 FS.

LAW IMPLEMENTED: 120.53, 456.013(7), 456.031, 456.033, 458.311, 458.3124, 458.313, 458.3145, 458.315, 458.316, 458.3165, 458.317 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Larry McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-4.009 Applications.

(1) through (7) No change.

(8) The applicant must submit a statement ~~statements~~ attesting to the following:

~~(a) Completion of three hours of Continuing Medical Education which includes the topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome: the disease and its spectrum of clinical manifestations; epidemiology of the disease; related infections including TB; treatment, counseling, and prevention; transmission from healthcare worker to patient and patient to healthcare worker; universal precautions and isolation techniques; and legal issues related to the disease including current Florida Law. Continuing medical education offered by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education are hereby deemed approved by the Board as are home study courses offered by the above agencies. If the applicant has not already completed the required continuing medical education, upon submission of an affidavit of good cause, the applicant will be allowed six months to complete this requirement.~~

~~(b) Completion of one hour of continuing medical education on domestic violence which includes information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. Home study courses approved by the above agencies will be acceptable. If the applicant has not already completed the required continuing medical education, upon submission of an affidavit of good cause, the applicant will be allowed six months to complete this requirement.~~

~~(c)~~ Completion of two hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. One hour of a two hour course which is provided by a facility licensed pursuant to Chapter 395, F.S., for its employees may be used to partially meet this requirement. The course must

include information relating to the five most mis-diagnosed conditions during the previous biennium, as determined by the Board. The following areas have been determined as the five most mis-diagnosed conditions: wrong-site/patient surgery; cancer; cardiac; timely diagnosis of surgical complications and failing to diagnose pre-existing conditions prior to prescribing contraindicated medications.

(9) No change.

Specific Authority 120.53, 456.031, 456.033, 458.309, 458.311, 458.3137 FS. Law Implemented 120.53, 456.013(7), 456.031, 456.033, 458.311, 458.3124, 458.313, 458.3145, 458.315, 458.316, 458.3165, 458.317 FS. History–New 3-31-80, Amended 12-4-85, Formerly 21M-22.09, Amended 9-7-88, 3-13-89, 1-1-92, 2-21-93, Formerly 21M-22.009, Amended 11-4-93, Formerly 61F6-22.009, Amended 11-15-94, 2-15-96, Formerly 59R-4.009, Amended 7-10-01, 1-31-02, 5-10-04, 5-20-04, 6-13-06, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Rules Committee, Board of Medicine

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 7, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 8, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:

64B8-11.003 Disclosure of Licensure Status

PURPOSE AND EFFECT: The proposed new rule is intended to address recent legislation with regard to appropriate notification of patients regarding licensure status.

SUMMARY: The proposed rule requires licensees to appropriately notify patients with regard to licensure status. The rule provides various methods for licensees to provide such notification.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: s. 2, Chapter 2006-207, Laws of Florida.

LAW IMPLEMENTED: s 2, Chapter 2006-207, Laws of Florida.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Larry McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-11.003 Disclosure of Licensure Status.

All persons licensed pursuant to Chapter 458, Florida Statutes, and not exempt pursuant to Section 456.072(1)(t), Florida Statutes, shall identify the license under which he or she practices in one of the following manners:

(1) The wearing of a name tag which identifies the licensee as either a medical doctor (M.D.), a physician assistant (P.A.), or an anesthesiologist assistant (A.A.);

(2) The wearing of an article of clothing on the upper body which identifies the licensee as either a medical doctor (M.D.), a physician assistant (P.A.), or an anesthesiologist assistant (A.A.);

(3) By orally disclosing to the patient, upon the licensee's initial in-person contact with the patient, that the licensee is either a medical doctor, a physician assistant, or an anesthesiologist assistant;

(4) By providing, upon the licensee's initial in-person contact with the patient, a business card or similar document which identifies the licensee as either a medical doctor (M.D.), a physician assistant (P.A.), or an anesthesiologist assistant (A.A.);

(5) By placing notification in the lobby or waiting area of the location where the licensee practices, which contains a photo of the licensee and which identifies the licensee as either a medical doctor (M.D.), a physician assistant (P.A.), or an anesthesiologist assistant (A.A.).

Specific Authority 458.309, 456.072(1)(t) FS. Law Implemented 456.072(1)(t) FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Rules Committee, Board of Medicine

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 7, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 8, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:

64B8-13.005 Continuing Education for Biennial Renewal

PURPOSE AND EFFECT: The proposed rule amendments are intended to set forth revised criteria for licensure renewal to comply with recent legislation.

SUMMARY: The proposed rule amendments set forth changes with regard to continuing education requirements for biennial renewal.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 456.013(6), (7), 456.031(4), 458.309, 458.319 FS.

LAW IMPLEMENTED: 456.013(6), (7), 456.031(1)(a), (3), 458.319(4) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Larry McPherson, Jr., Executive Director, Board of Medicine/MQA, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-13.005 Continuing Education for Biennial Renewal.

(1) Every physician licensed pursuant to Chapter 458, F.S., shall be required to complete 40 hours of continuing medical education courses approved by the Board in the 24 months preceding each biennial renewal period as established by the Department.

(a) As part of every third biennial renewal licensure period, ~~For~~ all licensees shall complete two (2) hours ~~no more and no less than one hour shall consist~~ of training in domestic violence which includes information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. Home study courses approved by the above agencies will be acceptable.

(b) Upon a licensee's first renewal of licensure, the licensee must document the completion of one (1) hour ~~For all licensees one hour~~ of Category I American Medical Association Continuing Medical Education which includes the topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; the modes of transmission, including transmission from healthcare worker to patient and patient to healthcare worker; infection control procedures, including universal precautions; epidemiology of the disease; related infections including TB; clinical management; prevention; and current Florida law on AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Any hours of said CME may also be counted toward the CME license renewal requirement. In order for a course to count as meeting this requirement, licensees practicing in Florida must clearly demonstrate that the course includes Florida law on HIV/AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Only Category I hours shall be accepted.

~~(c) Notwithstanding the provisions of paragraphs (a) and (b), above, a physician may complete continuing education on end-of-life care and palliative health care in lieu of continuing education in HIV/AIDS or domestic violence, if that physician has completed the HIV/AIDS or domestic violence continuing education in the immediately preceding biennium. This allows for end-of-life care and palliative health care continuing education to substitute for HIV/AIDS or domestic violence continuing education in alternate biennia.~~

~~(d) All applicants for an initial license, reactivation or reinstatement of their license who obtained the required domestic violence, end of life and palliative health care, HIV/AIDS, or medical errors course for initial licensure, reactivation or reinstatement within two (2) years immediately preceding licensure renewal may use the same domestic violence, end of life palliative health care, HIV/AIDS, or medical errors hours obtained for initial licensure, reactivation or reinstatement to meet the requirements for licensure renewal.~~

(c)~~(e)~~ No change.

(2) through (4) No change.

~~(5) Except for the requirements in paragraphs (1)(a) and (b) above, the continuing education requirements for renewal shall not apply to a licensee during the biennium in which the licensee is first licensed in Florida, but shall apply to such licensee in every biennium thereafter.~~

(5)~~(6)~~ No change.

(6)~~(7)~~ No change.

(7)~~(8)~~ No change.

(8)~~(9)~~ No change.

(9)~~(10)~~ No change.

(10)~~(11)~~ No change.

(11)~~(12)~~ No change.

Specific Authority 456.013(6), (7), 456.031(4), 458.309, 458.319 FS. Law Implemented 456.013(6), (7), 456.031(1)(a), (3), 458.319(4) FS. History–New 9-7-86, Amended 11-17-87, 11-15-88, 1-31-90, 9-15-92, Formerly 21M-28.002, Amended 12-5-93, Formerly 61F6-28.002, Amended 3-1-95, 1-3-96, 1-26-97, Formerly 59R-13.005, Amended 5-18-99, 2-7-01, 6-4-02, 10-8-03, 5-4-04, 5-20-04, 4-5-05, 4-25-06, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Rules Committee, Board of Medicine

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 7, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 8, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:

64B8-42.005 Additional Educational Requirements for Initial Licensure

PURPOSE AND EFFECT: The Council proposes the rule amendment to delete unnecessary language and to update and clarify requirements for additional education for initial licensure.

SUMMARY: The rule amendment will delete unnecessary language and to update and clarify requirements for additional education for initial licensure.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 456.013(7), 456.033 FS.

LAW IMPLEMENTED: 456.013(7), 456.033 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Board of Medicine, Dietetics and Nutrition Council/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-42.005 Additional Educational Requirements for Initial Licensure.

~~(1)(a) Each applicant for initial licensure shall confirm completion of a three hour course on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS). The HIV/AIDS course must have been completed within the two years immediately preceding the submission of the application for licensure.~~

~~(b) Applicants for initial licensure, upon showing of good cause by affidavit, shall be given six months from the date of licensure to complete the HIV/AIDS course. Good cause includes applicants for endorsement or examination who have been residing outside of Florida or who have been on active military service.~~

~~(c) The course on HIV/AIDS shall meet all the requirements of Section 456.033, F.S.~~

~~(d) Courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health pursuant to Section 456.033, F.S., are recommended by the Council and approved by the Board.~~

(1)~~(2)(a)~~ Each applicant for initial licensure shall confirm completion of a two-hour course on the prevention of medical errors, including a study of root-cause analysis, error reduction and prevention, and patient safety. If the course is being offered by a facility licensed pursuant to Chapter 395, F.S., for its employees, up to one hour of the two-hour course may be specifically related to error reduction and prevention methods used in that facility.

(2)~~(b)~~ Courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health pursuant to Section 456.013(7), F.S., are recommended by the Council and approved by the Board.

Specific Authority 456.013(7)~~, 456.033~~ FS. Law Implemented 456.013(7)~~, 456.033~~ FS. History–New 7-22-02, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Dietetics and Nutrition Council

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 5, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 21, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:

64B8-44.003 Disciplinary Guidelines

PURPOSE AND EFFECT: The Council propose the rule amendment to comply with the requirements of subsection 456.072(1)(t), Florida Statutes providing for discipline of licensees who fail to notify patients of practitioner's license type and for advertisements naming a practitioner that fail to notify the practitioner's license type.

SUMMARY: The rule amendment will comply with the requirements of subsection 456.072(1)(t), Florida Statutes providing for discipline of licensees who fail to notify patients of practitioner's license type and for advertisements naming a practitioner that fail to notify the practitioner's license type.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 456.072(1)(t), 456.079, 458.309, 468.507 FS.

LAW IMPLEMENTED: 456.072(1)(t), 456.079, 468.517, 468.518(2) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Board of Medicine, Dietetics and Nutrition Council/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-44.003 Disciplinary Guidelines

(1) through (4)(s) No change.

VIOLATION	RECOMMENDED RANGE OF PENALTY
(t) Failure to notify patients of practitioner's license type or Failure to identify license type in advertisement that names a practitioner. (456.072(1)(t), F.S.)	First offense from letter of concern to 1 year suspension and an administrative fine of $300 to $1,500. After first offense from reprimand to 3 year suspension and an administrative fine of $1, 500 to $3,000.

(5) through (7) No change.

Specific Authority 456.072.(1)(t), 456.079, 458.309, 468.507, FS. Law Implemented 456.072 (1)(t), 456.079, 468.517, 468.518(2), FS. History–New 12-4-90, Formerly 21M-50.003, Amended 6-22-94, Formerly 61F6-50.003, 59R-44.003, Amended 3-16-98, 8-19-99, 9-28-00, 9-26-01, 2-13-03, 4-10-06,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Dietetics and Nutrition Council

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 5, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 21, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:
64B8-44.007 Standards of Practice

PURPOSE AND EFFECT: The Council proposes the rule amendment to add reference to Section 456.072(1)(t), Florida Statutes to clarify advertising requirements.

SUMMARY: The rule amendment will add reference to Section 456.072(1)(t), Florida Statutes to clarify advertising requirements.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 456.072(1)(t), 468.053(4), 468.507, 468.516(1)(a), (2)(a) FS.

LAW IMPLEMENTED: 456.072(1)(t), 468.503(4), 468.516, 468.517, 468.518 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Board of Medicine, Dietetics and Nutrition Council/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-44.007 Standards of Practice.

Licensees, under Chapter 468, Part X, F.S., shall comply with the following standards in their professional practice and conduct, which reflect the ethical principles of the dietetic/nutrition professional and outline obligations of the licensee to self, client, society and the profession.

(1) through (4) No change.

(5) The licensee shall inform the public and colleagues of services by use of factual information and shall not advertise in a misleading manner or in violation of the requirements of Section 456.072(1)(t), F.S.

(6) through (21) No change.

Specific Authority 456.072(1)(t), 468.503(4), 468.507, 468.516(1)(a), (2)(a) FS. Law Implemented 456.072(1)(t), 468.503(4), 468.516, 468.517, 468.518 FS. History–New 6-22-94, Formerly 61F6-50.007, Amended 2-20-96, Formerly 59R-44.007, Amended 7-14-03, 4-26-04,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Dietetics and Nutrition Council
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 16, 2006
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 18, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:
64B8-45.006 Continuing Education on HIV/AIDS

PURPOSE AND EFFECT: The Council proposes the rule amendments to update and clarify the requirements for continuing education on HIV/AIDS.

SUMMARY: The rule amendment will update and clarify the requirements for continuing education on HIV/AIDS.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 456.033 FS.

LAW IMPLEMENTED: 456.033 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Board of Medicine, Dietetics and Nutrition Council /MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-45.006 Continuing Education on HIV/AIDS.

(1) For the first ~~each~~ renewal of licensure, licensees must complete a three hour ~~one hour~~ course on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) within the 24-month period prior to the expiration date of the license.

~~(2) Persons reactivating an inactive license or seeking reinstatement of a suspended or revoked license must submit proof of completion of a three -hour HIV/AIDS course prior to licensure. The HIV/AIDS course must have been completed within the two years immediately preceding the submission of proof.~~

(2)~~(3)~~ No change.

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

Specific Authority 456.033 FS. Law Implemented 456.033 FS. History–New 6-12-01, Amended 7-22-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Dietetics and Nutrition Council
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 5, 2006
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 21, 2006

DEPARTMENT OF HEALTH

Board of Medicine

RULE NO.: RULE TITLE:
64B8-55.002 Citations

PURPOSE AND EFFECT: The Council proposes the rule amendments to delete unnecessary language and address those violations appropriate for issuance of a citation.

SUMMARY: The rule amendments will delete unnecessary language and address those violations appropriate for issuance of a citation.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 456.077(1),(2) FS.

LAW IMPLEMENTED: 456.072(3)(b), 456.077(1),(2), 478.51, 478.52 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Board of Board of Medicine, Dietetics and Nutrition Council/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B8-55.002 Citations.

(1) through (2) No change.

(3) All citations include a requirement that the subject correct the violation, if remediable, within a specified period of time not to exceed 60 days, and impose whatever obligations necessary to remedy the offense. ~~The citation may be served upon the licensee by hand delivery or certified mail at the licensee's last known home address. If service by certified mail fails because the licensee had relocated without leaving a forwarding address, then the Department shall endeavor to give the subject actual or constructive notice of the pending disciplinary action as permitted by law.~~

(4) No change.

(5) The Board designates the following as electrology citations violations in laser or light based hair removal. Failure to have:

a. Written designation of laser safety officer (64B8-51.006(g)(4), F.A.C.).	First time violation $150, Subsequent violations $300
b. Appropriate sign on door of laser room as required by ANSI Standard Z136.1-2000, in effect on June 1, 2006, available from American National Standards Institute, 25 West 43rd Street, 4th Floor, New York, N.Y. 10036. (64B51.006(3)(g)5., F.A.C.)	First time violation $150, Subsequent violations $300.
c. Cold water and ice (64B8-51.006(g)(9), F.A.C.)	First time violation $150, Subsequent violation $300.
d. Lock on door of laser room (64B8-51.006(g)(6), F.A.C.)	First time violation $150, Subsequent violation $300.
e. Fire extinguisher in vicinity of laser room (64B8-51.006(g)(8), F.A.C.)	First time violation $150, Subsequent violation $300.
f. Written protocols that are signed, dated, and maintained in a readily available location on the premises where the electrologist practices (64B8-56.002(4)(a), F.A.C.)	First time violation $200, Subsequent violation $400.
g. Copy of protocols filed with the Department of Health (64B-56.002(4)(a), F.A.C.)	First time violation $200, Subsequent violation $400.
h. Professional liability coverage includes coverage for incidents arising from laser usage in an amount not less than $100,000. (64B8-56.002(4)(e), F.A.C.)	First time violation $250, Subsequent violation $500
i. At least one piece of properly registered laser equipment located within the electrology facility (64B8-56.002 (1)(b), F.A.C.)	First time violation $300, Subsequent violation $600.
j. Protective eyewear for all persons in laser room during operation of laser. (64B8-51.006(g)(7), F.A.C.	First time violation $300, Subsequent violation $600.
k. Proof of completion of 30 hours of post-licensure education in laser hair removal for all electrologists using laser equipment in the facility (64B8–52.004 F.A.C.)	First time violation $500, Subsequent violation $1000.
l. Proof of certification as Certified Medical Electrologist for all persons who use laser equipment in the facility, who are not exempt and are licensed electrologists (64B8-56.002(2)(b), F.A.C.)	First time violation $500, Subsequent violation $1000.

(6)~~(5)~~ In addition to the penalties established in this rule, the Department shall ~~may~~ recover the costs of investigation ~~in accordance with its rules. When the Department intends to assess the costs of investigation, the~~ The penalty specified in the citation shall be the sum of the penalty established by this rule plus the Department's cost of investigation.

(7)~~(6)~~ No change.

Specific Authority 456.077(1),(2) FS. Law Implemented 456.072(3)(b), 456.077(1),(2), 478.51, 478.52 FS. History–New 11-16-93, Formerly 61F6-80.002, Amended 1-2-95, Formerly 59R-55.002, Amended 11-13-97. 10-12-98, 2-11-01, 2-20-02, 11-12-02, 7-16-03, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Electrolysis Council

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 5, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 2, 2006

DEPARTMENT OF HEALTH

School Psychology

RULE NO.:	RULE TITLE:
64B21-500.009	Education Requirements for School Psychologists

PURPOSE AND EFFECT: To update the rule.

SUMMARY: The requirement that each applicant complete a course in domestic violence is stricken from the rule.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 490.015 FS.

LAW IMPLEMENTED: 456.013, 456.031, 490.005(2) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Office of School Psychology/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B21-500.009 Education Requirements for School Psychologists.

(1) through (3) No change.

~~(4) Each applicant for initial licensure as a school psychologist shall complete a course on domestic violence as required by Section 456.031, F.S., and on the prevention of medical errors as required by Section 456.013(7), F.S.~~

Specific Authority 490.015 FS. Law Implemented 456.013, ~~456.031,~~ 490.005(2) FS. History–New 4-13-82, Amended 2-2-83, Formerly 21U-500.09, Amended 1-2-92, 6-21-92, Formerly 21U-500.009, 61E9-500.009, Amended 11-13-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Susan Love

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Lucy Gee

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 22, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 29, 2006

DEPARTMENT OF HEALTH

School Psychology

RULE NO.: RULE TITLE:

64B21-502.001 Continuing Education

PURPOSE AND EFFECT: To update the rule.

SUMMARY: The rule amendment requires the domestic violence course to be taken every third biennium and that the licensee keep continuing education records for six years.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 490.007(2), 490.0085, 490.015 FS.

LAW IMPLEMENTED: 456.013, 490.007(2), 490.0085 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Susan Love, Executive Director, Office of School Psychology/MQA, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B21-502.001 Continuing Education**.**

Every applicant for licensure renewal shall complete 30 ~~thirty (30)~~ hours of continuing education credit. Two ~~One (1)~~ of the 30 ~~thirty (30)~~ hours must be taken every third period of licensure renewal on domestic violence consistent with Section 456.031, F.S. Two ~~(2)~~ of the 30 ~~thirty (30)~~ hours must be on the prevention of medical errors consistent with Section 456.013, F.S. The licensee shall retain for six ~~four (4)~~ years certificates of attendance or other records to document the completion of the continuing education requirement. The Department will audit at random a number of licensees as is necessary to assure that the continuing education requirements are met.

Specific Authority 490.007(2), 490.0085, 490.015 FS. Law Implemented 456.013, 490.007(2), 490.0085 FS. History–New 4-13-82, Amended 11-27-83, 2-21-85, Formerly 21U-502.01, Amended 12-26-91, 6-24-92, Formerly 21U-502.001, 61E9-502.001, Amended 10-16-01, 10-22-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Susan Love

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Lucy Gee

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 22, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 29, 2006

DEPARTMENT OF HEALTH

Council of Licensed Midwifery

RULE NO.: RULE TITLE:

64B24-2.001 Licensure to Practice Midwifery

PURPOSE AND EFFECT: To update the rule.

SUMMARY: To obtain a license the applicant must complete one hour on HIV/AIDS and is not required to complete an hour on domestic violence.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 456.004(5), 467.005 FS.

LAW IMPLEMENTED: 381.0034, 456.013, 456.031, 467.011, 467.0125 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Pamela King, Executive Director, 4052 Bald Cypress Way, Bin #A-06, Tallahassee, Florida 32399-3256

THE FULL TEXT OF THE PROPOSED RULE IS:

64B24-2.001 Licensure to Practice Midwifery.

(1) No change.

(2) The department shall license only those applicants who have completed the application form, remitted the appropriate fees required by Rule Chapter 64B24-3, F.A.C., and who demonstrate to the department that they:

(a) Are 21 years of age or older;

(b) Meet the requirements for licensure by exam pursuant to Rule 64B24-2.003, F.A.C., or licensure by endorsement pursuant to Rule 64B24-2.004, F.A.C.;

(c) Have completed a one ~~(1)~~ hour educational course on HIV/AIDS ~~domestic violence~~ that meets the substantive specifications set forth in Section 381.0034 ~~456.031~~, F.S., as it pertains to the practice of midwifery; and

(d) Have completed a two ~~(2)~~ hour course relating to the prevention of medical errors.

(3) No change.

Specific Authority 456.004(5), 467.005 FS. Law Implemented 381.0034, 456.013, ~~456.031~~, 467.011, 467.0125 FS. History–New 1-26-94, Formerly 61E8-2.001, 59DD-2.001, Amended 10-29-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Pamela King

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Lucy Gee

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 13, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 29, 2006

DEPARTMENT OF HEALTH

Council of Licensed Midwifery

RULE NO.:	RULE TITLE:
64B24-6.001	Continuing Education for Biennial Renewal

PURPOSE AND EFFECT: To update the rule.

SUMMARY: The Department is clarifying what continuing education courses must be completed every biennium and that the course on domestic violence needs to be taken every third biennium.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 456.004(1), 456.031, 467.005 FS.

LAW IMPLEMENTED: 381.0034, 456.013, 456.031, 467.012(2) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Pamela King, Executive Director, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399-3256

THE FULL TEXT OF THE PROPOSED RULE IS:

64B24-6.001 Continuing Education for Biennial Renewal

(1) through (2) No change.

(3) The following courses are ~~required as~~ part of each licensees' ~~biennial~~ continuing education requirements:

(a) One ~~(1)~~ hour in HIV/AIDS every biennium;

(b) Two hours ~~One (1) hour~~ in domestic violence during every third biennium;

(c) One ~~(1)~~ hour in the laws and rules governing the Midwifery Practice Act every biennium; and

(d) Two ~~(2)~~ hours in medical error prevention every biennium.

Specific Authority 456.004(1), 456.031, 467.005 FS. Law Implemented 381.0034, 456.013, 456.031, 467.012(2) FS. History–New 1-26-94, Formerly 61E8-6.001, Amended 6-20-96, Formerly 59DD-6.001, Amended 9-10-02, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Pamela King

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Lucy Gee

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 13, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 29, 2006

FISH AND WILDLIFE CONSERVATION COMMISSION

Division of Law Enforcement

RULE NO.:	RULE TITLE:
68D-24.144	Monroe County Boating Restricted Areas

PURPOSE AND EFFECT: The purpose of this rule is to reduce the incidence of vessel masts coming into contact with high tension power lines. Masts of sailboats and other masted vessels typically contact the high tension power lines when vessels drag anchor during storm events (hurricanes, winter storms, severe local thunderstorms), presenting grave danger to all persons aboard the vessel and to the vessel itself. These events also have caused power outages affecting thousands of customers in the Lower Keys and present life-threatening dangers to persons in hospitals and to other special-needs patients in the Lower Keys. The effect of this rule will be to prohibit the anchoring of sailboats and other vessels with masts within a portion of Pine Channel adjacent to high tension power lines.

SUMMARY: This rule will prohibit anchoring by sailboats and other vessels with masts within the area between Pine Key and Little Torch Key South of US 1, for a distance of approximately 6,000 feet.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 327.04, 327.46 FS.

LAW IMPLEMENTED: 327.46 FS.

THE FISH AND WILDLIFE CONSERVATION COMMISSION WILL CONDUCT A PUBLIC RULEMAKING HEARING ON THE PROPOSED RULE DURING THE REGULAR MEETING OF THE COMMISSION TO BE HELD AT THE DATES, TIME AND PLACE SHOWN BELOW:

DATES AND TIME: December 6-7, 2006, 8:30 a.m. – 5:00 p.m., each day

PLACE: Marriott Key Largo, 103800 Overseas Highway, Key Largo, Florida; (305)453-0582

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodation to participate in the hearing is asked to advise the Commission at least 5 calendar days prior by calling: ADA Coordinator, (850)488-6411. If you are hearing or speech impaired, please contact the agency by calling (850)488-9542.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Captain Alan S. Richard, Assistant General Counsel, 620 South Meridian Street, Tallahassee, Florida 32399-1600

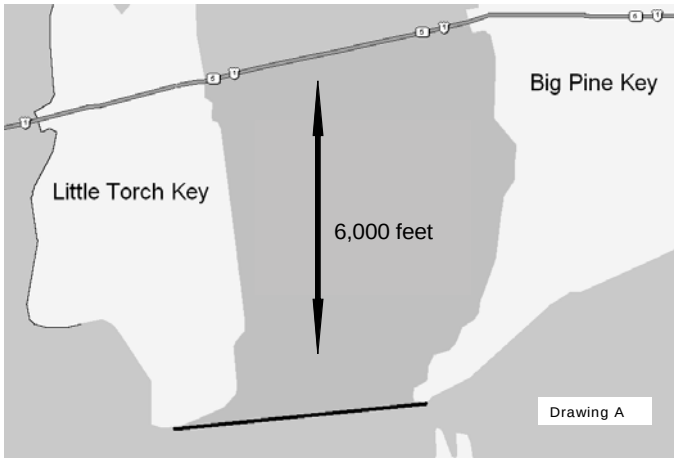
THE FULL TEXT OF THE PROPOSED RULE IS:

68D-24.144 Monroe County Boating Restricted Areas.

(1) For the purpose of regulating the anchoring of vessels in and adjacent to the Pine Channel within Monroe County, the following boating restricted area is established:

Pine Channel – Anchoring of all sailboats and other vessels with masts is prohibited in Pine Channel, shoreline to shoreline, between Big Pine Key and Little Torch Key, from the centerline of U. S. Highway 1 south to a line drawn from the southernmost point on Little Torch Key to the southernmost point on Big Pine Key (a distance approximately 6,000 feet south of the centerline of U. S. Highway 1). If the overhead power lines are removed, the zone established in this paragraph shall no longer be in force or effect.

(2) The boating restricted area is depicted in drawing A:



Specific Authority 327.04, 327.46 FS. Law Implemented 327.46 FS. History–New .

NAME OF PERSON ORIGINATING PROPOSED RULE: Ms. Tara Alford, Management Analyst, Boating and Waterways Section, Division of Law Enforcement, 620 South Meridian Street, Tallahassee, Florida 32399-1600

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Colonel Julie Jones, Director, Division of Law Enforcement

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: September 14, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 6, 2006

DEPARTMENT OF FINANCIAL SERVICES

Divsion of Worker's Compensation

RULE NO.:	RULE TITLE:
69L-6.021	Construction Industry Classification Codes, Descriptions, and Operations Scope of Exemption

PURPOSE AND EFFECT: To delete class code 5536 "Heating and Air Conditioning Duct Work – Shop and Outside – and Drivers", class code 6003 "Pile Driving" and class code 6005 "Jetty or Breakwater Construction – All Operations to Completion and Drivers" from the rule as those class codes have been discontinued in the Florida Contracting Classification Premium Adjustment Program, and published in the Florida exception pages of the National Council on Compensation Insurance, Inc.(NCCI) Basic Manual (October 2005 edition). To include class code 6004 "Land Pile Driving" and class code 6006F "Marine Pile Driving, Dock & Seawall, Jetty or Breakwater, Dike or Revetment Construction – All Operations to Completion & Drivers" in the rule as those class codes have been included in the classification codes and descriptions that are specified in the Florida Contracting Classification Premium Adjustment Program, and published in

the Florida exception pages of the National Council on Compensation Insurance, Inc.(NCCI) Basic Manual (October 2005 edition).

SUMMARY: The proposed rule deletes discontinued class codes and adds new class codes as published in the Florida exception pages in the National Council on Compensation Insurance, Inc. (NCCI) Basic Manual (October 2005 edition).

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 440.02(8), 440.591 FS.

LAW IMPLEMENTED: 440.02(8) FS.

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

DATE AND TIME: Thursday, November 30, 2006, 2:00 p.m. – 4:00 p.m.

PLACE: 104J Hartman Bldg., 2012 Capital Circle, S.E., Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Andrew Sabolic, (850)413-1600 If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Andrew Sabolic, Bureau Chief of Compliance, Division of Workers' Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4228, phone (850)413-1600

THE FULL TEXT OF THE PROPOSED RULE IS:

69L-6.021 Construction Industry Classification Codes, Descriptions, and Operations Scope of Exemption.

(1) No change.

(a) through (qq) No change.

~~(rr) 5536 Heating and Air Conditioning Duct Work – Shop and Outside – and Drivers.~~

(rr)~~(ss)~~ No change.

(ss)~~(tt)~~ No change.

(tt)~~(uu)~~ No change.

(uu)~~(vv)~~ No change.

(vv)~~(ww)~~ No change.

(ww)~~(xx)~~ No change.

(xx)~~(yy)~~ No change.

(yy)~~(zz)~~ No change.

(zz)~~(aaa)~~ No change.

(aaa)~~(bbb)~~ No change.

(bbb) 6004 Land Pile Driving.

~~(ccc) 6003 Pile Driving~~

(ccc) 6006F Marine Pile Driving, Dock & Seawall, Jetty or Breakwater, Dike or Revetment Construction – All Operations to Completion & Drivers.

~~(ddd) 6005 Jetty or Breakwater Construction – All Operations to Completion and Drivers.~~

(ddd)~~(eee)~~ No change.

(eee)~~(fff)~~ No change.

(fff)~~(ggg)~~ No change.

(ggg)~~(hhh)~~ No change.

(hhh)~~(iii)~~ No change.

(iii)~~(jjj)~~ No change.

(jjj)~~(kkk)~~ No change.

(kkk)~~(lll)~~ No change.

(lll)~~(mmm)~~ No change.

(mmm)~~(nnn)~~ No change.

(nnn)~~(ooo)~~ No change.

(ooo)~~(ppp)~~ No change.

(ppp)~~(qqq)~~ No change.

(qqq)~~(rrr)~~ No change.

(rrr)~~(sss)~~ No change.

(sss)~~(ttt)~~ No change.

(ttt)~~(uuu)~~ No change.

(uuu)~~(vvv)~~ No change.

(vvv)~~(www)~~ No change.

(www)~~(xxx)~~ No change.

(xxx)~~(yyy)~~ No change.

(yyy)~~(zzz)~~ No change.

(zzz)~~(aaaa)~~ No change.

(aaaa)~~(bbbb)~~ No change.

(bbbb)~~(cccc)~~ No change.

(cccc)~~(dddd)~~ No change.

(dddd)~~(eeee)~~ No change.

(eeee)~~(ffff)~~ No change.

(ffff)~~(gggg)~~ No change.

(gggg)~~(hhhh)~~ No change.

(hhhh)~~(iiii)~~ No change.

(2) No change.

Specific Authority 440.02(8), 440.591 FS. Law Implemented 440.02(8) FS. History–New 10-21-02, Formerly 4L-6.021, Amended 7-4-04, 3-15-06, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Andrew Sabolic, Bureau Chief, Bureau of Compliance

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Dan Sumner, Workers' Compensation, Assistant Director

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: May 30, 2006
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 11, 2006

DEPARTMENT OF FINANCIAL SERVICES

Division of Workers' Compensation

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

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

SUMMARY: Rule Chapter 69L-56, F.A.C., is being amended to facilitate Electronic Data Interchange (EDI) transmissions of Proof of Coverage information with the Division, and to mandate the electronic submission of Claims (non-medical) data to the Division. The following changes are being made to Rule Chapter 69L-56, F.A.C.: Rule 69L-56.001, F.A.C., is being amended to incorporate by reference revised EDI Trading Partner forms; Rule 69L-56.002, F.A.C., is being amended to define additional terms used in the rule; Rule 69L-56.100, F.A.C., is being amended to require the new Release 2.1 national IAIABC EDI standard effective 4/2/07 for submission of POC data and to provide for daily processing of POC transmissions; Rule 69L-56.200, F.A.C., is being amended to include failure to pay deductible as a reason an insurer may cancel a policy prior to the otherwise required 30 day notification period; Rule 69L-56.210, F.A.C., is being amended to provide for an additional Triplicate Code to represent an electronic cancellation; Rule 69L-56.300, F.A.C., is being created to specify Claims EDI reporting requirements and to incorporate by reference the FL Claims EDI R3 Implementation Manual, and to identify the implementation schedules for mandated electronic submission of claims (non-medical) information to the Division; Rule 69L-56.301, F.A.C., is being created to set out the filing requirements and timeframes for the Electronic First Report of Injury or Illness; Rule 69L-56.3012, F.A.C., is being created to set out the filing requirements and timeframes for the Electronic Notice of Denial and Rescinded Denial; Rule 69L-56.3013, F.A.C., is being created to set out the filing requirements and timeframes for the Electronic Claim Cost Report; Rule 69L-56.304, F.A.C., is being created to set out the filing requirements and timeframes for the Electronic Notice of Action or Change, including Changes in Claims Administration, required by the insurer's Primary Implementation Schedule; Rule

69L-56.3045, F.A.C., is being created to set out the filing requirements and timeframes for the Electronic Notice of Action Change, Suspensions, and Reinstatement of Indemnity benefits required by the insurer's Secondary Implementation Schedule; Rule 69L-56.307, F.A.C., is being created to set out the filing requirements and timeframe for sending Electronic Cancellations of claims; Rule 69L-56.310, F.A.C., is being amended to identify and require the revised FROI and SROI formats and to provide for daily processing of claims EDI transmissions; Rule 69L-56.320, F.A.C., is being created to set out the testing requirements for Claims EDI filings; Rule 69L-56.330, F.A.C., is being amended to provide an exception for reporting the employee's 8th day of disability by claim administrators voluntarily sending Electronic First Reports of Injury or Illness via the IAIABC EDI Release 1 standard; Rule 69L-56.500, F.A.C., is being amended to include the timely processing of acknowledgements as another obligation of an insurer using a third party vendor.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

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

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

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

DATE AND TIME: Monday, November 20, 2006, 10:00 a.m.

PLACE: 104J Hartman Bldg., 2012 Capital Circle, S.E., Tallahassee, FL

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

Pursuant to the provisions of the Americans with Disability Act, any person requiring special accommodations to participate in this program, please advise the Department at least 5 calendar days before the program by contacting the person listed above.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

69L-56.001 Forms and Instructions.

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

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

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

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

~~(4)(3)~~ DFS-F5-DWC-EDI-3, "EDI Transmission Profile-Sender's Specifications" (10/01/2006 ~~01/01/2005~~).

~~(5)(4)~~ DFS-F5-DWC-EDI-4, Secure Socket Layer (SSL)/File Transfer Protocol (FTP) Instructions (10/01/2006 ~~01/01/2005~~).

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

69L-56.002 Definitions.

Unless otherwise defined in this section, definitions of data elements and terms used in this rule are defined in the Data Dictionary located in Section 6 of the "IAIABC Implementation Guide for Claims: First, Subsequent, Header, Trailer & Acknowledgement Detail Records, Release 3, June 1, 2006 Edition", and in the Data Dictionary located in Section 6 of the "IAIABC Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition", and in the IAIABC "Glossary", and in the IAIABC "Supplement" for both POC 2.1 and Claims R3, all of which are incorporated herein by reference. Copies of the IAIABC guides, supplements, and glossary may be obtained from the IAIABC's website at, www.iaiabc.org/edi/implementation.asp.

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

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

Ceode of "TA" (Transaction Accepted) ~~(TA)"~~, the date the transaction was received by the Division will be used in determining whether an electronic form ~~equivalent~~ was timely filed with the Division.

(2) "Award/Order Date" means the date an award, stipulated agreement, advance, lump sum settlement order, or order approving attorney fees for a lump sum settlement was signed by a Judge of Compensation Claims.

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

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

(5) "Became Medical Only Case" means a work-related injury or illness that was initially reported to the Division in error as a "Lost Time/Indemnity Case" or "Medical Only to Lost Time Case" and subsequently determined to be a "Medical Only Case" where FROI MTC 01 is being filed to cancel the claim. A "Became Medical Only Case" is represented by Claim Type Code "B" (Became Medical Only) and is only allowed for FROI MTC 01 (Cancel) filings.

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

(7) "Business day" means a day on which normal business is conducted by the State of Florida and excludes observed holidays as set out in Section 110.117(1), F.S. (see also www.myflorida.com/myflorida/government/policies/holidays).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(29) "Industry Code" means the 5 or 6-digit code that represents the nature of the employer's business as published in the North American Industry Classification System (NAICS) 2002 Edition, hereby incorporated by reference. NAICS code information may be obtained by contacting the NAICS Association, 341 East James Circle, Sandy, Utah, 84070, or from the NAICS website at www.naics.com.

(30) "Initial Date of Lost Time" means the employee's eighth (8th) day of disability, i.e., the first day on which the employee sustains disability as defined in Section 440.02, F.S., after fulfilling the seven (7) day waiting week requirement in Section 440.12, F.S. The Initial Date of Lost Time does not mean the "Initial Date Disability Began".

(31) "Initial Disposition" means the first action taken by the claim administrator following its knowledge of an injury to accept or deny compensability of the claim and pay or deny benefits, including payment or denial of both indemnity and medical benefits, or denial of indemnity benefits only.

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

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

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

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

(36) "Lost Time/Indemnity Case" means a work-related injury or illness which causes the employee to be disabled for more than 7 calendar days, or for which indemnity benefits

have been paid. A Lost Time/Indemnity Case shall also include: A case involving a compensable volunteer as defined in Section 440.02, F.S., where no indemnity benefits will be paid, but where the employee is disabled for more than 7 calendar days; a compensable death case pursuant to Section 440.16, F.S., for which there are no known or confirmed dependents; a case where a compensable injury results in disability of more than 7 calendar days where the "Employer Paid Salary in Lieu of Compensation" as defined in this section; a case for which indemnity benefits were paid prior to the date the claim administrator learned of a change in jurisdiction and filed SROI MTC S8 (Suspension, Jurisdiction Change); and a case where indemnity benefits were paid but subsequently suspended because the employee could not be located and the claim administrator filed SROI MTC S6 (Suspension, Claimant's Whereabouts Unknown). The first 7 calendar days of disability do not have to occur consecutively, but are determined on a cumulative basis and can occur over a period of time. A "Lost Time/Indemnity Case" is represented by Claim Type Code "I" (Indemnity).

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

(38) "Manual Classification Code" means the 4-digit code assigned by the National Council on Compensation Insurance (NCCI) for the particular occupation of the injured employee as documented in the NCCI Scopes™ Manual 2006 Edition, which is hereby incorporated by reference. A listing of Manual Classification Codes may be obtained by contacting NCCI's Customer Service Center at (800)622-4123.

(39) "Medical Only Case" means a work-related injury or illness which requires medical treatment for which charges will be incurred, but which does not cause the employee to be disabled for more than 7 calendar days. A "Medical Only Case" is represented by Claim Type "M" (Medical Only) and is limited to being reported on MTC 04 and PD filings where the claim was initially accepted as a Medical Only Case prior to the denial of indemnity benefits.

(40) "Medical Only to Lost Time Case" means a work-related injury or illness which initially does not result in disability of more than 7 calendar days, but later results in disability of more than 7 days, where disability is either delayed and does not immediately follow the accident, or where one or more broken periods of disability occur within the first 7 days after disability has commenced and the combined disability periods eventually total more than 7 days. A "Medical Only to Lost Time Case" includes a case for which Impairment Income Benefits are the first and only indemnity benefits paid, or for which the initial payment of indemnity benefits is made in a lump sum for an award, advance, stipulated agreement or settlement. A "Medical Only to Lost Time Case" is represented by Claim Type Code "L" (Became Lost Time/Indemnity).

(41) "Net Weekly Amount" means the weekly amount paid for an indemnity benefit such as temporary total benefits, impairment income benefits, etc., inclusive of any Benefit Adjustments or Benefit Credits being applied to the benefit type. The Net Weekly Amount equals the "Gross Weekly Amount" where no adjustments or credits are applied.

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

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

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

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

(a) Claim Administrator,

(b) Insurer, or

(c) Third Party Vendor (Proof of Coverage only)

For Claims EDI filing purposes, "sender" does not include an entity acting as an intermediary for sending transmissions to the Division on behalf of an insurer or claim administrator where the sender is not the insurer or claim administrator handling the claim.

(46)~~(17)~~ "SROI" means the Subsequent Report of Injury Record Layout adopted by the IAIABC as a Claims EDI Release 3 standard ~~"IAIABC Release 1 Subsequent Report of Injury (A49)" format adopted by the IAIABC.~~, and includes the Subsequent Report Record identified by Transaction Set "A49" paired with the Subsequent Report Companion Record identified with Transaction Set ID "R22". The "SROI" record layout (A49/R22) is located in the Technical Documentation, Section 2, ~~on Pages "4-15" and "4-16"~~ in the IAIABC EDI

Implementation Guide for First, Subsequent, Acknowledgement Detail, Header, & Trailer Records, Release 3 ~~1~~, June 1, 2006 ~~February 15, 2002~~, and Supplement, which is incorporated herein by reference. A copy of the guide may be obtained from the IAIABC's website at http://iaiabc.org/edi/implementation.asp.

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

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

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

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

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

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

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

(54)~~(25)~~ "Triplicate Code" is a series of three two-digit numeric codes that define the specific purpose of individual records in a Proof of Coverage transmission, i.e., new policy, renewal, endorsement, cancellation or non-renewal. It is a combination of the Transaction Set Purpose Code, Transaction Set Type Code and Transaction Set Reason Code as defined in the Data Dictionary, Section 6~~7~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition ~~May 1, 2002~~, which is incorporated herein by reference. A copy of the guide may be found at http://iaiabc.org/edi/implementation.asp. ~~www.iaiabc.org/EDI/implementation_guide_index.htm.~~

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

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

(1) No change.

(a) Every insurer shall send to the Division ~~department~~ by electronic data interchange electronic policy information for Certificates of Insurance, Endorsements, Reinstatements, Cancellations and Non-Renewals pursuant to the filing time periods in Rule 69L-56.210, F.A.C.~~, of this chapter.~~ Such policy information shall be sent in accordance with the "EDI Trading Partner Requirements" set forth in Section 2 through 6 of the Florida Division of Workers' Compensation Proof of Coverage Electronic Data Interchange (EDI) Implementation Manual, July 2006 ~~January 2005~~, which is incorporated herein by reference. A copy of the manual may be obtained from the Division of Workers' Compensation at its website, http://www.fldfs.com/wc/edi.html~~, or by sending a request to the Division of Workers' Compensation, Office of Data Quality & Collection, 200 East Gaines Street, Tallahassee, Florida 32399-4226~~. The Division will not accept an electronic transaction that fails to comply with the "EDI Trading Partner Requirements" in Sections 2 through 6 in this manual. The insurer shall send electronic transmissions either directly to the Division or through a third party vendor.

(2) On or before April 2, 2007, all e~~E~~lectronic form equivalents of Proof of Coverage data shall be sent in the Proof of Coverage formats adopted by the IAIABC and located in Section 2 ~~on Pages "5-7" and "5-8"~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition ~~May 1, 2002~~.

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

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

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

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

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

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

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

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

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

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

(1) In order to send Proof of Coverage data electronically to the Division, the insurer or third party vendor shall complete the testing requirements set forth in Section 1 of the Florida Division of Workers' Compensation Proof of Coverage Electronic Data Interchange (EDI) Implementation Manual, July 2006 ~~January 2005~~. Each transmission for Test~~, Pilot~~ or Production purposes shall be in the PC1-Insured Record format and PC2-Employer Record format located in Section 2 ~~on Pages "5-7" and "5-8"~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition ~~May 1, 2002~~ and Supplement.

(2) Each transmission shall contain the following as set forth in Section 2 ~~on Pages "5-6" and "5-8"~~ of ~~in~~ the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition ~~May 1, 2002~~:

(a) Header Record.

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

(c) Trailer Record.

(3) Header records shall include the following information:

(a) Receiver FEIN for the State of Florida: 596001874 ~~59-6001874~~.

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

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

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

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

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

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

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

~~received after 4:00 p.m. Eastern Standard Time, Sunday, shall be processed as received by the Division on Monday and acknowledged on Monday.~~

(6) Transmissions shall be sent using the flat file PC1 and PC2 formats located in Section 2 ~~on Pages "5-7" and "5-8"~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition and Supplement ~~May 1, 2002~~ .

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

(8) All insurers or third party vendors shall have the capability to receive and process the Division's POC EDI Acknowledgement Transaction (AKP), described in Section 2 of ~~on Page "5-8"~~ ~~in~~ the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition ~~May 1, 2002~~ and Supplement. The Division will also send, when applicable, a re-acknowledgment transaction (ACR) to identify an EDI filing previously acknowledged with Application Acknowledgement Code "TR" (Transaction Rejected) due to improper processing, that was subsequently re-processed by the Division and re-assigned an Application Acknowledgement Code of "TA" (Transaction Accepted). The claim administrator shall have the option of processing re-acknowledgement transactions.

(9) The definitions established in Section 6 ~~7~~ of the IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition ~~May 1, 2002.~~ and Supplement, shall be utilized when reporting data elements to the Division.

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

(11) through (12) No change.

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

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

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

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

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

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

(4) No change.

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

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

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

(1) through (3) No change.

(4) No later than thirty days prior to the cancellation or non-renewal of any workers' compensation insurance policy, contract of insurance, or renewal, other than a cancellation for non-payment of premium or failure to pay deductible or when cancellation or non-renewal is requested by the insured, every insurer shall send the electronic cancellation or non-renewal.

(5) No later than thirty days prior to the cancellation of any workers' compensation insurance policy, contract of insurance, or renewal with a policy effective date prior to October 1, 2003, that is being cancelled for non-payment of premium or failure to pay deductible, every insurer shall send the electronic cancellation represented by Triplicate Codes "00-41-59" "00-41-69" and "00-60-59".

(6) No later than ten days prior to the cancellation of any workers' compensation insurance policy, contract of insurance, or renewal with a policy effective date on or after October 1, 2003, that is being cancelled for non-payment of premium or failure to pay deductible, every insurer shall send the electronic cancellation represented by Triplicate Codes "00-41-59" "00-41-69" and "00-60-59".

(7) No later than ten days after the cancellation or non-renewal of any workers' compensation insurance policy, contract of insurance, or renewal for which an insured has requested cancellation or non-renewal, the insurer shall send the electronic cancellation or non-renewal to the Division. The electronic cancellation or non-renewal shall be represented by Triplicate Codes containing Transaction Set Type Codes "42" & "60", with the exception of Triplicate Code "00-60-64", pursuant to the "Transaction Overview" document, located in Section 4 of the ~~on Pages "6-7" through "6-12"~~ IAIABC EDI Implementation Guide for Proof of Coverage: Insured, Employer, Header, Trailer & Acknowledgement Records, Release 2.1, 10/01/06 Edition and Supplement ~~May 1, 2002~~.

(8) No change.

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

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

(1)(a) On or before the implementation schedules set out in paragraphs (3)(a) and (b) of this section, every insurer shall file claims information for all "Lost Time/Indemnity", "Medical Only to Lost Time", and "Denied" cases via electronic data interchange (EDI) pursuant to paragraph (d) of this section, rather than by submitting paper forms otherwise required in Rule Chapter 69L-3, F.A.C. The insurer shall file the electronic form equivalent of the First Report of Injury or Illness, Notice of Denial, Claim Cost Report, Notice of Action/Change, and Aggregate Claims Administration Change Report adopted in Rule Chapter 69L-3, F.A.C., pursuant to the requirements and timeframes set out in Rules 69L-56.301, 69L-56.3012, 69L-56.3013, 69L-56.304, and 69L-56.3045, F.A.C., and in accordance with the "FL Claims EDI R3 Trading Partner Filing Specifications" contained in Section 1 of the "Florida Division of Workers' Compensation Claims Electronic Data Interchange (EDI) R3 Implementation Manual, September 2006" and "Supplement", incorporated herein by reference, and hereafter referred to as the "FL Claims EDI Implementation Manual". A copy of the FL Claims EDI Implementation Manual may be obtained from the Division of Workers' Compensation at its website, www.fldfs.com/WC/edi_clms.html.

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

claim administrator is approved by the Division to send these electronic filings in production status (i.e., actual production implementation date).

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

(d) The claim administrator shall report the Claims EDI filings required in Rules 69L-56.301, 69L-56.3012, 69L-56.3013, 69L-56.304, 69L-56.3045, and 69L-56.307, F.A.C., using the First Report of Injury (FROI) and Subsequent Report of Injury (SROI) electronic record layouts adopted by the International Association of Industrial Accident Boards and Commissions (IAIABC). A sample of the FROI, which consists of the 148 and companion R21 records, and a sample of the SROI, which consists of the A49 and companion R22 records, are located in Section 2, "Technical Documentation" of the "IAIABC EDI Implementation Guide for Claims: First, Subsequent, Header, Trailer & Acknowledgement Detail Records, Release 3, June 1, 2006 Edition" and "Supplement", incorporated herein by reference, and hereafter referred to as the IAIABC Claims EDI Release 3 Implementation Guide. A copy of this guide may be obtained from the IAIABC at its website, http://www.iaiabc.org/edi/implementation.asp.

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

(e) In addition to the Technical Documentation and Business/Technical Process Rules located in Sections 2 and 4, respectively, of the IAIABC Claims EDI Release 3 Implementation Guide, the claim administrator shall comply with information contained in the below documents located in the Claims EDI Trading Partner Filing Specifications of the FL Claims EDI Implementation Manual:

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

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

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

(f) The claim administrator shall collect and report all data elements designated with the following codes on the FL Claims EDI R3 Element Requirement Table: "F" (Fatal Technical) – Required to be reported; "M" (Mandatory) – Required to be reported; "MC" (Mandatory/Conditional) – Required to be reported if the condition(s) set out in the table's FROI or SROI Conditional Requirements or Event Benefits Conditions worksheets are met; "IA" (If Applicable/Available) – Required to be reported if the data element is applicable to the claim (e.g., If the claim administrator has knowledge that the employee's Last Name Suffix is "Jr", the claim administrator shall report the Last Name Suffix of "Jr").

(g) Claims EDI filings that comply with data element reporting requirements and pass edits specified in the "FL Claims EDI R3 Element Requirement Table" and the "FL Claims EDI R3 Edit Matrix" shall be accepted and acknowledged by the Division with Application Acknowledgement Code "TA" (Transaction Accepted). Claims EDI filings that receive an Application Acknowledgement Code of "TA" shall be assigned a "Received by Division Date" for purposes of determining whether an EDI filing was timely filed with the Division in accordance with the timeframes identified in the "FL Claims EDI R3 Event Table" and as required in Rules 69L-56.301, 69L-56.3012, 69L-56.3013, 69L-56.304, 69L-56.3045, and 69L-56.307, F.A.C. The date assigned as the "Received by Division Date" is the date the transmission containing the accepted Claims EDI filing was sent to and received by the Division based on the technical transmission requirements set out in subsection 69L-56.310(4), F.A.C. An electronic First Report of Injury or Illness that receives an Application Acknowledgement Code of "TA" shall also be assigned a "Jurisdiction Claim Number" by the Division which the claim administrator shall report on every subsequent Claims EDI filing for that claim. Electronic transactions that do not satisfy data element requirements and edits specified in the "FL Claims EDI R3 Element Requirement Table" and the "FL Claims EDI R3 Edit Matrix"

shall be rejected and acknowledged by the Division with Application Acknowledgement Code "TR" (Transaction Rejected). The claim administrator shall correct the error(s) identified in the acknowledgement returned by the Division and re-send the Claims EDI filing to the Division as appropriate (e.g., a transaction receiving fatal error # 0002-057 because it was an extra MTC in the transmission or already on file with the Division is not expected to be re-filed with the Division.)

(h) The claim administrator shall receive and process each acknowledgement transaction (AKC) returned by the Division. The Division will also send, when applicable, a re-acknowledgment transaction (ACR) to identify a Claims EDI filing that was previously acknowledged with Application Acknowledgement code "TR" due to improper processing by the Division, and which was subsequently re-processed and re-assigned an Application Acknowledgement Code of "TA". The claim administrator has the option to either process or not process re-acknowledgement transactions sent by the Division.

(i) Claims EDI filings acknowledged with Application Acknowledgement Code "TA" (Transaction Accepted) that invoke one or more non-rejectable (non-fatal) edits depicted as "FL" in the "DN-Error Message Table" of the FL Claims EDI R3 Edits Matrix, shall result in an error message that will be communicated by the Division to the claim administrator in a proprietary report, separate from the acknowledgement transaction (AKC). Non-fatal error reports will be posted to the Division's website in a password-protected file, which the claim administrator shall retrieve via the "Claims EDI" link on the Division's web site. The Division will send an email notification to the claim administrator regarding the posting of all non-fatal error reports that require a response from the claim administrator. The claim administrator shall respond to the Division on or before 21 days after the date the report was posted to the Division's web site. The email notification will be sent to the "EDI Business Contact(s)" identified in the claim administrator's "EDI Trading Partner Profile", Form DFS-F5-DWC-EDI-1. The claim administrator shall notify the Division regarding any additions or deletions of "EDI Business Contacts" for this purpose. The claim administrator shall respond to all other inquiries from the Division, including by telephone, concerning written or electronic requests for information, on or before 21 days after the claim administrator's receipt of the request from the Division.

(j) Unless an explanatory letter is alternatively permitted by this rule chapter, paper copies of Forms DFS-F2-DWC-1, DFS-F2-DWC-4 and DFS-F2-DWC-12 shall continue to be provided by the claim administrator to the employee and employer as required by Rule Chapter 69L-3, F.A.C., and as specified in Rules 69L-56.301, 69L-56.3012, 69L-56.304, and 69L-56.3045, F.A.C., and the FL Claims EDI R3 Event Table ("Paper Form" and "Receiver" columns).

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

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

(m) Non-compliance by the claim administrator with the electronic reporting requirements in this Rule shall result in referral to the Division's Bureau of Monitoring and Audit, and may constitute a violation of Section 440.525, F.S.

(2) Trading Partner Profile Documents:

(a) At least two (2) business days prior to sending its first test transmission to the Division, the claim administrator shall send to the Division in an email addressed to claims.edi@fldfs.com, the claim administrator's current profile information using the following forms adopted in Rule 69L-56.001, F.A.C.:

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

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

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

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

Claim administrators filing Electronic First Reports of Injury or Illness or Electronic Claim Cost Reports on a voluntary basis using the IAIABC Release 1 standard formats shall re-file their profile information with the Division using the forms in subparagraphs (2)(a)1.-4. above, even if the claim administrator's profile information has not changed since previously reported to the Division.

(b) The claim administrator shall report changes to its profile information required on the forms listed in subparagraphs (2)(a)1.-4. above, at least two (2) business days prior to sending transactions containing revised profile-related information to the Division. The insurer or its claim administrator shall report revisions to its profile information by emailing to the Division at claims.edi@fldfs.com, a revised "EDI Trading Partner Profile", DFS-F5 DWC-EDI-1 (10/02/2006), and if applicable, a revised "EDI Trading Partner Insurer/Claim Administrator ID List", DFS-F5-DWC-EDI-2 (10/01/2006), and if applicable, a revised "EDI Trading Partner Claim Administrator Address List", DFS-F5-DWC-EDI-2A (10/01/2006), and if applicable, a revised "EDI Transmission Profile – Sender's Specifications", DFS-F5-DWC-EDI-3 (10/01/2006). Failure by the claim administrator to report changes to its trading partner profile information using the forms adopted in this rule, including changes to the Submitter ID (i.e., Trading Partner FEIN/Postal Code on the Header Record), may result in the rejection of an entire transmission or individual transaction(s) containing profile information that is different from that reported on profile documents previously filed with the Division by the claim administrator.

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

(3) Claims EDI Implementation Schedules:

(a) Primary Implementation Schedule: The insurer shall comply with the following implementation schedule for reporting Electronic First Reports of Injury or Illness specified in Rule 69L-56.301, F.A.C., Electronic Notices of Denial and Rescinded Denial specified in Rule 69L-56.3012, F.A.C., Electronic Periodic Claim Cost Reports specified in Rule 69L-56.3013, F.A.C., Electronic Notices of Actions or Changes, including Changes in Claims Administration specified in Rule 69L-56.304, F.A.C., and Electronic Cancellations Specified in Rule 69L-56.307, F.A.C. The insurer's Primary Implementation Schedule shall consist of three "test to production" periods as described in subparagraphs (3)(a)1.-3., of this subsection. Each insurer shall be assigned to either the first, second, or third "test to production" period based on the insurer's Division-assigned Insurer Code #. If there are multiple or subsidiary insurer entities within an insurer's corporate structure or organization, the insurer's "test to production" period in the Primary Implementation Schedule will be based on the lowest numeric value assigned to any of the insurer's subsidiary companies. Insurers that write large deductible policies for insureds adjusting their own claims are responsible for ensuring those insureds meet the insurer's required "test to production" timelines and implementation schedules, even if the insured is not using the insurer's computer system to file its Claims EDI Filings with the Division. Claim administrators voluntarily submitting Claims EDI Filings in production status using the IAIABC Release 1 national standard shall convert to Release 3 and be in production status by the same date as that required for the first group of insurers specified in subparagraph (3)(a)1. below, regardless of Insurer Code #. Each "test to production period" shall consist of three calendar months. The insurer's compliance date for the Primary Implementation Schedule shall be the last day of the third month of the insurer's assigned "test to production" period.

1. The first "test to production" period shall commence November 1, 2007, and shall include insurers with Division-assigned Insurer Code #'s 102 through # 199. The compliance date for the Insurer's Primary Implementation Schedule shall be January 31, 2008.

2. The second "test to production" period shall commence February 1, 2008, and shall include insurers with Division-assigned Insurer Code #'s 200 through 599. The compliance date for the insurer's Primary Implementation Schedule shall be April 30, 2008.

3. The third "test to production" period shall commence May 1, 2008 and shall include insurers with Division-assigned Insurer Code #'s 600 through 1122, future Insurer Code #'s 1123 through 4999 and 8000 through #9999. The compliance date for the insurer's Primary Implementation Schedule shall be July 31, 2008.

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

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

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

(d) After a claim administrator has been approved for production status for filing electronic form equivalents required in the Primary Implementation Schedule or Secondary Implementation Schedule, if the claim administrator is unable to receive an Application Acknowledgement Code of "TA" from the Division for an electronic form equivalent required by this Rule Chapter, the claim administrator may alternatively

file the formerly required DWC form adopted in Rule 69L-3, F.A.C., for a period not to exceed three months after each of the claim administrator's production implementation dates for the Primary and Secondary Implementation Schedules.

(e) After the conclusion of the three month time period specified in paragraph 69L-56.300(3)(d), F.A.C., above, if the claim administrator is unable to receive an Application Acknowledgement Code of "TA" from the Division for an electronic form equivalent required by this Rule Chapter, and the claim administrator needs to meet the reporting requirements of this rule, the claim administrator shall submit an e-mail to the Division at claims.edi@fldfs.com to request approval to alternatively file a DWC form pursuant to Chapter 69L-3, F.A.C., in lieu of the electronic form equivalent. The request shall include the following information: Claim Administrator Name and FEIN, Employee Name, Employee ID Number (Social Security Number or Division Assigned Number), Date of Injury, Claim Administrator File Number, Maintenance Type Code (MTC), Date Transmission Sent for the MTC(s) attempted unsuccessfully, the DWC form requesting to be filed (i.e., DWC-13), and an explanation of the reasons electronic submission failed. If the Division approves the claim administrator's request to send a DWC form in lieu of the electronic form equivalent, all subsequent filings due for the claim shall be sent via EDI; the claim administrator shall not file additional DWC forms for the claim unless the claim administrator has received advance approval from the Division.

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

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

On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.300(3)(a), F.A.C., the insurer shall file the electronic form equivalent for claims information otherwise reported on Form DFS-F2-DWC-1 adopted in Rule Chapter 69L-3, F.A.C. Pursuant to subsection 440.593(1), F.S., the Division may establish different deadlines for filing required reports electronically than are otherwise required when reporting information by other means. Accordingly, notwithstanding the deadlines for filing the injury report by other means as set forth in subsection 440.185(2), F.S., the insurer or its claim administrator shall send to the Division the electronic form equivalent of the First Report of Injury or Illness for the following cases, and by the following filing time periods:

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

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

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

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

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

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

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

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

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

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

(b) Where the initial payment of indemnity benefits is for Temporary Partial benefits, Impairment Income benefits, or results from a Lump Sum Payment/Settlement, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 14 days after the date the initial payment of benefits was mailed to the employee or to the employee's legal representative.

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

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

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

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

(2) "Denied Case":

(FROI MTC 04, or SROI MTC PD with applicable FROI MTC).

(a) Full/Total Denial – If, by the 14th day after the claim administrator's knowledge of the injury, the employee sustains disability as defined in Section 440.02, F.S., and the claim administrator's initial disposition is to deny the case in its entirety (i.e., both medical and indemnity benefits are denied), an Electronic First Report or Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 21 days after the claim administrator's knowledge of the injury. The claim administrator shall report Claim Type Code "L" (to represent the full denial of a "Medical Only to Lost Time Case") or Claim Type Code "I" (to represent the full denial of a "Lost Time/Indemnity Case").

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

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

(b) Medical Only Case that becomes a Total Denial – If the claim administrator is making the decision to deny the case in its entirety (i.e., both medical and indemnity benefits are denied) after the claim administrator's initial disposition to accept compensability of a "Medical Only Case", an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 14 days after the claim administrator's decision to deny the entire claim. The claim administrator shall report Claim Type Code "M" (to represent a "Medical Only Case" that is being totally denied).

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

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

(c) Partial (Indemnity Only) Denial or Medical Only Case that becomes a Partial Denial – If the claim administrator's initial disposition of a claim is the acceptance of compensability but denial of indemnity benefits only, an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 14 days after the claim administrator's decision to deny indemnity benefits.

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

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

(3) If the claim administrator receives notification of an injury from the employer via telephone or electronic data interchange where no Form DFS-F2-DWC-1, First Report of Injury or Illness adopted in Rule Chapter 69L-3, F.A.C., has been completed and provided to the employee and employer, the claims administrator shall produce and send to the employee and employer within three (3) business days of the claims administrator's knowledge of the injury, either Form DFS-F2-DWC-1 or Form IA-1 adopted in Rule Chapter 69L-3, F.A.C. The claim administrator shall not send Form IA-1 to the Division to report the First Report of Injury or Illness.

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

(5) An Electronic First Report of Injury or Illness for a "Medical Only Case" shall not be sent to the Division unless the claim administrator has received a written or electronic request from the Division, or if the claim began as a Medical Only Case and is being reported to the Division as a Full or Partial Denial of indemnity benefits.

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

(7) An Electronic First Report of Injury or Illness filed in accordance with Rule 69L-56.301, F.A.C., or a paper First Report of Injury or Illness must have been received and accepted by the Division before any subsequent electronic filings will be accepted.

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

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

(10) If employee information is exempt from public records disclosure under Section 119.071, F.S., the claim administrator shall submit the employer's address in lieu of the employee's address.

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

69L-56.3012 Electronic Notice of Denial and Rescinded Denial.

(FROI/SROI MTC 04, SROI MTC PD) On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.301(3)(a), F.A.C., the insurer shall file the electronic form equivalent for the denial information otherwise reported on Form DFS-F2-DWC-12, adopted in Rule Chapter 69L-3, F.A.C. The claim administrator shall send to the Division an Electronic Notice of Denial to report the reason for the denial of indemnity benefits for the following types of denial notices, and by the following time periods:

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

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

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

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

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

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

(b) If payment of a specific indemnity benefit(s) is denied in whole or part subsequent to the claim administrator's initial disposition of the claim and the Electronic First Report of Injury or Illness has already been filed with the Division, the

claim administrator shall file the Electronic Notice of Denial by sending a SROI MTC PD (Partial Denial). The Electronic Notice of Denial will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 14 days after the date the claim administrator decided to deny benefits. The claim administrator shall report the applicable Partial Denial Code as follows: "A" (Denying Indemnity in Whole, but not Medical); "B" (Denying Indemnity in part, but not Medical); "E" (Denying Indemnity in whole and Medical in part); or "G" (Denying both Indemnity and Medical in part). The claim administrator shall also report the "Denial Reason Narrative" on the SROI MTC PD to explain the reason for the denial of indemnity benefits.

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

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

(a) If a case is initially determined to be a compensable Medical Only Case and the claim administrator subsequent to its initial disposition denies both medical and indemnity benefits, i.e., Full/Total Denial, the claim administrator shall file an Electronic Notice of Denial with the Division by reporting the applicable Full Denial Reason Code(s), Full Denial Effective Date, and Denial Reason Narrative on the same FROI MTC 04 (Total Denial) the claim administrator sends to report the Electronic First Report of Injury or Illness, in accordance with the filing time period in subsection 69L-56.301(2), F.A.C.

(b) If a case is initially determined to be a compensable Medical Only Case and the claim administrator subsequent to its initial disposition denies indemnity benefits in whole but some or all medical benefits will be provided, i.e., Partial (Indemnity Only) Denial, the claim administrator shall file an Electronic Notice of Denial with the Division by reporting the applicable Partial Denial Reason Code(s) and Denial Reason Narrative on the same SROI MTC PD (Partial Denial) the claim administrator sends with the FROI MTC 00 (Original) to report the Electronic First Report of Injury or Illness, in accordance with the filing time periods in subsection 69L-56.301(2), F.A.C.

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

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

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

(6) Electronic Notice of Rescinded Denial–

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

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

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

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

4. The Electronic Notice of Rescinded Denial reporting reinstatement of indemnity benefits by the employer following a denial of indemnity benefits previously paid by the employer shall be represented by sending SROI MTC ER (Employer Reinstatement). The claim administrator shall report the "Denial Rescission Date" on the SROI MTC ER.

5. The Electronic Notice of Rescinded Denial reporting acceptance of compensability where indemnity or medical benefits will be denied in whole or in part, shall be represented by sending SROI MTC PD (Partial (Indemnity Only) Denial). The claim administrator shall report the "Denial Rescission Date" on the SROI MTC PD.

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

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

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

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

4. The Electronic Notice of Rescinded Denial reporting reinstatement of indemnity benefits by the employer following a denial of indemnity benefits previously paid by the employer, shall be represented by sending SROI MTC ER (Employer Reinstatement). The claim administrator shall report the "Denial Rescission Date" on the SROI MTC ER.

(c) Rescission of Partial (Indemnity Only) Denial After Payment. If the claim administrator initially paid indemnity benefits and subsequently denied payment of indemnity benefits only and filed an Electronic Notice of Denial SROI MTC PD (Partial Denial) with the Division and elects to pay indemnity benefits again, or if the claim administrator acquired a claim for which indemnity benefits were previously paid and subsequently denied and the acquiring claim administrator subsequently pays indemnity benefits, the claim administrator shall file an Electronic Notice of Rescinded Denial with the Division to report a change in disposition of the claim. The Electronic Notice of Rescinded Denial will be considered timely filed if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before the 14 days after the date the denial was rescinded. The claim administrator shall also notify the employee and employer about the decision to rescind the partial denial by sending to the employee and employer, Form DFS-F2-DWC-12, Notice of Denial, pursuant to Rule 69L-3, F.A.C., or explanatory letter. The Electronic Notice of Rescinded Denial reporting reinstatement of indemnity benefits following a denial of indemnity benefits shall be represented by sending SROI MTC RB (Reinstatement of Benefits). The Electronic Notice of Rescinded Denial shall report the "Denial Rescission Date" and the type of indemnity benefits paid, on the SROI MTC RB.

(7) Any insurer failing to timely send the Electronic Notice of Denial in accordance with the filing time periods prescribed in this subsection shall be subject to administrative penalties assessable by the Division in accordance with the provisions of Rule Chapter 69L-24, F.A.C., and Section 440.525, F.S.

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

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

On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.301(3)(a), F.A.C., the insurer shall file the electronic form equivalent for claim cost information otherwise reported on Form DFS-F2-DWC-13 adopted in Rule Chapter 69L-3, F.A.C. If payment has been made for any of the Benefit Type (BT) Codes or Other Benefit Type (OBT) Codes listed in subsections (1) and (2) of this section, the claim administrator shall report on the Electronic Claim Cost Report, the cumulative amount paid (i.e., Benefit Type Amount Paid, Other Benefit Type Amount) in dollars and cents for each applicable BT Code, with the exception of BT Codes reporting employer payment, and OBT Code. The claim administrator shall also report the amount of weeks (i.e., Benefit Type Claim Weeks) and/or days (i.e., Benefit Type Claim Days), the effective date of each indemnity benefit (i.e., Benefit Period Start Date), and the date through which indemnity benefits were paid at the time of reporting (i.e., Benefit Period Through Date), unless otherwise indicated below. For purposes of the Electronic Claim Cost Report, the Benefit Period Start Date shall be reported as the earliest date benefits were paid for a Benefit Type Code, regardless of whether multiple disability periods were paid for the Benefit Type Code.

(1) BENEFIT TYPE (BT) CODES:

(a) BT Code 010: Fatal / Death

(b) BT Code 020: Permanent Total (PT)

(c) BT Code 021: Permanent Total Supplemental (PT Supp).

(d) BT Code 030: Permanent Partial Scheduled / Impairment Income Benefits (IB) (Dates of Injury on or after 1/1/94).

1. The claim administrator shall not report BT Code 030 (IB) or BT Code 530 (Lump Sum Payment/Settlement of IB) if one or more of the following BT Codes have been paid: BT Code 020 (PT), 021 (PT Supp), 520 (Lump Sum Payment/Settlement of PT), or 521 (Lump Sum Payment/Settlement of PT Supp).

(e) BT Code 030: Permanent Partial Scheduled / Wage Loss Benefits (Dates of Injury prior to 1/1/94).

1. Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Period Start Date and Benefit Period Through Date are not required to be reported.

(f) BT Code 040: Permanent Partial Unscheduled / Supplemental Income Benefits (SB) (Dates of Injury 1/194 through 9/30/2003).

1. BT Code 040 (SB) or 540 (Lump Sum Payment/Settlement of SB) shall not be sent as the earliest/only indemnity benefit paid.

(g) BT Code 050: Temporary Total (TT)

(h) BT Code 051: Temporary Total Catastrophic (TT @ 80%).

(i) BT Code 070: Temporary Partial (TP)

1. For Dates of Injury prior to 1/1/94, Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Period Start Date and Benefit Period Through Date are not required to be reported.

(j) BT Code 090: Permanent Partial Disfigurement / Permanent Impairment Benefits (PI) (Dates of Injury 8/1/79 through 12/31/1993).

1. The claim administrator shall not report BT Code 090 (PI) or BT Code 590 (Lump Sum Payment/Settlement of PI) if one or more of the following BT Codes have been paid: BT Code 020 (PT), 021 (PT Supp), 520 (Lump Sum Payment/Settlement of PT), or 521 (Lump Sum Payment/Settlement of PT Supp).

2. Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Period Start Date and Benefit Period Through Date are not required to be reported.

(k) BT Code 240: Employer Paid Unspecified / Salary in Lieu of Compensation.

1. The claim administrator may alternatively report BT Code 242: Employer Paid Vocational Rehab Maintenance / specifically for Salary in Lieu of Comp for TT – Training and Education; BT Code 250: Employer Paid Temporary Total / specifically for Salary in Lieu of Comp for TT; BT Code 251: Employer Paid Temporary Total Catastrophic / specifically for Salary in Lieu of Comp for TT @ 80%; and/or BT Code 270: Employer Paid Temporary Partial / specifically for Salary in lieu of Comp for TP Payable; however, if the claim administrator's knowledge of the injury is on or after its production implementation date for reporting the Electronic Claim Cost Report, BT Codes 242, 250, 251, and 270 shall not be reported with BT Code 240.

2. Benefit Type Amount Paid is not required to be reported for BT Codes 240, 242, 250, 251, and 270.

(l) BT Code 410: Vocational Rehab Maintenance / TT Training and Education.

(m) BT Code 500: Unspecified Lump Sum Payment/Settlement of indemnity benefits

1. Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Period Start Date and Benefit Period Through Date are not required to be reported.

(n) BT Code 501: Medical Lump Sum Payment/Settlement. The claim administrator is not required to report BT Code 501: Medical Lump Sum Payment/Settlement, unless it is accompanied or preceded by BT Code 500 Unspecified Lump Sum Payment/Settlement.

1. If BT Code 501 is the only payment reported, the Electronic Claim Cost Report will be rejected.

2. Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Period Start Date and Benefit Period Through Date are not required to be reported.

(o) BT Codes 5xx: Lump Sum Payment/Settlement of a specific BT Code in (1)(a) through (l) of this subsection.

1. Benefit Type Claim Weeks, Benefit Type Claim Days, Benefit Period Start Date and Benefit Period Through Date are not required to be reported.

(2) OTHER BENEFIT TYPE (OBT) CODES:

(a) OBT Code 300: Funeral Expenses.

(b) OBT Code 310: Total Penalties.

1. The claim administrator shall not report OBT Code 310 for cases where the Date Claim Administrator Had Knowledge of the Injury is prior to the claim administrator's production implementation date for Electronic Claim Cost Reports (MTC's SA and FN).

(c) OBT Code 311 – Total Employee Penalties.

1. The claim administrator shall file OBT Code 311(versus OBT Code 310) for cases where the Date Claim Administrator Had Knowledge of the Injury is on or after the claim administrator's production implementation date for Electronic Claim Cost Reports (MTC's SA and FN).

(d) OBT Code 320 – Total Interest.

1. The claim administrator shall not report OBT Code 310 for cases where the Date Claim Administrator Had Knowledge of the Injury is prior to the claim administrator's production implementation date for Electronic Claim Cost Reports (MTC's SA and FN).

(e) OBT Code 321 – Total Employee Interest.

1. The claim administrator shall file OBT Code 321(versus OBT Code 320) for cases where the Date Claim Administrator Had Knowledge of the Injury is on or after the Claim Administrator's production implementation date for Electronic Claim Cost Reports (MTC's SA and FN).

(f) OBT Code 370: Total Other Medical.

1. OBT Code 370 includes medical expenses (e.g., expenses to build a ramp for a wheelchair-bound employee) not otherwise required to be reported to the Division pursuant to Rule 69L-7.602, F.A.C., (i.e., physician, dental, hospital, pharmacy or durable medical expenses).

(g) OBT Code 380: Total Vocational Rehabilitation Evaluation.

(h) OBT Code 390: Total Vocational Rehabilitation Education.

(i) OBT Code 400: Total Other Vocational Rehabilitation.

(j) OBT Code 430: Total Unallocated Prior Indemnity Benefits.

(k) OBT Code 475: Total Medical Travel Expenses.

(3) The claim administrator shall send Electronic Periodic Claim Cost Reports to the Division for the following cases and by the filing time periods in subsection (3) of this section:

(a) "Lost Time/Indemnity Case";

(b) "Medical Only to Lost Time Case;

(c) "Denied Case" for which any indemnity benefit was paid prior to or after the denial.

(4)(a) Electronic Sub-Annual Claim Cost Report: The claim administrator shall report the Electronic Sub-Annual Claim Cost Report by sending SROI MTC SA (Sub-Annual) every 6 months after the date of injury until the claim is closed. The first Electronic Sub-Annual Claim Cost Report will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) within 30 days after six (6) months from the date of injury. All subsequent Electronic Sub-Annual Claim Cost Reports shall be sent to the Division every six (6) months thereafter. A subsequent Electronic Sub-Annual Claim Cost Report will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) within 30 days of the due date as determined by the following: A subsequent MTC SA due date will be determined by adding six month intervals to the month of injury (e.g. Date of Injury (DOI) = 3/15/06, MTC SA due 9/15/06, next MTC SA due 3/15/07). If the resulting MTC SA due date is not a valid calendar date, the due date for that MTC SA will default to last day of the calculated month (e.g. DOI = 8/30/06, MTC SA due 2/28/07, next MTC SA due 8/30/07).

1. The first Electronic Sub-Annual Claim Cost Report shall not be sent to the Division earlier than six months after the date of injury. However, if the claim administrator closed the case prior to 6 months after the date of injury, the first Electronic Claim Cost Report may be sent prior to six (6) months after the date of injury if it is sent as an Electronic Final Claim Cost Report (MTC FN). If the claim did not become a "Lost Time/Indemnity Case" until more than six (6) months after the date of injury, the first Electronic Sub-Annual Claim Cost Report shall be filed when the next "6 month" SROI MTC SA becomes due (e.g., disability began 9 months after the DOI, 1st MTC SA due 12 months after DOI; disability began 13 months after DOI, 1st MTC SA due 18 months after DOI).

2. Subsequent Electronic Sub-Annual Claim Cost Reports sent more than 7 days prior to the required six (6) month filing interval will be processed as an amendment to the previous Electronic Sub-Annual Claim Cost Report and will not fulfill the filing requirement for the next required Electronic Sub-Annual Claim Cost Report.

(b) Electronic Final Claim Cost Report: The claim administrator shall report the Electronic Final Claim Cost Report by sending SROI MTC FN (Final) for all cases closed since the last required filing of a periodic report. The Electronic Final Claim Cost Report will be considered timely filed with the Division if it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 30 days after the due date of the sub-annual.

1. The Electronic Final Claim Cost Report may be sent prior to the due date of the sub-annual if the claim administrator closes the case and will not be paying any further medical or indemnity benefits.

2. If the claim administrator issues payment or changes the amount paid for any Benefit Type Code or Other Benefit Code identified in subsections 69L-56.3013(1) and (2), F.A.C., since the filing of the previous Final Claim Cost Report, the claim administrator shall send an Electronic Final Claim Cost Report on or before 30 days after the due date of the sub-annual to summarize benefits paid since the last Final Claim Cost Report filed with the Division.

3. If the claim administrator is re-opening the claim to pay on-going indemnity benefits, the Electronic Periodic Claim Cost Report should be sent as an Electronic Sub-Annual (SA) Claim Cost Report on or before 30 days after the due date of the Sub-Annual.

4. The claim administrator shall file another Electronic Final (FN) Claim Cost Report if it has paid additional amounts for one or more of the following Other Benefit Type Codes: OBT Code 370 (Total Other Medical), OBT Code 380 (Total Vocational Rehabilitation Evaluation), OBT Code 390 (Total Vocational Rehabilitation Education), OBT Code 400 (Total Other Vocational Rehabilitation), or OBT Code 475 (Total Medical Travel Expenses).

(5) Any insurer failing to timely send an Electronic Periodic Claim Cost Report in accordance with the filing time periods prescribed in this subsection shall be subject to administrative penalties assessable by the Division in accordance with the provisions of Rule Chapter 69L-24, F.A.C., and Section 440.525, F.S.

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

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

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

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

(1) Electronic Notice of Action or Change (MTC 02). On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.300(3)(a), F.A.C., the insurer shall file an Electronic Notice of Action or Change for reporting changes to the information specified in paragraphs (1)(a) and (b) of this section. The claim administrator shall file the FROI or SROI MTC 02 (Change) on or before 14 days after the claim administrator has knowledge of the new or changed information. However, MTC 02 shall not be sent if a data element changes as a result of an event that requires the reporting of another MTC in accordance with the definition of Maintenance Type Code (MTC) in the Data Dictionary located in Section 6 of the IAIABC Claims EDI Release 3 Implementation Guide. If there is a change in Insurer FEIN or Claims Administrator FEIN, Claim Administrator Postal Code, and Claim Administrator Claim Number due to the acquisition of a claim, the claim administrator shall file MTC AQ or AU with applicable SROI pursuant to subsection (2) of this section.

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

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

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

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

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

5. Industry Code (FROI MTC 02 only);

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

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

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

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

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

11. Employee Date of Death (FROI or SROI MTC 02).

(b) The claim administrator shall file MTC 02 (Change) to report a change in any other data element designated with the requirement code of "Y", "Y[1]", "Y[2]", "Y[3]", "Y[4]" or "FY" in the FROI or SROI MTC 02 column of the FL Claims EDI R3 Element Requirement Table contained in the FL Claims EDI Implementation Manual (e.g., Initial Date Disability Began, Benefit Payment Issue Date, etc.). The provision of Form

DFS-F2-DWC-4 to the employee and employer is not required since these data elements are not contained on Form DFS-F2-DWC-4 adopted in Rule Chapter 69L-3, F.A.C.

(2) Electronic Notice of Action or Change in Claims Administration (MTC AQ, or MTC AU with applicable SROI MTC). If the responsibility for adjusting a "Lost Time/Indemnity Case", "Medical Only to Lost Time Case" or "Denied Case" has changed due to acquisition of the claim from another claim administrator or due to the employer transferring a large deductible claim to the claim administrator because the claim met the contracted deductible threshold, the new claim administrator shall send FROI MTC AQ (Acquired Claim), to report the change in claims administration, on or before 21 days after the effective date of the new claim administrator's acquisition of the claim. In place of filing FROI MTC AQ, the claim administrator may file FROI MTC AU (Acquired/Unallocated) with SROI MTC AP, EP, CD, VE, PY, or PD to report the change in claims administration. The claim administrator shall file FROI MTC AQ (Acquired Claim) or FROI MTC AU with applicable SROI MTC prior to sending any subsequent transactions (e.g., subsequent electronic suspension notices, electronic periodic claim cost reports, etc.).

(a) The acquiring claim administrator shall also provide to the employee and employer, Form DFS-F2-DWC-4 adopted in Rule Chapter 69L-3, F.A.C., or an explanatory letter, on or before 21 days from the date of acquisition, to advise the parties about the change in claims administration, except when sending Claims EDI filings identified in subparagraphs 69L-56.304(2)(c)6. & 7., F.A.C., below.

(b) A batch of FROI MTC AQ (Acquired Claim) filings or FROI AU with applicable SROI MTC filings to report a change in claims administration for multiple claims shall replace the former option of the claim administrator to otherwise file with the Division Form DFS-F2-DWC-49, Aggregate Claims Administration Change Report adopted in Rule Chapter 69L-3, F.A.C., in place of Form DFS-F2-DWC-4, Notice of Action/Change, for each affected claim.

(c) If the FROI MTC AQ (Acquired Claim) rejects because a First Report of Injury or Illness was not previously filed with the Division by the former claim administrator, the acquiring claim administrator shall file FROI MTC AU (Acquired/Unallocated) with the appropriate SROI MTC AP, EP, CD, VE, PY, PD, or 04 on or before 14 days after the FROI MTC AQ (Acquired Claim) was assigned an Application Acknowledgement Code "TR" (Transaction Rejected) as follows:

1. If the claim administrator is reporting its initial payment of indemnity benefits other than a lump sum payment/settlement for an acquired claim, the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC "AU" (Acquired/Unallocated) with SROI MTC "AP" (Acquired/Payment).

2. If the claim administrator is reporting its initial payment of indemnity benefits for a lump sum payment or settlement for an acquired claim, the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC "PY" (Payment Report).

3. If the claim administrator is reporting the initial payment of indemnity benefits by the employer on an acquired claim (i.e., salary in lieu of compensation), the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI EP (Employer Paid).

4. If the claim administrator is reporting a Compensable Death, No Dependents/Payees on an acquired claim, the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC CD (Compensable Death, No Dependents/Payees).

5. If the claim administrator is reporting a compensable Volunteer on an acquired claim, the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC VE (Compensable Volunteer).

6. If the claim administrator is reporting a Partial (Indemnity Only) Denial on an acquired claim, the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC PD (Partial Denial).

i. The claim administrator shall file an Electronic Notice of Denial with the Division by reporting the applicable Partial Denial Reason Code and Denial Reason Narrative on the same SROI MTC PD (Partial Denial).

ii. In addition to filing the Electronic Notice of Denial with the Division, the claim administrator shall provide a paper copy of Form DFS-F2-DWC-12, Notice of Denial, adopted in Rule Chapter 69L-3, F.A.C., to the employer and employee, in accordance with the filing time period set out for Form DFS-F2-DWC-12 in Rule 69L-3.012, F.A.C.

7. If the claim administrator is reporting a Full Denial on an acquired claim where indemnity payments were previously paid prior to the full denial, the Electronic Notice of a Change in Claims Administration shall be represented by sending FROI MTC AU (Acquired/Unallocated) with SROI MTC 04 (Denial).

i. The claim administrator shall file an Electronic Notice of Denial with the Division by reporting the applicable Full Denial Reason Code(s) and Full Denial Effective Date on the SROI MTC 04 (Denial). The Denial Reason Narrative shall also be sent on the SROI MTC 04 (Denial) to supplement the Denial Reason Code(s).

ii. In addition to filing the Electronic Notice of Denial with the Division, the claim administrator shall provide a paper copy of Form DFS-F2-DWC-12, Notice of Denial, adopted in

Rule Chapter 69L-3, F.A.C., to the employer and employee, in accordance with the filing time period set out for Form DFS-F2-DWC-12 in Rule 69L-3.012, F.A.C.

(d) If MTC AQ (Acquired Claim) rejects because a First Report of Injury or Illness was not previously filed with the Division by the former claim administrator, and the acquiring claim administrator is denying the entire claim where no indemnity payments have been made, the acquiring claim administrator shall file FROI MTC 04 (Denial) on or before 14 days after the FROI MTC AQ (Acquired Claim) was assigned an Application Acknowledgement Code "TR" (Transaction Rejected) as follows:

1. The claim administrator shall file an Electronic Notice of Denial with the Division by reporting the applicable Full Denial Reason Code(s) and Full Denial Effective Date on the FROI MTC 04 (Denial). The Denial Reason Narrative shall also be sent on the FROI MTC 04 (Denial) to supplement the Denial Reason Code(s).

2. In addition to filing the Electronic Notice of Denial with the Division, the claim administrator shall provide a paper copy of Form DFS-F2-DWC-12, Notice of Denial, adopted in Rule Chapter 69L-3, F.A.C., to the employer and employee, in accordance with the filing time period set out for Form DFS-F2-DWC-12 in Rule 69L-3.012, F.A.C.

(3) Electronic Notice to Report Initial Payment (MTC IP) Following Prior Employer Paid benefits, Compensable Death with no Known Dependants/Payees, or Compensable Volunteer Filing. If the claim administrator makes its initial payment following the prior initial payment of salary in lieu of compensation (SROI MTC EP), or after the prior filing of a SROI MTC CD (Compensable Death), or after the prior filing of a SROI MTC VE (Compensable Volunteer), the claim administrator shall file a SROI MTC IP (Initial Payment) on or before 14 days after the date the claim administrator's initial payment was mailed to the employee. The claim administrator shall provide Form DFS-F2-DWC-4 adopted in Rule Chapter 69L-3, F.A.C., or explanatory letter to the employee and employer regarding the commencement of indemnity benefits by the claim administrator.

(4) Electronic Notice of Lump Sum Payment/Settlement (MTC PY). If an order is signed for a lump sum payment or settlement of indemnity benefits subsequent to the initial payment of indemnity benefits, i.e., an award, advance, stipulated agreement, or final settlement of indemnity benefits, the claim administrator shall file SROI MTC PY (Payment Report), on or before 14 days after the date the award/order was signed. The claim administrator shall report the applicable Lump Sum Payment/Settlement Code as defined in Section 6, Data Dictionary, of the IAIABC Claims EDI R3 Implementation Guide as follows: "SF" (Settlement Full) if both indemnity and medical benefits are settled; "SP" (Settlement Partial) if only indemnity but not medical benefits are settled; "AS" (Agreement Stipulated) if the lump sum payment is for a non-adjudicated amount; "AW" (Award) if the lump sum payment is for an adjudicated amount; or "AD" (Advance) if the lump sum payment is for benefits in advance of when they were due. If all Impairment Income benefits due are paid in one lump sum amount, regardless of the amount, the claim administrator shall file SROI MTC PY with Benefit Type Code 030 or 530, and report Lump Sum Payment/ Settlement Code "AD" (Advance). The claim administrator is not required to file an Electronic Notice of Suspension SROI MTC S7 (Suspension, Benefits Exhausted) to report the conclusion of the payment of Impairment Income benefits when Impairment Income benefits are paid in one lump sum.

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

(b) The claim administrator shall provide Form DFS-F2-DWC-4, Notice of Action/Change, adopted in Rule Chapter 69L-3, F.A.C., to the employee and employer.

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

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

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

69L-56.3045 Electronic Notice of Action or Change, Suspensions, and Reinstatement of Indemnity Benefits Required by the Insurer's Secondary Implementation Schedule.

(SROI MTC 02, CA, CB, AB, S1-S8, P7, RB, ER)

(1) Electronic Notice of Action or Change (SROI MTC 02). On or before the compliance date established in the insurer's Secondary Implementation Schedule set forth in paragraph 69L-56.300(3)(b), F.A.C., the insurer shall file an Electronic Notice of Action or Change for the reporting of changes to the information in paragraphs (1)(a) and (b) of this section. The claim administrator shall file the SROI MTC 02 (Change) on or before 14 days after the claim administrator has knowledge of the new or changed information. However, MTC 02 shall not be sent if a data element changes as a result of an event that requires the reporting of another MTC pursuant to the definition of Maintenance Type Code (MTC) in the Data Dictionary located in Section 6 of the IAIABC Claims EDI Release 3 Implementation Guide.

(a) The claim administrator shall file SROI MTC 02 (Change) and provide Form DFS-F2-DWC-4 unless otherwise noted in subparagraph 1.-10. below, to the employee and employer, pursuant to Rule Chapter 69L-3, F.A.C., if any of the following data elements are changed:

1. Date of Maximum Medical Improvement.

2. Permanent Impairment Percentage.

3. Initial Return to Work Date.

4. Current Return to Work Date.

5. Return to Work Type Code.

6. Physical Restrictions Indicator.

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

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

9. Suspension Effective Date.

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

(b) The claim administrator shall file SROI MTC 02 and provide Form DFS-F2-DWC-4 unless otherwise noted in subparagraph 1.-15. below, to the employee and employer, pursuant to Rule Chapter 69L-3, F.A.C., if any of the following data elements are changed and there is no resulting change to the Net Weekly Amount because the benefit type being paid will continue to be paid at the same statutory maximum weekly rate, or because the claim administrator is correcting a code, date or amount previously reported in error and the Net Weekly Amount is unchanged:

1. Average Wage.

2. Wage Effective Date.

3. Calculated Weekly Compensation Amount.

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

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

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

7. Benefit Adjustment Code.

8. Benefit Adjustment Start Date.

9. Benefit Adjustment End Date.

10. Benefit Credit Code.

11. Benefit Credit Start Date.

12. Benefit Credit End Date.

13. Benefit Redistribution Code.

14. Benefit Redistribution Amount.

15. Benefit Redistribution Start Date.

16. Benefit Redistribution End Date.i. When the claim administrator is commencing or suspending redirection of a portion of the Net Weekly Amount to another party on the behalf of the employee or the employee's beneficiary due to a court ordered lien for child support, the claim administrator shall report Benefit Redistribution Code "H" that is being applied to a specific indemnity benefit type, and file SROI MTC 02 on or before 14 days after the date the claim administrator has knowledge that a portion of the net weekly amount should be redistributed to another party due to an income deduction order pursuant to Section 61.1301, F.S., or when the redistribution has ended.

(2) Electronic Change in Amount (MTC CA): If the Net Weekly Amount changes from the amount previously reported due to a revised Average Wage (e.g., wage statement, discontinuation of fringe benefits), or due to the application of a Benefit Adjustment Code or Benefit Credit Code specified in paragraph (2)(a) of this section, the claim administrator shall file a SROI MTC CA (Change in Benefit Amount) on or before 14 days after the date the claim administrator has knowledge that the Net Weekly Amount should be amended.

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

1. Benefit Adjustment Codes –

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

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

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

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

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

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

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

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

2. Benefit Credit Codes –

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

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

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

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

(d) If the Net Weekly Amount changes due to a change in the type of indemnity benefits that are being paid, the claim administrator shall file MTC CB (Change in Benefits) required by subsection 69L-56.3045(3), F.A.C., to report a change in the Benefit Type Code (BTC) that results in a change in the Net Weekly Amount payable (e.g., when indemnity benefits change from BTC 050 (Temporary Total) to BTC 070 (Temporary Partial) or BTC 030 (Impairment Income) – The claim administrator shall not file MTC CA (Change in Amount) for this occurrance.

(e) MTC CA is not required to report subsequent changes in the Net Weekly Amount payable for BTC 070 (Temporary Partial) for interim or ongoing fluctuations in the weekly rate due to variations in the employee's weekly earnings, or to report subsequent changes to the Net Weekly Amount payable for BTC 030 (Impairment Income Benefits) due to changes in the employee's weekly work status.

(f) MTC CA is also not required to be filed if the Net Weekly Amount changes due to subsequent applications of varying weekly adjustment or credit amounts against BTC 070 (Temporary Partial) or BTC 030 (Impairment Income) benefits. MTC CA, however, shall be filed to report a change in the Net Weekly Amount due to the ending of an adjustment or credit against BTC 070 (Temporary Partial) or BTC 030 (Impairment Income) benefits.

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

(4)(a) Adding Concurrent Benefit (MTC AB): When Permanent Total Benefits (Benefit Type 020) are being paid, and Permanent Total Supplemental Benefits (Benefit Type Code 021) are initiated subsequent to the prior commencement of Permanent Total Benefits (Benefit Type Code 020), the claim administrator shall file SROI MTC AB (Add Concurrent Benefit Type) on or before 14 days after the date the claim administrator has knowledge that Permanent Total Supplemental Benefits (Benefit Type Code 021) should be commenced.

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

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

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

(c) When all indemnity benefits are suspended because the employee failed to comply with one or more of the following statutory sections and rules, the claim administrator shall file

with the Division SROI MTC S3 (Suspension, Administrative Non-compliance) on or before 14 days after the date the claim administrator decided to suspend all indemnity benefits:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(j) When Permanent Total Supplemental Benefits (Benefit Type 021) are suspended but Permanent Total Benefits (Benefit Type 020) will continue to be paid, the claim administrator shall file with the Division SROI MTC P7 (Partial Suspension, Benefits Exhausted) on or before 14 days after the date Permanent Total Supplemental Benefits were suspended. In

addition to filing MTC P7 with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee and employer as required by Rule Chapter 69L-3, F.A.C.

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

(a) When payment of indemnity benefits are resumed by the claim administrator after having been previously suspended, the claim administrator shall file with the Division a SROI MTC RB (Reinstatement of Benefits) on or before 14 days after the date the claim administrator had knowledge of the need to reinstate indemnity benefits. In addition to filing SROI MTC RB with the Division, the claim administrator shall provide Form DFS-F2-DWC-4 to the employee and employer as required by Rule Chapter 69L-3, F.A.C.

(b) When the employer reinstates payment of salary in lieu of compensation following a prior suspension of all indemnity benefits paid by the employer, the claim administrator shall file with the Division SROI MTC ER (Employer Reinstatement) on or before 14 days after the date the claim administrator received notification about the reinstatement of salary in lieu of compensation. Form DFS-F2-DWC-4 is not required to be sent to the employee or employer.

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

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

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

(a) An Electronic First Report of Injury or Illness was accepted by the Division and the claim administrator subsequently determined the claim was filed in error because it was actually a Medical Only Case. The FROI MTC 01 shall reflect the Claim Type as "B" (Became Medical Only).

(b) An Electronic First Report of Injury or Illness was accepted by the Division and the claim administrator subsequently determined the claim was filed with inaccurate identifying information and was a duplicate of another accepted claim.

(2) If a claim has been cancelled via FROI MTC 01 (Cancel) after an Electronic First Report of Injury or Illness was previously filed with the Division and the claim administrator determines the claim should not be cancelled after all, the claim administrator shall re-file a subsequent Electronic First Report of Injury or Illness using the applicable MTC(s) specified in this rule for reporting an Electronic First Report of Injury or Illness. The original Electronic First Report of Injury or Illness sent to the Division shall be disregarded and considered not filed with the Division. The due date for filing the subsequent Electronic First Report of Injury or Illness shall correspond to the filing timeframes specified in this rule for the applicable MTC(s) required for an Electronic First Report of Injury. If un-cancelling a claim to file a full or partial denial of indemnity benefits, the claim administrator shall provide to the employee and employer, Form DFS-F2-DWC-12 adopted in Rule Chapter 69L-3, F.A.C.

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

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

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

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

(b) Secure Socket Layer/File Transfer Protocol (SSL/FTP) ~~using a client software program to accomplish SSL/FTP uploads and downloads~~ in accordance with instructions on Form DFS-F5-DWC-EDI-4 (10/1/2006 ~~01/01/2005~~).

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

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

2, Technical Documentation, Record Layouts, ~~on Pages "4-15" and "4-16"~~ in the IAIABC Claims EDI Release 3 Implementation Gguide.

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

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

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

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

1. No change.

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

3. No change.

(d) Header records shall include the following information:

1. No change.

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

3. No change.

(4) To ~~voluntarily~~ report the electronic equivalent of the First Report of Injury or Illness (Form DFS-F2-DWC-1 adopted in Rule Chapter 69L-3, F.A.C.), where ~~for which~~ total compensability of the claim has not been denied, the claim administrator shall send to the Division both the FROI and SROI within the processing times set out in subsection (5) of this section. If either the FROI or SROI contains an error that results in the rejection of one of the transactions, both the FROI and SROI shall be rejected and the claim administrator shall re-send both the corrected FROI and SROI to the Division within the processing times set out in paragraph (5) of this rule section, in order for the two transactions to be processed together. The Division will only pair for processing purposes, FROI's and SROI's that are received by the Division on the same day, as set out in paragraph (5) of this rule section.

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

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

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

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

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

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

(9) through (10) No change.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(f) Five (5) of the following Electronic Notice of Action or Changes, Suspension and Reinstatement of Indemnity Benefits filings required in the insurer's Secondary Implementation

Schedule utilizing at least two MTC 02 filings, one of which shall report a change in the Average Wage with no change to the Net Weekly Amount and one MTC 02 that reports a Benefit Redistribution.. The claim administrator shall also send at least one each of the following MTC's: S1-S8 (Suspensions); RB (Reinstatement); CA (Change in Amount), CB (Change in Benefit Type).

(9) To be approved for production status:

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

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

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

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

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

4. Initial Date of Lost Time; and

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

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

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

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

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

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

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

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

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

~~The requirement to report the employee's 8th day of disability and the claim administrator's knowledge of the 8th day of disability via an alternative electronic format shall commence upon the effective date of this rule.~~

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

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

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

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

NAME OF PERSON ORIGINATING PROPOSED RULE: Linda Yon, Systems Project Administrator, Office of Data Quality and Collection

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Dan Sumner, Workers' Compensation, Assistant Director

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 9, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 25, 2006

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NO.: RULE TITLE:
69O-137.001 Annual and Quarterly Reporting Requirements

PURPOSE, EFFECT AND SUMMARY: To adopt the 2006 NAIC Quarterly and Annual Statement Instructions and NAIC's Accounting Practices and Procedures Manual, as permitted by Section 624.424, F.S.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 624.308(1), 624.424(1) FS.

LAW IMPLEMENTED: 624.424(1) FS.

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

DATE AND TIME: November 20, 2006, 10:00 a.m.

PLACE: Room 142, Larson Building, 200 East Gaines Street, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 calendar days before the workshop/meeting by contacting: Kerry Krantz, Life and Health Financial Oversight, Office of Insurance Regulation, E-mail: kerry.krantz@dfs.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kerry Krantz, Life and Health Financial Oversight, Office of Insurance Regulation, E-mail: kerry.krantz@dfs.state.fl.us

THE FULL TEXT OF THE PROPOSED RULE IS:

69O-137.001 Annual and Quarterly Reporting Requirements.

(1) through (3) No change.

(4) Manuals Adopted.

(a) Annual and quarterly statements shall be prepared in accordance with the following manuals, which are hereby adopted and incorporated by reference:

1. The NAIC's Quarterly and Annual Statement Instructions, Property and Casualty, 2006 ~~2005~~;

2. The NAIC's Quarterly and Annual Statement Instructions/Life, Accident and Health, 2006 ~~2005~~;

3. The NAIC's Quarterly and Annual Statement Instructions/Health, 2006 ~~2005~~; ~~and~~

4. The NAIC's Quarterly and Annual Statement Instructions/Title, 2006; and

5.~~4.~~ The NAIC's Accounting Practices and Procedures Manual, as of March 2006 ~~2005~~.

(b) No change.

Specific Authority ~~624.307,~~ 624.308(1), 624.424(1) FS. Law Implemented ~~624.307(1),~~ 624.424(1) FS. History–New 3-31-92, Amended 8-24-93, 4-9-95, 4-9-97, 4-4-99, 11-30-99, 2-11-01, 4-5-01, 12-4-01, 12-25-01, 8-18-02, 7-27-03, Formerly 4-137.001, Amended 1-6-05, 9-15-05, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Kerry Krantz, Actuary, Life and Health Financial Oversight, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Richard Robleto, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 21, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 17, 2006

FINANCIAL SERVICES COMMISSION

OIR – Insurance Regulation

RULE NO.: RULE TITLE:
69O-138.001 NAIC Financial Condition Examiners Handbook Adopted

PURPOSE, EFFECT AND SUMMARY: To adopt the 2006 NAIC Financial Condition Examiners Handbook Adopted, as permitted by Section 624.316, F.S.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 624.308(1), 624.316(1)(c) FS.

LAW IMPLEMENTED: 624.316(1)(c), 624.316(1)(c) FS.

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

DATE AND TIME: November 20, 2006, 10:00 a.m.

PLACE: Room 142, Larson Building, 200 East Gaines Street, Tallahassee, Florida

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

agency at least 5 calendar days before the workshop/meeting by contacting: Kerry Krantz, Life and Health Financial Oversight, Office of Insurance Regulation, E-mail: kerry.krantz@fldfs.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kerry Krantz, Life and Health Financial Oversight, Office of Insurance Regulation, E-mail: kerry.krantz@fldfs.com

THE FULL TEXT OF THE PROPOSED RULE IS:

69O-138.001 NAIC Financial Condition Examiners Handbook Adopted.

(1) The National Association of Insurance Commissioners Financial Condition Examiners Handbook (2006 ~~2005~~) is hereby adopted and incorporated by reference.

(2) through(3) No change.

Specific Authority 624.308(1), 624.316(1)(c) FS. Law Implemented 624.316(1)(c) ~~624.307(1)~~ FS. History–New 3-30-92, Amended 4-9-97, 4-4-99, 11-30-99, 2-11-01, 12-25-01, 8-18-02, 7-27-03, Formerly 4-138.001, Amended 1-6-05, 9-15-05, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Kerry Krantz, Actuary, Life and Health Financial Oversight, Office of Insurance Regulation

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Richard Robleto, Deputy Commissioner, Office of Insurance Regulation

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 21, 2006

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: February 17, 2006

FINANCIAL SERVICES COMMISSION

Indexing Agency Orders

RULE CHAPTER NO.:	RULE CHAPTER TITLE:
69T-1	Organizational Structure of the Office of Financial Regulation
RULE NO.:	RULE TITLE:
69T-1.001	Organizational Structure

PURPOSE AND EFFECT: The purpose of the rule is to establish the organizational structure of the Office of Financial Regulation as required by Section 20.121(3)(b), F.S.

SUMMARY: The rule establishes the organizational structure of the Office of Financial Regulation.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 20.121(3)(b) FS.

LAW IMPLEMENTED: 20.121(3)(b), 20.055(2) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Andrea Moreland, Executive Senior Attorney, Office of Financial Regulation, Room 118K, Fletcher Building, 200 East Gaines Street, Tallahassee, Florida 32399-0370, Telephone: (850)410-9662, e-mail: andrea.moreland@fldfs.com

THE FULL TEXT OF THE PROPOSED RULE IS:

69T-1.001 Organizational Structure.

(1) The following organizational units are established in the Office of Financial Regulation:

(a) Office of Inspector General.

(b) Office of Legal Services.

(c) Division of Financial Institutions, which shall include the following bureaus:

1. Bureau of Bank Regulation District I.

2. Bureau of Bank Regulation District II.

3. Bureau of Credit Union Regulation.

(d) Division of Securities, which shall include the following bureaus:

1. Bureau of Securities Regulation.

2. Bureau of Regulatory Review.

(e) Division of Finance, which shall include the following bureaus:

1. Bureau of Finance Regulation.

2. Bureau of Regulatory Review.

3. Bureau of Money Transmitter Regulation.

(f) Bureau of Financial Investigations as required by s. 20.121(3)(a)2., F.S.

(2) There is established under the Director of the Office of Financial Regulation the position of assistant director. The assistant director will aid the director in fulfilling the director's statutory obligations. The director may be known as the Commissioner of Financial Regulation and the assistant director may be known as the Deputy Commissioner of Financial Regulation.

(3) The Office of Inspector General shall be headed by an inspector general.

(4) The Office of Legal Services shall be headed by a general counsel.

(5) Each division shall be headed by a director.

(6) Each bureau shall be headed by a chief.

Specific Authority 20.121(3)(b) FS. Law Implemented 20.121(3)(b), 20.055(2) FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Don B. Saxon, Commissioner
NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Financial Services Commission
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 17, 2006
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 6, 2006

Section III
Notices of Changes, Corrections and Withdrawals

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

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

DEPARTMENT OF CORRECTIONS

RULE NO.:	RULE TITLE:
33-601.210	Custody Classification

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32, No. 39, (September 29, 2006), issue of the Florida Administrative Weekly:

33-601.210 Custody Classification.

(1) through (3) No change.

(4) Progress Assessments.

(a) through (b) No change.

(c) Unless precluded for security or other substantial reasons, all inmates shall be scheduled to appear and be present for assessments and reviews. An inmate shall be notified a minimum of forty-eight hours in advance of an assessment and review unless the inmate waives such notice in writing. Assessments and reviews shall be completed as follows:

1. through 4. No change.

(d) through (m) No change.

(5) No change.

Specific Authority 944.09, 958.11 FS. Law Implemented 20.315, 921.20, 944.09, 944.17(2), 944.1905, 958.11 FS. History–New 12-7-81, Formerly 33-6.09, Transferred from 33-6.009, Amended 6-8-82, 10-26-83, 6-8-86, 7-8-86, 10-27-88, 1-1-89, 7-4-89, 10-12-89, 1-2-91, 7-21-91, 8-30-92, 5-13-96, 6-12-96, 11-19-96, 10-15-97, Formerly 33-6.0045, Amended 9-19-00, _____.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION

RULE NOS.:	RULE TITLES:
62-303.200	Definitions
62-303.320	Aquatic Life-Based Water Quality Criteria Assessment
62-303.360	Primary Contact and Recreation Use Support
62-303.370	Fish and Shellfish Consumption Use Support
62-303.380	Drinking Water Use Support and Protection of Human Health
62-303.420	Aquatic Life-Based Water Quality Criteria Assessment
62-303.450	Interpretation of Narrative Nutrient Criteria
62-303.460	Primary Contact and Recreation Use Support
62-303.470	Fish and Shellfish Consumption Use Support
62-303.480	Drinking Water Use Support and Protection of Human Health
62-303.720	Delisting Procedure

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 32 No. 31, August 4, 2006 issue of the Florida Administrative Weekly.

CHAPTER 62-303

IDENTIFICATION OF IMPAIRED SURFACE WATERS

PART I GENERAL

62-303.200 Definitions.

As used in this chapter:

(1) No change.

(2) "BioRecon" shall mean a biological evaluation conducted in accordance with standard operating procedures (SOPs) FT 3000, FS 7410, and LT 7100, as promulgated in Rule ~~Chapter~~ 62-160.800, F.A.C.

(3) through (21) No change.

(22) "Stream Condition Index" shall mean a biological evaluation conducted in accordance with SOPs FT 3000, FS 7420, and LT 7200, as promulgated in Rule ~~Chapter~~ 62-160.800, F.A.C.

(23) through (30) No change.

Specific Authority 403.061, 403.067 FS. Law Implemented 403.062, 403.067 FS. History–New 6-10-02, Amended _____.