

(7)(8) The fee for each duplicate certificate is 10 dollars.

(9) ~~The fee for listings and mailing labels of radiologic technologists, is \$0.05 for each name and \$55.00 for each setup.~~

(10) ~~For a study guide as provided in Section 468.304(4), Florida Statutes, 25 dollars.~~

Rulemaking Specific Authority 468.303, 468.3065, 468.309 FS. Law Implemented 119.07(4)(b), 455.587(6), 468.304, 468.306, 468.3065, 468.309, 468.3095 FS. History—New 10-1-84, Formerly 10D-74.40, Amended 3-21-88, 9-17-92, 11-6-94, Formerly 10D-74.040, Amended 10-28-99,_____.

64E-3.003 Qualifications for Examination.

(1) An applicant for certification as a Basic X-ray Machine Operator or Basic X-ray Machine Operator – Podiatric Medicine shall submit an application to the department on Form DH 1006, 10/09, “Application for Basic X-ray Machine Operator or Basic X-ray Machine Operator – Podiatric Medicine,” incorporated herein by reference. Applicants for all other types of certification under this Chapter shall submit an application to the department on Form DH 1005, 10/09, “Application for General Radiographer, Nuclear Medicine Technologist, Radiation Therapy Technologist, or Radiologist Assistant,” incorporated herein by reference. An applicant seeking approval to take the certification examination shall submit an application to the department on Form DH 1005, 10/07, “Radiologic Technology Application Form,” incorporated herein by reference. All The applicants must meet the qualifications prescribed by Section 468.304, Florida Statutes.

(a) through (d) No change.

(2) through (4) No change.

(5) The HIV/AIDS course required of all applicants by subsection 381.0034(3), Florida Statutes, shall be at least 4 hours duration and contain instruction on:

(a) The modes of transmission, infection control procedures, clinical management, and prevention of HIV/AIDS; and

(b) Current Florida law on HIV/AIDS and its impact on testing, confidentiality of test results, and treatment of patients.

Rulemaking Specific Authority 381.0034, 468.303 FS. Law Implemented 381.0034, 468.304 FS. History—New 4-10-85, Formerly 10D-74.43, Amended 3-21-88, 9-17-92, Formerly 10D-74.043, Amended 3-4-08,_____.

64E-3.006 Certification by Endorsement.

(1) An applicant seeking certification by endorsement shall submit an application to the department as specified in Rule 64E-3.003, F.A.C. on Form DH 1005, 10/07, “Radiologic Technology Application Form,” and pay the required fee.

(2) The provisions of subsections 64E-3.003(2), (3) and (5), F.A.C., must be satisfied. If the applicant has been denied radiologic technology licensure in another state, territory, or country, he shall submit to the department information pertaining to such action and its final disposition.

(3) No change.

Rulemaking Specific Authority 468.303 FS. Law Implemented 468.303, 468.304, 468.3065 FS. History—New 4-10-85, Formerly 10D-74.47, Amended 3-21-88, 5-7-96, 12-12-96, Formerly 10D-74.047, Amended 3-4-08,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
James A. Futch, Environmental Administrator

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Ana M. Viamonte Ros, State Surgeon General

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: October 30, 2009

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: October 3, 2008; September 25, 2009

Section III Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF COMMUNITY AFFAIRS

Division of Community Planning

RULE NOS.:

9J-42.001

9J-42.002

RULE TITLES:

Purpose and Effect

Relationship to Previous Rule and
Schedules

NOTICE OF WITHDRAWAL

Notice is hereby given that the above rule, as noticed in Vol. 35, No. 31, August 7, 2009 issue of the Florida Administrative Weekly has been withdrawn.

DEPARTMENT OF COMMUNITY AFFAIRS

Division of Community Planning

RULE NO.:

9J-42.003

RULE TITLE:

Schedule

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 35, No. 31, August 7, 2009 issue of the Florida Administrative Weekly.

Corrected Notice

The first two sections of the first Notice of Proposed Rule which appeared in the August 7, 2009, edition of the Florida Administrative Weekly have been withdrawn. This was based on comments received from the Joint Administrative Procedures Committee.

PURPOSE AND EFFECT: The purpose of this chapter is to establish the due dates for the third round of evaluation and appraisal reports due to be adopted by the local governing body and sent to the department pursuant to Section 163.3191, Florida Statutes. The evaluation and appraisal report is the principle process for updating local comprehensive plans to reflect changes in local conditions and state policy on planning and growth management. Municipal reports adoption due dates are generally 1 year to 18 months later than the report adoption date for the county in which those municipalities are located. The schedule divides the workload for the department over the submittal period and meets the required local governments deadlines set in Section 163.3191, Florida Statutes. Local governments which fail to submit their adopted report by their scheduled due date are subject to provisions of Subsection 163.3187(6), Florida Statutes.

SUMMARY: The adoption of Chapter 9J-42, F.A.C., will establish a phased schedule for adoption of the local government evaluation and appraisal report pursuant to Subsection 163.3191(9), Florida Statutes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: 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.

RULEMAKING AUTHORITY: 163.3191(9) FS.

LAW IMPLEMENTED: 163.3191 FS.

A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: A hearing was held on August 31, 2009, 9:00 a.m. in the Randall Kelley Training Center. This hearing was associated with the previous Notice of Proposed rule. Since no changes were made as a result of that hearing, no additional hearing is being scheduled at this time.

PLACE: See comment above. Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Ray Eubanks, Community Program Administrator, Department of Community Affairs, 2555 Shumard Oak Boulevard, Sadowski Building, Tallahassee, Florida 32399-2100, (850)922-1767. 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: Ray Eubanks, Community Program Administrator, Department of Community Affairs, 2555 Shumard Oak Boulevard, Sadowski Building, Tallahassee, Florida 32399-2100, (850)922-1767

THE FULL TEXT OF THE PROPOSED RULE IS:

9J-42.003 Schedule.

Local governing bodies shall submit their adopted evaluation and appraisal report to the department for sufficiency review based on the schedule set forth below:

THE RULE TEXT REMAINS AS ORIGINALLY PUBLISHED.

NAME OF PERSON ORIGINATING PROPOSED RULE: Ray Eubanks, Community Program Administrator, Department of Community Affairs, 2555 Shumard Oak Boulevard, Sadowski Building, Tallahassee, Florida 32399-2100, (850)922-1767

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Thomas G. Pelham, Secretary, Department of Community Affairs, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: July 23, 2009

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 12, 2009

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 ELDER AFFAIRS

Long-Term Care Ombudsman Program

RULE NOS.:	RULE TITLES:
58L-1.001	Confidentiality and Disclosure
58L-1.005	Access
58L-1.006	Conflict of Interest
58L-1.007	Complaint Procedures

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. 35, No. 41, October 16, 2009 issue of the Florida Administrative Weekly.

58L-1.001 Confidentiality and Disclosure.

(1) No change.

(2) **REQUIREMENTS.**

(a) Individuals specified in subsection (1) of this rule must be aware of ~~follow~~ the requirements in this subsection regarding the confidentiality and disclosure of information involving complaint files in the performance of their duties:

1. through 2. No change.

(b) No change.

Rulemaking Authority 400.0077(5) FS. Law Implemented 400.0077 FS. History—New 7-25-95, Amended_____.

58L-1.005 Access.

(1) Long-term care facilities must be aware of the following provisions below regarding an ombudsman's access to the facility, residents and records:

- (a) through (b) No change.
- (2) through (3) No change.

Rulemaking Authority 400.0081(2) FS. Law Implemented 400.0081 FS. History—New 7-31-95, Formerly 58L-3.001, Amended.

58L-1.006 Conflict of Interest.

(1) PROHIBITIONS.

(a) In addition to the conflict of interest prohibitions set forth in Section 400.0070(1), F.S., ~~and Title VII, Chapter 2 of the Older Americans Act of 1965, as amended in 2006, 42 U.S.C. § 3058g(f),~~ the following situations constitute prohibited conflicts of interest involving an ombudsman; an ombudsman's immediate family member; an officer, employee or representative of the Office of State Long-Term Care Ombudsman or of the state or district long-term care ombudsman councils:

1. through 5. No change.

6. Accepting, or having an immediate family member accepting, ~~substantial or consequential~~ gifts or gratuities from a long-term care facility, facility owner, administrator, resident or resident's representative;

7. through 9. No change.

(b) No change.

(2) No change.

Rulemaking Authority 400.0070 FS. Law Implemented 400.0070 FS. History—New_____.

58L-1.007 Complaint Procedures.

This rule outlines the procedures for receiving and conducting complaint investigations on behalf of residents in long-term care facilities.

(1) No change.

(2) INVESTIGATIVE PROTOCOL.

(a) through (b) No change.

(c) The complaint investigation must focus on the rights, health, safety and welfare of the resident or residents and may include direct observation, interviews with residents and other individuals, and record reviews, as permitted in ~~42 U.S.C., Section 3058g(b), and~~ Section 400.0081, F.S.

(d) through (f) No change.

Rulemaking Authority 400.0071 FS. Law Implemented 400.0071, 400.0073, 400.0075 FS. History—New_____.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

RULE NO.:

61-5.007

RULE TITLE:

Disciplinary Guidelines for
Unlicensed Activity

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. 35, No. 40, October 9, 2009 issue of the Florida Administrative Weekly.

61-5.007 Disciplinary Guidelines for Unlicensed Activity.

(1) In imposing disciplinary penalties upon unlicensed persons, the Department of Business and Professional Regulation (hereinafter, "Department") shall act in accordance with the following disciplinary guidelines and shall impose a penalty consistent herewith absent the application of aggravating or mitigating circumstances and subject to the provisions of Sections 455.228 and 489.13, Florida Statutes.

(2) For the purpose of this rule, the term "license" shall mean the professional license, registration, certificate or certification issued by the Department to authorize the practice of a profession pursuant to a professional practice act administered by the Department.

(3) All penalties established herein are for each count or separate violation found.

(4) For using a professional title or designation without holding the requisite license to do so, the following penalties shall apply:

(a) First violation – \$1000 administrative fine;

(b) Second violation – \$2500 administrative fine; and

(c) Third and subsequent violations – \$5000 administrative fine.

(5) For advertising or offering to practice a profession without holding the requisite license to do so, the following penalties shall apply:

(a) First violation – \$1500 administrative fine;

(b) Second violation – \$3000 administrative fine; and

(c) Third and subsequent violations – \$5000 administrative fine.

(6) For practicing a profession without holding the requisite license to do so, the following penalties shall apply:

(a) First violation – ~~\$3000~~ \$2500 administrative fine;

(b) Second violation – \$4000 administrative fine; and

(c) Third and subsequent violations – \$5000 administrative fine.

(7) Notwithstanding the foregoing, all third and subsequent violations of Section ~~489.127(1)~~ 489.13, Florida Statutes, ~~may shall~~ result in the imposition of a \$10,000 administrative fine.

(8) Circumstances which may be considered for the purposes of mitigation or aggravation of the foregoing penalties shall include the following:

(a) Monetary or other damage to the unlicensed person's customer and/or other persons, in any way associated with the violation, which damage the unlicensed person has not relieved as of the time the penalty is to be assessed.

(b) The severity of the offense.

(c) The danger to the public.

(d) The number of repetitions of offenses.

(e) The number of complaints filed against the unlicensed person.

(f) The length of time the unlicensed person has been engaging in unlicensed activity.

(g) The actual damage, physical or otherwise, to the unlicensed person's customer.

(h) The deterrent effect of the penalty imposed.

(i) The effect of the penalty upon the unlicensed person's livelihood.

(j) Any efforts at rehabilitation.

(k) The unlicensed person's use of an altered license or impersonation of a licensee.

(9) The disciplinary guidelines established by this rule are only applicable to final orders issued by the Secretary of the Department or his/her appointed designee.

Rulemaking Authority 455.2273 FS. Law Implemented 455.2273, 455.228, 489.127, 489.13 FS. History—New_____.

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:

62-17.540

Application for Corridor
Certification and Precertification
Amendments

62-17.600

Conditions of Certification

62-17.665

Management and Storage of Surface
Waters, Activities in Surface Waters
and Wetlands, and Water Quality,
Postcertification Review

62-17.680

Modification of Certification

62-17.750

Public Notice Requirements

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. 35, No. 38, September 25, 2009 issue of the Florida Administrative Weekly.

62-17.540 Application for Corridor Certification and Precertification Amendments.

(1) Applications for certification shall follow the format and shall be supported by information and technical studies, as prescribed by the Department's application guide form 62-1.212(1). Copies of this guide are available from a local District Office or by writing to the Department of Environmental Protection, Siting Coordination Office, MS 48, Commonwealth Blvd., Tallahassee, FL 32399-3000 as well as located on web site <http://www.dep.state.fl.us/siting>.

(a) through (c) No change.

(2) through (3) No change.

(4)(a) No change.

(b) Precertification amendments to an application shall follow the format and shall be supported by information as prescribed in ~~Section C of the Application Guide form 62-1.212(1) which is the section applicable to transmission lines~~. Appropriate revisions to the application text, figures, and photographs are required to be made to reflect the changes. Amendments may be submitted initially as correspondence, but formal revisions to the application, either in the form of amended application pages or an errata sheet listing all necessary changes to application pages, are required to be distributed within 15 days of correspondence submittal to all agencies, parties and persons previously receiving an application.

~~Rulemaking Specific~~ Authority 403.523(1), 403.531(2)(4)(b) FS. Law Implemented 403.523(1)(2)(3)(5)(6), ~~403.525~~, 403.5251, 403.5275 FS. History—New 11-20-80, Amended 6-26-84, 17-17.54(4) Transferred to 17-17.545(1) and Amended 6-26-84, Amended 1-26-93, Formerly 17-17.540, Amended_____.

62-17.600 Conditions of Certification.

Any submittal of information pursuant to a requirement contained in a condition of certification is for the purpose of monitoring for compliance with the issued certification pursuant to subsection 403.5317(2), F.S., and does not provide a point of entry for a person other than the applicant to an administrative determination on the adequacy of the submittal.

~~Rulemaking Specific~~ Authority 403.523(1) FS. Law Implemented 403.531(2), ~~403.5315(4)~~, 403.523(8) FS. History—New 11-20-80, Amended 6-26-84, 4-15-85, Formerly 17-17.600, Amended_____.

62-17.665 Management and Storage of Surface Waters, Activities in Surface Waters and Wetlands, and Water Quality, Postcertification Review.

No change.

(1) through (2) No change.

(3) No change.

(a) through (b) No change.

(c) Applicants must describe impacts and mitigation, if any, that provide reasonable assurance of compliance with the non-procedural requirements of Section 373.414, F.S., and applicable non-procedural provisions of the appropriate water management district's rules for where the line is being built.

(d) through (e) No change.

(4) through (7) No change.

Rulemaking Specific Authority 403.523(1) FS. Law Implemented 403.531(2), (3) FS. History--New 4-15-85, Formerly 17-17.665, Amended _____.

62-17.680 Modification of Certification.

(1) No change.

(2) Modifications requested by a licensee shall be processed in accordance with Section ~~without objections pursuant to s.~~ 403.5315(2), F.S., and the following:

(a) through (d) No change.

(e) The Department shall prepare a proposed order on a modification and mail notice of such proposed order to the last address of each party to the prior certification proceedings as shown in the record of those proceedings, or as may have been otherwise been updated by the party.

(f) If no objections are received from the parties to the prior certification proceedings within 45 days after issuance of the notice by mail, or from other persons whose substantial interests will be affected by the modification within 30 days after publication of the newspaper notice specified in paragraph (c) above, if such notice is required by the Department pursuant to Section 403.5363(1)(b)6., F.S., or within 30 days after publication of notice by the Department pursuant to Section 403.5363(3)(f), F.S., then the Department shall issue a Final Order on the modification consistent with the noticed proposed order. If written objections are filed that address only a portion of the proposed order on a modification, then the Department shall issue a Final Order on the portion of the modification to which no objections were filed, unless that portion of the requested modification is substantially related to or necessary to implement the portion to which written objections are filed.

(g) Written objections shall only address matters raised in the request for modification and the Department's Proposed Order. If objections are filed, the following shall apply:

1. Objections must be timely filed with the Department. The objections shall contain a description of the Objector; a statement of all disputed issues of material fact or a statement that there are none; a concise statement of the ultimate facts alleged, including the specific facts the Objector contends warrant revision of the proposed order on the modification; a statement of the specific rules or statutes the Objector contends require revision of the proposed order on the modification; and any other information which the Objector contends is material.

2. If objections are timely filed and agreement cannot be subsequently reached among the applicant, the Department and the objecting party(ies), then pursuant to Section 403.5315(2), F.S., the licensee may file a request for hearing on the modification seeking a final order for those portions of the proposed order on the modification to which written objections were timely filed.

3. The provisions of Chapter 120, F.S., shall govern the hearing on the modification to which written objections were timely filed.

Rulemaking Specific Authority 403.523(1) FS. Law Implemented 403.5315 403.523(1), 403.535 FS. History--New 11-20-80, Amended 6-26-84, Formerly 17-17.680, Amended _____.

62-17.750 Public Notice Requirements.

(1) The following forms used by the Department of Environmental Protection are adopted and incorporated by reference. The forms are listed by rule number which is also the form number, with the subject, title and effective date. Copies of forms may be obtained from the Department of Environmental Protection, Siting Coordination Office, MS. 48, 3900 Commonwealth Blvd., Tallahassee, FL 32399 or by accessing the Office's web site at <http://www.dep.state.fl.us/siting>. All notices shall be in substantial conformance with those forms.

(a) The applicant shall provided newspaper notice as required by Section 403.5363, F.S., using the forms and procedures listed below.

1. Notice of Filing an Application – DEP Form 62-17.750(1). This notice shall:

a. Be published no more than 21 ~~within 15~~ days after filing with the department;

b. through d. No change.

2. through 3. No change.

4. Notice of Deferment of Certification Hearing – DEP Form 62-17.750(TL4) This notice shall:

a. through d. No change.

e. In the event that the certification hearing is deferred and dates of rescheduling are available, this notice may be omitted and the notice(s) of Rescheduled Certification Hearing published under subparagraphs (1)(a)5. and (1)(b)2. shall include the dates of the originally scheduled certification hearing and deferred certification hearing combined with the notice of Rescheduled Certification Hearing — DEP Form 62-17.750(5).

5. through 6. No change.

(b) No change.

(c) A local government or regional planning council whose jurisdiction is to be crossed by a proposed transmission line corridor who requests an Informational Public Meeting shall provide newspaper notice as required by Section 403.5363, F.S., using the form and procedures listed below.

1. Notice of Informational Public Meeting – DEP Form 62-17.750(7). This notice shall be published by a local government or regional planning council in a newspaper of general circulation within whose jurisdiction is to be crossed by a proposed transmission line corridor and be published no later than 7 days prior to at least 15 days before the date of the meeting.

2. No change.

(2) through (3) No change.

Rulemaking Specific Authority 403.523(1) FS. Law Implemented 403.527(6)(c), 403.5271(1), 403.5271(1)(c), 403.5315(2), 403.5363 403.523(9), 403.527(1)(5), 403.535 FS. History–New 11-20-80, Transferred from 17-17.61 and Amended 6-26-84, Formerly 17-17.750, Amended _____.

Please note that the forms adopted and incorporated by Rule 62-17.750, F.A.C., have also been revised pursuant to comments presented at the hearing on this rule. Copies of the revised forms may be obtained by contacting: Ms. Jill Stoyshich at the Florida Department of Environmental Protection, Siting Coordination Office, 3900 Commonwealth Boulevard, MS 48, Tallahassee, Florida 32399 or jill.stoyshich@dep.state.fl.us, phone (850)245-2001.

DEPARTMENT OF HEALTH

Office of Statewide Research

RULE NO.: RULE TITLE:
64H-2.002 Institutional Review Board
Applications

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 35, No. 40, October 9, 2009 issue of the Florida Administrative Weekly.

The Notice of Change indicated that rule subsection (4) is changed, however paragraphs (4)(a) through (f) remain unchanged.

DEPARTMENT OF FINANCIAL SERVICES

Division of Worker's Compensation

RULE NO.: RULE TITLE:
69L-7.602 Florida Workers' Compensation
Medical Services Billing, Filing
and Reporting Rule

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. 35, No. 23, June 12, 2009 issue of the Florida Administrative Weekly.

These changes are being made to address concerns expressed at the public hearing and in response to written comments received from the Joint Administrative Procedures Committee.

69L-7.602 Florida Workers' Compensation Medical Services Billing, Filing and Reporting Rule.

(1) Definitions. As used in this rule:

(a) through ~~(t)(u)~~ No change.

~~(u)(v)~~ "Explanation of Bill Review" (EOBR) means the notice of payment or notice of adjustment, disallowance or denial sent by an insurer, service company/third party administrator or any entity acting on behalf of an insurer to a health care provider containing code(s) and code descriptor(s), in conformance with subsection paragraph (5)(c) of this rule.

(v) through (ss) No change.

(2) Forms Incorporated by Reference for Medical Billing, Filing and Reporting.

(a) No change.

~~(b)2-~~ Form DFS-F5-DWC-10 (Statement of Charges for Drugs and Medical Equipment & Supplies Form), Rev. 3/1/09 1/1/07. ~~May be used to bill for dates of service up to and including 3/31/07 and shall be used to bill for dates of service on and after 4/1/07.~~

(c) through (d) No change.

~~(e)2-~~ Form DFS-F5-DWC-90 (UB-04 CMS-1450, Uniform Bill, Rev. 2006); Form DFS-F5-DWC-90-B (Completion Instructions for Form DFS-F5-DWC-90 for use by hospitals), Rev. 1/1/09; 1/1/07. Form DFS-F5-DWC-90-C (Completion Instructions for Form DFS-F5-DWC-90 for use by Ambulatory Surgical Centers), New 1/1/09; Form DFS-F5-DWC-90-D (Completion Instructions for Form DFS-F5-DWC-90 for use by Home Health Agencies), New 1/1/09; FS-F5-DWC-90-E (Completion Instructions for Form DFS-F5-DWC-90 for use by Nursing Homes Facilities), New 1/1/09. ~~May be used to bill for submissions between 3/1/07 and 5/22/07 and shall be used to bill for submissions on and after 5/23/07.~~

(f) Obtaining Copies of Forms and Instructions.

1. A copy of ~~either revision of~~ the Form DFS-F5-DWC-90 can be obtained from the AMA CMS web site: <https://catalog.ama-assn.org/Catalog> ~~http://www.cms.hhs.gov/forms/~~. Completion instructions (DFS-F5-DWC-9-B) ~~on of~~ the form can be obtained from the Department of Financial Services/Division of Workers' Compensation (DFS/DWC) web site: <http://www.myfloridacfo.com/WC/forms.html> ~~http://www.fldfs.com/WC/forms.html#7~~.

2. through 4. No change.

5. ~~A copy of either revision of the Form DFS F5 DWC 90 can be obtained from the CMS web site: http://www.cms.hhs.gov/forms/. Completion instructions for Form DFS F5 DWC 90 (Rev. 1992) can be obtained from the UB 92, National Uniform Billing Data Element Specifications as Adopted by the Florida State Uniform Billing Committee (Rev. September 2006) and subparagraph (4)(b)4. of this rule. A copy of the Completion instructions for completion of Form DFS-F5-DWC-90 (Rev. 2006), Form DFS-F5-DWC-90-B (for hospitals) (Rev. 1/1/09 1/1/07), Form DFS-F5-DWC-90-C (for~~

ASCs) (New 1/1/09), Form DFS-F5-DWC-90-D (for Home Health Agencies), Form DFS-F5-DWC-90-E (for Nursing Home Facilities), New 1/1/09, can be obtained from the DFS/DWC web site: <http://www.myfloridacfo.com/WC/forms.html> <http://www.fldfs.com/WC/forms.html#7>.

(g) No change.

(3) Materials Adopted by Reference. The following publications are incorporated by reference herein:

~~(a)(e)~~ through ~~(i)(k)~~ No change.

~~(j)(4)~~ National Uniform Billing Committee Official UB-04 Data Specifications Manual 20107, version 41.00, July 2009 September 2006, as adopted by the National Uniform Billing Committee. A copy of this manual can be obtained from the National Uniform Billing Committee web site: <http://www.nubc.org/become.html> <http://www.nubc.org/UB-04%20SUBSCRIPTION%20ORDER%20FORM.doc>.

~~(k)(m)~~ The Florida Medical EDI Implementation Guide (MEIG), 20107, applicable for data submission on or after 4/2/07 and required for all data submission on or after 8/9/07. The Florida Medical EDI Implementation Guide (MEIG), 20107 can be obtained from the DFS/DWC web site: http://www.myfloridacfo.com/WC/edi_med.html http://www.fldfs.com/WC/edi_med.html.

(l) The Florida Workers' Compensation Reimbursement Manual for Hospitals, Rule 69L-7.501, F.A.C.

(m) The Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers, Rule 69L-7.100, F.A.C.

(n) The Florida Workers' Compensation Health Care Provider Reimbursement Manual, Rule 69L-7.020, F.A.C.

(4) Health Care Provider Responsibilities.

(a) Bill Submission/Filing and Reporting Requirements.

1. through 3. No change.

4. Insurers and health care providers shall utilize only the Form DFS-F5-DWC-25 for physician reporting of the injured employee's medical treatment/status. ~~No Any~~ other reporting forms may ~~not~~ be used in lieu of or supplemental to the Form DFS-F5-DWC-25. ~~Provider failure to accurately complete and submit the DFS-F5-DWC-25, in accordance with the Form DFS-F5-DWC-25 Completion/Submission Instructions adopted in this rule, may result in the Agency imposing sanctions or penalties pursuant to subsection 440.13(8), F.S. or subsection 440.13(11), F.S.~~

a. through b. No change.

5. through 9. No change.

10. A health care provider shall bill multiple services, rendered on the same date of service, on a contiguous bill; provided however, nothing herein shall prevent a physician from selling, assigning or otherwise factoring a claim for the provision of pharmacy related services to a third party.

(b) Special Billing Requirements.

1. through 2. No change.

3. Recognized practitioners, except physician assistants, advanced registered nurse practitioners, certified registered nurse anesthetists, who are salaried employees of an authorized treating physician and Regardless of the employment arrangement under which the services are rendered or the party submitting the bill, the following health care providers, who render direct billable services for which reimbursement is sought from an insurer, service company/TPA or any entity acting on behalf of the insurer, service company/TPA, shall report and bill for such services on a Form DFS-F5-DWC-9 by entering the employing physician's and enter his/her Florida Department of Health license number in Field 33b on the Form DFS-F5-DWC-9.

4. through 5. No change.

6. Ambulatory Surgical Centers (ASCs) shall bill as follows:

a. For dates of service up to and including 07/07/2010, ASCs shall bill on a Form DFS-F5-DWC-9 using the American Medical Association's CPT® procedure codes, or using the unique workers' compensation unique procedure code 99070 with required modifiers and shall billing charges based on the ASC's Charge Master except when billing for procedure code 99070.

b. For dates of service on or after 07/08/2010, Ambulatory Surgical Centers shall bill on Form DFS-F5-DWC-90 and shall enter the CPT®, HCPCS or workers' compensation unique code and the applicable CPT® or HCPCS modifier code in Form Locator 44 for each service rendered. ASCs shall bill charges based on the ASC's Charge Master except when billing for surgical implants, associated disposable instrumentation and applicable shipping and handling. ASCs shall use Revenue Center Code 0278 and workers' compensation unique code(s) with required modifier(s) pursuant to Rule 69L-7.100, F.A.C., when billing for surgical implants, associated disposable instrumentation, and applicable shipping and handling pursuant to Rule 69L-7.100, F.A.C. ASC medical bills shall be accompanied by all applicable documentation or certification required pursuant to Rule 69L-7.100, F.A.C.

7. Home Health Agencies (HHAs) shall bill on Form DFS-F5-DWC-90. Federal Facilities shall bill on their usual form.

a. For dates of service up to and including 07/07/2010, HHAs shall bill on letterhead or invoice.

b. For dates of service on or after 07/08/2010, HHAs shall bill on Form DFS-F5-DWC-90 and shall enter the CPT®, HCPCS or workers' compensation unique codes and the applicable CPT® or HCPCS modifier code in Form Locator 44 for each service rendered.

8. Nursing Home Facilities shall bill on Form DFS-F5-DWC-90. Out-of-State health care providers shall bill on the applicable medical bill form pursuant to paragraph (4)(c) of this rule.

a. For dates of service up to and including 07/07/2010, Nursing Home Facilities shall bill on letterhead or invoice.

b. For dates of service on or after 07/08/2010, Nursing Home Facilities shall bill on Form DFS-F5-DWC-90 and shall enter the CPT[®], HCPCS or workers' compensation unique code and the applicable CPT[®] or HCPCS modifier code in Form Locator 44 for each service rendered.

9. through 11. No change.

12. Pharmaceutical(s), Durable Medical Equipment and Home Medical Equipment or Supplies. ~~Health care providers receiving reimbursement under any payment plan (pre-payment, prospective pay, capitation, etc.) must accurately complete the Form DFS-F5-DWC-9 and submit the form to the insurer.~~

a. No change.

I. No change.

II. Physicians, physician assistants, or ARNPs shall bill on Form DFS-F5-DWC-9 and shall enter the NDC number, in the universal 5-4-2 format, in Field 24D, with each segment separated by a dash (-). The workers' compensation unique code DSPNS must be entered in addition to the NDC number in Field 24D. DME and medical supplies dispensed by a physician or recognized practitioner during an office visit must be billed on the DWC-9.

III. No change.

b. through h. No change.

13. through 15. No change.

(c) Bill Completion.

1. through 5. No change.

6. ~~A An insurer can require a health care provider shall submit to complete additional data elements or supporting documentation that are not required by the insurer that have been requested in writing pursuant to paragraph (5)(b) of this rule. Division on Form DFS-F5-DWC-9 or DFS-F5-DWC-11.~~

(5) Insurer Responsibilities.

(a) No change.

(b) ~~At the time of authorization for medical service(s) or upon receipt of notification of emergency care at the time a reimbursement request is received, an insurer shall notify each health care provider, in writing, of data elements additional form completion requirements or supporting documentation that are necessary for reimbursement determinations that are in addition to the requirements of this rule and the applicable reimbursement manual.~~

(c) through (v) No change.

(6) Insurer Electronic Medical Report Filing to the Division.

(a) through (d) No change.

(e) When filing any medical report replacement that corrects a rejected medical report bill or replaces a previously accepted medical report bill, the submitter shall use the same control number as the original submission. The replacement

report submission shall contain all information necessary to process the medical report bill including all services and charges from the medical bill claim as billed by the health care provider and all payments made by the insurer to the health care provider. Additionally, an insurer or entity acting on behalf of an insurer shall follow the EDI medical bill replacement methodology specified in the 2010 Florida Medical EDI Implementation Guide (MEIG), using Report Reason Code "03" (See Appendix C), after being notified by the Division that data previously accepted has been deemed inaccurate and responding to a written request from the Division to review, correct, and re-submit accurate data. Each Division written request shall have a specified timeline to which the insurer or entity acting on behalf of an insurer shall adhere. Information contained on the original submission is deemed independent and is not considered as a supplement to information contained in the replacement submission.

(f) ~~Each~~ Additionally, an insurer shall be responsible for accurately completing the electronic record-layout programming requirements for the reporting of the Form DFS-F5-DWC-9 Claim-Detail Record Layout – Revision "E" "D", Form DFS-F5-DWC-10 Claim-Detail Record Layout – Revision "E" "D", Form DFS-F5-DWC-11 Claim-Detail Record Layout – Revision "E" "D" and Form DFS-F5-DWC-90 Claim-Detail Record Layout – Revision "E" "D" in accordance with the Florida Medical EDI Implementation Guide (MEIG), 20107, to the Division in accordance with the phase-in schedule as denoted below in subparagraphs 1., 2., and 3. of this section. The electronic record layout for Form DFS-F5-DWC-90 in the MEIG 2010 adds the new fields for Provider Facility National Provider Identification (NPI) number, Florida Agency for Health Care Administration facility license number for Ambulatory Surgical Centers, Home Health Care Agencies, and Nursing Home Facilities, procedure, service or supply code modifier 2 as billed by the provider, procedure, service or supply code modifier 3 as billed by the provider, procedure, service or supply code modifier 4 as billed by the provider, procedure, service or supply code as paid by the insurer, procedure, service or supply code modifier 1 as paid by the insurer, procedure, service or supply code modifier 2 as paid by the insurer, procedure, service or supply code modifier 3 as paid by the insurer, procedure, service or supply code modifier 4 as paid by the insurer, and the line item amount paid by the insurer. The electronic record layout for Form DFS-F5-DWC-9 in the MEIG, 2007, adds the new fields for gender, date of birth, up to three new modifiers and a maximum of three EOB codes per line item from the revised code set. The electronic record layout for Form DFS-F5-DWC-10 in the MEIG, 2007, adds the new fields for gender, date of birth, pharmacist's Florida Department of Health license number, and, medical supply and equipment HCPCS code(s), quantity, purchase or rental date, usual charge, amount paid, prescriber's license number and a maximum of three EOB codes per line

item from the revised code set. The electronic record layout for Form DFS-F5-DWC-11 in the MEIG, 2007, adds the new fields for gender, date of birth and a maximum of three EOB codes per line item from the revised code set. The electronic record layout for Form DFS-F5-DWC-90 in the MEIG, 2007, adds the new form locators for gender, date of birth, designation of surgery as scheduled or unscheduled, implant amount, up to three External Cause of Injury codes, four additional ICD-9 diagnostic codes, four other procedure codes, operating physician's Florida DOH license number and a maximum of three EOB codes per line item from the revised code set. The conversion implementation schedule is as follows:

1. Submitters who have been approved for reporting production data with the Medical Data System (Record Layout – Revision “D” “C”), between 04/01/2007 ~~12/5/05~~ and 06/15/2007 ~~2/24/06~~ shall begin testing on 03/01/2010 ~~4/2/07~~ and shall complete the testing process with the new Revision “E” “D” record layouts no later than 04/12/2010 ~~5/4/07~~.

2. Submitters who have been approved for reporting production data with the Medical Data System (Record Layout – Revision “D” “C”), between 06/16/2007 ~~2/25/06~~ and 08/07/2007 ~~3/31/06~~ shall begin testing on 04/13/2010 ~~5/15/07~~ and shall complete the testing process with the new Revision “E” “D” record layouts no later than 05/25/2010 ~~6/26/07~~.

3. Submitters who have been approved for reporting production data with the Medical Data System (Record Layout – Revision “D” “C”), between 08/08/2007 ~~4/1/06~~ and the effective date of this rule shall begin testing on 05/26/2010 ~~6/27/07~~ and shall complete the testing process with the new Revision “E” “D” record layouts no later than 07/07/2010 ~~8/8/07~~.

4. The Division will, resources permitting, allow submitters that volunteer to complete the test transmission processes earlier than the schedule denoted above. Each voluntary submitter shall have six weeks to complete test transmission to production transmission processes, for all electronic form equivalents, that comply with requirements set forth in the Florida Workers' Compensation Medical EDI Implementation Guide (MEIG), 20107.

(g) All submitters shall be in production with the new Revision “E” “D” record layouts on 07/08/2010 ~~8/9/07~~. ~~Optionally, after successful completion of the testing process and continuing up to and including 8/8/07, submitters may elect to submit all required medical reports as required in the new Revision “D” record layouts, as required in the current Revision “C” record layouts, or, as required in the Revision “C” record layouts for billings on the current medical claim forms and as required in the Revision “D” record layouts for billings on the new medical claim forms.~~

(h) No change.

(7) Insurer Administrative Penalties and Administrative Fines for Untimely Health Care Provider-Payment or Disposition of Medical Bills.

(a) The Department shall impose insurer administrative penalties for failure to comply with the payment, adjustment, disallowance or denial requirements pursuant to Section 440.20(6)(b), F.S. Timely performance standards for timely payments, adjustments and payments, disallowances or denials, reported on Forms DFS-F5-DWC-9, DFS-F5-DWC-10, DFS-F5-DWC-11 and DFS-F5-DWC-90, shall be calculated and applied on a monthly basis for each separate form category that was received within a specific calendar month. Such insurer penalties shall be determined according to the penalty schedule in paragraph (7)(b) of this rule.

(b) No change.

The remainder of the reads as previously published.

DEPARTMENT OF FINANCIAL SERVICES

Division of Worker's Compensation

RULE NOS.:	RULE TITLES:
69L-24.003	Definitions
69L-24.004	Monitoring, Examining and Investigating
69L-24.005	Maintaining and Providing Records
69L-24.006	Administrative Penalties and Fines
69L-24.007	Pattern or Practice

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. 35, No. 25, June 26, 2009 issue of the Florida Administrative Weekly.

These changes are in response to written comments submitted by the staff of the Joint Administrative Procedures Committee and also includes technical changes.

69L-24.003 Definitions.

The following definitions shall apply in the rule chapter:

(1) through (5) No change.

(6) “Department Rules” – any and all rules adopted by the Department of Financial Services in its administration of Chapter 440 that apply to insurers or other regulated entities

(7) No change.

(8) “Examination” – a process whereby the practices of regulated entities are examined to verify compliance with Chapter 440, Florida Statutes and Department Rules. The term “examination” is synonymous with the term “audit”.

(9) through (10) No change.

(11) “Form DFS-F2-DWC-1” – Form DFS-F2-DWC-1 (First Report of Injury or Illness), effective 03/2009, or an electronic equivalent as required in Rule 69L-56.301, F.A.C.

(12) "Investigation" – a Department review that is conducted to verify compliance with Chapter 440, Florida Statutes and Department Rules.

(13) "Pattern or Practice" – a repeated or customary act(s) of non-compliance with any single provision of Chapter 440, Florida Statutes or Department Rules on an individual claim or on multiple claims.

(14) "Regulated Entity" – any insurer as defined in Section 440.02(38), F.S., employer, service company, servicing agent, third-party administrator, claims handling entity, self-serviced self-insured employer or fund, submitter of forms or data on behalf of an insurer, or managing general agent that is responsible for handling or adjusting claims, or fulfilling an insurer's responsibility to transmit workers' compensation data to the Department.

(15) "Violation" – any finding of non-compliance with Chapter 440, Florida Statutes or Department Rules.

69L-24.004 Monitoring, Examining and Investigating.

(1) The Department shall monitor, examine, or investigate the performance of regulated entities to ensure compliance with Chapter 440, Florida Statutes and Department Rules as often as is deemed necessary.

(a) No change.

(b) Examining or investigating includes, but is not limited to, the review of a regulated entity's processes and shall be based upon:

1. The regulated entity's performance in prior examinations and/or investigations, or

2. Information obtained through the monitoring process

(2) Monitoring, examining, or investigating includes, but is not limited to, the review of the following:

(a) Timeliness and accuracy of indemnity and/or medical payments.

(b) Timeliness and accuracy of the filing of medical bill data.

(c) Timeliness and accuracy of all forms required to be reported pursuant to Rules 69L-3.001 through 69L-3.025, F.A.C..

(d) Timeliness and accuracy of electronic transactions required by Rules 69L-56.001 through 69L-56.500, F.A.C..

(e) Denial of claims.

(f) Delay in provision of benefits.

(g) Harassment, coercion or intimidation of any party.

(h) Evidence of the mailing and wording of the fraud statement pursuant to Section 440.105(7), F.S..

(i) Timeliness of the response to a Petition for Benefits.

(j) Timeliness of the compliance with a Judge of Compensation Claim's order.

(k) Timeliness of the compliance with a Department rule or order.

(l) Compliance with CPS batch timeframes.

(m) Claims-handling practices.

(n) Timeliness of medical authorizations, which includes authorizations submitted on Form DFS-F5-DWC-25 (Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form), effective 1/31/08, incorporated in paragraph 69L-7.602(2)(d), F.A.C.

(o) Mailing of Form DFS-F2-DWC-65 (Important Workers' Compensation Information for Florida's Employers), effective 8/2004, or Form DFS-F2-DWC-66 (Informacion Importante De Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Empleadores De La Florida), effective 8/2004, as incorporated in Rule 69L-3.0036, F.A.C., to the employer.

(p) The date that Forms DFS-F2-DWC-60 or DFS-F2-DWC-61 (Important Workers' Compensation Information for Florida's Workers' brochure or Informacion Importante De Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Trabajadores De La Florida), as incorporated in Rule 69L-3.0035, F.A.C., were mailed to the injured worker, and

(q) Mailing of the Employee Notification Letter, as incorporated in subsection 69L-26.004(6), F.A.C., to the injured worker.

(3) Reports resulting from an examination or investigation conducted under Chapter 440, Florida Statutes and Department Rules, are confidential and exempt from Section 119.07(1), F.S., pursuant to Section 624.319, F.S., until the examination or investigation ceases to be active.

69L-24.005 Maintaining and Providing Records.

(1) through (2) No change.

(2)(a) The date of notification or knowledge of the injury. "Notification" and "knowledge" are defined in Rules 69L-3.002(23) and 69L-56.002(40), F.A.C.

(b) The date of initial disability, the eighth day of disability and knowledge of the eighth day of disability.

(c) The date each indemnity payment was mailed to the injured worker, the amount of the payment, and the period of time that was covered in the payment.

(d) The date that Forms DFS-F5-DWC-9 (Health Insurance Claim Form/CMS-1500), DFS-F5-DWC-10 (Statement of Charges for Drugs and Medical Supplies Form and Instructions), DFS-F5-DWC-11 (American Dental Association Dental Claim Form), and DFS-F5-DWC-90 (Hospital Billing Form (UB-04), or their electronic equivalents, as incorporated in paragraph 69L-7.602(2)(a), (b), (c), and (e), F.A.C., were received from the health care provider pursuant to paragraph 69L-7.602(1)(m), F.A.C.

(e) The date that Forms DFS-F5-DWC-9 (Health Insurance Claim Form/CMS-1500), DFS-F5-DWC-10 (Statement of Charges for Drugs and Medical Supplies Form and Instructions), DFS-F5-DWC-11 (American Dental

Association Dental Claim Form), and DFS-F5-DWC-90 (Hospital Billing Form (UB-04)), or their electronic equivalents, were paid, disallowed, or denied.

(f) The date that Forms DFS-F5-DWC-9 (Health Insurance Claim Form/CMS-1500), DFS-F5-DWC-10 (Statement of Charges for Drugs and Medical Supplies Form and Instructions), DFS-F5-DWC-11 (American Dental Association Dental Claim Form), and DFS-F5-DWC-90 (Hospital Billing Form (UB-04)), or their electronic equivalents, were mailed or transmitted to the Department.

(g) The date that Forms DFS-F2-DWC-60 (Important Workers' Compensation Information for Florida's Workers' brochure) or DFS-F2-DWC-61 (Informacion Importante De Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Trabajadores De La Florida) were mailed to the injured worker.

(h) The date that Form DFS-F2-DWC-65 (Important Workers' Compensation Information for Florida's Employers), effective 8/2004, or Forms DFS-F2-DWC-66 (Informacion Importante Del Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Empleadores De La Florida), effective 8/2004, as incorporated in Rule 69L-3.0036, F.A.C., was mailed to the employer.

(i) The date that the Employee Notification Letter, as incorporated in subsection 69L-26.004(60), F.A.C., was mailed to the injured worker.

(j) No change.

(k) Electronic Data Interchange (EDI) transactions and requirements pursuant to Rules 69L-56.001 through 69L-56.500, F.A.C.

(l) through (m) No change.

69L-24.006 Administrative Penalties and Fines.

The Department shall utilize the monitoring, examination, or investigation processes to ensure compliance with Chapter 440, Florida Statutes and Department Rules. The Department may assess administrative penalties and fines for violations. Violations within this rule are described in general language. The use of general language shall not be construed to expand or modify the statute. Violations are not necessarily described herein using the language that would be used to formally assert the violation in any specific case.

(1) Indemnity Violations.

(a) No change.

(b) Late filing of forms.

1. Employers shall be fined for each Form DFS-F2-DWC-1 (First Report of Injury or Illness), effective 03/2009, as incorporated in Rule 69L-3.025, F.A.C., which is not filed timely with the insurer or claims-handling entity as follows:

Number of Days Late	Penalty for Untimely Filing
1-7 calendar days late	\$100 per form
8-14 calendar days late	\$200 per form
15-21 calendar days late	\$300 per form
22-28 calendar days late	\$400 per form
Over 28 calendar days late	\$500 per form

2. The Division, through CPS, will calculate the penalties in order starting with the form with the greatest number of days late first. Insurers shall be fined for each Form DFS-F2-DWC-1 (First Report of Injury or Illness), effective 03/2009, as incorporated in Rule 69L-3.025, F.A.C., or an electronic equivalent as required in Rule 69L-56.301, F.A.C., form which is not timely filed with the Department. Penalties shall be calculated for all the Forms DFS-F2-DWC-1 or an electronic equivalent as required in Rule 69L-56.301, F.A.C., that have been received by the Department in a specific CPS batch month as follows:

Number of Days Late	Penalty for Untimely Filing
1-7 calendar days late	\$100 per form
8-14 calendar days late	\$200 per form
15-21 calendar days late	\$300 per form
22-28 calendar days late	\$400 per form
Over 28 calendar days late	\$500 per form

3. through 5. No change.

6. If the electronic equivalent of the First Report of Injury or Illness as required in Rule 69L-56.301, F.A.C., is assigned an Application Acknowledgement Code of Transaction Accepted (TA) within 30 days after the Claim Administrator, as defined in Rule 69L-56.002, F.A.C., is first approved and required by the Division to send electronic First Reports of Injury or Illness to the Division pursuant to paragraph 69L-56.300(1)(d), F.A.C., the insurer, as defined in Section 440.02(38), F.S., shall not be assessed a filing penalty pursuant to subparagraph 69L-24.006(1)(b)2., F.A.C., based on the filing requirements established in rule subsections 69L-56.301(1) and (2), F.A.C. After the completion of the 30 day period referenced above, all electronic First Reports of Injury or Illness must be assigned an Application Acknowledgement Code of Transaction Accepted (TA) by the Division within the required filing timeframes established in subsections 69L-56.301(1) and (2), F.A.C., to be considered timely filed.

(2) Medical Violations.

(a) No change.

(a)1. The Department shall assess administrative penalties for failure to comply with the payment, adjustment, disallowance, or denial requirements pursuant to Section 440.20(6)(b), F.S. To evaluate the data for timely performance

standards for timely payments, adjustments and payments, disallowances or denials, reported on Forms DFS-F5-DWC-9 (Health Insurance Claim Form/CMS-1500), DFS-F5-DWC-10 (Statement of Charges for Drugs and Medical Supplies Form and Instructions), DFS-F5-DWC-11 (American Dental Association Dental Claim Form), and DFS-F5-DWC-90 (Hospital Billing Form (UB-04)), or their electronic equivalents, as incorporated in paragraphs 69L-7.602(2)(a), (b), (c), and (e), F.A.C., the Department shall calculate penalties on a monthly basis for each separate form/category type that was received and accepted by the Department within a specific calendar month.

2. No change.

(b) through (c) No change.

(d) The provisions of subsection 69L-7.602(7), F.A.C., become null and void and are supplanted by penalty provisions in this amended Rule 69L-24.006, F.A.C., effective upon adoption of this amended Rule Chapter 69L-24, F.A.C.

Rulemaking Authority 440.13(11), 440.185(10), 440.20(6), 440.525(4), 440.591, 440.593(4) FS. Law Implemented 440.13(11), 440.185, 440.20(6), (8), 440.525, 440.593 FS. History--New

69L-24.007 Pattern or Practice.

(1) through (2) No change.

(3)(a) The Department shall issue a non-willful violation for a pattern or practice of unreasonable claims handling for any monitoring, examining, or investigating review activity listed in subsection 69L-24.004(2), F.A.C. For each such non-willful violation, a penalty of \$2,500 shall be assessed against the insurer by the Department, with such fines not exceeding an aggregate of \$10,000 for all pattern or practice violations arising out of the same action. Any penalty imposed under this paragraph for a non-willful violation shall not duplicate a penalty imposed under another provision of Chapter 440, F.S., or Department Rules governing Florida Workers' Compensation law.

(b) The Department will calculate a regulated entity's performance in order to determine if a non-willful violation will be assessed for a pattern or practice of unreasonable claims handling. If the performance falls below 90% compliance during an audit, examination or investigation, except as otherwise stated in Chapter 440, F.S., Florida Statutes and Department Rules, the Department shall assess a penalty pursuant to subsection (3) herein.

The remainder of the reads as previously published.

Section IV Emergency Rules

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

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

DEPARTMENT OF THE LOTTERY

RULE NO.:

RULE TITLE:

53ER09-61

Retailer MAGA MONEY™ Bonus
Commission Program

SUMMARY: The Florida Lottery will award a bonus commission to the retailer(s) that sells a winning jackpot MEGA MONEY ticket for a Tuesday or Friday MEGA MONEY drawing.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Faith L. Schneider, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER09-61 Retailer MEGA MONEY™ Bonus
Commission Program.

(1) The Florida Lottery will conduct, as a retailer sales incentive, a Retailer MEGA MONEY Bonus Commission Program ("Program") in which the Florida Lottery will award a bonus commission to the retailer(s) that sells a winning jackpot MEGA MONEY ticket for a Tuesday or Friday MEGA MONEY drawing.

(2) The bonus commission for selling a winning MEGA MONEY ticket is \$1,000. If multiple winning jackpot MEGA MONEY tickets are sold for the same drawing, the retailer(s) selling such tickets will share the bonus commission. Each retailer selling one or more of the winning jackpot tickets will receive a share of the available bonus equal to the number of winning jackpot tickets sold by that particular retailer divided by the total number of winning jackpot tickets sold for that drawing.

(3) Award of a jackpot MEGA MONEY bonus commission is not dependent upon the winning jackpot ticket being claimed by the winner.

(4) Retailers whose Florida Lottery contracts are terminated or inactivated prior to the bonus commission award shall be paid the bonus commission earned provided said termination or inactivation was not due to noncompliance with Chapter 24, Florida Statutes, Chapter 53, Florida Administrative Code, or contract terms.