

2

Data Acquisition Summary

Florida Reporting Sources

2021 Admission Counts

Reporting Compliance

Consolidated Follow Back Annual Audit

Death Clearance and Discharge Data Casefinding Audit

Radiation Treatment Facilities Reporting Process
• 2020 Follow Back
• 2021 Record Id

Future Deadlines

Data Acquisition Field Coordinators Edith Alvin

Anne Auguste, CTR

Ofelia Fernandez, CTR

Betty Malanowski, BS, IMG, CTR

Brenda Lopez, CTR

Sasha Raju, MBBS, MPH, CTR

Saskia Angel

Carlos Alvarez, OMD, BHSc, AP, BBA

Livia Harding, BS

Florida Reporting Sources

Reporting Source	2020	2021	2022
Hospitals	229	230	232
Radiation Treatment Centers	122	119	119
Ambulatory Surgery Centers	486	502	515
Pathology Labs (CLIA's)	1264	1453	106
Hematology/Oncology	558	592	776
Hematologists	24	38	49
Oncologists	188	206	271
Urologists	524	548	668
Dermatologists	1077	1153	156
Other Specialty Physicians	1439	1947	262
Total	5911	6788	7,87

4

Annual Reporting Deadline 2021 Cases



5

Reporting Compliance Completeness Report

otal number of Ne	w Cases added	I to the FCDS M	aster file in Jun	e, 2022: 22,078				
he figures shown i	below reflect in	itial patient enco	unters (admiss	ions) for cancer by j	rear.			
Idmission Year	Hospital	Radiation	AmbiSurg	Dermatology	Physicians Claims	DCO	Total Cases	New Cases
2021	153,686	804	369	11,689	501	Pending	167,049	17,644
2020	210,079	4,268	264	12,182	23,430	Pending	250,223	3,865
2019	235,477	6,432	2,005	12,572	25,267	2,440	284,193	569
	2021	Actual 67%	Expected*					
	2020	100%	100%					
		100%	100%					
	2019							

Certified Complete on June 30th

6273 6274 6305 6446 6600 6647 6707 6810 6870 6905 7005 7408 7711

7

Non-Compliant Hospitals 2021 Cases

- •93 hospitals reported cases under the percent expected
- You Must Certify Complete for 2021
- •Facilities will be reported to DOH by the end of September 2022

8

Non-Compliant Hospitals 2020 Cases

- •14 hospitals are still delinquent
- •Approximately 8,500 cases to be reported
- •They were reported to DOH for noncompliance in April 2022
- ·Hospital Administration received a letter from DOH, State Surgeon General

Radiation Treatment Facilities Reporting Options

Option 1: Proactive Case Reporting

Option 2: Two-step Process to lessen the burden due to limited resources and case count

- 1.Casefinding
- Facility must create a file of all patient encounters that contain a reportable ICD10 code
- 12 data items for each patient
- Upload file to FCDS using FCDS IDEA
- FCDS then links these encounters with FCDS database after the Annual Reporting Deadline
- 2. Follow Back unmatched patients to the facility
- Must submit a full cancer case abstract for missed cases
- Must account for the non reportable cases

10

Deadline For The Radiation Treatment Facilities Current Status

2020 Follow Back data

- 7,959 FB cases
- 4,299, 54% completed
- 3,660 still pending
- Deadline was 3/31/22

2021 Identification of cancer patients

- Deadline was 6/30/22
- FCDS is planning to do the match at the end of August 2022
- Follow Back records will be available in IDEA for review in early September 2022
- Deadline will be set for 12/31/22

11

11

Private Practice Physicians 2021 Medical Claims Reporting

- 1,764 private physicians registered with FCDS
- Oncologists
- Urologists
- Hematology/Oncologists
- Hematologists

Of which 999 are reporting medical claims

5010 Claim Reporting Format

Over 5.4 million medical claims reported to FCDS in 2022 so far

Private Practice Physicians Medical Claims Reporting

Claims received by Year

2015 3,862,630
2016 4,295,399
2017 3,349,517
2018 4,295,713

2019 4,301,7632020 3,920,084

2020 3,920,084
 2021 2,912,709
 2022 5.4 million

(as of August 1, 2021) (as of June 2022)

13

Dermatology Reporting

- •1,126 Dermatologists are actively reporting
- •Abstract Entry Module was created for the dermatology office staff to enter cancer information without having cancer registry knowledge
- •FCDS IDEA
- •Data items:
 - 1) Demographic information
 - 2) Tumor Information
 - Primary site
 - HistologyLaterality
 - Laterality
 DV date
 - Stage and Breslow
 - 3) First Course Treatment

14

Pathology Labs

Reporting Options

- 1. Single Entry
- 2. Tab delimited file
- 3. HL7
- ➤ Secure file transfer protocol (SFTP)
- >CDC/NPCR provided PHINMS transport method
- ➤APHL via State

All done via FCDS IDEA

318 CLIAs are fully integrated into regular FCDS operations

Over 17 million pathology reports in the FCDS database

• Linked cases are used in QC, CAPIS, Consolidated FB

Consolidated Follow Back Annual Casefinding Audit

External Linkages:

- 1. AHCA billing discharge data
- Agency for Health Care Administration
- Licensing agency
- Hospitals
- Ambulatory Surgery Centers
- 2. Florida Vital Statistics Death Certificate files

Objectives:

- 1. Casefinding
- 2. Monitor disposition code assignment for cases that remain unreported to FCDS

16

Consolidated Follow Back Annual Casefinding Audit Process

- 1. Upload billing discharge data from all hospitals and all ambulatory surgery
- We look at all the diagnosis and procedure codes to determine if the record has a cancer diagnosis
- 2.Upload the mortality data
- 3.Match on SSN and then name
- Better match of the two is used depending on the matching score
- $\bullet\,$ Also match on Medical Record, DOB, and Gender
- ${\color{red}\textbf{4.}} \textbf{Identify missing facilities and add them to our database}$
- 5.The unmatched patients from AHCA and Vital Stats are combined as one Consolidated FB list
- $\bullet\,$ Unresolved records from the prior year are added to the current list
- $\pmb{6.} \text{The list}$ is made available to hospitals and ambulatory surgery centers in FCDS IDEA for review and resolution

17

17

2020 Consolidated Follow Back

47,780 were identified for follow back

- $\,^\circ$ Include hospitals, ambulatory surgical centers and nonhospitals
- Most of them will be not reportable cases
- Approximately 10,000 cases will be reportable

Notices were emailed to hospitals and ambulatory surgery centers on May 2, 2022

Deadline is September 1, 2022

117	ow Back Disposition Cod
111	DW Dack Disposition Cou
_	<u> </u>
	1 Reportable-Missed Case-Case to be Abstracted & Reported by Facility
	2 N/R - Tumor was Not Malignant - Behavior = 0 or 1
	3 N/R - NonReportable Skin Cancer - Site=C44.* and Morph = 8000 to 8110
	4 N/R - No Evidence of Cancer at This Time - NED
	5 N/R - Consultation Only
	6 N/R - Cancer Not Proven - Equivocal
	7 Case Previously Reported to FCDS by this Facility
	8 N/R - Outpatient Record with No Active Cancer Documented in Record 9 N/R - Insitu Cancer of Cervix or CIN III
	9 N/K - Insitu Cancer of Cervix or CIN III 10 N/R - Other
	11 Reportable-Case Abstracted BUT Not found in FCDS files - Abst Requested
	12 N/R - No Cancer Mentioned in Medical Record
	12 N/K - No Cancer Mentioned in Medical Record 13 Skins we elected not to FB since most of them turn out N/R
	14 N/R - Hematopoletic Diseases Dx Prior to 2001
	15 N/R - Case DX Prior to FCDS Reference Date - Same Cancer/Same Facility
	16 N/R - Benian or Borderline Brain/CNS Tumor Dx Prior to 2004
	20 Unknown if Reportable - No Record of this Patient at this Facility
	21 Unknown if Reportable - No Necord of this Patient at this Patient 21 Unknown if Reportable - Lost Medical Record
	30 Unknown if Reportable - No Follow-Back Ever Returned by this Facility
	40 N/R - Special Case - Other
	50 Hospice Case - Not A Hospital
	51 Transitional Care Center - Not A Hospital
	52 Not A Valid Facility Number
	60 This AHCA Record Matches a Vital Statistics Record (DCN-Identified)
	70 Closed Facility
	90 Not Cancer Related Cases
	998 Matching Algorithm Has Been Run

19

2020 Consolidated Follow Back

- •For any missed case
- Assign a Disposition Code of 01
- Accession Number and Sequence Number
- *Disposition Code 01 records (missed cases) must be electronically reported to FCDS within 30 days of assigning the disposition code.
- After the 30 days, the record(s) will be placed back in the queue and marked as incomplete.

20

| Disposition Codes Analysis | 2018 | 2017 | 2018 | 2017 | 2018 | 2017 | 2018 | 2017 | 2018 | 2017 | 2018 | 2017 | 2018 | 2017 | 2018 | 2017 | 2018 | 2018 | 2017 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 | 2018 |

FCDS 2022-2023 Reporting Years Calendar

22

FCDS Recurring Deadlines

RECURRING DEADLINES				
Monthly	FC Review/Inquiry	Cases with FC Review Inquiry or correction(s) must be reviewed and responded to monthly		
Monthly	QC Review/Inquiry	Cases with QC Review Inquiry or correction(s) must be reviewed and responded to monthly		
June 30	Annual Reporting Deadline	All cases from previous calendar year must be reported to FCDS on or before June 30 th each year		
September 1	Consolidated Follow-Back Deadline	All unmatched cases from the combined AHCA and Vital Records Death Match must be resolved by September 1st.		
Varies	FAPTP Follow-Back Deadline	All unmatched cases from FAPTP must be resolved each year		

23

23

