

# **Birth Center Annual Reporting (BCAR) System Guide**

**Agency for Health Care Administration**



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### 1 BCAR System

The Agency for Health Care Administration (Agency) developed an online reporting system to replace the paper Birth Center Annual Report, AHCA Form 3130-3004. The Birth Center Annual Reporting (BCAR) system collects data consistent with Section 383.327(4), Florida Statutes (F.S.) and Rule 59A-11.019, Florida Administrative Code (F.A.C.). The BCAR system will be available beginning with the 2018-2019 reporting period. The system will allow authorized birth center representatives with access to the AHCA Portal [the Agency's single sign-on (SSO) portal] to enter, save and retrieve client information throughout the reporting period. The cumulative data must then be submitted to the Agency at the end of the reporting period.

The BCAR system is consistent with Section 282.603, F.S. – Compliance with the Americans with Disabilities Act, Section 508.

#### Guidance for BCAR Data Entry Fields

- **Number of deliveries in the birth center by weight** – The system will calculate the total number of deliveries by summing the entries of the four weight-range categories. A whole number (0, 1, 2, 3 ...) must be entered in each weight-range category.
  - <1500 Grams – Enter the total number of newborns weighing less than 1500 grams.
  - 1500-1999 Grams – Enter the total number of newborns weighing at least 1500 grams, but less than 2000 grams.
  - 2000-2499 Grams – Enter the total number of newborns weighing at least 2000 grams, but less than 2500 grams.
  - >2500 Grams – Enter the total number of newborns weighing 2500 grams or more.
- **Number of maternity clients accepted for care and length of stay**
  - Total number of maternity clients – Enter the number of maternity clients accepted for care during the reporting year. Include each client whether she is pending delivery, has delivered, or was transferred to another provider.
  - Total length of stay (hours) – Enter the shortest, longest and average stay of maternity clients to the nearest hour.
  - Postpartum length of stay (hours) – Enter the shortest, longest and average stay of maternity clients to the nearest hour.
- **Surgical services performed at birth center**
  - Circumcisions – Must be equal to or less than the total number of deliveries.
  - Episiotomies – Must be equal to or less than the total number of maternal clients.
  - Episiotomy/Laceration Repair – Must be equal to or less than the total number of maternal clients.
- **Maternal transfers** – Use the drop-down list to select either “Yes” or “No.” If yes, add a new row to the table for each maternal client transferred by clicking the +New button.
  - Select the month, day, and year of the maternal transfer from the pop-up calendar.
  - Select either “Intrapartum” or “Postpartum” from the drop-down list.
  - Enter the number of days (whole numbers only) the client was hospitalized.
  - Select the Transfer Reason from the drop-down list. If the reason is not listed, select “Other” and type a short description in the Transfer Reason Comment field.\* The Transfer Reason Comment field will be available only if “Other” is selected.



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- **Newborn Transfers** – Use the drop-down list to select either “Yes” or “No.” If yes, add a new row to the table for each newborn transferred by clicking the +New button.
  - Select the month, day, and year of the newborn transfer from the pop-up calendar.
  - Enter the birth weight in grams (whole numbers only).
  - Enter the number of days (whole numbers only) the newborn was hospitalized.
  - Enter the APGAR score at 5 minutes.
  - Select the Transfer Reason from the drop-down list. If the reason is not listed, select “Other” and type a short description in the Transfer Reason Comment field.\* The Transfer Reason Comment field will be available only if “Other” is selected.
  
- **Newborn Deaths** – Use the drop-down list to select either “Yes” or “No.” If yes, add a new row to the table for each newborn death by clicking the +New button. Record a newborn death only if the newborn was delivered at the birth center and died within seven days of life. Do not record a newborn death for maternity clients transferred more than 48 hours before birth.
  - Select the month, day, and year of the newborn death from the pop-up calendar.
  - Enter the birth weight in grams (whole numbers only).
  - Select the location of where the newborn death occurred from the drop-down list.
  - Select “Yes” or “No” from the drop-down list to indicate whether or not the newborn death was reported to the medical examiner.
  - Select the Cause of Death from the drop-down list. If the reason is not listed, select “Other” and type a short description in the Cause of Death Comment field.\* The Cause of Death Comment field will be available only if “Other” is selected.
  
- **Stillborn/Fetal Deaths** – Use the drop-down list to select either “Yes” or “No.” If yes, add a new row to the table for each stillborn/fetal death by clicking the +New button. Record a stillborn/fetal death only if the delivery occurred at the birth center.
  - Select the month, day, and year of the stillborn/fetal death from the pop-up calendar.
  - Enter the birth weight in grams (whole numbers only).
  - Select when the stillborn/fetal death occurred from the drop-down list.
  - Select “Yes” or “No” from the drop-down list if reported to the medical examiner.
  - Select the Cause of Death from the drop-down list. If the reason is not listed, select “Other” and type a short description in the Cause of Death Comment field.\* The Cause of Death Comment field will be available only if “Other” is selected.

**Signature** – The system identifies the authorized user entering data and connects their AHCA Portal credentials to the report when it is submitted. The report does not need to be printed for signature.

**\*Note:** Some commonly reported reasons for transfers (maternal and newborn) and causes of death (newborn and stillborn/fetal) have been grouped for purposes of data collection consistency. Please review the entire drop-down lists and refer to the table provided in Section 4 (page 33) before selecting “Other” under any data entry field.



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### 2 Step-by-Step Guidance

The following guidance provides instructions for obtaining access to the reporting system and entering and submitting birth center annual reports to the Agency.

#### 2.1 AHCA Portal Login

BCAR is a secured network application that runs in an Internet browser, such as Internet Explorer, Mozilla Firefox, Chrome and Safari. This reporting system is accessed through the AHCA Portal, the Agency's single sign-on system (SSO).

Note: The images provided in this guide were produced using a wide screen desktop computer monitor with varying levels of magnification. The actual display on a screen will depend on the size of the monitor or device (computer, tablet, cell phone, etc.) used to access the system. The information on each screen will display in the same order, top to bottom.

- [Step 1:](#) Access the AHCA Portal Login screen by clicking the link below or copy-and-paste it into your browser: <https://apps.ahca.myflorida.com/singlesignonportal>.

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**AHCA Portal - Login**

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

**AHCA Portal Login**

User ID:

Password:

Log In

[Forgot Your Password?](#)

[Reset Password Instructions](#)

[New User Registration](#)

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- [Step 2:](#) If you have already registered for another program available through this portal such as the Background Screening Clearinghouse or Online Licensing system, enter your current User ID and password. Click the *Log In* button and skip to Section 2.2 below. If you do not have a User ID and password, click on the New User Registration link and continue with Step 3 on the next page.



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- [Step 3 New User Registration](#): Read the authorization statement and check the box to agree. Click the *Continue* button.

A screenshot of the AHCA Portal - Authorization page. The page features the AHCA logo and name at the top, followed by a navigation menu with links for HOME, ABOUT US, MEDICAID, LICENSURE & REGULATION, FIND A FACILITY, and REPORT FRAUD. The main content area is titled "AHCA Portal - Authorization" and contains a welcome message, an authorization statement, a checkbox for agreement, and a "Continue" button with a red arrow pointing to it.

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**AHCA Portal - Authorization**

Welcome to the Agency for Health Care Administration's Portal. To continue with your request please read the **Authorization** statement below. Mark the check box to agree and select "Continue".

**Authorization:** I understand by accessing this site I am consenting and agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use, protection of information resources and confidential health care information. I understand by submitting information I affirm the information is true, correct, and can be relied upon pursuant to Florida Statute.

  I understand and agree with the Authorization statement.

 Continue

Continue with Step 4 on the next page.



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- [Step 4 New User Registration](#): Complete the form (example below).

### AHCA Portal - Account Registration

#### User Information

\* First Name:  \* Last Name:   
Position Title:  \* Telephone Number:   
\* Email Address:   
\* Verify Email Address:   
Employer's Company Name:

#### Address Information

\* Address Line1:  Address Line2:   
\* City:  \* State:  \* Zip:

#### Security Information

You must register a User Name and create a Password. You will need to use these each time you access the Portal. As the account owner, you are responsible for all information accessed.

\* User Name:

\* Password:  The new password must be:


- Minimum 9 characters in length
- At least one upper case letter
- At least one lower case letter
- At least one digit
- At least one special character e.g., @, #

\* Enter Password Again:

\* Security Question:



\* Security Answer:

**Verification:** For protection against spam, please check the checkbox below and follow the instructions on the popup window.

I'm not a robot   
[Register](#) [Return to Login](#)

Check the box next to “I’m not a robot” at the bottom of the form and follow the instructions on the popup window. Once your verification is complete, a green checkmark will appear. Click the *Register* button. If there are no issues, you will receive the following message: User Account created successfully. You may now log into the AHCA Portal in order to request access to the Agency’s Birth Center Annual Reporting (BCAR) System. (See Section 2.2 below.)

**Verification:** For protection against spam, please check the checkbox below and follow the instructions on the popup window.

I'm not a robot   
 [Register](#) [Return to Login](#)

**Tip:** If you forget your password, use the [Forgot your Password?](#) link on the AHCA Portal Login page. Enter your User Name and answer your security question. A temporary password will be sent to the email address entered on your registration. Click on the [Reset Password Instructions](#) link on the AHCA Portal Login page and follow the steps to set your new password. You may reset your password at any time.

If you believe your User ID or password has been compromised, immediately report that information to the Agency’s Hospital and Outpatient Services Unit at (850) 412-4549 or by email at [hospitals@ahca.myflorida.com](mailto:hospitals@ahca.myflorida.com).



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### 2.2 Requesting Program Access

A single sign-on User ID and password allows anyone to enter the AHCA Portal. Separate and specific User Registration Agreements are required to access each of the Agency's online programs. The following steps are specific to creating a BCAR User Registration Agreement.

- **Step 1:** Log in to access the AHCA Portal Landing (<https://apps.ahca.myflorida.com/singlesignonportal>) by entering your current User ID and password. Click the *Log In* button.
- **Step 2:** Use the drop down list to select "Birth Center Annual Reporting System" and click the *Request Program Access* button.

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**AHCA Portal - Portal Landing** User ID: Betatest147  
Email: Hospitals@ahca.myflorida.com

**Request Program Access**  
Choose from the list of programs below and select "Request Program Access".  
Birth Center Annual Reporting System Request Program Access

**Manage Account**  
[Edit User Information](#)  
[Change Password](#)  
[Update Security Question and Answer](#)  
Logout

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- **Step 3:** Begin typing the birth center name (as listed on the current license and displayed on [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov)) in the Provider/Facility Name field. Options should pop up on the screen.

**BCAR Program - Request for Program Access** User ID: Betatest147  
Email: Hospitals@ahca.myflorida.com

Select Provider/Facilities for which you are authorized to submit license applications

Start typing the name of a Provider/Facility and select it from the list below when it appears.

Provider/Facility Type: **BIRTH CENTER**

Provider/Facility Name:  x

TEST BIRTH CENTER BCAR : TALLAHASSEE : 368

If you have any questions or issues please [contact us](#).

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Select the one you will be reporting for and click the *Add Provider/Facility* button. If the provider name does not pop up, contact the Agency by phone at (850) 412-4549 or by email at [hospitals@ahca.myflorida.com](mailto:hospitals@ahca.myflorida.com).

**BCAR Program - Request for Program Access** User ID: Betatest147  
Email: Hospitals@ahca.myflorida.com

Select Provider/Facilities for which you are authorized to submit license applications

Start typing the name of a Provider/Facility and select it from the list below when it appears.

Provider/Facility Type: **BIRTH CENTER**

Provider/Facility Name:  x

If you have any questions or issues please [contact us](#).



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- **Step 4:** Verify the displayed Provider/Facility Name is correct and click the *Generate AHCA Registration Agreement* button. If the wrong provider name is selected, click Delete to the left of the displayed provider/facility name and repeat Step 3.

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**BCAR Program - Request for Program Access** User ID: Betatest147  
Email: Hospitals@ahca.myflorida.com

Select Provider/Facilities for which you are authorized to submit license applications

Start typing the name of a Provider/Facility and select it from the list below when it appears.

Provider/Facility Type: BIRTH CENTER

Provider/Facility Name:

**Requested Provider/Facility List:**

Requested Provider/Facility List:		
Facility Name	City	License Number
<a href="#">Delete</a> TEST BIRTH CENTER BCAR	TALLAHASSEE	368


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**Step 5:** The information entered for your AHCA Portal login will appear on the User Registration Agreement as well as general information on file with the Agency for the selected provider. **Print the agreement form.** (Open a printable copy by clicking the link in the upper right corner.) Leaving this screen before printing will cancel this registration. Once the printed form is signed by the user and administrator of record for the birth center, send it to the Agency by mail, email or fax as provided on the top of the form. You can save a copy on your computer by clicking the Save icon  at the top of the User Registration Agreement.

User ID: Betatest147  
Email: Hospitals@ahca.myflorida.com

[Return to Portal Landing](#) To open a printable copy of the User Agreement, click [here](#).

---



## Birth Center Annual Reporting (BCAR)

### User Registration Agreement

---

<b>Mail To:</b> Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #61 Tallahassee, FL 32308	<b>Scan and E-Mail To:</b> AHCARegistration@ahca.myflorida.com Subject Line: BCAR User Agreement	<b>Fax to:</b> (850) 413-0007
--	--	----------------------------------

---

**User Information:**

Name: TESTER FORAHCA	User ID: Betatest147
Address: 2727 MAHAN DR, MS # 31 TALLAHASSEE, FL 32308	
Phone number: 8504124549	Email address: Hospitals@ahca.myflorida.com

---

If the individual listed below is not the current administrator, please contact the Hospital and Outpatient Unit at (850)412-4549.

**Provider name:** TEST BIRTH CENTER BCAR  
**Address:** 2727 MAHAN DRIVE, TALLAHASSEE, FL  
**Phone Number:** (850) 412-4444      **Fax Number:**  
**Administrator:** BCAR USER      **Provider Type:** BIRTH CENTER  
**Fieldoffice:** 11      **License Number:** 368      **File number:** 15960129

Each person with access to this web site must abide by the following:

- Do not disclose or lend your USER ID AND/OR PASSWORD to anyone. They are for your use only and will serve as your "electronic signature." This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use this information for unauthorized or illegal purposes.
- Do not make any disclosure of this data that is not specifically authorized.
- Do not intentionally cause corruption or disruption of these files.

If you become aware of any violation of these security requirements or suspect that someone may have used your user ID or password, immediately report that information to the Agency for Health Care Administration's (AHCA), Hospital and Outpatient Unit at (850) 412-4549.

I understand that as a BCAR User, I assert that I am authorized to submit electronic annual reports on behalf of the provider listed above. As part of this agreement I am accepting electronic correspondence as the primary method of communication from the Agency on all matters related to my BCAR report. By accessing this system, I am agreeing to follow AHCA's policies regarding acceptable use and protection of confidential information. I am affirming that the information contained in the report is true. By signing this agreement, I acknowledge reading, understanding and agreeing to its contents.

**User Information:**

User Name: TESTER FORAHCA

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Review and Approval by Provider:**

Administrator: BCAR USER      Provider: TEST BIRTH CENTER BCAR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**AHCA USE ONLY:**

Staff Signature: \_\_\_\_\_ Date Authenticated: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Request Status: Pending

---

If you have any questions or issues please [contact us](#).

Note: You may contact the Agency for any issue by clicking on the contact us link at the bottom of the screen. Clicking this link will not submit your user agreement for approval.



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- [Step 6](#): You will receive an email when your user agreement is approved by the Agency.
- [Step 7](#): Your Portal Landing screen will now show a link to Birth Center Annual Reporting under the heading Program Access. Click the link to access the reporting system. You can also manage your AHCA Portal account (user information, password, security question, etc.) from this screen.

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STATE OF FLORIDA

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AHCA Portal - Portal Landing User ID: 8614601187  
Email: Hospital@ahca.org/florida.com

**Program Access**  
Select the appropriate link below to be directed to the Program's access page.

[Birth Center Annual Reporting System - Birth Center Annual Reporting System](#)  
Birth Center Annual Reporting System

**Request Program Access**  
Choose from the list of programs below and select "Request Program Access".

**Manage Account**

[Edit User Information](#)  
[Change Password](#)  
[Update Security Question and Answer](#)

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### 2.3 BCAR System – Access

Setting up a BCAR user account for each birth center you will be reporting for is a one-time process. The following sections will review entering, editing and submitting data.

- **Step 1:** After logging into your AHCA Portal account, click the Birth Center Annual Reporting System link as shown in the previous step. The BCAR Program – Tasks screen will open.

BCAR Program - Tasks

Select Your Desired Task Below

- [Birth Center Annual Reporting Application](#)
- [Add Additional Facilities](#)

List of Providers

If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement.  
If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Reprint Registration Agreement

Provider Name	City	Status	License Number
<input type="checkbox"/> TEST BIRTH CENTER BCAR	TALLAHASSEE	Approved	368

[Return to Portal Landing](#)

If you have any questions or issues please [contact us](#).

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- **Step 2:** The BCAR Program – The Tasks screen allows you to enter data for required reporting by clicking the Birth Center Annual Reporting Application link or to request access to report for another provider. This screen will show all the providers you have requested access to and the status of each request. You also will have access to your user agreements. If you ever need to print a new agreement, select the provider by clicking the box to the left of the provider name and click the *Reprint Registration Agreement* button.
- **Step 3:** If you will be reporting annual data for more than one birth center, click on the link Add Additional Providers and follow the steps in Section 2.2.
- **Step 4:** To begin entering data for an annual report, click on the Birth Center Annual Reporting Application link and follow the steps in Section 2.4.

Note: Your User ID is visible on the right side of the blue header ribbon. Select screens will also display your registered email.



**Tip:** To discontinue access for a provider, please use the contact us link at the bottom of the screen and request withdrawal of the authorization. Birth center administrators may withdraw the access of previously registered users through the contact us link or by contacting the Agency licensing unit at (850) 412-4549 or email at [hospitals@ahca.myflorida.com](mailto:hospitals@ahca.myflorida.com).



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### 2.4 BCAR System – Dashboard (Authorized Providers)

- [Step 1](#): Please read the Disclaimer and click the *Accept* button to continue using the system.

The screenshot shows the top navigation bar of the Birth Center Annual Reporting system. On the left is the AHCA logo. The title "Birth Center Annual Reporting" is centered. On the right, the user ID "BETATEST147" is displayed. Below the title are three menu items: "Home" (with a house icon), "Reports" (with a document icon), and "Register Additional Providers" (with a shield icon). On the far right are two links: "Go to AHCA's Home Page" (with a left-pointing arrow icon) and "Help" (with a question mark icon).

### Birth Center Annual Reporting

This application allows you to submit your Birth Center Annual Report.

#### Disclaimer

Submissions must be certified for completeness and accuracy before the data can be transmitted to the Agency. Completeness is the determination that all the fields have been completed and accuracy determines that the input is consistent with the data type requested.

Certified submissions will be accepted for internal processing. Internal processing will include data verification and may also detect errors that need to be addressed by the authorized person(s). Any errors identified from internal verification will follow established notification procedures. For any questions, contact the Hospital and Outpatient Services Unit at (850) 412-4549.

A red arrow points to the "Accept »" button, which is highlighted in dark blue. The "Reject »" button is a light gray button with a white border.





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- **Step 2:** You will be directed to your dashboard. This screen shows your registered providers and the status of the most recent activity for each. The dashboard is updated immediately after any data entry.

Note: The blue header ribbon contains two links/tabs that are available on all pages: Reports and Register Additional Providers. You will have to log in each time you switch between adding providers and entering data.

Example dashboard:

The screenshot shows the 'Birth Center Annual Reporting' dashboard. At the top, there is a dark blue header with the AHCA logo, navigation tabs for 'Home', 'Reports', and 'Register Additional Providers', and links for 'Go to AHCA's Home Page' and 'Help'. Below the header, the page title is 'Dashboard - Registered Providers'. A status bar indicates the 'Current Year Birth Center Annual Report (Report Date from 7/1/2018 12:00:00 AM through 6/30/2019 12:00:00 AM)' and the 'Selected Reporting Period: 2018 - 2019'. A warning message states: 'Complete Reports **MUST** be submitted to the agency no later than **July 30, 2019**'. Below this, it says 'Number of Days pending to submit Annual Reports: 169' and 'Select a provider to view provider details.' A table with the following columns is displayed: 'Actions', 'Provider Name', 'File Number', 'Report Status', 'Last Updated Report Date', and 'Certify Date'. The table contains one row for 'TEST BIRTH CENTER BCAR' with file number '15960129' and a report status of 'Unopened'. The 'Report Status' cell is circled in red. At the bottom of the dashboard, there is a footer with the text 'Florida Agency for Health Care Administration', copyright information for 2019, and links for 'Privacy Policy', 'Refund Policy', and 'External Links Disclaimer'. The 'mya' logo is also present in the footer.

**Note:** Prior to creating an annual report and entering/saving data, the Report Status will show as Unopened.



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### 2.5 Creating an Annual Report

A new report must be created for each year. A report can be created for the current reporting year, but not for future years. The data/required information to be reported to the Agency can be entered at any time during the reporting period. All the data for a reporting period does not have to be entered at one time as the system can save the report each time data is entered.

- [Step 1:](#) Click the *Create Annual Report* button to the left of the provider's name.

The screenshot shows the 'Birth Center Annual Reporting' dashboard. At the top, there is a navigation bar with 'Home', 'Reports', and 'Register Additional Providers' buttons. Below this is the 'Dashboard - Registered Providers' section. It displays the current reporting period as '2018 - 2019' and states that 169 days are pending for annual reports. A table lists registered providers with columns for Actions, Provider Name, File Number, Report Status, Last Updated Report Date, and Certify Date. The first row shows 'TEST BIRTH CENTER BCAR' with a file number of '15960129' and a status of 'Unopened'. A red arrow points to the 'Create Annual Report' button in the Actions column for this provider.

Actions	Provider Name	File Number	Report Status	Last Updated Report Date	Certify Date
Create Annual Report	TEST BIRTH CENTER BCAR	15960129	Unopened		

- [Step 2:](#) The next screen will show the Birth Center Annual Report form. An annual report can be created only when there is no report in the system for the current reporting period. Once an annual report is created, data entry can be edited at any time during the year before the provider submits the report to Agency.





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Birth Center Annual Reporting BCARUSERGUIDE

Home Reports Register Additional Providers Go to AHCA's Home Page Help

## Birth Center Annual Report

Report data from July 01, 2018 through June 30, 2019.  
Completed reports must be received by the Agency no later than July 30, 2019.

Date Created: 2/11/2019 5:21:20 PM  
Created By: BCARUSERGUIDE

### Birth Center Information

Facility Name TEST BIRTH CENTER BCAR		County LEON	
Street Address 2727 Mahan Drive	City TALLAHASSEE	State FL	Zip 32308
File Number 15960129	License Number 368	License Status ACTIVE	License Last Status Date

### Client Care Services Enter data into each field

#### Number of Deliveries in the Birth Center by Weight:

Total Number of Deliveries :

< 1500 Grams	1500 - 1999 Grams	2000 - 2499 Grams	> 2500 Grams
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Number of Maternity Clients Accepted for Care and Length of Stay:

Total Number of Maternity Clients :

Total Length of Stay, Hours: Shortest:  Longest:  Average:

Postpartum Length of Stay, Hours: Shortest:  Longest:  Average:

#### Surgical Services Performed at the Birth Center:

Circumcisions  Episiotomies  Episiotomies/Laceration Repair

### Transfer Information

#### Maternal Transfers:

Are any Maternal Transfer(s) being reported:

Date	Intrapartum/Postpartum	Days in Hospitals	Transfer Reason	Reason for Transfer Com...	Actions
No Data To Display					

No items to display

#### Newborn Transfers:

Are any Newborn Transfer(s) being reported:

Date	Birth Weight, Grams	Days in Hospitals	APGAR(5 min) /10	Transfer Reason	Reason for Transfe...	Actions
No Data To Display						

No items to display

### Deaths

#### Newborn Deaths:

Are any Newborn Death(s) being reported:

Delivered at the Birth Center and Died within Seven Days of Life. Do not include clients transferred more than 48 hours before birth.

Date	Birth Weight, Grams	Occurred	Reported to Medic...	Cause Of Death	Cause of Death Co...	Actions
No Data To Display						

No items to display

#### Stillborn/Fetal Deaths:

Are any Stillborn Death(s) being reported:

Delivered at the Birth Center only.

Date	Birth Weight, Grams	Occurred	Reported to Medic...	Cause Of Death	Cause of Death Co...	Actions
No Data To Display						

### Signature

The information presented on this form is true and correct.  
Prepared By: BBTATEST147

Date of Submission: June 10, 2019  
Username: BBTATEST147  
Title:  
Email Address: HOSPITALS@AHCA.MYFLORIDA.COM  
Phone: 8504124549

Save Return to Dashboard Save and Review Report

AHCA Form 3130-30040L, February 2019

Section 59A-11.019, Florida Administrative Code





# Agency for Health Care Administration

## 2.6 Entering Data

A new annual report must be created for each reporting period. A report can be created for the current reporting period, but not for future years.

- **Step 1:** Please review the dates of the reporting period. Review the pre-populated Birth Center Information section for accuracy. If the information is not correct, please email corrections to [hospitals@ahca.myflorida.com](mailto:hospitals@ahca.myflorida.com).

BCARUSERGUIDE
Birth Center Annual Reporting

Home
Reports
Register Additional Providers
Go to AHCA's Home Page
Help

### Birth Center Annual Report

Report data from July 01, 2018 through June 30, 2019.

Completed reports must be received by the Agency no later than July 30, 2019.

Last Updated: 2/11/2019 6:39:02 PM  
Prepared By: FDHC\garaya

### Birth Center Information

<b>Facility Name</b>		<b>County</b>	
<input type="text" value="TEST BIRTH CENTER BCAR"/>		<input type="text" value="LEON"/>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<input type="text" value="2727 Mahan Drive"/>	<input type="text" value="TALLAHASSEE"/>	<input type="text" value="FL"/>	<input type="text" value="32308"/>
<b>File Number</b>	<b>License Number</b>	<b>License Status</b>	<b>License Last Status Date</b>
<input type="text" value="15960129"/>	<input type="text" value="368"/>	<input type="text" value="ACTIVE"/>	<input type="text"/>

- **Step 2:** Enter the Client Care Services data. Refer to Section 1 (page 2) for guidance.

**Client Care Services** Enter data into each field

---

**Number of Deliveries in the Birth Center by Weight:**

Total Number of Deliveries :

<b>&lt; 1500 Grams</b>	<b>1500 - 1999 Grams</b>	<b>2000 - 2499 Grams</b>	<b>&gt; 2500 Grams</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>

**Number of Maternity Clients Accepted for Care and Length of Stay:**

Total Number of Maternity Clients :

<b>Total Length of Stay, Hours:</b>	<b>Shortest:</b>	<b>Longest:</b>	<b>Average:</b>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Postpartum Length of Stay, Hours:</b>	<b>Shortest:</b>	<b>Longest:</b>	<b>Average:</b>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Surgical Services Performed at the Birth Center:**

<b>Circumcisions</b>	<b>Episiotomies</b>	<b>Episiotomies/Laceration Repair</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>



# Agency for Health Care Administration

- **Step 2.1:** Trying to save the report when no data has been entered in a required field will cause an error. The red text identifies required fields.

Client Care Services Enter data into each field

### Number of Deliveries in the Birth Center by Weight:

Total Number of Deliveries :

0

< 1500 Grams

1500 - 1999 Grams

2000 - 2499 Grams

> 2500 Grams

The < 1500 Grams field is required.

The 1500 - 1999 Grams field is required.

The 2000 - 2499 Grams field is required.

The > 2500 Grams field is required.

### Number of Maternity Clients Accepted for Care and Length of Stay:

Total Number of Maternity Clients :

The Total Number of Maternity Clients : field is required.

Total Length of Stay, Hours:

Shortest:

The Shortest: field is required.

Longest:

The Longest: field is required.

Average:

The Average: field is required.

Postpartum Length of Stay, Hours:

Shortest:

The Shortest: field is required.

Longest:

The Longest: field is required.

Average:

The Average: field is required.

### Surgical Services Performed at the Birth Center:

Circumcisions

The Circumcisions field is required.

Episiotomies

The Episiotomies field is required.

Episiotomies/Laceration Repair

The Episiotomies/Laceration Repair field is required.

- **Step 2.2:** The system validates some data entry fields. Saving data that is not consistent with other data fields will cause an error. The red text identifies data requiring correction.

Client Care Services Enter data into each field

### Number of Deliveries in the Birth Center by Weight:

Total Number of Deliveries :

5

< 1500 Grams

1500 - 1999 Grams

2000 - 2499 Grams

> 2500 Grams

### Number of Maternity Clients Accepted for Care and Length of Stay:

Total Number of Maternity Clients :

10

Total Length of Stay, Hours:

Shortest:

3

Longest:

5

Average:

2

Postpartum Length of Stay, Hours:

Shortest:

6

Longest:

9

Average:

5

### Surgical Services Performed at the Birth Center:

Circumcisions

Number of Circumcisions must be less than Total Number of Deliveries

Episiotomies

Number of Episiotomies must be less than Total Number of Maternity Clients

Episiotomies/Laceration Repair

Number of Episiotomies/Laceration Repair must be less than Total Number of Maternity Clients



## Agency for Health Care Administration

- [Step 3:](#) Maternal Transfers - select “Yes” or “No” from the drop-down list, as appropriate. If no, continue with the next section for newborn transfers.

### Transfer Information

#### Maternal Transfers:

Are any Maternal Transfer(s) being reported: \*

No

+ New  Save changes  Cancel changes

Date	Intrapartum / Postpartum	Days in Hospitals	Transfer Reason	Transfer Reason Comment	Actions
No Data To Display					

0 No items to display

- [Step 3.1:](#) If maternal transfers need to be reported, click the +New button.

### Transfer Information

#### Maternal Transfers:

Are any Maternal Transfer(s) being reported: \*

Yes

+ New  Save changes  Cancel changes

Date	Intrapartum / Postpartum	Days in Hospitals	Transfer Reason	Transfer Reason Comment	Actions
No Data To Display					

0 No items to display

- [Step 3.2:](#) Enter a response in each column.
  - Select the transfer date from the calendar pop-up by clicking on date field.
  - Select “Intrapartum” or “Postpartum” from the drop-down list.
  - Enter the number of calendar days the client was hospitalized. If the transfer occurred on February 15 and the client was discharged from the hospital on February 27, enter 12.
  - Select the Transfer Reason from the drop-down list. Please review the complete list. Select “Other” only if no response in the drop-down list is appropriate. (Refer to section 4, page 33.) If “Other” is selected, type a short description in the comment field. The Transfer Reason Comment field will only be available when “Other” is selected.

### Transfer Information

#### Maternal Transfers:

Are any Maternal Transfer(s) being reported: \*

Yes

+ New  Save changes  Cancel changes

Date	Intrapartum / Postpartum	Days in Hospitals	Transfer Reason	Transfer Reason Comment	Actions
02/15/2019	Postpartum	12	Evidence of an infectious process		<input type="button" value="x Delete"/>

1 1 - 1 of 1 items

**Note:** A red triangle in the upper left corner of a data field indicates a new entry has not been saved. Click the *Save changes* or *Cancel changes* buttons as appropriate.



## Agency for Health Care Administration

**Step 3.3:** To add another maternal transfer record, repeat steps 3.1 and 3.2 as necessary. New data entry can be saved after each record or after a series of records.

### Transfer Information

#### Maternal Transfers:

Are any Maternal Transfer(s) being reported: \*

Yes

Date	Intrapartum / Postpartum	Days in Hospitals	Transfer Reason	Transfer Reason Comment	Actions
02/08/2019	Intrapartum	4	Other (add comment)	Explain other transfer reason in this field, if applicable	x Delete
02/12/2019	Intrapartum	2	Abnormal presentation		x Delete
02/15/2019	Postpartum	12	Evidence of an infectious process		x Delete
03/01/2019	Postpartum	2	Laceration repair		x Delete

1 - 4 of 5 items

**Note:** The screen will display up to four records at a time. Additional records will scroll. Click on the header of any column to sort the records by that column.

- Step 3.4:** To delete a record, click the *Delete* button in the far right column of the individual row of data. The *Cancel changes* button on the top of the data table will remove all unsaved changes to the table.

### Transfer Information

#### Maternal Transfers:

Are any Maternal Transfer(s) being reported: \*

Yes

Date	Intrapartum / Postpartum	Days in Hospitals	Transfer Reason	Transfer Reason Comment	Actions
02/08/2019	Intrapartum	4	Other (add comment)	Explain other transfer reason in this field, if applicable	x Delete
02/12/2019	Intrapartum	2	Abnormal presentation		x Delete
02/15/2019	Postpartum	12	Evidence of an infectious process		x Delete
03/01/2019	Postpartum	2	Laceration repair		x Delete

1 - 4 of 5 items

- Step 4:** Newborn Transfers - select "Yes" or "No" from the drop-down list, as appropriate. If no, continue with the next section for newborn deaths.

#### Newborn Transfers:

Are any Newborn Transfer(s) being reported: \*

No

Date	Birth Weight, Grams	Days in Hospitals	APGAR (5 min) /10	Transfer Reason	Transfer Reason Comment	Actions
No Data To Display						

0

No items to display



## Agency for Health Care Administration

- [Step 4.1:](#) If newborn transfers need to be recorded, click the +New button.

Newborn Transfers:

Are any Newborn Transfer(s) being reported: \* No

**+ New** Save changes Cancel changes

Date	Birth Weight , Grams	Days in Hospitals	APGAR (5 min) _/10	Transfer Reason	Transfer Reason Comment	Actions
No Data To Display						

0 No items to display

- [Step 4.2:](#) Enter a response in each column.
  - Select the transfer date from the calendar pop-up by clicking on date field;
  - Enter the birth weight in grams to the nearest whole gram;
  - Enter the number of calendar days the newborn was hospitalized. If the transfer occurred on February 15 and the newborn was discharged from the hospital on February 18, enter 3.
  - Enter the APGAR score at 5 minutes.
  - Select the Transfer Reason from the drop-down list. Please review the complete list. Select "Other" only if no response in the drop-down list is appropriate. (Refer to section 4, page 33.) If "Other" is selected, type a short description in the comment field. The Transfer Reason Comment field will only be available when "Other" is selected.

Newborn Transfers:

Are any Newborn Transfer(s) being reported: \* Yes

**+ New** ✓ Save changes Cancel changes

Date	Birth Weight , Grams	Days in Hospitals	APGAR (5 min) _/10	Transfer Reason	Transfer Reason Comment	Actions
02/15/2019	2200	3	9	Cleft palate		x Delete

0 No items to display

**Note:** A red triangle in the upper left corner of a data field indicates a new entry has not been saved. Click the *Save changes* or *Cancel changes* buttons as appropriate.

- [Step 4.3:](#) To add another record, repeat steps 4.1 and 4.2. New data entry can be saved after each record or after a series of records.

Newborn Transfers:

Are any Newborn Transfer(s) being reported: \* Yes

**+ New** ✓ Save changes Cancel changes

Date	Birth Weight , Grams	Days in Hospitals	APGAR (5 min) _/10	Transfer Reason	Transfer Reason Comment	Actions
04/24/2019	1700	10	5	Other (add comment)	Explain other transfer reason in this field, if applicable.	x Delete
04/18/2019	2000	6	4	Appgar score four or less at five minutes		x Delete
03/05/2019	2100	2	8	Meconium aspiration, gasping		x Delete
02/15/2019	2200	3	9	Cleft palate		x Delete

1 1 - 4 of 4 items

**Note:** The screen will display up to four records at a time. Additional records will scroll. Click on the header of any column to sort the records by that column.



## Agency for Health Care Administration

- [Step 4.4:](#) To delete a record, click the *Delete* button in the far right column of the individual row of data. The *Cancel changes* button on the top of the data table will remove all unsaved changes to the table.

### Newborn Transfers:

Are any Newborn Transfer(s) being reported: \*

Yes

+ New ✓ Save changes ⓧ Cancel changes						
Date	Birth Weight , Grams	Days in Hospitals	APGAR (5 min) _/10	Transfer Reason	Transfer Reason Comment	Actions
04/24/2019	1700	10	5	Other (add comment)	Explain other transfer reason in this field, if applicable.	✕ Delete
04/18/2019	2000	6	4	Appar score four or less at five minutes		✕ Delete
03/05/2019	2100	2	8	Meconium aspiration, gasping		✕ Delete
02/15/2019	2200	3	9	Cleft palate		✕ Delete

1 1 - 4 of 4 items

- [Step 5:](#) Newborn Deaths - select “Yes” or “No” from the drop-down list, as appropriate. If no, continue with the next section for stillborn/fetal deaths.

### Deaths

#### Newborn Deaths:

Are any Newborn Death(s) being reported: \*

No

Delivered at the birth center and died within seven days of life. Do not include clients transferred more than 48 hours before birth.

+ New ✓ Save changes ⓧ Cancel changes						
Date	Birth Weight , Grams	Occurred	Reported to Medical Examin	Cause Of Death	Cause of Death Comment	Actions
No Data To Display						

0 No items to display

- [Step 5.1:](#) If newborn deaths need to be recorded, click the +New button.

#### Newborn Deaths:

Are any newborn Death(s) being reported: \*

Yes

Delivered at the birth center and died within seven days of life. Do not include clients transferred more than 48 hours before birth.

+ New ✓ Save changes ⓧ Cancel changes						
Date	Birth Weight , Grams	Occurred	Reported to Medical Examin	Cause Of Death	Cause of Death Comment	Actions
No Data To Display						

0 No items to display



## Agency for Health Care Administration

- **Step 5.2:** Enter a response in each column.
  - Select the month, day and year of the newborn death from the pop-up calendar.
  - Enter the birth weight in grams to the nearest whole gram.
  - Select the location of where the newborn death occurred from the drop-down list.
  - Select “Yes” or “No” from the drop-down list if reported to the medical examiner.
  - Select the Cause of Death from the drop-down list. Please review the complete list. Select “Other” only if no response in the drop-down list is appropriate. (Refer to section 4, page 33.) If “Other” is selected, type a short description in the comment field. The Cause of Death Comment field will be available only if “Other” is selected.

### Newborn Deaths:

Are any Newborn Death(s) being reported: \*

Yes

Delivered at the birth center and died within seven days of life. Do not include clients transferred more than 48 hours before birth.

+ New Save changes Cancel changes							
Date	Birth Weight , Grams	Occurred	Reported to Medical Examin	Cause Of Death	Cause of Death Comment	Actions	
04/11/2019	2050	Birth Center	Yes	Other (add comment)	Explain other cause of death reason n this field, if applicable.	x Delete	

1 - 1 of 1 items

**Note:** A red triangle in the upper left corner of a data field indicates a new entry has not been saved. Click the *Save changes* or *Cancel changes* buttons as appropriate.

- **Step 5.3:** To add another record, repeat steps 5.1 and 5.2. New data entry can be saved after each record or after a series of records.

### Newborn Deaths:

Are any Newborn Death(s) being reported: \*

Yes

Delivered at the birth center and died within seven days of life. Do not include clients transferred more than 48 hours before birth.

+ New Save changes Cancel changes							
Date	Birth Weight , Grams	Occurred	Reported to Medical Examin	Cause Of Death	Cause of Death Comment	Actions	
03/05/2019	2000	Hospital	Yes	Fetal pneumonia & Pulmonary hypertension		x Delete	
04/11/2019	2050	Birth Center	Yes	Other (add comment)	Explain other cause of death reason n this field, if applicable.	x Delete	

1 - 2 of 2 items

**Note:** The screen will display up to four records at a time. Additional records will scroll. Click on the header of any column to sort the records by that column.

- **Step 5.4:** To delete a record, click the *Delete* button in the far right column of the individual row of data. The *Cancel changes* button on the top of the data table will remove all unsaved changes to the table.

### Newborn Deaths:

Are any Newborn Death(s) being reported: \*

Yes

Delivered at the birth center and died within seven days of life. Do not include clients transferred more than 48 hours before birth.

+ New Save changes Cancel changes							
Date	Birth Weight , Grams	Occurred	Reported to Medical Examin	Cause Of Death	Cause of Death Comment	Actions	
03/05/2019	2000	Hospital	Yes	Fetal pneumonia & Pulmonary hypertension		x Delete	
04/11/2019	2050	Birth Center	Yes	Other (add comment)	Explain other cause of death reason n this field, if applicable.	x Delete	

1 - 2 of 2 items





## Agency for Health Care Administration

- **Step 6:** Stillborn/Fetal Deaths - select “Yes” or “No” from the drop-down list, as appropriate. If no, continue with the next section to save all changes and review the report.

**Stillborn/Fetal Deaths:**  
Are any Stillborn Death(s) being reported: \* No

Delivered at the birth center only

Date	Birth Weight, Grams	Occurred	Reported to Medical Examin	Cause Of Death	Cause of Death Comment	Actions
No Data To Display						

0 No items to display

- **Step 6.1:** If stillborn/fetal deaths need to be recorded, click the +/New button.

**Stillborn/Fetal Deaths:**  
Are any Stillborn Death(s) being reported: \* Yes

Delivered at the birth center only

Date	Birth Weight, Grams	Occurred	Reported to Medical Examin	Cause Of Death	Cause of Death Comment	Actions
No Data To Display						

0 No items to display

- **Step 6.2:** Enter a response in each column.
  - Select the month, day and year of the stillborn/fetal death from the pop-up calendar.
  - Enter the birth weight in grams to the nearest whole gram.
  - Select when the stillborn/fetal death occurred from the drop-down list.
  - Select “Yes” or “No” from the drop-down list if reported to the medical examiner.
  - Select the Cause of Death from the drop-down list. Please review the complete list. Select “Other” only if no response in the drop-down list is appropriate. (Refer to section 4, page 33.) If “Other” is selected, type a short description in the comment field. The Cause of Death Comment field will be available only if “Other” is selected.

**Stillborn/Fetal Deaths:**  
Are any Stillborn Death(s) being reported: \* Yes

Delivered at the birth center only

Date	Birth Weight, Grams	Occurred	Reported to Medical Examin	Cause Of Death	Cause of Death Comment	Actions
02/04/2019	2000	Before Labor	Yes	Birth defect		<input type="button" value="x Delete"/>

0 No items to display

**Note:** A red triangle in the upper left corner of a data field indicates a new entry has not been saved. Click the *Save changes* or *Cancel changes* buttons as appropriate.



## Agency for Health Care Administration

- **Step 6.3:** To add another record, repeat steps 6.1 and 6.2. New data entry can be saved after each record or after a series of records.

### Stillborn/Fetal Deaths:

Are any Stillborn Death(s) being reported: \*

Yes

Delivered at the birth center only.

Date	Birth Weight , Grams	Occurred	Reported to Medical Examin	Cause Of Death	Cause of Death Comment	Actions
02/04/2019	2000	Before Labor	Yes	Birth defect		x Delete
03/28/2019	2050	During Labor	Yes	Infection		x Delete

Note: The screen will display up to four records at a time. Additional records will scroll. Click on the header of any column to sort the records by that column.

- **Step 6.4:** To delete a record, click the *Delete* button in the far right column of the individual row of data. The *Cancel changes* button on the top of the data table will remove all unsaved changes to the table.

### Stillborn/Fetal Deaths:

Are any Stillborn Death(s) being reported: \*

Yes

Delivered at the birth center only.

Date	Birth Weight , Grams	Occurred	Reported to Medical Examin	Cause Of Death	Cause of Death Comment	Actions
02/04/2019	2000	Before Labor	Yes	Birth defect		x Delete
03/28/2019	2050	During Labor	Yes	Infection		x Delete

- **Step 7:** Signature - The user name of the person creating the report will display next to Prepared By. The User ID and email of the last person to save edits will appear on the right side of the screen. When data entry is complete, click the *Save and Review Report* button.

### Signature

The information presented on this form is true and correct.

Prepared By:

Date of Submission: |

Username:

Title:

Email Address:

Phone:

Save

Return to Dashboard

Provider Submission History

Save and Review Report

AHCA Form 3130-3004OL, February 2019

Section 59A-11.019, Florida Administrative Code

- **Step 7.1:** If errors are identified or if the report is incomplete, click the *Edit Annual Report* button. If the report is ready to be submitted to the Agency, click *Certify Annual Report*.

### Signature

The information presented on this form is true and correct.

Prepared By:

Date of Submission:

Username: |

Title:

Email Address:

Phone:

Export as PDF

Edit Annual Report

Certify Annual Report

AHCA Form 3130-3004OL, February 2019

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# Agency for Health Care Administration

## 2.7 Editing an Existing Report

- **Step 1:** Log into your AHCA Portal account and select Birth Center Annual Reporting System. Your dashboard will be open. The Report Status of an existing report that has not been submitted will show as Pending. Click the *Edit Report* button by the report you wish to edit.

Birth Center Annual Reporting BCARUSERGUIDE

Home Reports Register Additional Providers Go to AHCA's Home Page Help

### Dashboard - Registered Providers

Current Year Birth Center Annual Report (Report Date from 7/1/2018 12:00:00 AM through 6/30/2019 12:00:00 AM) Selected Reporting Period: 2018 - 2019

Complete Reports **MUST** be submitted to the agency no later than **July 30, 2019**

Number of Days pending to submit Annual Reports: **165**

Select a provider to view provider details.

Actions	Provider Name	File Number	Report Status	Last Updated Report Date	Certify Date
<a href="#">Edit Report</a>	TEST BIRTH CENTER BCAR	15960129	Pending	02/15/2019 11:32:47 AM	

Florida Agency for Health Care Administration  
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- **Step 2:** The report will open. When the data has been corrected, click the *Save and Review Report* button. If the report is ready to be submitted to the Agency, click the *Certify Annual Report* button.

### Signature

The information presented on this form is true and correct.

Prepared By: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Username: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

[Save](#) [Return to Dashboard](#) [Provider Submission History](#) [Save and Review Report](#)

AHCA Form 3130-3004OL, February 2019 Section 59A-11.019, Florida Administrative Code

### Signature

The information presented on this form is true and correct.

Prepared By: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Username: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

[Export as PDF](#) [Edit Annual Report](#) [Certify Annual Report](#)

AHCA Form 3130-3004OL, February 2019 Section 59A-11.019, Florida Administrative Code

Note: Reports cannot be edited after submission to the Agency. If a report requires correction after submission to the Agency, please contact [hospitals@ahca.myflorida.com](mailto:hospitals@ahca.myflorida.com).



# Agency for Health Care Administration

## 2.8 Submitting a Report to the Agency

The annual report is a summary of client information from July 1 of the previous year through June 30 of the current year. Completed reports must be received by the Agency no later than July 30 of the current year. A report must be certified as complete by a registered user before it will be considered as received by the Agency.

**Step 1:** When all of the data for the previous reporting year has been entered and the reporting period has ended (June 30 of each year), the report may be submitted to the Agency. Open the report and click the *Save and Review Report* button.

**Birth Center Annual Reporting** BCARUSERGUIDE

Home Reports Register Additional Providers Go to AHCA's Home Page Help

---

**Birth Center Annual Report**  
 Report data from July 01, 2018 through June 30, 2019.  
 Completed reports must be received by the Agency no later than July 30, 2019. Date Created: 2/11/2019 5:21:20 PM  
Created By: BCARUSERGUIDE

**Birth Center Information**

Facility Name: TEST BIRTH CENTER BCAR County: LEON  
 Street Address: 2727 Mahan Drive City: TALLAHASSEE State: FL Zip: 32308  
 File Number: 15960129 License Number: 368 License Status: ACTIVE License Last Status Date:

**Client Care Services** Enter data into each field

**Number of Deliveries in the Birth Center by Weight:**  
 Total Number of Deliveries:  
 < 1500 Grams:  1500 - 1999 Grams:  2000 - 2499 Grams:  > 2500 Grams:

**Number of Maternity Clients Accepted for Care and Length of Stay:**  
 Total Number of Maternity Clients:   
 Total Length of Stay, Hours: Shortest:  Longest:  Average:   
 Postpartum Length of Stay, Hours: Shortest:  Longest:  Average:

**Surgical Services Performed at the Birth Center:**  
 Circumisions:  Episiotomies:  Episiotomies/Laceration Repair:

**Transfer Information**

**Maternal Transfers:**  
 Are any Maternal Transfer(s) being reported:  -- Select An Opt --

Date	Intrapartum/Postpartum	Days in Hospitals	Transfer Reason	Reason for Transfer Com...	Actions
No Data To Display					

No items to display

**Newborn Transfers:**  
 Are any Newborn Transfer(s) being reported:  -- Select An Opt --

Date	Birth Weight, Grams	Days in Hospitals	APGAR(5 min) </10	Transfer Reason	Reason for Transfe...	Actions
No Data To Display						

No items to display

**Deaths**

**Newborn Deaths:**  
 Are any Newborn Death(s) being reported:  -- Select An Opt --  
 Delivered at the Birth Center and Died within Seven Days of Life. Do not include clients transferred more than 48 hours before birth.

Date	Birth Weight, Grams	Occurred	Reported to Medic...	Cause Of Death	Cause of Death Co...	Actions
No Data To Display						

No items to display

**Stillborn/Fetal Deaths:**  
 Are any Stillborn Death(s) being reported:  -- Select An Opt --  
 Delivered at the Birth Center only.

Date	Birth Weight, Grams	Occurred	Reported to Medic...	Cause Of Death	Cause of Death Co...	Actions
No Data To Display						

No items to display

**Signature**

The information presented on this form is true and correct.  
 Prepared By: BE:TATE1147 Date of Submission: June 10, 2019  
Username: BE:TATE1147  
Title:  
Email Address: HOSPITALS@AHCA.FLORIDA.COM  
Phone: 8504124549

Save



# Agency for Health Care Administration

**Step 2:** The read only screen will open. After reviewing the report for accuracy, click the *Edit Current Annual Report* button if changes need to be made. (From this screen, a copy of the report may be generated by clicking the *Export as PDF* button.) Click the *Certify Annual Report* button once the information has been determined accurate and complete.

Birth Center Annual Reporting BCARUSERGUIDE

Home Reports Register Additional Providers Go to AHCA's Home Page Help

---

**Birth Center Annual Report** READ ONLY  
Report data from July 01, 2018 through June 30, 2019.  
Completed reports must be received by the Agency no later than July 30, 2019.

**Birth Center Information**

<b>TEST BIRTH CENTER BCAR</b> 2727 Mahan Drive TALLAHASSEE, FL 32308 LEON	<b>File Number:</b> 15960729 <b>License Number:</b> 368 <b>License Status:</b> Approved <b>License Last Status Date:</b> 2/11/2019 4:41:53 PM
--	--

**Client Care Services**

<b>Number of Deliveries in the Birth Center by Weight:</b>	<b>Number of Maternity Clients Accepted for Care and Length of Stay:</b>	<b>Surgical Services Performed at the Birth Center:</b>
<b>Total Number of Deliveries:</b> 4	<b>Total Number of Maternity Clients:</b> 1	<b>Circumcisions:</b> 1
<b>&lt; 1500 Grams:</b> 1	<b>Total Length of Stay, Hours:</b>	<b>Episiotomies:</b> 1
<b>1500 - 1999 Grams:</b> 1	<b>Shortest:</b> 1	<b>Episiotomy/Laceration Repair:</b> 1
<b>2000 - 2499 Grams:</b> 1	<b>Longest:</b> 1	
<b>&gt; 2500 Grams:</b> 1	<b>Average:</b> 1	
	<b>Postpartum Length of Stay, Hours:</b>	
	<b>Shortest:</b> 1	
	<b>Longest:</b> 1	
	<b>Average:</b> 1	

**Transfer Information**

**Maternal Transfers:**

Date	Intrpartum or Postpartum	Days in Hospital	Reason for Transfer	Reason for Transfer Comment
2/15/2019	Postpartum	12	Abnormal presentation	

**Newborn Transfers:**

Date	Birth Weight, Grams	Days in Hospital	APGAR(5min)/10	Reason for Transfer	Reason for Transfer Comment
2/11/2019		0		Chf prone	

**Death Information**

**Newborn Deaths:** Delivered at the Birth Center and Died within Seven Days of Life.

Date	Birth Weight, Grams	Death Occurred at	Cause of Death	Cause of Death Comment	Reported to Medical Examiners, Y/N
2/15/2019	5	Home	Newborn		True
2/6/2019	1	Other	Newborn		False

**Stillborn/Fetal Deaths:** Delivered at the Birth Center only.

Date	Birth Weight, Grams	Death Occurred	Cause of Death	Cause of Death Comment	Reported to Medical Examiners, Y/N
2/19/2019	0	During Delivery	Stillborn		False
2/15/2019	2	During Delivery	Stillborn		False

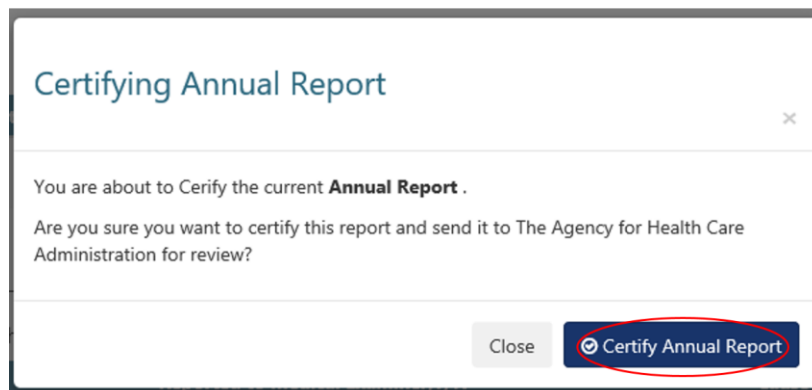
**Signature**

The information presented on this form is true and correct.  
Prepared By: BCARUSERGUIDE

Date of Submission: February 15, 2019  
Username: BCARUSERGUIDE  
Title:  
Email Address: @AHCA.MYFLORIDA.COM  
Phone: 666666666

Export as PDF
Edit Current Annual Report
Certify Annual Report

A pop-up notice will appear verifying the report is ready for submission. Click the *Certify Annual Report* button if data is accurate and complete. Remember, reports cannot be edited after submission to the Agency. If a report requires correction after submission to the Agency, please contact [hospitals@ahca.myflorida.com](mailto:hospitals@ahca.myflorida.com).





# Agency for Health Care Administration

**Step 3:** A notice will appear confirming successful submission of the Birth Center Annual Report. Click the *Return to Dashboard* button to view the submission status of the current year's report.

Birth Center Annual Reporting

- Home
- Reports
- Register Additional Providers

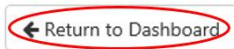
## Thank you

You have successfully submitted the Birth Center Annual Report for the current fiscal year.

If you have any questions or concerns about your submission, please contact the Agency's Hospital and Outpatient Services Unit at (850) 412-4549.

### Mail To:

Agency for Health Care Administration  
 Hospital and Outpatient Services Unit  
 2727 Mahan Drive, M.S. #31  
 Tallahassee, FL 32308



The Report Status on the Submission History screen will be updated to Certified. Certified status confirms the report has been received by the Agency.

Birth Center Annual Reporting BETATEST147

Home Reports Register Additional Providers Go to AHCA's Home Page Help

Dashboard - Registered Providers

2018 - 2019

Birth Center Annual Reporting Period: 7/1/2018 through 6/30/2019  
 Complete reports **MUST** be submitted to the Agency no later than: 7/30/2019  
 Number of days left to submit 2018 - 2019 annual report(s): 50  
 The reports below will not be editable after: 8/30/2019.

Actions	Provider Name	File Number	Report Status	Last Updated Report Date	Certified Date
<a href="#">View Certified Report</a>	TEST BIRTH CENTER BCAR	15960129	Certified	06/10/2019 10:54:18 AM	06/10/2019 10:56:13 AM

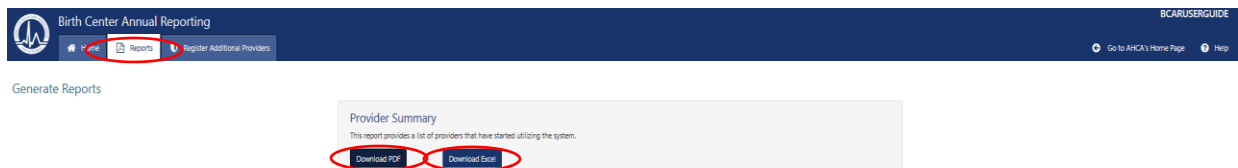


## Agency for Health Care Administration

### 2.9 Exporting a Report to PDF or Excel

The BCAR system allows you to export reports in PDF or Excel format.

**Step 1:** Open the desired report and select the Reports tab.



**Step 3:** A pop-up window will open. Choose the desired option by clicking either the *Download PDF* or *Download Excel* button.



# Agency for Health Care Administration

## 2.10 Registering Additional Providers

The BCAR system allows users to create, edit and submit reports for multiple providers. Select the Register Additional Providers tab and follow the instructions provided on each screen. Once the additional provider has been identified, click the *Start Registration* button to register more providers. **Note:** You will have to log in each time you switch between adding providers and entering data.

**Birth Center Annual Reporting** BCARUSERGUIDE

Home | Reports | Register Additional Providers Go to AHCA's Home Page | Help

### Register Additional Providers

On the next few screens, you will be able to request access to Birth Center Annual Reporting for additional providers. Please read these instructions carefully before clicking the **Start Registration** button at the bottom of this screen.

When you click the button below, the Single Sign-on Portal will display a login box to verify your credentials. For security reasons, you will be prompted for your credentials even if you are already logged in. Enter the same credentials that you use to access your current providers in Birth Center Annual Reporting.

**AHCA Portal - Login**

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

**AHCA Portal Login**

User ID:

Password:

[Forgot Your Password?](#)

[Need Additional Information?](#)

[New User Registration](#)

After you login you will see a list of your current authorized providers. From this screen, click the link to **Add Additional Providers**. You can also use this list to review the status of your current requests or reprint your registration agreement.

**BCAR Program - Tasks**

Select Your Desired Task Below

[BCAR Reports](#)

[Add Additional Facilities](#)

---

**List of Providers**

If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement. If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Provider Name	City

On the next screen, choose your provider type and start typing the name in the box provided. The portal will automatically attempt to locate your provider. Once you find your provider in the list, click on the provider name and click the [Add Provider] button.

**BCAR Program - Add Additional Facilities**

Select Provider/Facilities for which you are authorized to submit license applications

Start typing the name of a Provider/Facility and select it from the list below when it appears.

Provider/Facility Type: BIRTH CENTER

Provider/Facility Name:

On the next screen, choose your provider type and start typing the name in the box provided. The portal will automatically attempt to locate your provider. Once you find your provider in the list, click on the provider name and click the [Add Provider] button.

**BCAR Program - Add Additional Facilities**

Select Provider/Facilities for which you are authorized to submit license applications

Start typing the name of a Provider/Facility and select it from the list below when it appears.

Provider/Facility Type: BIRTH CENTER

Provider/Facility Name:

Once you have selected a provider, you should print and complete the AHCA Registration Agreement and send it to the Agency using the information provided on the form. From this screen you can also delete a provider to cancel the request.

**Requested Provider List:**

Requested Provider List:	City	License Number
<input type="checkbox"/> My Clinic Name - My Town - 3888	TALLAHASSEE	4407

**Agency for Health Care Administration**  
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## Agency for Health Care Administration

### 3 Contact Us

Agency for Health Care Administration  
Hospital and Outpatient Services Unit  
2727 Mahan Drive, MS 31  
Tallahassee, FL 32308

Telephone: (850) 412-4549

Email: [hospitals@ahca.myflorida.com](mailto:hospitals@ahca.myflorida.com)

This document is available on the Agency's Birth Center Licensure webpage:  
[http://ahca.myflorida.com/MCHQ/Health\\_Facility\\_Regulation/Hospital\\_Outpatient/birthing.shtml](http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/birthing.shtml)



## Agency for Health Care Administration

### 4 Additional Descriptions of Drop-down Lists

Maternal Transfer Reasons	Additional Descriptions of Maternal Transfers	Newborn Transfer Reasons	Causes of Death Newborn	Causes of Death Stillborn/Fetal
Abnormal labor	Dysfunctional labor, arrest of labor, failure to progress, precipitous/fast, premature, PROM, PPRM, prolonged PROM, SROM	Apgar score four or less at five minutes	Birth defect	Birth defect
Abnormal presentation	Breech, brow, face, transverse/shoulder	Cleft palate	Fetal pneumonia & pulmonary hypertension	Infection
Anemia	<10 grams of hemoglobin per 100 milliliters of blood or 30% hematocrit	Convulsions	Infection	Premature
Augmentation of labor		Major anomaly, birth defect	Obstructed labor	Respiratory distress
Cervical edema		Meconium aspiration, gasping	Oxygen deprivation	Unknown
Client risk, noncompliance		Persistent hypothermia	Unknown	Other (free text)
Client/family request	Requests medication, OB services, hospital services, pain management	Respiratory distress	Other (free text)	
Convulsions		Weight less than 2,000 grams		
Evidence of an infectious process		Other (free text)		
Fetal demise/decreased fetal movement				
Fetal heart rate	Arrhythmia, acceleration, deceleration, tachycardia, bradycardia, loss of tone			
Fetal weight (large)	Estimated greater than 4,000 grams			
Fetal weight (small)	Estimated less than 2,500 grams			
Hemorrhage	Excessive bleeding			
Hypertension				
Intrauterine growth restriction				
Laceration repair				
Meconium	Aspiration, fetal distress, stained fluid, thick			
Placenta	Abruptio, accreta, previa, retained			
Pre-eclampsia				
Prolapsed cord				
Other (free text)				

**\*Note:** Some commonly reported reasons for transfers (maternal and newborn) and causes of death (newborn and stillborn/fetal) have been grouped for purposes of data collection consistency. Please review the entire drop-down lists and reference this table before selecting "Other" under any data entry field.