

SECTION 5. STATE DEFINED SUPPLEMENT

(Effective 6/22/98)

1. Facility FRAES Number

Intent: To record the facility's unique FRAES number.

Definition: This number is assigned to the facility by Florida's Agency for Health Care Administration. The Florida Regulatory and Enforcement System (FRAES) is a computerized system that assigns a unique identifier to each licensed and/or certified facility. Each facility will have its own FRAES file number that will remain constant through changes of ownership.

Process: You can obtain the facility's FRAES number by contacting the State MDS Help Desk at 1-800-900-1962. Once you have this number, it applies to all residents of that facility.

Coding: Begin writing in the left-hand box. Enter one digit per box. Recheck the number to be sure you have entered the digits correctly. DO NOT include "FL" before the number. There must be a FRAES number entered.

Example:

| | | | | | | | |
|---|---|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
|---|---|---|---|---|---|---|--|

2. Physician License Number

Intent: To record the Florida license number of the resident's physician.

Definition: The Florida license number is assigned to the physician by Florida's Board of Medicine. Where a physician assistant or nurse practitioner work in collaboration with the primary physician, enter the license number of the primary physician.

Process: You can obtain the physician's license number from the physician or the Florida Department of Professional Regulation's website at <http://www.doh.state.fl.us/>

Coding: Record the Florida license number of the resident's physician. Begin writing in the left-hand box. Enter one digit per box. The first two letters represent the type of doctor, for example, ME for physician or DO for osteopathic physician. Recheck the number to be sure you have entered the digits correctly. There must be a physician license number entered. *Note: This was modified when the Department of Health's professional licensing database was replaced. The previously required "FL" was deleted due to space limitation.*

Example:

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| M | E | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

3. Physician Last Name

Intent: To record the last name of the resident's physician.

Definition: The last name of the resident's physician.

Coding: Record the physician's last name. Begin writing in the left-hand box. Enter one digit per box. Use as many boxes as needed. If the last name is longer than the space provided, record as many letters of the last name as possible. Recheck the name to be sure you have entered it correctly. There must be a physician name entered.

Example: *For Dr. Rodriguez-de la Sierra*

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|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|
| R | O | D | R | I | G | U | E | Z | - | D | E | | L | A | | S | I |
|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|