



CYC Data Sharing Project – Meeting Minutes

Subject:	CYC Data and Information Sharing - Phase I – FMMIS Data Source – Workgroup (JAD) Session I
Date:	March 25, 2009
Time:	08:30 AM – 12:00 Noon
Location:	DJJ Alexander Building Training Center, Room 1318
Attendees Present:	<ul style="list-style-type: none"> • AHCA: John Collins, Scott Ward, Michelle Tallent, David Powers, Alan Stroud • DOH: Beth Ann Posey, Tom Herring, Bob Bardes, Martie Solak, Burnette Hanley, Mary Yeomans • DCF: Keith Perlman, Lori Schultz, Margie France, CBC: Pat Smith • DJJ: Dave Kallenborn • APD: Celeste Sanders, Brian McGrail • GAL: Kristen Griswold • OSCA: Chris Blakeslee, Brendie Hawkins • EOG: Jennifer Diaz

Welcome by Jennifer Diaz.

Introduction and overview of the CYC JAD session by Margie France.

Alan Stroud, AHCA Bureau Chief for Medicaid Management introduced the system. Fiscal agent is EDS.

FMMIS Statistics:

- 2.4 million receipts
- 85, 00 participating providers
- 65,000-75,000 unduplicated claims
- 140 million annual claims

Provider enrollment = all data generated for FMMIS is derived from the Social Security Administration, the Department of Children and Families, and Florida Healthy Kids.



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David Powers, of AHCA provided a high level technical and architectural overview of FMMIS. (See PowerPoint/Handout provided).

Topics Included in the presentation:

- Technical Overview
- Business Oriented Architecture
- Shared infrastructure
- EDI Data Model
- MEUPS
- Interface
- Claim Cycle
- Database Information

APD – Question arose about whether FMMIS captures information related to consumer directed care? Not at this time, however that is functionality that could be implemented later.

FMMIS does have a document imaging component.

AGENCY WISH LIST

1. *DJJ* – BPI = JPO would need to know if a youth is receiving Medicaid services; essentially a yes or no would be sufficient as DJJ does not provide medical services under probation. Medicaid ID # is unnecessary.
2. *DCF* – BPI = would require demographic information, eligibility status and application status for the child. DCF would need services (claims) data. This would improve delivery of services, timing and efficiency.
3. Pat Smith from DCF CBC - Also would need claims information and claims codes on a per child basis.
 - a. The individual data is necessary at the time of treatment, aggregate data is not helpful. Would need prescription data (any medications prescribed to the child), as well prescriptive services (behavioral health or speech therapy).



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- b. These data elements would be utilized by case managers and investigators at the DCF level and by medical providers and case managers at the CBCs.

- 4. *DOH* – BPI = Information could be beneficial to CMS and Shots.
 - a. CMS has independent access to FMMIS.
 - b. SHOTS see opportunity for a **data exchange** to be able to meet the 2010 requirements for 95% completeness of immunization records.

- 5. *APD* – currently have limited independent access to FMMIS. Wish to expand that access.
 - a. BPI = provider specialists to help determine status of enrollment; Medical case management to look at status of claims; licensing of providers (issues concerning auditing and prior fraud claims).

- 6. *GAL* – will review data matrix

Action Items:

Item	Owner	Due Date	Completed
List of agency data element needs sent to AHCA staff	Jennifer Diaz		03-30-09
Data matrix of FMMIS elements that meet agency needs	AHCA staff, Michelle Tallent, lead	04-01-09	In process

Session Adjourned at 11:25 am.