DCF/DAC-Subcommittee Bi-Weekly JAD

Date: 10/27/20

Start Time: 10:00

End Time: 11:20

Attendees: Attendees: Jonathan Hall, Richard Power, Greg Nix, Ed De Cardenas, Jesse Lindsey, Danielle Downing, Diego Wartensleben, Tracey Fannon, Jason Lee, Joanne Szocinski, Johnny Guimaraes, Matt Lightner, Victor Gaines, Steve Lord, Nathan McPherson, Jennifer Ramirez, Mike Lupton, Sharyn Dodrill, Beau Frierson, Roderick Harris

Opening Remarks: We have a number of people who are missing from the call at the moment, so we will be moving Jesse's items to the end of the agenda to make sure everyone is available for them (conversation starts on agenda item 2).

Agenda Items:

Item	Presenter	Time Limit
1. Finalize Unique Constraint Rule Enhancement 1. Review recent request Joe Glidden sent some comments regarding unique constraint last week. Hopefully, everyone had a chance to look at it and if not, we'll look at a few of these that are relatively simple, but then there's three items that need to be discussed by the MEs and decided on. So, I'll just go through this for the benefit of those who didn't get to see it yet. So, initially Joe is asking about any unique constraint rule on treatment episode. He asked if the intention is to allow providers to submit multiple admissions for different ProgramAreaCodes or should they be using the co-occurring designation? This probably sounds familiar to everyone. We've got the MEs that need to have the ability to submit more than one admission under a treatment episode and the system can support whichever way the ME or the provider decides to. This one actually stays the same, so based on Joe's recommendation we are going to be keeping ProgramAreaCode in and he just had another similar comment regarding ProgramAreaCode in the next one, as well. Diego – Jesse, one question, going to the program area, what happens if I have a co-occurring admission in the system and I try to enter a substance abuse admission with the same date, that would be accepted, or not? I could have two admissions where the program area would be different, but in a way, I concur it would be a substance abuse admission, as well.	Jesse Lindsey	10:00-10:20

	Jesse – It would be accepted the way this is written right here. We could certainly do that, so that if it's adult co-occurring then no other ProgramAreaCode could be submitted with the same date. I see where you're going with that, Diego. That would make sense. Does everyone understand what Diego brought up there? He's essentially saying that if you have a co-occurring then you shouldn't be able to submit a MH or SA separate admission with the same date within treatment episode. That does make sense to me. Anyone have any concerns? I can add that in, Diego. I think that makes sense. Alright, we're going to come down here. Joe just mentioned that I didn't have the ParentTreatmentEpisode in there. I think in my mind it was kind of inherent when I put it in there. So, ParentTreatmentEpisode is listed now. Next, Joe says it is missing the SRI for the Treatment Episode. Should be ParentTreatmentEpisode + ParentAdmission/ParentDischarge + DiagnosisCode + StartDate. Similar situation here. Just didn't list the ParentTreatmentEpisode. I'm going to scroll down past the ones that we need to discuss so that we can just breeze by these easy ones. Joe suggested removing subcontract number and just have the FEIN, which is fine because SubcontractNumber and FEIN are somewhat of a duplicate. The FEIN just doesn't change. That made sense to me. Then he asked regarding the subcontract, how will this behave if it's a NULL AmendmentNumber because TypeCode equals 1, which means it's the initial subcontract. That will work naturally, so the system will just look at this ContractNumber/SubcontractNumber combination and not bring in the AmendmentNumber for comparison. So, the main ones I wanted to put in front of the team is going to be this one. So, this is the unique constraint rule for ServiceEvent, and we include StaffIdentifier and Joe says the StaffIdentifier should be replace by ServiceCountyAreaCode and TreatmentLocaleCode since two staff could potentially be providing services to an indibidual but typically use the staff ID of the supervisor for billing purposes. These are the current composite keys in v12, and he lists those composite keys. I believe ServiceCountyAreaCode was requested to be removed, unless I'm misremembering that, and I thought SatffID was requested to be added in.		

	Mike, I know you responded previously in an email. Does everyone agree that this group should be the composite keys for service events? Diego – I think the county shouldn't be a part of it. I would go more with the StaffID. I think right now it's better. That's unusual within an agency that they are using the StaffID of a supervisor. But, at the same time, that person is doing that service. Right, when somebody else is doing it from the back, I don't know whether that is something that they should actually record, the person who is actually doing the service. Jesse – Right, but we don't want to use FASAMS to create change in different agencies. We want this to support the way everyone does business. Diego – Right, but you want accurate data. In a way they are lying. They are telling you a supervisor is doing a service but maybe it is another staff that is doing the service. So, they should put the StaffID from that person, not the supervisor's ID. Jesse – Right, I understand, but we won't be able to dictate that to the agency. Diego – I see what you are trying to do is catch duplicate services, and if what we are saying here is that the same person cannot do two services at the same time for the same time. A StaffID can only do one service for one time at that time. You know what I mean? Jesse – Right, I understand. Diego – I think FASAMS needs to put in that the agency needs to record how they report the data to us. I think the way it is right now is incorrect. Jesse – Mike, I think you agreed with Joe's comments. Are you able to speak to that since we don't have Joe on the call? Mike – I just think it keeps in line what provider's have already been doing. You keep the same kind of unique identification of services and to me that kind of maintaining consistency is helpful. Jesse – So, you mean consistent with the v12 format, Mike? Mike – Yeah, it's using the same idea how you guaranty uniqueness. I don't think anybody has had any problems with how that has worked in the past. Those fields are still available. I don't see why it causes a problem to keep using them. Jesse – Okay. Diego, regarding the county, can you talk me through using the CountyAreaCode?		

	Diego – I think the problem here is that we are using, this is for V15, correct. We are not going to be using this in v14? Jesse – Well, yes, this will be in v14 eventually. Diego – Okay, because many think v13 is going to be live until the end of this fiscal year. So, I was guessing that maybe in this exercise it's smarter to use what is available in v14. Jesse – Yeah, you bring up a good point, where we will have to have separate rules between what is developed and deployed out to v13 vs. v14. We can handle that, that's no problem. So, we would have a separate rule in v13 vs v14, so you wouldn't have to worry about that specifically. But it sounds like you think this is fine for v13, but Joe's group has an issue. Diego – I think somebody using the same date, start time, procedure code, covered services, at the same time it seems like very low probability that you would have two services that are not the same under those circumstances. The county or the locale thing, I don't know, I find it very weird that somebody would have the same service, starting at the same time, using the same StaffIdentifier and they are two different services in reality. That's my take. Jesse – Okay, I know when Joe sent these in, he said it was discussed internally with the group. Joanne, were you a part of those conversations? Can you speak to this? Joanne – I don't feel comfortable speaking to it. I would rather have Joe, and I'm sorry he's not available, but no, I don't feel comfortable speaking to it. Jesse – Okay Sharyn – I have a question. Let's assume Joe's correct. I think it's almost fraudulent for people to be using a supervisor's StaffID instead of their own. I would have a real problem with that. But, let's just say that that's the way it is being done somewhere, why would two different people be providing the same service at the same time to one person? Jonathan – Sharyn, I think the example that was given last time where that could occur, somebody correct me if I'm wrong, the situation may be where on intake you have a group of professionals that are administering the kind of assessments that they have to do simultaneously.		

	Mike – There's also the fact that we have covered services that allow both direct services to the client and then services on behalf of the client, including collateral contacts. You could have someone that is working with a client directly, while you then have a case manager who is calling their probation officer, something like that. Sharyn – Right, then your covered service code and HCPC code would be different. Mike – That is not necessarily the case. I can't speak to the StaffID part, but you could have multiple case managers who are doing stuff at the same time for a client Diego – All at the same time? Mike – I don't know that they're synchronizing watches, but it's allowable by the rule. If it's allowable by the rule, then the data system shouldn't say it's not allowable. If it's a problem with the rule, then the financial rule needs to be changed, not a validation in the data system. Jesse – I agree with that sentiment that we don't want to force changes through FASAMS rules. That is something that we want to avoid. We want to be able to support everyone's different processes. Diego, coming back to your recommendations for v13 vs v14, if StaffID is struck through for v13, does this still work for you and we would have different composite fields between v13 and v14. Diego – I think, yeah, the one that Joe proposed wouldn't work because of the treatment locale, that's a v14 field. The one that you have right now would work in v13. Jesse – So, does this work for everyone? We essentially actually replaced EpisodeSRI here like that. So, in this scenario we would have two different rules depending on which version was being submitted against. Does that work for you, Diego? Diego – I think in v13 if you remove the StaffIdentifier then you wouldn't allow the case that was being told before, like two case management persons doing a case management on behalf of the client, but not a direct service at the same time. That would not be allowed. I think the StaffIdentifier is important to be there. I think that's what we decided in our last meeting, Jesse – Take me through that example one more time, Diego. Sorry, I need to hear it again, I think. Diego – So, if I'm doing a service on your behalf like case management. Let's say I do a phone call and		

	maybe Sharyn is doing a phone call also for you and we all start at the same time, then those two services without the StaffIdentifier would be identified as the same and only one would go through into the database. Otherwise with the StaffIdentifier both would be considered unique. Jesse – So, in that scenario it would be the same ProgramAreaCode, Covered Service, HCPC combination. The only thing different in that situation would be the StaffID. Is that what you're saying, Diego? Diego – Correct, and also you need to consider the non-client specific services, right? Jesse – Those are below. We're going to get to those in just a minute. Diego – Okay. Jesse – So, it sounds like the StaffID is needed for one and can't be used for another. How often does this scenario occur and how did it work previously in v12, Diego, since StaffID was not included in the unique constraint rule for v12? What was done then? Do you know? Diego – I think it's the one that Joe put in there. I think that's the way it worked before with the treatment locale. Jesse – Oh, because v13 does not have locale, that's the difference. Jesse – Okay, well we'll have to discuss that one a little more. Diego – Also, the way I would do it instead of treatment locale, you can put in provider site, right, in v13 also? Jesse – Would provider site resolve the need to have StaffIdentifier? Diego – No, I don't think so because you would have two staff doing the same service, for the same time, in the same building. Jesse – Okay. Mike – That is correct. Jesse – Is there a recommendation on how we solve both of these counter issues, which is StaffID not to be used and StaffID must be used. Does anyone else have any ideas on the best way to resolve that? Sharyn – I don't know how to resolve, but just pointing out I think just going with what Diego said, if you take out StaffIdentifier then you really do prohibit exactly the situation Joe was trying to avoid. I mean you end up rejecting services more often then if you had StaffIdentifier in.		

	Jesse – Okay Jonathan – It seems like you would want the StaffIdentifier in the situations we've been discussing. If you did have the StaffIdentifier, either way, if you left the StaffIdentitifer, it would only create difficulties matching duplicates if both of those case managers have the same supervisor in Joe's scenario. Diego – As Sharyn said, it doesn't address the same person using the supervisor's ID for the same person, at the same time, at the same building, for the same county, which locale would then be considered unique and one of them is going to be rejected or it is going to override the other one. Jesse – Right. Alright so I think we need to follow-up with Joe on this, so we'll have to talk to him about that. Hopefully, later this week so, let's move on to the next one since we're at a bit of an impasse here and we're going to have to follow-up on this one. Okay, so this next one if for the non-client specific unique constraint and Joe proposes adding the SiteIdentifier and the ProgramAreaCode to the list of composite key fields. We did not have that in before, so I wanted to bring that up to the group. Site ID so remember these will be version specific rules, so this isn't the same scenario with trying to match a provider site submitted in v13 to a provider site submitted in v14. These are going to be independent rules; one for each version type. Does anyone have any concerns with adding Site ID and ProgramAreaCode to non-client specific? Diego – I think again like you have the same StaffIdentifier being added to the same buildings. Jesse – So we have StaffIdentifier in on this one. Joe didn't mention it. Diego – Yeah and he's proposing to pull the SiteIdentifier that says what location the service was given. So, again, I think unless you have a clone it's kind of impossible to do the same service, at the same time, in different buildings. Jesse – So, does it hurt to add StaffID or SiteID, I mean? Are you saying it's just an unneeded extra field, Diego? That's what it sounds like. Diego – I think so, yes. Jesse – So, it wouldn't hurt it then. What about ProgramAreaCode, does that have an issue? See any issues with including that in? Sharyn – Again, with what Diego said earlier, ProgramAreaCode is never going to be a good composite key field in there because if you could		

	have substance abuse or co-occurring or mental health and co-occurring. Diego – I think we need to think about what we are trying to do, right. You have one person doing a service on a date, at a certain time, using a covered service that is a specific procedure code and that person, I believe, cannot do another service at the same time for another ProgramAreaCode. You know what I mean? Jesse – Right, I do understand what you're saying. Alright, so there's no hard no's against these proposals, and again, this may be something to be discussed with Joe a little more before we finalize. Let's move down to the last one, which is waiting list and this group. He's requested removing the SiteIdentifier because you cannot technically have a person on a wait list for multiple sites. He's requested adding a ProviderSourceRecordIdentifier to make the distinction of the client SRI with that provider. As well as, remove the OutcomeCode as this could lead to duplicates with different OutcomeCodes. Sharyn – Didn't we decide not to use any SRIs in the case here so that when we change from SRIs we wouldn't have that problem? Jesse – Yeah, that's correct. That's his recommendation. We could get to a provider SRI using an FEIN or something like that. So, same with the client SRI, we could use an identifying field or SSN or PSSN. I guess the real question is should SiteIdentifier be removed from Waiting List? I guess someone could theoretically, potentially have two different service type needs and could be on a waiting list for different sites. That's what I thought. Diego – Yeah, but I think the SiteID is not necessary. You're waiting for a service, right? Sharyn – Right, so it doesn't matter where it is. Diego – Right. Jesse – Okay Diego – The SiteIdentifier, I don't even think it my memory works correctly, it's not even in the Wait List. Sharyn – I think it just asks for the provider or whoever is listing it, what their SiteIdentifier is, I believe. Diego – Yeah, but the SiteIdentifier is not in the Waiting List, so it's not an available field. Jesse – Right. That's fine and we can certainly remove it if it's unnecessary? Is there anyone that		

thinks it should stay in, maybe is the better question here. Diego – Also the OutcomeCode I think is unnecessary. Jesse – Alright so, are there any voices out there that think that SiteID and OutcomeCode should stay in this composite key field group? Okay, well let me know if you do have a differing opinion. For now, I will go with the group's discussion here and strike those. 2. Medicaid PIN for ProviderClient key Jesse - Alright, I do have a couple of other little ones that didn't come from Joe's recommendation and one of them is the unique constraint at the client dataset level. When we spoke before there was a request to remove Medicaid Pin as a field used in the unique composite key fields. Since having that conversation last week we did a little research and currently there are 157,000 clients in FASAMS that have neither an SSN nor a PSSN, but they do have Medicaid Pins. So, based on that we do need to keep the Medicaid Pin field in this unique constraint rule. Sharyn – How many? Jesse – 157,000 Sharyn – Woah, that's a shocker. Interesting. Jesse – And they started on January of 2019 and the newest ones were as recent as the 21st of this month. Sharyn – I was just wondering why they would be in the SAMH system if they don't have a social or a pseudo social. If they're a Medicaid client only, why are the in the system? Jesse – I don't that's something that I can answer, but it has been submitted by multiple MEs, those scenarios. Jonathan – Sharyn, what was your question? If they have a Medicaid ID why are they in the system? Sharyn – If they only have a Medicaid ID. Diego – I think a pseudo or social security is required. Then you can put the Medicaid ID. It should have been rejecting in FASAMS without a pseudo or social. Jesse – It actually works different than that. There's a provider client identifier field and this subentity of provider client is required, but there are three different type codes that can be submitted.		

	Diego – So the rules, if you go to the top where you see the rules, there's a rule that says at least a social or a pseudo must be provided. Mike – Something else to think about, almost all of our providers are reporting v12, which doesn't even have the ability to report a Medicaid number. So, my thought is either A: something is off in the query to get those counts or B: I guess it must be multiple entities at some point in time used the wrong type code for a social or a pseudo because I can't imagine for any providers who have moved to v13 that they've served that many clients. Jesse – That may be the case, Mike. That's a good point. Another potential item, Jonathan, you can add to the list of why the MEs would really benefit from having access to the base tables. So, nevertheless even if there is that scenario where it's an incorrect type code, we still may want to add in Medicaid Pin, so we don't get a bunch of duplicate client records with the same Medicaid Pins. We can work to clean up the rule more specifically so that instead of requiring just that subentity we can require either a SSN or a PSSN. That might be a rule that we need to add in. I do want to bring up that based on the query that we used we need to exclude records that only use Medicaid Pins, as well. Does everyone understand that reason? Sharyn – Going back to the rules that Diego pointed out, there shouldn't be anybody in the system with only a Medicaid number. I mean your rule says that, number 2 says that if there is no SSN there has to be a PSSN. You can add the Medicaid one, but you have to have 1 or 2, 3 is optional. Jesse – We'll have to look at that and tweak that rule. Sharyn – You don't want to change that rule because we don't want to get Medicaid numbers instead of SSN or PSSN. Jesse – Right. I think what they were saying here is that the documentation may not directly reflect the rule in the system so that needs to be reviewed. But, at this point, there are 100% clients with only a Medicaid Pin, no SSN or PSSN. So, that's something we can certainly resolve in the internal FASAMS rules, but we also want to prevent those records from getting in moving forward too. But I agree with you Sharyn, that is something that we need to look at. I'll create a ticket for it. Until that is done, we will need to include the Medicaid Pin, so we		

	don't get duplicates in that manner, for the time being. Now I think while I have everyone, Jonathan if you're okay I can just straight into the other part of the conversation, which is the matching composite keys for the DIM model. Is that okay with you? Jonathan – yeah Jesse – Okay, so in the same vein as what we were just discussing we'll also need to include Medicaid Pin potentially for the matching, as well. Until we get that rule set, we are going to continue to get clients in with no SSN, no PSSN and only Medicaid Pin. We'll look at that rule but for matching purposes we want to be able to look at the Medicaid Pin here as well that way we aren't filling the dimensional model with a bunch of duplicate records; one from v13 and one from v14 because they don't look the same. Does that make sense to everyone? Sharyn – Jesse, what I'm hearing is that you're ultimately going with a system that allows somebody to submit either SSNs, PSSNs or Medicaid number and that's not acceptable. Jesse – Right, that's how the system is working right now, so we'll need to fix that. Sharyn – But by your own rules it shouldn't be working that way. So, you're saying that's how it's working as opposed to saying how did this happen, where is the problem and how do you fix it. The answer is not to change the whole system or the way it should accommodate these records that are erroneously in there. Jesse – The solution would be to fix that so that SSN or PSSN are required for a provider client to get into the system. We'll look at those rules and fix that. But, in the meantime we already have this issue, so we'll have to handle it since it is already occurring currently, right? Do you agree with that, Sharyn? Sharyn – yes Jesse – Okay. So that's all I want to accommodate, is accommodate what is currently happening and also fix the issue that we're seeing. I want to do both those things. Sharyn – Okay, so I guess what I'm just trying to get at is before making changes to the composite keys, maybe you want to find out why that happened and see if maybe there are errors. See what happened that allowed those in.		

	Jesse – Right, well the specific rule states that a subentity must be submitted. I do not believe there are specific rules for SSN and PSSN written out in the system, which is something that I'll verify. So, if we add Medicaid Pins in here as required either for matching purposes or for unique constraint, once those new rules come in and require SSN or PSSN then the system would never need to look at the Medicaid Pin again unless for some reason DCF chose to turn those rules off. It really is just a solution for the data that is currently in the system and once the rules are tweaked to make sure SSN and PSSN are required then the Medicaid Pin requirement would fall off naturally. Does that make sense? Does anyone else have any concerns with adding Medicaid Pin into the unique constraint rule or the matching rule for the DIM model? Alright, so I want to move on to the next item for the DIM model, which is regarding SiteIdentifiers. One of the requests was to remove SiteIdentifiers because they do not match between v13 and v 14. In v13 the MEs were identifying the sites through their means and in v14 the providers will be identifying the sites through their sites. So, this obviously creates a problem when we're trying to link up a v13 site to a v14 site. What we're requesting is a crosswalk between v 13 site ID's and v14 site ID's. Does that pose an issue for the group and when would you be able to provide that to us? Does that sound like a large amount of work or a quick process that we might be able to expect in the next couple of weeks? Mike – It would depend on when a provider is ready to go live on v14, so it could be as late as July before that's finalized, probably June, but yeah, that's not a quick turnaround. Jesse – So you might not have the site ID's from the provider until you actually first start getting the files? You wouldn't be able to collect those in another way or don't have them already collected, Mike, is that what you're saying. Mike – Yes, well this is the first I've even heard of this as a potential issue so now I am adding it to my agenda for my provider call tomorrow to consider that possibility and no one has raised it to me so far. Jesse – Okay. Yeah, it came up I forget when, I guess a couple of weeks ago when we first looked at this and contract and provider site was requested to be removed, so we're going to		

	remove contract from some of these lower matching field groups, but ProviderSite we are going to need especially since we are going to have a dimensional table specific to ProviderSite. Hopefully, it won't be an issue, but I do remember when this came up long ago, maybe in 2018 even, and we essentially identified that the MEs were identifying ProviderSites, which was going to be different from the way providers identify their sites. So, Mike you'll be meeting with your providers regarding that, what about the rest of the group? Roderick, anyone else on the call, Joanne, does that seem like an issue to you all, Diego? Diego – Can your repeat that, Jesse? Jesse – Yeah, getting a crosswalk from the v13 SiteIdentifiers to the v14 SiteIdentifiers, because as I understand it, they will probably be changing. Diego – Not in our case unless they submit a new one that we created, but the existing ones are still there. Jesse – Okay, so the providers source system as they are and your source system that you submitted previously. Diego – Right. Roderick – That's the same for us too, Jesse. Jesse – Oh, great. Good deal, Roderick, that's awesome to hear. Johnny – Same with us also, Jesse. Jesse – Okay, well this is great to hear, obviously. Not changing for Diego, Roderick, Johnny. Anyone else? Joanne, do you know by chance for Central Florida? Joanne – Ours will stay the same. We assign the Site ID's to the providers. Jesse – Wonderful. Jennifer – That goes the same with us, Jesse. We assign the Site ID's so it's going to remain the same. Jesse – Okay, great. I'm not sure where this came from then. Maybe it isn't an issue. We have one, two, three, four, five, six, and Mike you'll find out, I guess, tomorrow with your providers. Okay. Mike – Yeah, I think this is an entirely new thing. Jesse – I don't know, maybe I made this one up in my mind. I don't know. I thought it came up with the group. That would be good if the SiteIdentifiers do not change at all between the two versions. That would be ideal. DOB came out like was requested, so I think that's all I have. Sharyn, I do hear your concerns over changing these matching or unique constraint rules for the Medicaid Pin		

cases. We will have a review of the rules regarding SSNs and PSSNs under Provider Client and tweak them, as necessary, to make sure those fields one or the other is required and in the meantime to resolve the records that we already have in the system, the Medicaid Pin will solve that. But moving forward once that rule is fixed it won't look at the Medicaid Pins. Does that make sense? I know that's a little bit of a concern to include that in the unique constraint rule. Alright, we didn't lose Sharyn, did we? We may have. That is all I have, I believe. Jonathan, was there anything else for me? Jonathan – No. You can keep that up Jesse. Jesse – And Sharyn's phone did cut out. Hopefully, she can call back in. Jonathan – Can you let me share my screen really quick? Jesse – I certainly will. Thanks everyone. Okay, you're up. Jonathan – I want to be mindful of everybody's time, so we aren't going to fully talk through these issues. We'll table decisions on these and discussions on these for next week's meeting. But I did want to introduce these to you because I will be sending out some information so you can read through it before our next meeting and kind of figure out where you stand on things. The two remaining items on the agenda, one, I'll start with number 5 (conversation jumps to agenda item 5)		
2. Methods for Deduplicating Records and 3. Dimensional Matching – Provider Site Crosswalk When we met last week, we discussed the need to deduplicate the data that was submitted in v13. The primary source of the deduplication occurred when we had the same data elements, but with different SRIs. The options discussed last week were: 1. We could use the SRIs and you could figure what the correct data set is and update the records to remove the dedups; or 2. We offered the option that you could ask us to purge the v13 data, and then resubmit it without the deduplication. 3. There was also an alternative option brought up that we could just purge v13 and you could resubmit all of the historical data and future	Jonathan Hall	10:20-10:30

data in v14 format. There was some concern with this approach that the MEs and providers wouldn't be aligned and there would still have to be some data derivation done. Considering all that, the approach that DCF and FEI have talked about is allowing for any of those options to be used to deduplicate. We want to enable you to make the decision that best meets your needs at the ME level, and we feel like this approach can accommodate any of those. Our goal is that we don't have duplicate records in the system. We ask that whatever approach you choose to take you submit to us in writing. Any questions or concerns with that? Joanne – What's the chance of you giving us access to the back end tables so we can purge and match what we have in our system? Jonathan – We've received that request before. The best way to put it would be that we are still needing to get approval upstream within DCF to allow that to happen. We've been advocating for it, but we haven't received a green light to do it. We will still strive for that, but I don't know if we'll be able to get that access quickly enough to solve this problem. Sharyn – Can you highlight what the issues are that are creating a problem with approving this? Nathan – Jonathan and I would like the MEs to have access to be able to query directly the data you submitted into the database. In fact, we had FEI begin an enhancement to implement that level of security so that it could be done securely. They got about halfway through that process and we had to stop it because our department is trying to put together a little more control over how data is presented outside of our department. Our data management team wants control over that to have a unified way to manage it. I think Jonathan and I can probably talk about this and revisit it and maybe go back and renew our request, because both of us agree it would be helpful if the MEs had this access. Sharyn – You might want to make the argument that to have accurate data that need to give us that kind of access then they can manage it as they want. We are the source of their data in this case, and if they want it correct, we really need that back end access. Jonathan – We agree with that. I think with the duplicate situation we may have another chess piece to make that request. I will give a good example of why that access will be helpful. We have been promoting it and we will continue to do so. Just out of curiosity, as a department they are wanting tighter control of the reports that go out and things like that and I think there is some concern that if		

	everyone has access to base tables, they might potentially produce reports that contradicted reports the department has put out. If we were able to look at access to the base tables, would you guys be willing to sign something or attest that you would only use it for purposes of data correction and acknowledge any reports that come from the department's database must be generated only by the department? Would this be something ya'll would be willing to consent to? Sharyn – I think that would be a very slippery slope. For example, we currently generate all kinds of reports constantly out of the portal data, which is the data that you guys get, but ours happens to be more accurate because we know what's there. We don't know what's in yours, but we still generate reports all the time. We're the source of the data, so we can't say we will only generate reports that you guys approve. Joanne – We're going to generate the reports all from the stuff that we have. At least, that's what Central Florida will do. We're not going to generate off of yours. We want to make sure that you have all the data. Jonathan – I understand why ya'll want it. I understand you guys intentions. I was just trying to think of a way that we might could put at ease some of the concerns around trying to manage reporting from the databases. Sharyn – I think her point was a good one, that maybe we can all agree to generate reports from our systems and just use your system to correct errors. Joanne – And basically enhance what you have so that you have everything. Jonathan – Right, I understand. I think what Sharyn said is what I was hoping for. We certainly can't stop you, nor do we want to stop you from producing reports out of your local data system. Diego – One question, Jonathan, JBOSS is not putting out that need? Greg – Correct me if I'm wrong, Nathan, but we decided some time back to halt the JBOSS approach, and we were looking at a different approach, weren't we? Nathan – Not to my knowledge, in fact, I was going to ask about that. Diego, I'm glad you brought it up. I know that the preference from the MEs standpoint would be to go directly to the SQL Server database. If we can make that happen, we will. But, in the interim, I was going to ask if the jboss tool that we stood up, how many of you are using that today? Is that useful to you right now? Diego – I use it. Joanne – We don't use it at Central Florida. Nathan – Because that's pretty close. It might not be identical, but at least you should be able to see a one to		

	one correlation with the records that are in the database until we can get the other thing approved. Diego – I use it for every submission. Nathan – My suggestion would be for the MEs who don't use that, that might be an interim solution for you. You might be able to get some value out of that. I'll commit to you that Jonathan and I will renew our request and try again to make a case that it would be helpful if you had direct access to the sequel server records. Joanne – Even if you provided us with the tables like we used to pull from SAMHIS, that would be wonderful. Nathan – I understand. I remember we created views in the old Oracle database just so you would be able to do this, so I know it's useful. We'll try to see if we can get it set. Joanne – I appreciate that. Jonathan – If we can get the approval, we've already had the internal conversations and that would be an enhancement that would be fast tracked as quickly as possible. I just want to reiterate that we are trying to get this done. Sharyn – Who is this data management team under? Who do they report to? Nathan – The Enterprise Data Management Team is a separate entity and they've been charged with trying to get better control over the data for our enterprise, but they report to our CIO. Jonathan – We'll work on trying to get that access. In the interim, we now have three different approaches for resolving the duplicate records. Can you guys let us know which option you are going to take so we can work around it? Is there any problems with that approach? Jesse – I'll add in one piece of that too as far as the SRI's go, I'm waiting until we have a final decision on the unique constraint fields so that I can create those composites before the SRI XMLs are generated so we don't have any false information. Nathan – So, Jonathan, just to back up a little bit, in the beginning of this topic you explained that we had identified three options to try to resolve or deduplicate these records, in essence, and we decided that we can probably accommodate any of those three options and would help the MEs to do that. I think we need to know we need to ask the MEs, which one works for you and which one are you going to use so that we can be prepared to help make sure that happens and support you. I think we need to know from each one of the MEs, which one are they going to select, right? Jonathan – That's correct, Nathan. We would like for you to submit which option you would like to choose in writing		

to myself and Nathan so that we can start coordinating around that choice, and again, the options are using the SRIs updating the records in v13, or to purge v13 and resubmit in v13 without the duplicates, or purge v13 and resubmit everything in v14. Mike – One thing that factors into the decision would be how many duplicates there are. As mentioned in the last call, if there's like 20, then hey, I would just go in and delete them by hand. That's not a problem. If it's 20,000 then that's going to be a purge and resubmit. Jonathan – We will be sending out a list of the duplicates. Didn't you say you would be sending that out, Jesse, or have you already sent that out? Jesse – No. Once we have the unique constraint fields 100% locked down, then I'll generate those excel documents for each ME and send those out. Hopefully, this week if we can get consensus today. Joanne – Will there be enough information there for us to be able to delete records because I'm going to say that most of us probably do not have any duplications in our system. So, with what you're giving us will we be able to create the delete record? Jesse – What we will be giving you is the most recently submitted SRI, the number of records that are duplicated, and all of the previous SRIs where that duplicate record was submitted. It's kind of a bare bones approach with the hope that every submission ever made by the ME should be known to them so they can see which SRIs match up. Does that sound like something you would have, Joanne? Joanne – Yes, in an XML file someplace, but not in our system itself, I don't believe, because we've gone through and we try to keep it very clean. So, if you're saying I have duplicates then I need to have enough information, and maybe it's just me and if Joe was here he would probably tell you something different, but I would need to know what it is I have to delete because I may not have your duplicate record in my system. Jesse – The way to identify them, you would have to know the SRIs that were submitted along with the record. That's the trigger, the kind of connector. It may be a scenario where we have to work with each ME a little bit to get them on the right track, but it's going to be dependent on the SRIs submitted. Joanne – But if I don't have that in my system anymore because I've cleaned up my own system, then what happens? Jesse – We probably have to figure out your exact scenario. There might be a situation where we would have to provide some information back out, but it's probably a little in depth for this call.		

Joanne – I understand Jonathan – Jesse, do you think that we can go back to the unique constraint enhancement now that Roderick has joined us? Is that something we can tackle now? Jesse – Yes, certainly, I think so. Jonathan - Once we iron that out and come to a conclusion today, we can send everyone a list of duplicates, hear what your preferences might be, and then work individually with you to identify the best way to operate within the selection that seems best for you. (Conversation jumps to agenda item 1)		
4. Goals for FASAMS v14 Jonathan – The final thing I want to bring up and I'll send these out. I'm going to pull these up really quickly so you can see what I'm looking at while we're looking at it. When we initially laid out the timeline for transitioning to v14 in there we had that we would like between now and July 1st to track some metrics and have some goals in place for transitioning. At DCF we talked about what we think those goals should be and they're all aimed toward making sure that people are preparing and testing in preparation for the absolute deadline of transition to v14 on July 1. There's five different goals and in this document the metric and the calculation for that metric is described. I will send that out and then next week I want to talk about, after you've had a chance to review it, if you feel the deadlines for these goals are appropriate fits and the goals themselves are appropriate. I really want to get something in place that we can all agree to and we definitely have some goals articulated so that we don't hit 7/1 and realize that people were not prepared. We need some type of benchmark to show that people are preparing their systems. So, I'll send these out to you, and they're all based around what people are submitting in the UAT environment, which has been active since June 1st. It's all geared towards seeing if people are testing their systems for that absolute deadline. There again, I'll put draft on this. It doesn't say that now, but this is the draft. We need to land on something, but I want to make sure we all have consensus on what that something needs to be. I'll slap a draft on this so that no one thinks it's final and then get your feedback. I know that we need to have something in place so if you don't agree with these metrics, if you could have an alternate metric that kind of gets to the tone of this metric, but might be more suitable for you, that would be appreciated. We will put both of these last items as 1st and 2nd for next week so that we can	Jonathan Hall	10:45-11:00

make some headway on those and potentially make some final decisions. I will send out in terms of action items from today's meeting, Jesse it sounds like you need to meet with Joe to sure up some of the UCI conversation that we had today. Jesse – Yeah, I need to talk to him at least for those few. I can probably try to go ahead and get the SRI counts out for some of the other entities, but it sounds like we still have a few items to discuss. Jonathan – Jesse is going to talk to Joe and sure up some of those outstanding items. Once those items are addressed, then he will send out the list of duplicates in each record and you can look at that list and figure out what is best for you in regard to addressing that duplication. Once you've identified the way you would like to deduplicate, if you would notify DCF in writing, email, what you would like, and we can help you coordinate that effort. Myself and Nathan will follow-up with our Executive Leadership teams to resubmit the request for you guys to have access to the base tables, highlighting how that will help in the deduplication records and getting the correct data moving forward and see if we can get any headway on that. Jesse and DCF will review the current rules surrounding SSNs and PSSNs and tweak those rules as needed to make sure that we are adhering to that business rule to get one or the other of those every time. Finally, I think we have heard from each of you and I think the only person that still needs to follow-up is Mike and he can follow-up and see if there is a reason, they would be submitting a different site ID other than what he's been submitting. If not, then we don't have to worry about submitting crosswalks to be able to engineer the dimensional model. And, it's not listed here but my action items are to send you the proposed goals that we're working towards in UAT and then to send you the treatment locale codes used in v12 and v14 and we'll discuss those two items more at our next meeting. Is there anything else I left off; any points that need to be made? I apologize for keeping us late. Jesse – That was a good summary. Thanks, Jonathan. Jonathan – Next week I'll look and see if the Microsoft Teams invitation is perpetuated in future meetings and narrow that down so that you don't end up going to different meetings. Let me know between now and Monday if there is anything anyone would like added to the agenda. We certainly want to cater these meetings to include items that you want to address, as well. If I don't here from you then these will be our agenda items for next week and possibly some others. We will attach it to the invitation. I thank you all for meeting with us today and let me know if you have any questions or concerns. As always,		

feel free to email myself or Nathan and we will address those as soon as possible. Thank you, everyone.		
5. Treatment Locale Code Value-Change Back to V12 Jonathan – We had a request. Providers are requesting this of the EHR vendors, so I don't know if this request has made its way up to the MEs yet, but the treatment locale code values in v13 and v14 are different than the treatment locale code values in v12. I think from my initial look at it, it seems to me that they've primarily been reordered in terms of what number represents what code and the providers are asking that we revert back to v12 and make v13 and v14 codes consistent with how they're worded in v12. I will send out the current treatment locale codes and what they were in v12 so that you can think through that, identify any potential impacts, and just see what you guys say on that, what impacts changing those codes may have on your systems or your way of doing things so we can come to a decision on that next week. Sharyn – Jonathan, just as a point here, the treatment locale was not included in v13. Jonathan – No, I think it's in the service event chapter. This isn't in the placement record. Sharyn – Yeah, I know. It wasn't included in 13. Jesse – Sharyn, I think he's just saying that the vocabulary codes associated with each locale is different from v12 to v14. Providers are requesting they use the v12 codes. Jonathan – Yes, that's essentially, Jesse, you're correct. That is what the request is. So, I'll send what they are in v14 vs what they had in v12. Sharyn – Great, okay. Thank you. (conversation jumps to agenda item 4)		