FMMIS Recipient File Problem Resolution Request

PRINT or TYPE. Must be signed and submitted by Medicaid File Coordinator.

Submit Page 1 for file changes/updates only; if emergency, include Page 2 for comments

Client's Name: _____

Medicaid ID (PIN): | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |
(Primary PIN on FMMIS)

SSN: | ___ | ___ | ___ | - | ___ | ___ | - | ___ | ___ | ___ | ___ |

FLORIDA Case #: | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ |

Type of Case: ☐ FLORIDA ☐ SDX

Demographic Change

Only submit requests to change FMMIS to match the incoming file. Manual on-line changes to SDX or FLORIDA files will not stay on FMMIS unless the data on the SDX or FLORIDA file is changed and matches the FMMIS update. Recipient file updates are controlled by SDX and FLORIDA for recipient with open coverage. On-line updates are temporary changes until the next SDX or FLORIDA file for the recipient is processed.

Enter only the data that needs to be changed on FMMIS.   Attach screen print or verification.

Attach FL Screens	Currently on FMMIS	Please Change to
SSN (AIID)		
First Name (AIID)		
Last Name (AIID)		
Date of Birth (AIID)		
Sex (AIID)		
Date of Death (AIIC)		
Medicare # (AIMM)		

Coverage Missing from FMMIS: ♫ Note: 2014 required to add a new recipient file to FMMIS.

List spans to be added to recipient file already on FMMIS that FLORIDA cannot send.

Category	Begin Date	End Date	Requires attachment of IQEL, On-line Query, Award Letter, or CLRC if not on IQEL

Cross Reference PINs – Must attach IQEL for both PINS

Add this PIN [New PIN not yet on FMMIS]	To this file [Original PIN on FMMIS]

Why didn't this demographic change, eligibility span, or PIN cross over from FLORIDA to FMMIS?

☐ FLORIDA did not send it to FMMIS (No FL transaction for the appropriate date on the FMMIS Recipient Transaction Log)   ☐ Contacted Help Desk

☐ Action rejected (FL REJ on Recipient Transaction Log)   ☐ Demographics did not match   ☐ More than one file with same SSN on FMMIS

☐ Other:_____

From:_____ **MEFC District:**_____ **Date Mailed:**_____

This page can be submitted alone for Merged or Duplicate Files

Merged Files (two people sharing the same file)

FLORIDA file request must include FLORIDA screens AICI, AIID, AILG, AGPY,IQCM, CRPC, & IQEL for each PIN #.

Enter program categories and time frames below that should be entered for each recipient. Unarchive (AMII) eligibility if this coverage needs to be added to FMMIS. Coverage should be reflected on IQEL attached.

Enter the data below as it SHOULD be [for BOTH individuals, if merged files].

Med. ID (PIN / 8 Mil #)		
Name (First, Last)		
SSN		
Date of Birth / Sex		
Medicare #		
Should recipient be on Buy-In? Yes or No	☐Yes or ☐No	☐Yes or ☐No
Type [FL or SDX (SSI)]	☐FLORIDA or ☐SDX	☐FLORIDA or ☐SDX
Category Code(s) & Dates of Coverage		
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Comments:

Duplicate Files (There are two or more separate files for one person. The PINs are not cross referenced on the Previous ID Panel in FMMIS.)

FLORIDA file request must include screen print of AIID, AILG, IQEL & CRPC for each PIN.

List both PINS that are on FMMIS for this recipient. AHCA staff will determine which PIN will become the Primary ID. If there are more than 2 Recipient ID's/PINS on FMMIS, list others in Comments Section.

	Recipient ID/FLORIDA PIN	Recipient ID/FLORIDA PIN
Med. ID (PIN / 8 Mil #)		
Name (First, Last)		
FLORIDA Case #		

Changes/Comments:

Must be signed and submitted by Medicaid File Coordinator.

From (print):_____ _____ _____
PAS/ PASS/other person submitting form to District MEFC   District   Phone #

(print)_____ _____ _____
Medicaid Eligibility File Coordinator   Phone #   Date Mailed