

Health Home Recipient Monthly Attribution
Questions and Responses

PROPOSALS ARE DUE NO LATER THAN APRIL 3, 2024 BY 5:00 PM CST

RFP10472

BUYER: Division of Medical Services

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<p>Q1: Who is the current vendor performing these services?</p>
<p><i>A1: This information can be found on OpenSD.gov.</i></p>
<p>Q2: What is the dollar value of the current vendor's contract and the time periods covered by the contract?</p>
<p><i>A2: This information can be found on OpenSD.gov.</i></p>
<p>Q3: Would the vendor be responsible for only new enrollments into Health Homes or would this be updating current participants and updating their tiers annually?</p>
<p><i>A3: Both – DSS would provide the results of the files for the months where the average Tier needs to be calculated.</i></p>
<p>Q4: How will the vendor access the 15 months' worth of Medicaid claims to run the reports for eligible participants?</p>
<p><i>A4: DSS will upload the claim files to an SFTP site that the vendor would pick up on the scheduled date and then return a file to the same SFTP site for DSS to pick up and use to attribute recipients.</i></p>
<p>Q5: If claims are provided, is the vendor required to store that data online for six years, or can it be deleted after the list of eligible participants is generated?</p>
<p><i>A5: Vendor should keep files long enough to answer any questions posed by DSS.</i></p>
<p>Q6: File specifications of the file format required.</p>
<p><i>A6: See attachments.</i></p>
<p>Q7: Attachment C</p>
<p><i>A: Attachment C is an example provided of what will need to be signed. As a result, all company related information can be ignored.</i></p>

Tier Update Vendor Specifications

1. Test file – Use the past 6 attribution files May through November (do not include December)
 - a. Create an average Tier for the past 6 months.
2. File should contain
 - a. Two columns including Recipient ID and Average Tier. The Average Tier should be a whole number with no decimals. That whole number should be created using normal rounding rules.
 - b. A header record of 0000000000
 - c. A trailer record of 9999999999
3. Scenarios
 - a. Recipient has an entry for each of the 6 months – Average and return a Tier using the table above.
 - b. Recipient has a value in only a portion of the months. – Average only those months where there is a value and return a tier using the table using the table above.
 - c. Recipient does not have a value in any of the 6 previous months – return a blank.
4. This file should be delivered with the December file every year.

VENDOR RETURN FILE

FILE: SW96.F72 HH VENDOR RETURN FILE
INCLUDE: SW96IM72
LRECL: 47

The Vendor Health Home return file will only contain eligible HH recipients.

The file will contain a header record (with zeros in the first 10 bytes) and a trailer record (with nines in the first 10 bytes). The trailer will also contain the record count of all detail records only. – The count will be used to validate that SD received a full file through the SFTP process.

Each detail record on the file will consist of the following seven data elements:

- SD Medicaid Recipient ID (9) DF72-RECIP-ID
- TIER assignment (1) D72-TIER
- SD Medicaid Provider ID (7) D72-PROV-ID
- Provider Billing NPI (10) D72-BILL-NPI
- Provider Servicing NPI (10) D72-SERV-NPI
- Provider zip code (9) D72-PROV-ZIP
- Health Home Category (1) D72-HH-CAT

VENDOR RETURN FILE

Vendor Return File (SW96.F72) Fields:

Header Record:

5	H72-HEADER	9 (10)	=	0000000000
5	FILLER	X (37)		

Trailer Record (total detail field is an example):

5	T72-TRAILER	X (10)	=	9999999999
5	T72-TOT-DET	X (6)	=	038258
5	FILLER	X (31)		

Detail Record:

- SD Medicaid Recipient ID – (9) – This is the State assigned identifying number of the recipient the vendor has determined is eligible for HH.
- TIER – (1) – This is the TIER that the vendor has assigned to the recipient. Valid values are 1-4.
- SD Medicaid Provider ID – (7) – This is the provider ID to which the vendor has determined the recipient should be assigned.
 - For TIER 2-4 recipients: The Provider ID field will contain a value if a continuity of care is found. If no continuity of care is found, the Provider ID field will be blank.
 - For TIER 1 recipients: The Provider ID field will be blank.
- Provider Billing NPI – (10) – This is the Billing NPI of the assigned Provider. This field will be blank if no continuity of care.
- Provider Servicing NPI – (10) – This is the Service NPI of the assigned Provider. This field will be blank if no continuity of care.
- Provider zip code – (9) – This is the assigned Provider’s zip code. This field will be blank if no continuity of care.
- Health Home Category – (1) – This field will be determined by the vendor and will contain the category or type of Health Home to which the recipient should be assigned. Valid values for this field are 1 (CMHC), 2 (PCP) or 3 (both).
 - CMHC = Community Mental Health Centers
 - PCP = Primary Care Provider