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|  | Iowa Department of Human Services (DHS) Iowa Medicaid Enterprise (IME) |

Social Determinant of Health

*Requirements Specification Document*

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| Iowa Medicaid Enterprise (IME) | |
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| **Social Determinant Of Health** |

# **Social Determinant of Health Monthly File**

IME has an interest in using standardized measures to assess members’ Social Determinants of Health. This information is currently collected by each MCO, but is not being standardized or reported in a manner that allows for aggregation of the information. IME would like to increase its capacity to act on these measures both individually and in aggregate.

The information should be collected from all the members within the initial health risk assessment or subsequent health risk assessment or through a stand-alone tool. Responses can be collected in an online format, over the phone, or via paper survey.

This information will assist in decision-making and increase the quality and outcomes of both individual members and the full population. By collecting this data regularly and with a standardized approach, IME, in partnership with the MCOs, will be able to identify patterns of care, potential drivers of utilization, and costs by detecting high needs high cost cases as well as those who may potentially cost more in the future.

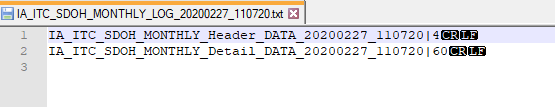
# **Social Determinant of Health File Specifications**

* + - 1. The file contains the member’s assessments completed for Social Determinant of Health in a given month. The file should contain data two months prior to when the data is imported. For example if the import date is January 1st, the data in the file will have an assessment date from November 1st through November 30th inclusive. Please see the Processing Schedule below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Active Day** | **Active Month** | **State receives file by the**  **Last day of Active Month +1 Month** | **State processes file on**  **First Day of Active Month +2 Months** |
| January 31 | January | February 28/29 | March 1 |
| February 28/29 | February | March 31 | April 1 |
| March 31 | March | April 30 | May 1 |
| April 30 | April | May 31 | June 1 |
| May 31 | May | June 30 | July 1 |
| June 30 | June | July 31 | August 1 |
| July 31 | July | August 31 | September 1 |
| August 31 | August | September 30 | October 1 |
| September 30 | September | October 31 | November 1 |
| October 31 | October | November 30 | December 1 |
| November 30 | November | December 31 | January 1 |
| December 31 | December | January 31 | February 1 |

1. Frequency: Monthly (1st business day of every month)
2. Three files are sent from each MCO to IME, the Header file, Detail file and a Log TXT file. The Log TXT file will only contain the names of the files sent and the number of records, delimited by “|”. The Log TXT file will not be sent until the successful FTP completion of the Header and Detail files.

**Mockup Log file** from MCO will look as below:



1. File Drop Location and name for files coming from MCO’s
2. The goals of the Social Determinant of Health file are:

* To determine the percentage of members completed Social Determinant of Health screening.
* To keep a History of SDOH data in the Data Warehouse.
* SDOH data stored in data warehouse will be used to create reports in future.



Shown below is the file layout for the Social Determinant of Health Monthly file. Please note that the file is pipe delimited.

# **Social Determinant of Health Monthly Header and Detail File Layout**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Determinant of Health - Monthly Header File layout** | | | | |
| **Field/Column** | **Mandatory \ Optional** | **Data Type** | **Delimiter** | **Description** |
| \*ORIGINAL\_RECIP\_ID | M | VARCHAR(08) | Pipe(|) | Medicaid Member ID (State ID) |
| DATE\_OF\_BIRTH | M | VARCHAR(08) | Pipe(|) | Member's Date of Birth (CCYYMMDD) |
| GENDER | M | VARCHAR(01) | Pipe(|) | Member's Gender |
| ZIPCODE | M | VARCHAR(05) | Pipe(|) | Member's Zip Code |
| COLLECTION\_METHOD | M | VARCHAR(01) | Pipe(|) | SDOH Collection method |
| ENROLL\_DATE | M | VARCHAR(08) | Pipe(|) | Member Enrollment Date (CCYYMMDD) |
| \*SURVEY\_CCYYMM | M | VARCHAR(06) | Pipe(|) | SDOH Questionnaire Month (CCYYMM) |
| \*MCO\_PLAN\_ID | M | VARCHAR(02) | Pipe(|) | MCO Plan ID to differentiate MCO's |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Social Determinant of Health - Monthly Detail File layout** | | | | |
| **Field/Column** | **Mandatory \ Optional** | **Data Type** | **Delimiter** | **Description** |
| \*ORIGINAL\_RECIP\_ID | M | VARCHAR(08) | Pipe(|) | Medicaid Member ID (State ID) |
| \*MCO\_PLAN\_ID | M | VARCHAR(02) | Pipe(|) | MCO Plan ID to differentiate MCO's |
| \*SURVEY\_CCYYMM | M | VARCHAR(06) | Pipe(|) | SDOH Questionnaire Month (CCYYMM) |
| QUESTION\_ID | M | VARCHAR(03) | Pipe(|) | Short Description of the Question |
| QUESTION\_RESPONSE\_VALUE | M | VARCHAR(10) | Pipe(|) | Question Response |

## **ORIGINAL\_RECIP\_ID**

* ORIGINAL\_RECIP\_ID is the State ID associated to the member. *Example: 2013960F*
* ORIGINAL\_RECIP\_ID with blank value or more than field length of 8 in the incoming files from MCO’s will be considered as invalid and the file will be rejected.

## **COLLECTION\_METHOD**

|  |  |
| --- | --- |
| **COLLECTION\_METHOD** | **Short Description** |
| A | Paper Mail |
| B | E-mail or Website or Web Application |
| C | Phone |
| D | Other |

## **MCO\_PLAN\_ID**

|  |  |  |
| --- | --- | --- |
| **MCO\_PLAN\_ID** | **Short Description** | **Long Description** |
|  |  |  |
|  |  |  |

## **GENDER**

|  |  |
| --- | --- |
| **GENDER** | **Description** |
| M | Male |
| F | Female |
| U | Unknown/Other |

## **DATE\_OF\_BIRTH**

* DATE\_OF\_BIRTH is stored in CCYYMMDD format in the data warehouse.
* State’s EDBI team expects MCO’s to send the value for this field in CCYYMMDD format.

Example: 19700825

* DATE\_OF\_BIRTH of a member cannot be a future date, blank or null.

## **ZIPCODE**

* Zip code is stored with field length of 5 in the data warehouse.
* State’s EDBI team expects MCO’s to send the value for this field in not more than 5 numbers.
* Zip codes with all zeroes (00000) is accepted as a valid value.
* Blanks are not accepted in ZIPCODE field.
* Any zip codes with blank value or more than field length of 5 in the incoming files from MCO’s will be considered as invalid and the file will be rejected.

## **ENROLL\_DATE**

* ENROLL\_DATE is the most recent enrollment date of a member with the MCO identified in MCO\_PLAN\_ID (A or C).
* ENROLL\_DATE is stored in CCYYMMDD format in the data warehouse.
* State’s EDBI team expects MCO’s to send the value for this field in CCYYMMDD format.

Example: 20160407

* ENROLL\_DATE of a member cannot be before the start of Managed Care Organization’s transition in Iowa.
* ENROLL\_DATE prior to April 01, 2016 is considered as an invalid enroll date.
* ENROLL\_DATE cannot be a future date, blank or null.
* If a member rejoins MCO after suspension then it will result a new ENROLL\_DATE.
* If a member moves from one product to another then the original ENROLL\_DATE is sent.

## **SURVEY\_CCYYMM**

* SURVEY\_CCYYMM is the active month of the SDoH file state receives from MCO.

For example: On April 01 2020, MCO’s will be sending February file with **202002** in **SURVEY\_CCYYMM** field.

* SURVEY\_CCYYMM cannot be blank or null or future month.

# **Standard 13 Questions for both MCO’s**

There are total 13 standard questions (Q1 to Q13), which are common for both MCOs. Other than 13 standard questions, there are additional questions for each MCO with different question descriptions and responses. All the questions are mentioned below.

Each Question from the questionnaire is given a unique field name and answers are mapped as explained below:

**QUESTION\_ID: Q1**

How many family members including yourself, do you currently live with?

Answer for this question need to be filled with numbers from 0 to 99.

***Note:***

* Only numeric values are accepted as valid response for Q1. Any value other than numeric in the incoming files from MCO’s for Q1 will be considered as invalid and the file will be rejected.

**QUESTION\_ID: Q2**

What is your housing situation today?

|  |  |
| --- | --- |
| **Q2 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | I have housing today and I am NOT worried about losing housing in the next 6 months |
| B | I have housing today but I AM worried about losing housing in the next 6 months |
| C | I do not have housing today but I am staying with others |
| D | I do not have housing today but I am staying in a hotel |
| E | I do not have housing today but I am staying in a shelter |
| F | I am living outside on the street, on a beach, in a car, or in a park |

**QUESTION\_ID: Q3**

How difficult is it for you to understand information that doctors, nurses, and other health professionals tell you? Would you say it is:

|  |  |
| --- | --- |
| **Q3** - **QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Very Easy |
| B | Somewhat Easy |
| C | Somewhat Difficult |
| D | Very Difficult |

**QUESTION\_ID: Q4**

What is your current work situation?

|  |  |
| --- | --- |
| **Q4 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Unemployed |
| B | Part-time or Temporary Work |
| C | Full-time Work |
| D | Otherwise unemployed but not seeking work (Ex: Student, retired, disabled, unpaid primary caregiver) |

**QUESTION\_ID: Q5**

In the past year have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply

|  |  |
| --- | --- |
| **Q5 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Food |
| B | Clothing |
| C | Dental Care |
| D | Mental Health Care |
| E | Utilities |
| F | Eye Care |
| G | Child Care |
| H | Phone |
| I | Medical Care |
| J | Transportation |

For **Q5**, members can select multiple answers.

**QUESTION\_ID: Q6**

If you have trouble getting transportation when you need it, what is the main reason you cannot get to where you want to go?

|  |  |
| --- | --- |
| **Q6 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | I do not have trouble getting transportation |
| B | Costs too much |
| C | Car broke down |
| D | I do not have a personal vehicle |
| E | Person who usually takes me is unavailable |
| F | Transit system not available |

**QUESTION\_ID: Q7**

Stress is when someone feels tense, nervous, anxious, or can’t sleep at night because their mind is troubled. How stressed are you?

|  |  |
| --- | --- |
| **Q7 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Not at all |
| B | Somewhat |
| C | A little bit |
| D | Quite a bit |
| E | Very Much |

**QUESTION\_ID: Q8**

How often do you feel unsafe in your neighborhood?

|  |  |
| --- | --- |
| **Q8 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Never |
| B | Rarely |
| C | Sometimes |
| D | Fairly Often |
| E | Frequently |

**QUESTION\_ID: Q9**

In the past year have you been afraid of your partner or ex-partner?

|  |  |
| --- | --- |
| **Q9 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Yes |
| B | No |
| C | Unsure |
| D | I have not had a partner in the past year |
| E | Quite a bit |
| F | Very Much |

**QUESTION\_ID: Q10**

During the past 12 months, have you had a dental problem which you would have liked to see a dentist about but you did NOT see a dentist?

|  |  |
| --- | --- |
| **Q10 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Yes |
| B | No |

**QUESTION\_ID: Q11**

This question is answered only when **Q10** is answered as ‘Yes’ (A)

If yes, what is the main reason you have not visited the dentist in the last 12 months?

|  |  |
| --- | --- |
| **Q11 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Fear, apprehension, nervousness, pain, dislike going |
| B | Cost |
| C | Do not have/know a dentist |
| D | Did not have time |
| E | Cannot get to the office (no appointments available) |
| F | Have not thought about it |
| G | Cannot get to the office/clinic (too far away, no transportation) |
| H | Other priorities |

**QUESTION\_ID: Q12**

In the past 12 months have you gone to a hospital emergency room for a dental problem?

|  |  |
| --- | --- |
| **Q12 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Yes, For dental pain/infection |
| B | Yes, For dental trauma/accident |
| C | Yes, Other |
| D | No |

**QUESTION\_ID: Q13**

“I can manage and control health problems”

Choose your health confidence number from 0 (Very Low) to 10 (Very High) or NA = You have no health problems or risks to your health

# **Additional 9 questions for MCO**

**QUESTION\_ID: Q14**

In general, how would you rate your health?

|  |  |
| --- | --- |
| **Q14 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Excellent |
| B | Very Good |
| C | Good |
| D | Fair |
| E | Poor |
| F | Unknown |

**QUESTION\_ID: Q15**

Have you ever been told by a doctor or health care provider that you have any of these conditions?

|  |  |
| --- | --- |
| **Q15 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Heart Disease |
| B | Cancer |
| C | Asthma as an Adult |
| D | Diabetes Type 1 |
| E | Diabetes Type 2 |
| F | Pre-diabetes |
| G | Arthritis |
| H | Chronic Kidney Disease |
| I | COPD/ Emphysema |
| J | Hepatitis |
| K | High blood pressure |
| L | High cholesterol |
| M | HIV |
| N | Learning disability |
| O | Sickle Cell Disease (not trait) |
| P | Stroke |
| Q | Transplant |
| R | Do you have any other conditions not listed above? |
| S | Any Other Condition |

**QUESTION\_ID: Q16**

How many medicines are you currently taking that were prescribed by your doctor or health care provider?

|  |  |
| --- | --- |
| **Q16 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | 0 Prescriptions |
| B | 1-3 Prescriptions |
| C | 4-7 Prescriptions |
| D | Greater than or equal to 8 Prescriptions |
| E | Unknown |

**QUESTION\_ID: Q17**

How many times have you been in the Emergency Department in the last 3 months?

|  |  |
| --- | --- |
| **Q17 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | None |
| B | One time |
| C | Two times |
| D | Three or more times |
| E | Unknown |

**QUESTION\_ID: Q18**

During the past month, have you often been bothered by feeling down, depressed, or hopeless?

|  |  |
| --- | --- |
| **Q18 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Yes |
| B | No |
| C | Unknown |

**QUESTION\_ID: Q19**

Would you be interested in quitting tobacco use within the next month?

|  |  |
| --- | --- |
| **Q19 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Yes |
| B | No |
| C | Unknown |

**QUESTION\_ID: Q20**

During the past month, have you often been bothered by little interest or pleasure in doing things?

|  |  |
| --- | --- |
| **Q20 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Yes |
| B | No |
| C | Unknown |

**QUESTION\_ID: Q21**

Have you or a health care provider been concerned about your weight?

|  |  |
| --- | --- |
| **Q21 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Yes - Overweight |
| B | Yes - Underweight |
| C | No |
| D | Unknown |

**QUESTION\_ID: Q22**

Are you interested in losing weight?

|  |  |
| --- | --- |
| **Q21 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Yes |
| B | No |
| C | I am unable to exercise due to medical conditions |
| D | Unknown |

# **Additional 9 questions for MCOs**

**QUESTION\_ID: Q14**

How do you feel your or your child’s health, has been recently?

|  |  |
| --- | --- |
| **Q14 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Excellent |
| B | Very Good |
| C | Good |
| D | Fair |
| E | Poor |

**QUESTION\_ID: Q15**

Have you or your child ever been told you have any of the following health conditions?

|  |  |
| --- | --- |
| **Q15 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A1 | Heart Disease, Yes |
| A2 | Heart Disease, No |
| A3 | Heart disease, Not sure |
| A4 | Heart disease, N/A |
| B1 | Breast Cancer, Yes |
| B2 | Breast Cancer, No |
| B3 | Breast Cancer, Not sure |
| B4 | Breast Cancer, N/A |
| C1 | Colorectal Cancer, Yes |
| C2 | Colorectal Cancer, No |
| C3 | Colorectal Cancer, Not Sure |
| C4 | Colorectal Cancer, N/A |
| D1 | Cervical Cancer, Yes |
| D2 | Cervical Cancer, No |
| D3 | Cervical Cancer, Not Sure |
| D4 | Cervical Cancer, N/A |
| E1 | Other Cancer, Yes |
| E2 | Other Cancer, No |
| E3 | Other Cancer, Not Sure |
| E4 | Other Cancer, N/A |
| F1 | Asthma, Yes |
| F2 | Asthma, No |
| F3 | Asthma, Not Sure |
| F4 | Asthma, N/A |
| G1 | Other respiratory illness such as bronchitis or emphysema, Yes |
| G2 | Other respiratory illness such as bronchitis or emphysema, No |
| G3 | Other respiratory illness such as bronchitis or emphysema, Not Sure |
| G4 | Other respiratory illness such as bronchitis or emphysema, N/A |
| H1 | Back pain, Yes |
| H2 | Back pain, No |
| H3 | Back pain, Not Sure |
| H4 | Back pain, N/A |
| I1 | High blood Pressure, Yes |
| I2 | High blood Pressure, No |
| I3 | High blood Pressure, Not Sure |
| I4 | High blood Pressure, N/A |
| J1 | Arthritis, Yes |
| J2 | Arthritis, No |
| J3 | Arthritis, Not Sure |
| J4 | Arthritis, N/A |
| K1 | Diabetes, Yes |
| K2 | Diabetes, No |
| K3 | Diabetes, Not Sure |
| K4 | Diabetes, N/A |
| L1 | Pre-diabetes, Yes |
| L2 | Pre-diabetes, No |
| L3 | Pre-diabetes, Not Sure |
| L4 | Pre-diabetes, N/A |
| M1 | Behavioral health condition, Yes |
| M2 | Behavioral health condition, No |
| M3 | Behavioral health condition, Not Sure |
| M4 | Behavioral health condition, N/A |
| N1 | Any other chronic condition not listed, Yes |
| N2 | Any other chronic condition not listed, No |
| N3 | Any other chronic condition not listed, Not Sure |
| N4 | Any other chronic condition not listed, N/A |

For **Q15**, members can select multiple answers.

**QUESTION\_ID: Q16**

How many prescription medicines do you or does your child take each month?

|  |  |
| --- | --- |
| **Q16 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | None |
| B | One to two |
| C | Three to four |
| D | More than four |

**QUESTION\_ID: Q17**

How many times have you or has your child been seen in the emergency room in the last year?

|  |  |
| --- | --- |
| **Q17 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | None |
| B | One or two times |
| C | Three to four times |
| D | More than four times |

**QUESTION\_ID: Q18**

Any feelings you or your child has had during the last two weeks.

|  |  |
| --- | --- |
| **Q18 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A1 | Little or no interest in doing things, Yes |
| A2 | Little or no interest in doing things, No |
| A3 | Little or no interest in doing things, Not Sure |
| A4 | Little or no interest in doing things, N/A |
| B1 | Stressed, Yes |
| B2 | Stressed, No |
| B3 | Stressed, Not Sure |
| B4 | Stressed, N/A |
| C1 | Down, depressed or hopeless, Yes |
| C2 | Down, depressed or hopeless, No |
| C3 | Down, depressed or hopeless, Not Sure |
| C4 | Down, depressed or hopeless, N/A |
| D1 | Bad or guilty about drinking and/or recreational drug use, Yes |
| D2 | Bad or guilty about drinking and/or recreational drug use, No |
| D3 | Bad or guilty about drinking and/or recreational drug use, Not Sure |
| D4 | Bad or guilty about drinking and/or recreational drug use, N/A |
| E1 | Criticized by family or friends about drinking and/or recreational drug use, Yes |
| E2 | Criticized by family or friends about drinking and/or recreational drug use, No |
| E3 | Criticized by family or friends about drinking and/or recreational drug use, Not Sure |
| E4 | Criticized by family or friends about drinking and/or recreational drug use, N/A |

For **Q18**, members can select multiple answers.

**QUESTION\_ID: Q19**

Do you or does your child need help with any of the following?

|  |  |
| --- | --- |
| **Q19 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A1 | Transportation, Yes |
| A2 | Transportation, No |
| A3 | Transportation, Not Sure |
| A4 | Transportation, N/A |
| B1 | Food, Yes |
| B2 | Food, No |
| B3 | Food, Not Sure |
| B4 | Food, N/A |
| C1 | Shelter, Yes |
| C2 | Shelter, No |
| C3 | Shelter, Not Sure |
| C4 | Shelter, N/A |
| D1 | Stress Management, Yes |
| D2 | Stress Management, No |
| D3 | Stress Management, Not Sure |
| D4 | Stress Management, N/A |
| E1 | Clothing, Yes |
| E2 | Clothing, No |
| E3 | Clothing, Not Sure |
| E4 | Clothing, N/A |

For **Q19**, members can select multiple answers.

**QUESTION\_ID: Q20**

Do you or does your child need help managing weight?

|  |  |
| --- | --- |
| **Q20 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Yes |
| B | No |

**QUESTION\_ID: Q21**

Do you or does your child smoke tobacco?

|  |  |
| --- | --- |
| **Q21 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Yes |
| B | No |

**QUESTION\_ID: Q22**

If yes, would you like assistance quitting?

|  |  |
| --- | --- |
| **Q22 - QUESTION\_RESPONSE\_VALUE** | **Description** |
| A | Yes |
| B | No |

# **Social Determinant of Health Error File**

* 1. Both Header and Detail files are rejected if there is any value other than the above listed valid values in QUESTION\_ID and QUESTION\_RESPONSE\_VALUE fields.
  2. Error File Drop Location and outgoing error file name to be sent to MCO
  3. Error File layout:

Below are the file layouts for error file sent to MCO from the State of Iowa.

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Determinant of Health – Header - Error File layout** | | | |
| **Field/Column** | **Data Type** | **Delimiter** | **Description** |
| Reject File Name | VARCHAR(50) | Pipe(|) | Name of the original File name that was rejected |
| Row Reject Reason | VARCHAR(50) | Pipe(|) | Reason for Rejecting the Row |
| \*ORIGINAL\_RECIP\_ID | VARCHAR(8) | Pipe(|) | Medicaid Member ID (State ID) |
| DATE\_OF\_BIRTH | VARCHAR(08) | Pipe(|) | Member's Date of Birth (CCYYMMDD) |
| GENDER | VARCHAR(01) | Pipe(|) | Member's Gender |
| ZIPCODE | VARCHAR(05) | Pipe(|) | Member's Zip Code |
| COLLECTION\_METHOD | VARCHAR(01) | Pipe(|) | SDOH Collection method |
| ENROLL\_DATE | VARCHAR(08) | Pipe(|) | Member Enrollment Date (CCYYMMDD) |
| \*SURVEY\_CCYYMM | VARCHAR(06) | Pipe(|) | SDOH Questionnaire Month (CCYYMM) |
| \*MCO\_PLAN\_ID | VARCHAR(02) | Pipe(|) | MCO Plan ID to differentiate MCO's |

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Determinant of Health – Detail - Error File layout** | | | |
| **Field/Column** | **Data Type** | **Delimiter** | **Description** |
| Reject File Name | VARCHAR(50) | Pipe(|) | Name of the original File name that was rejected |
| Row Reject Reason | VARCHAR(50) | Pipe(|) | Reason for Rejecting the Row |
| \*ORIGINAL\_RECIP\_ID | VARCHAR(08) | Pipe(|) | Medicaid Member ID (State ID) |
| \*MCO\_PLAN\_ID | VARCHAR(02) | Pipe(|) | MCO Plan ID to differentiate MCO's (CCYYMMDD) |
| \*SURVEY\_CCYYMM | VARCHAR(06) | Pipe(|) | SDOH Questionnaire Month (CCYYMM) |
| QUESTION\_ID | VARCHAR(03) | Pipe(|) | Short Description of the Question |
| QUESTION\_RESPONSE\_VALUE | VARCHAR(10) | Pipe(|) | Question Response |

# **Process Requirements**

1. Both Header and Detail files will be validated and an error row will be created in the error file for each error encountered.  If the error file contains any errors then no data will be loaded into the State’s Data Warehouse and both the header file and detail file will be rejected.  All data must be valid in the header file and the detail file before any data is loaded in the State’s Data Warehouse. If the files are rejected, the MCO will correct the rows in error and resend the header and detail files.

For example:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **File Errors** | **Files Rejected** | **MCO Corrects File(s)** | **MCO Resends Files** | **Files State Loads** |
| Header File contains   1 error    Detail  File contains   0 error | Header File  Detail File | Header File | Header File  Detail File | --- |
| Header File contains   0 error    Detail  File contains   1 error | Header File  Detail File | Detail File | Header File  Detail File | --- |
| Header File contains   1  error    Detail  File contains   1 error | Header File  Detail File | Header File  Detail File | Header File  Detail File | --- |
| Header File contains   0 error    Detail  File contains   0 error | --- | --- |  | Header File  Detail File |

1. Header and Detail files will be rejected and no data will be loaded into the State’s Data warehouse when ORIGINAL\_RECIP\_ID exists in Detail file and doesn’t exist in Header file. Same reject process is followed when ORIGINAL\_RECIP\_ID exists in Header file and doesn’t exist in Detail file.
2. The files will be loaded in active month order. For example the January 2020 file will be loaded prior to February 2020 file. The current month’s files will not be loaded into the Data Warehouse until all the issues with previous month’s files are corrected and loaded.
3. MCO will be sending three months of **test files** for the active months of **October 2019, November 2019, and December 2019** to test this process.
4. MCO will be sending two months of **test files** for the active months of **February 2020** and **March 2020** to test this process.
5. State EDBI team should receive test files from both MCO’s by **April 24, 2020**. The data elements that are marked with \* in the File Layout should mimic production data.
6. **First Production run** will be for the **active month of March 2020**.  The first production file should be received from MCO’s on or before **May 22, 2020**.
7. Following the processing schedule outlined above (page 1), MCO’s send SDoH file for the **active month of April 2020** on or before **May 31, 2020.** The next active month files will followsame processing schedule.
8. The MCO may send SDoH Header and Detail files prior to the date the processing schedule indicates. The State will process files as indicated on the processing schedule.
9. MCO should continue to send existing reports for SDoH (if any). These may overlap with new reports. At the appropriate time the existing reports may be discontinued or suspended.
10. IME expects from MCO’s to send back the corrected files within 1 week of receiving the error file.
11. IME decided on two iterations for 2 weeks maximum to send back the corrected files for a given month.
12. Any communication and notifications to IME EDBI team on SDoH files from MCO’s are sent to: [XXXXX@dhs.state.ia.us](mailto:XXXXX@dhs.state.ia.us)
13. Any communication and notifications on SDoH files to MCO are sent to:
14. Any communication and notifications on SDoH files to MCO are sent to:
15. For each question, any value other than the mentioned values in this document will be considered as invalid response and the file will be rejected.
16. Below is an example of member’s SDOH data:
    * In the month of March, a member was eligible and enrolled with MCO A and completed SDOH. In May, this member switched MCO’s and moved to MCO B. In this case, this member should exist in March file sent by MCO A in the month of May even though the member is with MCO B in May.

# **Processing Overview**

1. MCO places Header and Detail files for the month of February 2020 in the SFTP File Drop Location

SFTP file drop location:

File Names:

State processes both Header and Detail files.

1. The Detail file contains errors:
2. Row 1 and Row 10 each contain one column in error and Row 20 contains 2 columns in error.
3. The columns in error are circled in red and hi-lighted. 1) MCO Plan Id 2) Question Id 3) Question Response Value

Image of the Detail file with errors identified

1. State creates an error file,

**NOTE:** The date time stamp on the error file will match with the Detail file date time stamp.

1. State sends an email to MCO contacts that the Detail file has errors and an error file has been placed on the SFTP server.

**NOTE:** Row 1 in the error file correlate to 1 error on Row 1 on the Detail file screenshot.

Row 2 in the error file correlate to 1 error on Row 10 on the Detail file screenshot.

Rows 3 and 4 in the error file correlate to 2 errors on Row 20 on the Detail file screenshot.

1. MCO processes the Error file and corrects all the errors.
2. MCO notifies the State that the Detail file has been corrected and has placed Header file and corrected Detail file in the SFTP drop location.
3. State processes both Header and Detail files.
4. Above mentioned error processing is also followed in a similar way if there are any errors in Header file.
5. Sample Reject reasons for Header file are:
   1. ORIGINAL\_RECIP\_ID is invalid
   2. Date\_of\_Birth is Invalid
   3. Gender is Invalid
   4. Collection\_Method is Invalid
   5. SURVEY\_CCYYMM is Invalid
   6. Enroll\_Date is Invalid
   7. MCO\_Plan\_ID is Invalid