

**Detroit Area Agency on Aging – Data Management RFQ**  
**Question Response Document**  
**August 26<sup>th</sup>, 2025**

As defined in the RFQ, we are providing responses to all prospective vendor questions in one document.

1. Which payors and interfaces are in scope on day one? Do you want all flows in the diagram implemented now or phased? Is TECCA day one or roadmap? Is OCR on PDFs required on day one, and which document types?

We are unable to provide the exact names of the payors at this time as contracts have not been finalized. However, the payors are national brands with current operations in Michigan

2. May we use SFTP or FTPS instead of FTP? Please confirm file naming rules, header and trailer and record count logic, the official time zone and end of day cutoff, and the daily and monthly cadences.

SFTP is the desired transmission method. All known file specific details are contained on the file specifications.

3. Please share typical and peak volumes and a 30 to 90 day sample for each feed: eligibility daily delta and monthly full, referrals out, dispositions in, and weekly 837 files. Also confirm any historical backfill, seasonality, required processing windows, and retention.

These will be new feeds. We expect the total member count (as calculated from full files) to be ~4000. We anticipate 837 encounter files to be approximately 5k-7k claims weekly.

4. Do one set of templates and value sets apply across all plans, or are there plan specific variants? Please confirm semantics for Group Id, BSN, and waiver fields. What is the preferred Compass access method (read only database, flat exports, or APIs)? Can you provide a data dictionary, key fields to link Compass to eligibility and referral files, and a small de-identified sample?

It is anticipated that one set of values will apply across all plans, however there could be plan-specific variants (we don't have approved specs for all plans at this time). Allowable values for each field will be defined. Compass only allows flat exports at this time. We do not have a data dictionary for Compass. Part of the vendors scope should include working with our PM, Compass and your solution to map specific fields

8. Should weekly 837P submissions go directly to Humana or through a clearinghouse? Do you require 999 and 277CA acknowledgments and 835 remittances for reconciliation? Are there any companion rules beyond the sample provided?

837P submissions will go through a clearinghouse. We require 999 and 277 acknowledgments and 835s for reconciliation. There are not companion guides available beyond what was provided

9. Can we expect vendor support from Compass for the extract SQL scripts, Soloman for remittance data and Humana for interface mapping and testing?

DAAA will have a designated PM to coordinate with all external partners to support this implementation. We have a close working relationship with Compass and Humana and expect them to support integrations and testing.

10. Have any gaps been identified in the mapping between the ICD fields and the data in DAAA systems?

No gaps have been identified yet. Final specifications from the payors have not been approved and could expose gaps.

11. Medicare and Medicaid IDs are required in the interfaces. Are all members dual eligible?

At this time all members will be duals. For the broader roadmap we anticipate members having a variety of public and private coverages

12. How many members are expected to be participating in this program and how are these members identified in Compass?

We expect the total member count (as calculated from full files) to be ~4000. We anticipate 837 encounter files to be approximately 5k-7k claims weekly. Compass members have an assigned medical record number.

13. Does DAAA need data outside of this program to be housed in the data warehouse? If yes, how many lives are expected to be stored? What is the discriminator field that identifies members in this program?

At this time additional data does not need to be housed in the data warehouse. As future phases are developed we would expect total lives stored to be in the range of 20k, inclusive of historic records. At this time the only common discriminator field is the members name and DOB.

14. How many reports and dashboards are expected?

We expect 10-12 canned reports (i.e.; referral to assessment date, etc) that will occur on a weekly or monthly cadence. Key dashboards will be dynamic representations of the canned report data as well as 837 reconciliations

15. Will matching rules be provided for member identification across different systems?

We will work with the chosen vendor to define matching rules across systems. Vendor should provide how they would approach this in their response.

16. Can you provide Humana EVV Companion Guide?

Humana will serve as a pass-through for EVV authorizations and claims data. HHAExchange is the states vendor and specifications are available on their website.

17. Can you share the Soloman weekly remittance data spec?

This will be a new feed and we don't have a specification at this time. Soloman is the old name used for MS Dynamics SL (old MS Great plains).