

7th Health Datapalooza 2016

Illinois Healthcare and Family Services Integration of Medicaid and Medicare Claims for Care Coordination

Patricia Murphy

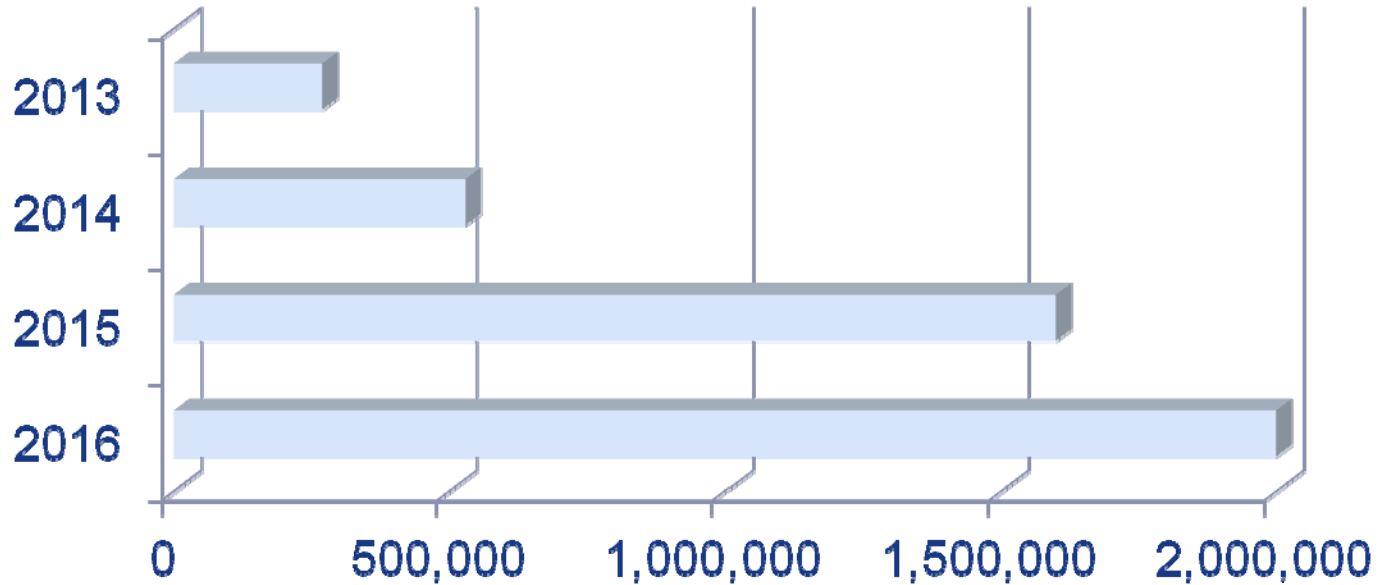


Background

- Illinois law required 50% of recipients to be enrolled in managed care by 2015
- Agency experienced tremendous growth in number of plans needing claims data



IL HFS Care Coordination Recipient Enrollment



Background

- Claims data essential part of the coordinated care effort
- Previous claims data sent to plans deemed inadequate
- New strategy for providing claims data
- Applied for Medicare data for Medicare-Medicaid Alignment Initiative recipients

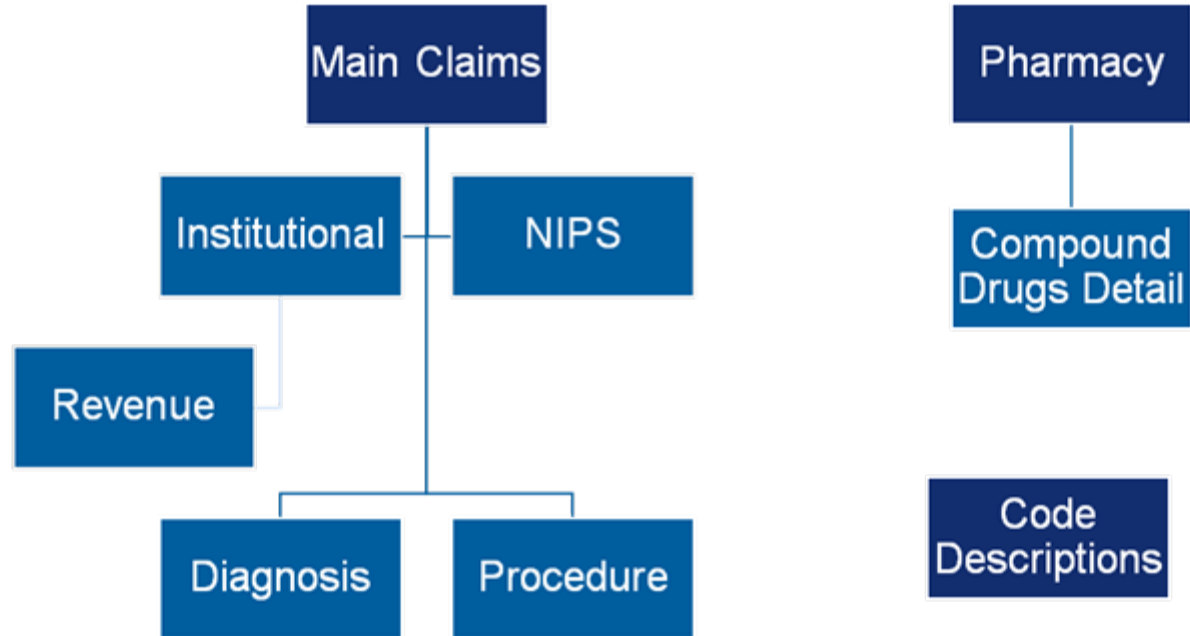


Care Coordination Claims Data (CCCD)

- Care Coordination Claims Data was born
- Single method by which everyone would receive claims data
- Medical & Rx, Historical & Current
- Unified dataset (Medicare + Medicaid data)
- New enrollees
 - 2 years historical data, 7 years quality measures
- Monthly incremental updates



Care Coordination Claims Data (CCCD)



Medicare Data Acquired

- Historical Parts A + B
 - Flat file on CD
 - Organized by claim type
- Current Parts A + B
 - X12, downloaded
 - 2 files; A and B
- Part D
 - Flat file for historical & current
 - Contains 25 columns



Chiapas for X12 Data

- Data translation package
- Provided by Acumen
- Converts from X12 to flat file
- Has set of predefined fields
- State Data Resource Center (SDRC) provided instructions for adding/deleting fields
- Self-taught programmer added necessary fields
- 120-150 hours spent working with Chiapas



CCCD Layout

Column Number	Field Name	Data Type	Length	Position		Business Description	Primary Key	Medicare Y/N
				To	From			
1	DCN	CHAR	15	1	15	For Medicaid claims, a number used to identify an individual claim or adjustment. For Medicare claims, a sequence number. Is one of the key fields used to link between tables.	Y	Y
2	ServiceLineNbr	CHAR	2	16	17	A number used to distinguish between multiple services on each claim. This is one of the key fields used to link between tables for both Medicare and Medicaid claims. See SeqLineNbr for further delineation of the claim at the revenue, procedure and NIPS level. An explanation of the differences between ServiceLineNbr and SeqLineNbr is provided in	Y	Y
3	RejectionStatusCd	CHAR	1	18	18	A code that indicates whether a claim is rejected for payment (Y = claim was rejected, N = claim was not rejected) and is one of the key fields used to link between tables. Note: most queries would be limited to only those claims with an "N" -not rejected.	Y	Y
4	RecipientID	CHAR	9	19	27	A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables.	Y	Y
5	AdjudicatedDt	DATE (YYYY-MM-DD)	10	28	37	For Medicaid claims, the date HFS determined whether the claim was to be paid or rejected. For Medicare claims, the date the claim was processed. Is one of the key fields used to link between tables. Note: this field is not available for Medicare NIPS claims prior to August 01, 2013 and is therefore populated with '1900-01-01'.	Y	Y
6	ServiceFromDt	DATE (YYYY-MM-DD)	10	38	47	The date the service began.	N	Y
7	ServiceThruDt	DATE (YYYY-MM-DD)	10	48	57	The date the service ended. For claims that are associated with only 1 day of service, this field is equal to ServiceFromDt.	N	Y
8	CatgofServiceCd	CHAR	3	58	60	A code used to identify the type of service. For example, physician services, chiropractic services, dental services, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS.	N	N
9	RecordIDCd	CHAR	1	61	61	A code used to identify the type of billing transaction for the claim. For example, I is inpatient, O is outpatient. Use this field to identify Medicare claims; all Medicare data is populated with an 'M'. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS.	N	Y
10	ProviderID	CHAR	12	62	73	A unique Medicaid number assigned to a provider for identification purposes.	N	N
11	ProviderTypeCd	CHAR	3	74	76	A classification of providers as defined by their role in the healthcare system. For example, optometrist, dentist, physician, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS.	N	N
12	DataTypeCd	CHAR	1	77	77	A code used to identify the type of claim. For example, fee for service claim, encounter claim, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS.	N	Y
13	DocumentCd	CHAR	3	78	80	A code used to identify the type of form on which a claim and adjustment is submitted.	N	Y

Care Coordination Claims Data (CCCD) Documentation

- Essential component of data delivery
- Website
 - Updates
 - Data dictionary
 - Past webinars
 - Test data
 - Glossary
 - FAQs
 - Archived data dictionaries



CCCD Website and Supporting Documentation

Care Coordination Claims Data

Please use this page as the central resource for information on Care Coordination Claims Data.

Program Information

What is Care Coordination Claims Data (CCCD)?

Care Coordination Claims Data (CCCD) is a data set available to Healthcare and Family Services (HFS) care coordination partners for recipients enrolled in their programs. CCCD contains the most recent two years of Medicaid claims data, the most recent seven years of immunization and lead data and monthly updates of the above once the initial historical data has been sent.

Updates

- October 22, 2015, a new data dictionary has been uploaded.

Data Dictionary

- November 1, 2015 (xls)

This dictionary is intended to provide descriptions of the data regarding the Care Coordination Claims Data.

Archived Data Dictionary

- October 1, 2015 (xls)
- December 29, 2014 (xls)
- July 15, 2014 (xls)
- June 12, 2014 (xls)

CCCD Website and Supporting Documentation

Frequently Asked Questions (FAQ) Sheet

This sheet is intended to provide answers to frequently asked questions regarding the Care Coordination Claims Data.

- [CCCD FAQ sheet \(pdf\)](#)
- [CCCD – Medicare Specific FAQ Sheet \(pdf\)](#)

Code Description Table

- [Code Descriptions.txt](#)

Test CCCD

The CCCD test files are provided as a method for plans to learn the CCCD record layout and become more familiar with the data and file structures. The purpose of the data is to: 1) demonstrate how data will be provided, 2) give plans an opportunity to practice joining the different files together, and 3) help plans prepare the technical environments for CCCD. Please see the supporting documents to learn more about these files.

- [Sample Code Description \(txt\)](#)
- [Sample Compound Drugs Detail \(txt\)](#)
- [Sample Cornerstone \(txt\)](#)

CCCD Website and Supporting Documentation

CCCD Webinars

On August 28, 2013, a webinar was provided to Care Coordination Entities (CCEs) about CCCD. Below is that recording.

[▶ Care Coordination Entities \(CCEs\) about CCCD Webinar \(.wmv\)](#)

On October 16, 2013, a webinar was conducted to address healthcare plans' questions about CCCD. Below are the recording and slides.

[▶ Discussion about Care Coordination Claims Data \(CCCD\) \(.wmv\)](#)

[▶ October 2013 Monthly Claims Care Coordination Data \(CCCD\) Partner Meeting \(pdf\) html](#)

The second CCCD Partner meeting occurred on November 13, 2013. Below are the related recording and slides.

CCCD Usage

- Health risk stratification
- Transition of care
- Health assessment / care plans
- Quality measures / health outcomes

Live. Life. Healthy



Data Security

- Data maintained on HFS secure file servers
- HIPAA obligations outlined in contracts
- Data destruction certification
- HFS HIPAA Privacy Officer



Key Lessons Learned

- Acquire all available Medicare datasets
- Most challenging to work with X12 format
- Find a Medicare SME within your agency
- More efficient for the state to integrate data
- Separate data into multiple files
- Listen to feedback
- Huge team effort



Resources

CCCD Webpage:

<http://www.illinois.gov/hfs/MedicalProviders/cc/Pages/ClaimsData.aspx>

Email: HFS.Data@illinois.gov

