

# Monthly Claims Care Coordination Data (CCCD) Partner Meeting

January 2014

## HFS Presenters:

- Katey Staley
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  - Paul Damian
  - Paul Stieber
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# Meeting Objective

- Present a high level review of how Medicare data will be added to CCD.
- Review outstanding questions.

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# High Level Review of Medicare Data

- The Medicare-Medicaid Coordination Office, a Department of Federal CMS, makes Medicare Parts A, B, and D data available to states for care coordination purposes.
- Illinois completed the six month application about a year ago and has been working to prepare the data for use by our partners for the past nine months.

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# High Level Review of Medicare Data

- The planning for sharing Medicare claims data through CCCD occurred at the same time as that for Medicaid claims. Since the inception of CCCD, the plan has been to include Medicare data as part of CCCD once it was available.
- The goal is to provide Medicare data in the March CCCD run (the fifth working day of March is 3/7/2014). There are multiple challenges related to this March goal.

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# High Level Review of Medicare Data

- There was a separate application process for historical Parts A & B, a different one for current Parts A&B, and yet another for Part D.
- Similar to differences in application processes, there are significant differences in how data is transported to states. These differences include:
  - Different contractors for delivery and support for each Medicare data “type”.
  - Different delivery schedules.
  - Different supporting documentation.
  - Different file formats that varied by data type.

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# High Level Review of Medicare Data

- Two major steps to sharing Medicare data:
  1. Upload the data to HFS data warehouse
  2. Merge the data together and format into CCD
  
- The uploading of data to the data warehouse is finished. The focus is now formatting it into CCD. Again, the goal is to start to deliver Medicare data in March. Things may develop over the next few weeks that complicate our ability to meet this goal.

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# High Level Review of Medicare Data

- All supporting CCCD documentation will be updated to include Medicare by the mid February. Please check the HFS CCCD webpage for updates:

<http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/ClaimsData.aspx>

- The current version of the CCCD Data Dictionary now includes which fields will and will not have Medicare data. Again, there may be updates to this as we finalize things over the next few weeks.

# High Level Review of Medicare Data

## Medicare Y/N Column

Care Coordination Claims Data (CCCD) Data Dictionary

Last Update: January 15, 2014

Main Claims

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Corresponding file name: AIDP.EDWCLAMS.XXXX

Column Number	Field Name	Data Type	Length	Position		Business Description	Primary Key	Medicare Y/N
				To	From			
1	DCN	CHAR	15	1	15	A number used by HFS to identify an individual claim or adjustment and 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 and is one of the key fields used to link between tables.	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	N
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	The date HFS determined whether the claim was to be paid or rejected and is one of the key fields used to link between tables.	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



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# High Level Review of Medicare Data

Please submit any Medicare questions you have to Paul Stieber, [paul.stieber@illinois.gov](mailto:paul.stieber@illinois.gov)

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Let's now move to outstanding questions. . .

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## #1 Why does dx code have a length of 8?

**Question:** Why does the field diagnosis-cd have a length of 8? Can you please provide few examples for such diag codes.

**Answer:** The length is because there are older claims in the HFS data warehouse (pre-HIPAA) that are 8 digits. In order to maintain the integrity of the older data, the field length is always kept at 8. Since the oldest claims in CCCD are from 2007 (7 years old), there are no claims that are 8 digit codes.

KS

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## #2 Can Amount Fields be negative?

**Question:** Do you think amount fields could be negative , if yes what would be the position of sign?

**Answer:** The only amount fields that can be negative are Long Term Care (LTC) claims. They can be negative at the line level. However, if you add up all line of an LTC claim for one DCN, the total should not be negative.

KS

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## #3 POS\_CD

**Question:** We see same POS\_CD is mapped to multiple standard POS\_Cd. Can you please tell us how to use this xref and pick one out of many? Eg: Current 'K' is mapped to Unconverted (12,13,14)

**Answer:** Place of Service is converted from 2 bytes to 1 byte in order to fit into our old system. Therefore, the HFS PlaceOfServiceCd will not map 1:1 to HIPAA standard codes. We've translated HFS PlaceOfServiceCds to the HIPAA standard codes as best as we can in the crosswalk posted on the HFS CCCD website.

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## #4 Control File Layout

**Question:** We need the begin and end position for each field in control file for MMAI and ICP.

**Answer:** All data is shared through the single CCCD dataset. There is not a different one for MMAI and ICP. The file begin and end positions for this one control file are as follows:

FileType CHAR (25) Positions 1-25

LoadDt Date Format 'YYYY-MM-DD' Positions 26-35

RecordCount Integer Positions 36-45

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# Future CCCD Partner Meetings

- Wednesday, 2/19/2014; 10:00-11:00 AM Central
- Wednesday, 3/12/2014; 10:00-11:00 AM Central
- Need for future meetings after March is being assessed

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Please send feedback. . .

- Complete survey at the end of this webinar

and/or

- Email Paul Stieber, [paul.stieber@illinois.gov](mailto:paul.stieber@illinois.gov)