

Monthly Claims Care Coordination Data (CCCD) Partner Meeting

October 2013

HFS Presenters:

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Meeting Objective

The objective of this meeting is to discuss all the questions that were submitted to HFS.

Please keep in mind that we have a varied audience:

- Different types of partners: CCEs, ICP MCOs, MMAI MCOs, etc.,
- Some partners don't yet have enrollees and only access test data,
- Some only recently received actual claims data for the first time,
- Others have a longer history of working with HFS claims data and CCCD is a new (*and hopefully improved*) format.

... Therefore, a range of questions may have been submitted.

Meeting Organization

We will go through questions presented. Please post follow-up questions during webinar if clarification is necessary for any item. We will take individual attendees off mute as needed to discuss.

If time permits, we can address new questions submitted during the meeting. If an HFS subject matter expert is needed that is not present, follow-up will need to occur and a response will be posted.

These slides will be modified to include any updates as the result of today's discussion and will be posted on the CCCD Data Webpage.

Let's get to the Questions. . .

#1 Control File

Question: I can't access the control file (AIDP.EDWCNTRL.XXXX)?

Answer: This was a problem for both the release of September and October data. It is anticipated that it will be resolved when data is released in November. As a short-term solution, control files have been emailed to all partners that have actual data.

PS

#2 Recipient and Pharmacy Prior Authorization Tables: Approvals Only

Question: Can we assume all authorizations in these files are already approved?

Answer: Yes, starting with the October 7th data, only approvals are included in the authorization tables. The data sent in September also included denied authorizations and we now know that only confused things. Our apologies for the confusion. Things are correct as of 10/07/2013 and will be moving forward.

#3 Pharmacy Prior Authorization Table: Wide Range of Drugs

Question: There are drugs listed that don't seem like they would require a prior authorization. Why is that?

Answer: Any prescription beyond four a month for a unique recipient requires an authorization, regardless of drug type.

#4 Recipient and Pharmacy Prior Authorization Outdated Test Files

Question: A number of changes to the prior authorization tables were noted in the October 4th data dictionary. Can we have revised test files for these tables?

Answer: Yes, we are working on these and will upload them to the CCCD webpage by Friday, 10/25/2013.

PS

#5 Recipient Prior Authorization Table Code PriorApprovalServiceNbr

Question: Is the PriorApprovalServiceNbr code a CPT Code or an Illinois specific code?

Answer: PriorApprovalServiceNbr links to the domain name 'CptProc' in the code description table. Most are CPT codes. However, some codes are HFS specific. A crosswalk for these codes is now available on the CCCD webpage.

#6 Recipient Prior Authorization Table: Inpatient vs. Outpatient

Question: Is there an identifier on the file to distinguish between Inpatient and Outpatient?

Answer: The Inpatient authorizations that currently occur are handled directly by HFS staff to the requestor. These are not part of the prior authorization database and thus are not part of CCCD. There currently is no need for an identifier to distinguish between Inpatient and Outpatient. It is anticipated that there will be additional types of inpatient authorizations and that these may be part of the prior authorization database. As this occurs, it will be discussed how this can be segregated, if need be.

#7 Recipient Prior Authorization Table: Diagnosis Code

Question: Is there any possibility of adding 'diagnosis code' to the Prior Authorization file?

Answer: No. HFS does not capture this as part of the prior authorization data. The diagnosis history should be available through the service claims history.

#8 Pharmacy Prior Authorization Table: Generic Drug Code

Question: Generic Drug code – Is this GCN or NDC level? At which level would you want the PA loaded?

Answer: This is GCN. The level to which this is loaded will depend on what is most appropriate.

#9 Code Description Table

Question: There are duplicates in the code description table for domain name 'other proc'.

Answer: We have corrected this problem. A revised code table (AIDP.EDWCODED.CCIP) was posted to the mainframe and CCCD webpage on October 10th.

NB

#10 NIPS Table

Question: For PlaceOfServiceCd ,there is a conversion table on the CCCD webpage with the columns: Unconverted, Current, Non-Medicare, Medicare, and Data Entry. Which columns do we use to translate the HFS code to the standard code?

Answer: Use 'Unconverted' (the standard 2-byte place of service code) and 'Current' (the HFS 1-byte value).

NB

#11 Diagnosis and Procedure Tables

Question: Some claims seem to be duplicates except that for one claim diagcd/proccd is marked as primary and the other is not.

Answer: This can happen due to the way claims are submitted to HFS. However, if you use the primary key indicators provided in the entity relationship diagram and data dictionary you will obtain truly unique claims lines. Using the primary key indicators, you will find these to be two distinct lines.

NB

#12 Code Description Table

Question: The October 4th data dictionary has a new field, 'BasisofRequestCd', but there isn't any descriptions for it in the code description table.

Answer: The descriptions for all the new fields are in the revised code table (AIDP.EDWCODED.CCIP) that was posted to the mainframe and CCCD webpage on October 10th.

Future CCCD Partner Meetings

- Wednesday, 11/13/2013; 10:00-11:00 AM Central
- Wednesday, 12/11/2013; 10:00-11:00 AM Central
- Wednesday, 1/15/2014; 10:00-11:00 AM Central
- Wednesday, 2/19/2014; 10:00-11:00 AM Central
- Wednesday, 3/12/2014; 10:00-11:00 AM Central

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- Complete survey at the end of this webinar

and/or

- Email Paul Stieber, paul.stieber@illinois.gov