

Care Coordination Innovations Project CCIP Data Release Update #3

Supplemental Files for Data Set I:

HFS is pleased to add value to Data Set I by providing seven additional fields for the Recipient table of Data Set I. This is intended to increase the usability of the data set in the time that remains before the Solicitation for Seniors and Adults with Disabilities deadline (June 15, 2012).

Field Definitions

The additional fields will include one revision and six additional fields. These seven fields are packaged into one downloadable file, which is available [on the Data Releases page of the HFS website](#).

The revisions affected Long Term Care Indicator (LTCInd), a field describing whether a particular recipient has received long-term care services. Long term care is a type of service compliant with the state Nursing Home Care Act and regulated and licensed by the Illinois Department of Public Health, involving provision of primary and specialty medical care, social services, and additional care to disabled or chronically ill recipients over an extended period of time within a nursing home, another institution, or home and community setting. We have updated this field with respect to eligibility, making it a more accurate reflection of the persons who truly received long-term care in the experience period.

Four of the additional fields will indicate whether recipients were eligible and enrolled in the four subsections of Medicare (Part A, Part B, Part D, and Medicare Managed Care Organization [MCO]). While working with the data set, we advise our partners to note that enrollment in Medicare MCO supersedes A and B enrollment and that most MCO plans include Part D benefits.

The sixth new addition will indicate if a recipient has a high amount of Third Payer Liability (TPL) payments. This is a factor that can affect Medicaid net liability amounts, and is defined as the presence of basic or major medical coverage for a given recipient. The scope and extent of this coverage will impact the portion of a medical claim that Medicaid ultimately pays. This category is considered separately from Medicare enrollment.

The final addition will give the last eligibility date, which describes the final date at which a given recipient was eligible for full benefits. This information is relevant to those individuals who moved out of the state, died, or lost eligibility due to life changes during the experience period. For those recipients who changed eligibility status several times during the experience period, this information conveys only the very last time they were eligible.

Data Delivery and Technical Assistance

We have created one file that contains all the fields for all the recipients in the state. This is available on our website as a .txt file (the same format as all other releases). A small data dictionary for these fields is also available.

The inclusion of the Recipient Key ID allows this data to be joined to each data set that has already been delivered to data users. We expect most data users to carry out this task themselves. We recognize that some data users, particularly those who rely on Excel or Access, may find it difficult to do the join. Organizations in this category are invited to contact us. We will provide data that is extracted to match the parameters of your original data pull(s), which will allow you to integrate the supplemental data into your pre-existing files.

All data users are always welcome to contact us with their technical questions and general feedback.