

**Frequently Asked Questions on Connectivity and Data Use for ACEs and CCEs  
Illinois Department of Healthcare and Family Services**

- 1. With how many partners do we have to establish data connectivity?**  
Three: HFS, IHC, and Maximus. Additionally, plans must register on MEDI.
- 2. Can we use software to automate pulling data from various FTPs and MEDI?**  
Yes, but HFS offers no recommendations, assistance, or tech support for this software.
- 3. Can we subcontract all our data work to an organization outside the plan?**  
HFS will accommodate this if it is absolutely necessary. Because this is not the preferred approach and the subcontractor will be handling the data, not the Prime Vendor, HFS will verify that appropriate agreements are in place between the plan and the subcontractor for HIPAA compliance and other data use requirements of the plan's contract with HFS. Thereafter, the plan must ensure compliance with all contract requirements regarding the handling and use of data performed by the Subcontractor at all times.
- 4. What Provider Type numbers should plans use to register on MEDI?**  
ACEs, use 078. CCEs, use 079.
- 5. Is the claims data we see in MEDI the same as what is delivered each month via FTP?**  
The content is approximately the same. The difference is that the information you are getting from HFS via FTP connectivity will be for the entire panel roster, and will contain two years' of claims data and seven years' of immunization data. The claims information available in MEDI is specific to one single individual for a limited amount of time. It is fine for plans to view it, but would be almost impossible to use for risk stratification.
- 6. Will HFS ever change to delivering the panel roster from MEDI to an FTP connection or VPN?**  
MEDI is the one and only way to retrieve your daily Panel Roster. At this time, no change is planned.
- 7. What is delivered via MEDI?**  
Via the IHC Provider Portal on MEDI, plans will be able to pull down their daily panel roster.
- 8. What is the panel roster?**  
The panel roster lists all the active enrollees in your plan. It is the enrollment file for the ACE and CCE program.
- 9. Will we receive an 834 file for enrollment?**  
No. The panel roster fulfills the functions of the 834 for the ACE and CCE plans.
- 10. Where do we get the panel roster?**  
You get the daily panel roster via the IHC portal on the MEDI website. You get the monthly panel roster from the sFTP connection your plan set up with IHC.
- 11. What is the format and file name convention for the daily panel roster?**  
The daily panel roster is in CSV format. The name will always be panelroster.csv. Plans are free to rename this however they like.
- 12. Where do we get the monthly panel roster?**  
This is not delivered via MEDI but rather comes via the plan's sFTP connection to IHC.

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**13. What date of the month is the monthly panel roster available?**

It is available on the fourth working day of the month.

**14. What is the format and file name convention for the monthly panel roster?**

The monthly panel roster is in CSV format. The naming convention is Plan Type (static field)\_'panel'(static field)\_Plan Name(static field)\_Plan HFS Provider Number (static field)\_Date panel roster generated (not static and will change with each month).

An example file name is ACE\_PANEL\_FAKENAME\_1234567890\_20141225.

(The CCE naming convention is the same, but the file name will begin with "CCE.")

**15. Will the panel roster eventually be just the new enrollees, or will it always be the full panel roster? Is there any option to receive just new enrollment on the daily panel roster?**

The current structure and process of our enrollment do not support anything but a full refresh. Conveying the number of active enrollments periodically is HFS' preferred system of reconciliation. This is why a monthly panel roster is sent in addition to a daily panel roster.

**16. Why are some clients listed with a particular provider name as their PCP, and others listed under a health clinic name as their PCP?**

The client enrollment service uses the PCP name for each enrollment. When the enrollment file comes to HFS, however, HFS rules impose the clinic name on some provider fields in place of the PCP's name. This switch is typically applicable to FQHC or similar clinics. The name in the file will occur thereafter as the clinic name, not the PCP's first and last name.

**17. What do Link Start Date and Link End Date signify?**

These show the start and end dates of a person's affiliation with their provider. They are not the start and end dates of Medicaid eligibility or enrollment with the CCE or ACE.

**18. Are there fields showing the date of enrollment with the ACE or CCE?**

Yes. See the fields named "CCStartDate" and "CCEndDate" on the panel roster.

**19. When a person becomes disenrolled from the plan, how will that be reflected in the panel roster?**

When a client becomes disenrolled, they will stay on the panel roster through the disenrollment date. They will only show if the disenrollment date is today or a date in the future. If the disenrollment date was in the past, the person's data will not appear in the panel roster. No information is provided regarding the disenrollment reason for various reasons, including privacy and HIPAA compliance concerns. Should a plan have a significant concern or see a pattern to disenrollment that reflects an apparent problem, the plan can contact HFS staff for follow-up.

**20. Can a single provider see the plan's panel roster?**

We encourage (but do not require) all providers to enroll in MEDI. They can register using their provider number and provider type (which is different from the plan). When they log on, the provider will see a panel roster that is specific to that provider only.

**21. What is delivered via the FTP connection to HFS?**

Two things: a Provider Extract and Care Coordination Claims Data (CCCD).

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**22. What is CCCD?**

CCCD is Care Coordination Claims Data. It is a claims-level data set contains two years of claims and seven years of immunization data for each enrollee in a plan. [See the CCCD webpage.](#)

**23. Why are plans getting CCCD?**

Plans are expected to use CCCD to complete risk stratification of all clients. It can be used for other purposes within the parameters of appropriate use of full identified data use under HIPAA regulations. Please consult your contract for details.

**24. What date of the month is the HFS CCCD data run available?**

It is the fifth working day of the month. For more detail, see [this list of dates.](#)

**25. What is the Provider Extract file and why do we need it?**

This is essentially a directory of some 124,000 providers who are Medicaid-eligible. HFS is providing this to the plans so that they can use it to verify eligibility while entering information about their providers into the IHC provider files. For more information, see this resource.

**26. How often is the Provider Extract File delivered?**

It is delivered via the HFS FTP connection weekly.

**27. What are provider enrollment status codes on the provider extract file?**

This is a one-digit code and corresponding narrative that indicates whether or not the provider is currently an active participant in the department's Medical Programs. Cost report requirements are also indicated. Possible codes include A or B for an active provider; H for an active behavioral health provider; and I (Inactive), N (Non-participating) and W (withdrawn) for non-active providers.

**28. Are plans required to connect to the client enrollment service (CES)?**

Connectivity with the client enrollment service is a requirement for each plan. Connectivity must be established in advance of enrollment in order to complete enrollment transactions for the plan. Their system is not designed or programmed to look at the various plans and decide whether or not to offer the health assessment based on the plan they are selecting. As a result, if connectivity to a particular plan does not exist, the plan is not recognized.

**29. What is the Health Needs Assessment file?**

The Health Needs Assessment is the data that plans receive from the client enrollment service. It is an optional survey that the client enrollment service completes with each new client when they enroll online or by phone. This is not part of the algorithm, but rather comes after the process is complete. This data will be delivered once per month via FTP from the client enrollment service.

**30. Are plans required to use the Health Needs Assessment file?**

Yes, we require that plans retrieve the data from the FTP and look at it. However, under current contracts, each plan has the option to choose how it will use the received data as the plan completes health assessments and risk stratification of clients.