

Illinois Department of Healthcare and Family Services
Bureau of Quality Management
Care Coordination Claims Data (CCCD) Program and Measure Flags
REVISION DATE: 5/23/17

A. Purposes

1. To improve care coordination for recipients by sharing with MCOs information obtained by HFS from programs run by sister state agencies. Through the use of matched data shared through inter-agency agreement, flags will identify recipients enrolled in, or recently terminated from, a program run by a sister state agency.
2. To improve performance by flagging recipients in the CCCD files who are overdue for, or at risk for missing the target services. Through the use of measure specifications for numerators and denominators, flags will identify recipients who either have not received screening or are approaching target date for screening for various measures. The measures are from HEDIS[®], Child Core Set (CCS) and Adult Core Set (ACS).

**B. Enrollment Criteria for Flags Set Using Measures
(See Breast Cancer Screening, Cervical Cancer Screening, W15 for modified Continuous Enrollment criteria)**

Anchor Date: The last day of the previous month as of the current date.

Beginning Enrollment Date: Three months prior to Anchor Date.

Continuous Enrollment: Enrolled with full benefits from Beginning Enrollment Date through Anchor Date with no gaps.

Using CleanEligibility, recipient is enrolled on last day of previous month (anchor date) and has been enrolled with full benefits for three months prior to last day of previous month with no gaps. A three month period is being used in order to select recipients who have been enrolled long enough to receive services.

Age assigned is recipient's current age on anchor date.

C. Notes

Flags set by selecting measure-specific services through the current CCCD file run date. This assures as many services are identified as possible.

Flags set using measure criteria (e.g., HEDIS[®] specifications) include encounter and paid claims data. Select only paid claims which are not voided. The run out period can be six to nine months or more. So, there may be completed services that are not available to HFS when setting the flags.

Processing runs on all recipients regardless of enrollment in a MCO. When CCCD files are created, only MCO enrolled recipients should be included based on the selection criteria established by EDW staff.

Flags set using measure criteria will use the value sets for the most recent specifications (e.g., HEDIS[®] year). There will be times when services will be selected using the previous year's value set. For example, HEDIS[®] 2016

will be used for calendar year 2016 services until HEDIS® 2017 value sets are loaded. A notation will be included in CCCD file documentation to denote which specification codes sets are in use when setting flags.

D. Flags Set Using Program Information from Sister State Agencies

Department of Human Services (DHS) Better Birth Outcomes (BBO) Program:

CCCD continuous enrollment criteria not required. HFS matches to DHS BBO program data and selects recipients enrolled in BBO on the last day of previous month, when BBO begin date falls within seven months (inclusive) of the CCCD file month. This is to select pregnant women who have not delivered. For flag information, refer to “Flag Codes and Descriptions” table.

Department of Public Health (DPH) Early Hearing Detection and Intervention (EHDI) Program:

CCCD continuous enrollment criteria not required. HFS matches to DPH EHDI data and selects infants when they have a RIN and are enrolled in a MCO. CCCD flags are set as follows.

Flags identified in steps 1 and 2, below, are hierarchical. First, infants are identified as being “In Progress”. Second, among those identified as “In Progress” (Step 1), the Outcome (Step 2) criteria are applied to identify a status change (i.e., diagnosed Normal Hearing or Confirmed Loss).

1. In Progress Flag (E1):

Identify infants who do not have a passed hearing test or diagnosed hearing loss who require follow-up to obtain an outcome (i.e., diagnosed hearing loss or confirmed normal hearing):

2. Outcome Flag (E2 or E3):

DPH data include a “HearingStatus” attribute identifying infants with “Confirmed Loss” or “Normal Hearing”. For infants identified as “In Progress” (E1), the “HearingStatus” attribute is used to update information by setting a second EHDI flag for MCOs. This flag indicates the infant’s hearing status as either diagnosed with hearing loss (“Confirmed Loss”) indicating intervention is needed, or passed testing (“Normal Hearing”) indicating no intervention is needed.

HearingStatus = Confirmed Loss

- Set “Confirmed Loss” (E2) flag and remove “In Progress” (E1) flag set in #1, above. These infants need intervention and MCOs should contact DPH to assist with coordination and access to needed care.

OR

HearingStatus = Normal Hearing

- Set “Normal Hearing” (E3) flag and remove “In Progress” (E1) flag set in #1, above. These infants do not need intervention.

3. Duration of Flag:

Infants flagged “In Progress” (E1):

- Load into the CCCD files monthly until they receive an Outcome (E2 or E3) or they reach their 13th month birthday. This provides MCOs information about infants at risk to assure the infants receive follow-up needed to obtain confirmation of hearing loss or normal hearing.

Infants flagged Outcome E2 or E3:

- “Confirmed Loss” (E2) outcome continues to load into the CCCD files monthly until the infant reaches their 13th month birthday. This permits MCOs information about infants at risk.

- “Normal Hearing” (E3) outcome loads monthly for three consecutive months. The fourth load month these infants are dropped from the CCCD files. This permits MCOs sufficient time to utilize the flag while not repeatedly flagging infants with normal hearing.

E. Flags Set Using Measures

Breast Cancer Screening (BCS – HEDIS®):

Continuous Enrollment: Follow the HEDIS® specifications for continuous enrollment, with permissible gaps: The measurement year and the year prior to the measurement year.

Allowable gap: No more than a gap of up to 45 days during the continuous enrollment period.

Apply the above continuous enrollment and allowable gap criteria to select women ages 50 through 74 years. The anchor date is the last day of previous month as of the CCCD file run date. Use the HEDIS® value sets to find mastectomy (exclusion criteria) and mammogram (inclusion criteria) services. The look back periods to identify mastectomy services (exclusion criteria) will be adjusted to look at all recipients’ medical claims prior to the current CCCD file run date. The period to identify mammogram services (inclusion criteria) will be adjusted to look back 27 months from the current CCCD file run date.

- To indicate screening is pending, flag recipients who had a mammogram during the 27 months before the CCCD file run date and who are within 9 months of the 27 month mammogram anniversary date. This offers a minimum of 9 months to schedule a mammogram.
- To indicate screening is overdue, flag recipients who did not have a mammogram during the 27 months prior to the CCCD file run date.

Developmental Screening (DEV): Use CCCD continuous enrollment criteria (Section B, above) to select recipients between ages 1 to 3 years. For the flag, select recipients in each age who were not screened as indicated by CPT Procedure Codes ‘96110’ or ‘96111’, in the year preceding their most recent birthday. Three different flags are set corresponding to the recommended developmental screening periodicity, refer to “Flag Codes and Descriptions” table.

HPV: Use CCCD continuous enrollment criteria (Section B, above) to select female and male recipients* who are 12 and 13 years of age. For the flag, use the HEDIS® value sets to select HPV vaccine claims occurring between the recipient’s 9th and 12th or 13th birthday. There must be at least 14 days between immunizations.

- To indicate vaccination is pending, flag when recipient did not receive two HPV vaccines between their 9th and 12th birthdays. (Requested by workgroup to conform to revised ACIP and CDC clinical guidelines.)
- To indicate vaccination is pending, flag when recipient did not receive three HPV vaccines between their 9th and 12th birthdays.
- To indicate vaccination is overdue, flag when recipient did not receive three HPV vaccines between their 9th and 13th birthdays.

* With HEDIS® 2017 HPV is no longer a stand-alone measure and becomes included in IMA – Immunizations for Adolescents. HEDIS® 2017 specifications also include males in HPV. As of the June 2017 CCCD file transfer, the HPV flag includes males even though the HEDIS® 2016 specifications are used.

Lead (LSC – HEDIS®-like): Use CCCD continuous enrollment criteria (Section B, above) to select recipients age 2 and under. Select services from DPH Lead tables and HFS encounter and claims data. Select HFS encounter and claims data where procedure code is 83655 or procedure code is 36415 or 36416 with proc modifier ‘U1’.

- To indicate screening is pending, flag if age 1 and no test in all recipient’s history.
- To indicate screening is overdue, flag if age 2 and no test in all recipient’s history.

F. Flag Codes and Descriptions

Flag Code	Flag Acronym	Description HEDIS® 2016 specifications used to set measure flags	Flag Type
O2	BBO	Recipient is currently in intensive case management through the Dept. of Human Services (DHS) Better Birth Outcomes (BBO) program.	A
B1	BCS	Recipient received mammogram in past 27 months, but not within the 9 months preceding the 27 month anniversary date.	P
B2	BCS	Recipient did not receive mammogram in past 27 months	O
D1	DEV	Recipient did not receive Objective Developmental Screening between birth and 1 st birthday	P
D2	DEV	Recipient did not receive Objective Developmental Screening between 1 st and 2 nd birthdays	P/O
D3	DEV	Recipient did not receive Objective Developmental Screening between 2 nd and 3 rd birthdays	O
E1	EHDI	Infant In Progress: Has newborn hearing screening issue requiring follow-up	A/C
E2	EHDI	Infant has diagnosed Outcome of hearing loss	A/C
E3	EHDI	Infant has diagnosed Outcome of normal hearing	N
H0	HPV	Recipient did not receive 2 HPV vaccines between their 9 th and 12 th birthdays	P
H1	HPV	Recipient did not receive 3 HPV vaccines between their 9 th and 12 th birthdays	P
H2	HPV	Recipient did not receive 3 or more HPV vaccines between their 9 th and 13 th birthdays	O
L1	LSC	Recipient did not receive a blood lead screening by age 1	P
L2	LSC	Recipient did not receive a blood lead screening by age 2	O

A = Active in program C = Case Management O = Overdue P = Pending (time remains before recipient is overdue for the service) N = No action needed