

Frequently Asked Questions

What is Care Coordination Claims Data (CCCD)?

Care Coordination Claims Data (CCCD) is a data set available to Healthcare and Family Services (HFS) care coordination partners for recipients enrolled in their programs. CCCD contains the most recent two years of Medicaid claims data, the most recent seven years of immunization and lead data and monthly updates of the above once the initial historical data has been sent. CCCD is comprised of a set of files. Please see the data dictionary for detailed information on each file.

Are rejected claims included in the data set?

Yes, rejected claims are included for certain Quality of Care related procedures and diagnoses.

Why are there so many files?

We sent multiple files so that the data is more meaningful. If we sent one comprehensive flat file, it would be difficult to use and would contain duplicates.

How and when is the data selected and made available?

Data is provided on a monthly basis. It will be made available by the 5th business day of the following month. This data consists of historical data for new recipients and monthly incremental data for existing recipients.

How are CCCD files linked?

CCCD is presented as a set of files and each file is explained through its individual tab in the data dictionary. The fields DCN, ServiceLineNbr, RecipientID, RejectionStatusCD, and AdjudicatedDt should be used to link all files except Cornerstone Immunization, ICARE Immunization, Lead, and Prior Authorizations. These files should be linked by RecipientID.

Are there types of claims and encounters excluded from CCCD?

Current Illinois law requires HFS to withhold the reporting of substance abuse related data from CCCD. This means that CCCD will include claims for people with substance abuse, but will not include any procedures, diagnoses, and medications that are specifically identified as substance abuse related.

Therefore, there will be significant clinical gaps in CCCD related to people with substance abuse. These include the following:

- When a claim has a procedure uniquely identified as a substance abuse service, the procedure will be removed from the claim. If the substance abuse procedure is the only procedure on the claim, the entire claim will not be reported. If the substance abuse procedure is among other procedures on the claim, the substance abuse procedure will be removed and the other procedures will be reported.
- If a claim only has a substance abuse diagnosis reported, the entire claim will not be reported. When a substance abuse diagnosis is reported with one or more non-substance abuse diagnoses, the substance abuse diagnosis will be removed and the others will remain.
- All substance abuse related medications will be removed.

The above exclusions may lead to the absence of a primary procedure and/or a primary diagnosis.

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What challenges are related to timeliness of data?

CCCD contains adjudicated claims and encounters. Delays in data submission by provider organizations may result in an incomplete data set.

We already receive Medicaid claims data from HFS. What's different with the CCCD extracts?

The layouts have been redesigned. In addition, the CCCD extracts now include additional data fields, adjustment data, as well as encounter data.

What tech support is available to partner organizations?

The very limited technical support available from HFS is intended to ensure that data is delivered in a useable condition. Data analysis skills within the care coordination organization are essential. Please email any questions or comments about the Care Coordination Claims Data to HFS.data@illinois.gov.

Why are some of the pharmacy claims missing NDC and other fields?

In May 2016, 837P (professional) submitted pharmacy claims were added to CCCD. Although they are missing detailed drug information, they could still be used for cost analysis. The majority of these are Medicare cross-over claims and account for less than one half of one percent of our pharmacy claims.