

Care Coordination Claims Data (CCCD) -- **DRAFT**

Last Update: August 01, 2013

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.
- Monthly updates of the above once the initial historical data has been sent.

CCCD is a set of files and each file has a unique tab in this data dictionary. Please review each tab to understand the content/fields of each file.

Why is CCCD designed with multiple files?

The CCCD data set has been organized in a relational manner with thought given to both disk space and efficiency.

Some services involve multiple procedure codes and/or diagnoses. Rather than repeat all fields for each procedure or diagnosis and create multiple large records unnecessarily, fields related to procedures and diagnoses are broken out into their own files. This then is the reason for the separate files of Diagnosis, Procedure and Revenue Codes.

There is a Main Claims file central to all non-pharmacy claim types. This Main Claims file then connects to either Institutional or Non-Institutional Provider Services (NIPS) claims. These then link to the Diagnosis, Procedure and Revenue Codes.

Pharmacy Claims have their own file and sometimes may include compound drugs, which are listed in the Compound Drugs Detail file.

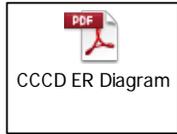
Some prescriptions and services require prior authorization before payment. These have been identified in the Recipient Prior Authorization and Pharmacy Prior Authorization files.

In addition to claims data, many HFS healthcare partners desire data related to immunizations and lead testing. Therefore, specific files are provided for this data that may be linked to the individual recipient.

Claims that have been sent in previous months can be adjusted or voided by providers or HFS at a later date, changing the net liability amount for the claim. These are identified in the Adjustment file with the corrected net liability amount and also the change between the current and previous net liability amount.

Descriptions for all code fields have been provided in the Code Description file.

The attached PDF document is an entity-relationship diagram that attempts to summarize the relationships between files, including how the files should be linked:



How and when is data selected and made available?

On a monthly basis, all new and existing recipients for each care coordination program are identified. For any new recipient, historical data is provided. For existing recipients, monthly incremental data is provided. Data for both new and existing recipients are combined into a single data set which is then available through secure FTP each month.

What software can be used to analyze data?

Data is provided as a .txt file and can be imported into Access, SPSS, SAS, Stata, SQL, and possibly other statistical analysis programs. The choice of program is up to the organization receiving data. HFS highly recommends using a database tool that allows data and reports to easily refresh/update. This will save considerable effort each month as new data is available.

How are CCCD files linked?

CCCD is presented as a set of files and each file is explained through its individual tab in this data dictionary. The fields DCN, ServiceLineNbr, RecipientID, and AdjudicatedDt should be used to link all files together 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 HIV related data from CCCD. This means that CCCD will include claims for people with HIV, but will not include any procedures, diagnoses, and medications that are specifically identified as HIV related.

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

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

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

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.

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.

Cost Considerations:

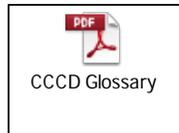
Beginning with July 1, 2013 dates of service, copay amounts were increased or added for several categories of service. Copays previously set at \$2 or \$3 were increased to \$3.65, and increase periodically in accordance with federal maximums allowed. Generic drugs, which previously did not require a copay, began requiring a copay of \$2 per script. A 2.7% rate reduction was applied to most service types, with some exceptions. Full details of the changes implemented under the SMART Act are available on the HFS website at the following link:

<http://www2.illinois.gov/hfs/agency/Pages/Budget.aspx>

Please take these changes into consideration when analyzing claims costs.

CCCD Glossary:

This glossary is intended to assist care coordination partners in understanding terminology used throughout CCCD.



HFS Care Coordination Claims Data (CCCD) Data Dictionary
DRAFT VERSION

Care Coordination Claims Data (CCCD) Data Dictionary

Last Update: August 01, 2013

Main Claims

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Partner Views

DRAFT

| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|-------------------|-------------------|--------|--|-------------|
| 1 | DCN | CHAR | 15 | A number used by HFS to identify an individual claim or adjustment and is one of the key fields used to link between tables. | |
| 2 | ServiceLineNbr | CHAR | 2 | A number used to distinguish between multiple services on each claim and is one of the key fields used to link between tables. | |
| 3 | RejectionStatusCd | CHAR | 1 | A code that indicates whether a claim is rejected for payment (Y = claim was rejected, N = claim was not rejected) and is one of the key fields used to link between tables. Note: most queries would be limited to only those claims with an "N" -not rejected. | |
| 4 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 5 | AdjudicatedDt | DATE (YYYY-MM-DD) | 10 | The date HFS determined whether the claim was to be paid or rejected and is one of the key fields used to link between tables. | |
| 6 | ServiceFromDt | DATE (YYYY-MM-DD) | 10 | The date the service began. | |
| 7 | ServiceThruDt | DATE (YYYY-MM-DD) | 10 | The date the service ended. For claims that are associated with only 1 day of service, this field is equal to ServiceFromDt. | |
| 8 | CatgofServiceCd | CHAR | 3 | A code used to identify the type of service. For example, physician services, chiropractic services, dental services, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 9 | RecordIDCd | CHAR | 1 | A code used to identify the type of billing transaction for the claim. For example, I is inpatient, O is outpatient. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 10 | ProviderID | CHAR | 12 | A unique number assigned to a provider for identification purposes. | |
| 11 | ProviderTypeCd | CHAR | 3 | A classification of providers as defined by their role in the healthcare system. For example, optometrist, dentist, physician, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 12 | Data TypeCd | CHAR | 1 | A code used to identify the type of claim. For example, fee for service claim, encounter claim, capitation, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 13 | DocumentCd | CHAR | 2 | A code used to identify the type of form on which a claim or adjustments is submitted. Electronic 837 transactions are converted to a DocumentCd. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 14 | PayeeID | CHAR | 16 | A unique number assigned to the entity to whom payments are made. | |
| 15 | PriorApprovalCd | CHAR | 1 | A code that indicates whether the service needs prior-approval by HFS (Y = prior approval required, N = no prior approval required). SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 16 | ProviderNPI | CHAR | 10 | National Provider Identifier (NPI) - a 10 digit number assigned to an individual healthcare provider. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
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Main Claims

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|---------------|-------------------|-----------|--------|---|-------------|
| 17 | EncounterPriceAmt | DECIMAL | 11,2 | The amount HFS would pay for the service less copays. Applies to encounter claims (DataTypeCd = 'E') only. | |
| 18 | NetLiabilityAmt | DECIMAL | 11,2 | The total amount that HFS actually paid towards the claim, after all copays, rebates, reimbursements, and other reductions have been applied. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
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Care Coordination Claims Data (CCCD) Data Dictionary
Institutional
Partner Views

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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|-----------------------|-------------------|--------|--|-------------|
| 1 | DCN | CHAR | 15 | A number used by HFS to identify an individual claim or adjustment and is one of the key fields used to link between tables. | |
| 2 | ServiceLineNbr | CHAR | 2 | A number used to distinguish between multiple services on each claim and is one of the key fields used to link between tables. | |
| 3 | RejectionStatusCd | CHAR | 1 | A code that indicates whether a claim is rejected for payment (Y = claim was rejected, N = claim was not rejected) and is one of the key fields used to link between tables. Note: most queries would be limited to only those claims with an "N" -not rejected. | |
| 4 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 5 | AdjudicatedDt | DATE (YYYY-MM-DD) | 10 | The date HFS determined whether the claim was to be paid or rejected and is one of the key fields used to link between tables. | |
| 6 | BillTypeFrequencyCd | CHAR | 1 | A code that defines the status of the claim within the billing life cycle. For example, interim-first claim, replacement of prior claim, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 7 | AdmissionSourceCd | CHAR | 2 | A code that indicates the referral from which a recipient is admitted to the hospital or the place from which the recipient was transferred to the hospital. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 8 | AdmissionTypeCd | CHAR | 1 | A code that indicates the type of hospital admission. For example, emergency, elective, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 9 | DRGGroupCd | CHAR | 3 | Diagnosis Related Group (DRG) code - a code used to group hospital admissions into categories. HFS is currently still using Grouper version 12 from 1995. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 10 | PricingCd | CHAR | 1 | A code used to identify the pricing schema used for a claim. For example, per diem, revenue, DRG, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 11 | AdmissionDt | DATE (YYYY-MM-DD) | 10 | The date the recipient entered the hospital. | |
| 12 | DischargeDt | DATE (YYYY-MM-DD) | 10 | The date the recipient was discharged from the hospital. Note: this field may be null. | |
| 13 | PatientStatusCd | CHAR | 2 | A code that indicates the discharge status of the recipient. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 14 | ProviderDRGAssignedCd | CHAR | 7 | The diagnosis related group (DRG) code assigned by the provider for the claim. | |
| 15 | UBTypeofBillCd | CHAR | 3 | A 3 digit code in which the first digit indicates the BillTypeFacCd or facility where service is performed (hospital, nursing home, etc), the second digit indicates the BillTypeClassCd or the class type of the bill submitted (inpatient, outpatient, etc), and the third digit indicates the BillTypeFrequencyCd or the status of the claim. (1st in a series, admit thru discharge, etc). | |

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Care Coordination Claims Data (CCCD) Data Dictionary
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|---------------|------------------|-----------|--------|--|-------------|
| 16 | OutPatientAPLGrp | CHAR | 2 | The Outpatient Hospital Payment Reimbursement Group. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. Visit http://hfs.illinois.gov/reimbursement/apl.html for more info. | |
| 17 | APLProcGroupCd | CHAR | 5 | This is the Ambulatory Procedure Listing (APL) procedure group code, which is used to assign pricing for outpatient services. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
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Care Coordination Claims Data (CCCD) Data Dictionary
Revenue
Partner Views

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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|-------------------|-------------------|--------|--|-------------|
| 1 | DCN | CHAR | 15 | A number used by HFS to identify an individual claim or adjustment and is one of the key fields used to link between tables. | |
| 2 | ServiceLineNbr | CHAR | 2 | A number used to distinguish between multiple services on each claim and is one of the key fields used to link between tables. | |
| 3 | RejectionStatusCd | CHAR | 1 | A code that indicates whether a claim is rejected for payment (Y = claim was rejected, N = claim was not rejected) and is one of the key fields used to link between tables. Note: most queries would be limited to only those claims with an "N" -not rejected. | |
| 4 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 5 | AdjudicatedDt | DATE (YYYY-MM-DD) | 10 | The date HFS determined whether the claim was to be paid or rejected and is one of the key fields used to link between tables. | |
| 6 | RevenueCd | CHAR | 4 | A Code which specifies an accommodation, ancillary service or billing calculation. For an institutional claim. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 7 | RevenueHCPCSCd | CHAR | 8 | The Health Care Financing Administration (HCFA) common procedure coding system Healthcare Common Procedure Coding System (HCPCS) applicable to ancillary service bills. | |
| 8 | RevenueHCPCSMo1Cd | CHAR | 2 | This field contains positions 6 & 7 of the HCPCS 14 position code and represents the first modification. | |
| 9 | RevenueHCPCSMo2Cd | CHAR | 2 | This field contains positions 8 & 9 of the HCPCS 14 position code and represents the second modification. | |
| 10 | RevenueHCPCSMo3Cd | CHAR | 2 | This field contains positions 10 & 11 of the HCPCS 12 position code and represents the first modification. This is a new code and will not be populated for older services. | |
| 11 | RevenueHCPCSMo4Cd | CHAR | 2 | This field contains positions 12 & 13 of the HCPCS 12 position code and represents the second modification. This is a new code and will not be populated for older services. | |
| 12 | NDCNumber1 | CHAR | 11 | National Drug Code 1 - An 11-byte number assigned to each drug produced by unique manufacturers. | |
| 13 | NDCQuantity1 | DECIMAL | 11,2 | Quantity allowed by HFS | |
| 14 | NDCNumber2 | CHAR | 11 | National Drug Code 2 - An 11-byte number assigned to each drug produced by unique manufacturers. | |
| 15 | NDCQuantity2 | DECIMAL | 11,2 | Quantity allowed by HFS | |
| 16 | NDCNumber3 | CHAR | 11 | National Drug Code 3 - An 11-byte number assigned to each drug produced by unique manufacturers. | |

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Care Coordination Claims Data (CCCD) Data Dictionary
Revenue
Partner Views

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|---------------|----------------------------|-----------|--------|---|-------------|
| 17 | NDCQuantity3 | DECIMAL | 11,2 | Quantity allowed by HFS | |
| 18 | RevenueNonCoveredChargeAmt | DECIMAL | 11,2 | The charges that are not covered in the total charge. Note: this field is for reference only. Each hospital claim may contain up to 55 occurrences of this attribute. Costs may not total. | |
| 19 | RevenueTotalChargeAmt | DECIMAL | 11,2 | Total charges pertaining to each revenue code, which includes non-covered charges. Note: this field is for reference only. Each hospital claim may contain up to 55 occurrences of this attribute. Costs may not total. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
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Care Coordination Claims Data (CCCD) Data Dictionary
NIPS
Partner Views

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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|-------------------------|-------------------|--------|--|-------------|
| 1 | DCN | CHAR | 15 | A number used by HFS to identify an individual claim or adjustment and is one of the key fields used to link between tables. | |
| 2 | ServiceLineNbr | CHAR | 2 | A number used to distinguish between multiple services on each claim and is one of the key fields used to link between tables. | |
| 3 | RejectionStatusCd | CHAR | 1 | A code that indicates whether a claim is rejected for payment (Y = claim was rejected, N = claim was not rejected) and is one of the key fields used to link between tables. Note: most queries would be limited to only those claims with an "N" -not rejected. | |
| 4 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 5 | AdjudicatedDt | DATE (YYYY-MM-DD) | 10 | The date HFS determined whether the claim was to be paid or rejected and is one of the key fields used to link between tables. | |
| 6 | PlaceOfServiceCd | CHAR | 1 | A code that indicates the location in which a given procedure takes place. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 7 | ReferringPractitionerId | CHAR | 12 | A unique number assigned to the referring practitioner. | |
| 8 | OriginatingPlaceCd | CHAR | 1 | A code that identifies the place transportation service originated. For example, long term care facility or patient's home. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 9 | DestinationPlaceCd | CHAR | 1 | A code that identifies the place transportation service ended. For example, long term care facility or patient's home. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 10 | AllowedUnitsQuan | DECIMAL | 7,0 | The number of allowed units for a service or prescription for which reimbursement will be paid. For example, this could be the number of 15 minute increments billed for nursing service. | |
| 11 | TotalUnitsQuan | DECIMAL | 10,3 | The total units billed for a service or prescription. For example, this could be the number of 15 minute increments billed for nursing service. | |
| 12 | SpecialPhysicianNPI | CHAR | 10 | The National Provider Identifier (NPI) of the provider rendering services. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
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Care Coordination Claims Data (CCCD) Data Dictionary
Diagnosis
Partner Views

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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|-------------------|-------------------|--------|--|-------------|
| 1 | DCN | CHAR | 15 | A number used by HFS to identify an individual claim or adjustment and is one of the key fields used to link between tables. | |
| 2 | ServiceLineNbr | CHAR | 2 | A number used to distinguish between multiple services on each claim and is one of the key fields used to link between tables. | |
| 3 | RejectionStatusCd | CHAR | 1 | A code that indicates whether a claim is rejected for payment (Y = claim was rejected, N = claim was not rejected) and is one of the key fields used to link between tables. Note: most queries would be limited to only those claims with an "N" -not rejected. | |
| 4 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 5 | AdjudicatedDt | DATE (YYYY-MM-DD) | 10 | The date HFS determined whether the claim was to be paid or rejected and is one of the key fields used to link between tables. | |
| 6 | DiagCd | CHAR | 8 | The ICD-9 code used to identify a given medical diagnosis. Note: all decimals are removed. For example, 692.71 is listed as 69271. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 7 | PrimaryDiagInd | CHAR | 1 | Indicates whether a diagnosis is primary for a service (Y = primary diagnosis). | |
| 8 | TraumaInd | CHAR | 1 | A code that indicates if the diagnosis is for the treatment of a condition related to a trauma. (Y = is trauma related, N = is not trauma related) | |
| 9 | DiagPrefixCd | CHAR | 1 | A code that indicates the coding system used. 1 = ICD-9 and E= ICD-9 (external causes of injury and poisoning). SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 10 | POAclaimCd | CHAR | 1 | A code that indicates whether the diagnosis was present at the time the order for inpatient admission occurs. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 11 | ICDVersion | CHAR | 2 | Indicates the version of International Classification of Diseases (ICD) used. Currently 9. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
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HFS Care Coordination Claims Data (CCCD) Data Dictionary
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Care Coordination Claims Data (CCCD) Data Dictionary
Procedure
Partner Views

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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|-------------------|-------------------|--------|--|-------------|
| 1 | DCN | CHAR | 15 | A number used by HFS to identify an individual claim or adjustment and is one of the key fields used to link between tables. | |
| 2 | ServiceLineNbr | CHAR | 2 | A number used to distinguish between multiple services on each claim and is one of the key fields used to link between tables. | |
| 3 | RejectionStatusCd | CHAR | 1 | A code that indicates whether a claim is rejected for payment (Y = claim was rejected, N = claim was not rejected) and is one of the key fields used to link between tables. Note: most queries would be limited to only those claims with an "N" -not rejected. | |
| 4 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 5 | AdjudicatedDt | DATE (YYYY-MM-DD) | 10 | The date HFS determined whether the claim was to be paid or rejected and is one of the key fields used to link between tables. | |
| 6 | ProcCd | CHAR | 8 | A code used to identify a given medical procedure. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 7 | ProcPrefixCd | CHAR | 1 | A code that identifies the coding scheme used for a procedure. 1 = diagnosis codes, 2 = ICD-9 procedure codes (used on hospital claims), 3 = CPT and HCPCS procedure codes (used for NIPS claims) SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 8 | ProcDt | DATE (YYYY-MM-DD) | 10 | The date the procedure was performed. There are instances when the date has not been provided and in those cases the date of 1900-01-01 is used. | |
| 9 | PrimaryProclnd | CHAR | 1 | A code that indicates whether the procedure is primary for a service (valid on hospital claims only). Y = primary diagnosis. | |
| 10 | ProcModifierCd1 | CHAR | 2 | Modifies the definition of the procedure code submitted. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 11 | ProcModifierCd2 | CHAR | 2 | Modifies the definition of the procedure code submitted. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 12 | ProcModifierCd3 | CHAR | 2 | Modifies the definition of the procedure code submitted. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 13 | ProcModifierCd4 | CHAR | 2 | Modifies the definition of the procedure code submitted. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 11 | ICDVersion | CHAR | 2 | Indicated the version of International Classification of Diseases (ICD) used. Currently populated as 9. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
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Care Coordination Claims Data (CCCD) Data Dictionary
Recipient Prior Authorization
Partner Views

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|---------------|---------------------------|-------------------|--------|---|-------------|
| 1 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 2 | LastName | CHAR | 14 | The recipient's last name. | |
| 3 | FirstName | CHAR | 9 | The recipient's first name. | |
| 4 | MiddleInitial | CHAR | 1 | The first initial of the recipient's middle name. | |
| 5 | BirthDt | DATE (YYYY-MM-DD) | 10 | The recipient's date of birth. | |
| 6 | BeginDt | DATE (YYYY-MM-DD) | 10 | The effective date of the prior approval. | |
| 7 | EndDt | DATE (YYYY-MM-DD) | 10 | The end date of the prior approval. | |
| 8 | CatgOfServiceCd | CHAR | 3 | A code used to identify the type of service. For example, physician services, chiropractic services, dental services, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 9 | PriorApprovalServiceNbr | CHAR | 8 | The item, service, or procedure for which the prior approval was requested. | |
| 10 | PurchaseRentCd | CHAR | 1 | Indicates whether a medical equipment item was purchased (P) or rented (R). | |
| 11 | AuthorizationQuan | DECIMAL | 4,0 | The maximum quantity or occurrences of the service that were approved. For example, the number of visits, cubic centimeters, miles, trips, etc. | |
| 12 | RecommendingPhysicianName | CHAR | 30 | The name of the requesting/ordering provider. | |
| 13 | ServiceProviderID | CHAR | 12 | A unique number assigned to the provider rendering the approved service. | |
| 14 | NPI | CHAR | 10 | National Provider Identifier (NPI) - a 10 digit number assigned to the individual healthcare provider that is rendering the approved service. | |
| 15 | ServiceProviderName | CHAR | 30 | The name of the provider rendering the approved service. | |
| 16 | AddrStreetAddrLine1 | CHAR | 30 | The first portion of the street address or P.O. Box where the provider renders services. | |
| 17 | AddrStreetAddrLine2 | CHAR | 30 | The second portion of the street address or P.O. Box where the provider renders services. | |
| 18 | AddrCityName | CHAR | 15 | The city where the provider renders services. | |
| 19 | AddrStateAbbreviationCd | CHAR | 2 | The state where the provider renders services. | |
| 20 | AddrZipCd | CHAR | 9 | The zip code where the provider renders services. | |
| 21 | OfficeTelephoneNbr | CHAR | 10 | The provider's telephone number. | |

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Care Coordination Claims Data (CCCD) Data Dictionary
Recipient Prior Authorization
Partner Views

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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|-----------------|-----------|--------|---|-------------|
| 22 | FaxTelephoneNbr | CHAR | 10 | The provider's fax number. | |
| 23 | MACID | DECIMAL | 3,0 | A number that identifies the Medical Assistant Consultant MAC or HFS employee that entered the prior approval into the Medicaid system. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
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Care Coordination Claims Data (CCCD) Data Dictionary
Adjustments
Partner Views

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| 3 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 4 | AdjudicatedDt | DATE (YYYY-MM-DD) | 10 | The date HFS determined whether the claim was to be paid or rejected and is one of the key fields used to link between tables. | |
| 5 | CorrectedNetLiabilityAmt | DECIMAL | 11,2 | Corrected net liability (set to zero if original claim was voided) | |
| 6 | DeltaNetLiabilityAmt | DECIMAL | 11,2 | Change in net liability (set to zero if original claim was voided) | |
| 7 | VoidInd | CHAR | 1 | Indicates if a claim is voided. Y = voided | |

This file will be used to communicate changes made to NetLiabilityAmt for claims previously sent.

HFS Care Coordination Claims Data (CCCD) Data Dictionary
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Care Coordination Claims Data (CCCD) Data Dictionary
Pharmacy (will not appear in the Main Claims table)
Partner Views

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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|--------------------------------|-------------------|--------|--|-------------|
| 1 | DCN | CHAR | 15 | A number used by HFS to identify an individual claim or adjustment and is one of the key fields used to link between tables. | |
| 2 | ServiceLineNbr | CHAR | 2 | A number used to distinguish between multiple services on each claim and is one of the key fields used to link between tables. | |
| 3 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 4 | AdjudicatedDt | DATE (YYYY-MM-DD) | 10 | The date HFS determined whether the claim was to be paid or rejected and is one of the key fields used to link between tables. | |
| 5 | ServiceFromDt | DATE (YYYY-MM-DD) | 10 | The date a prescription was dispensed. | |
| 7 | CatgofServiceCd | CHAR | 3 | A code used to identify the type of service. For example, physician services, chiropractic services, dental services, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 8 | RecordIDCd | CHAR | 1 | A code used to identify the type of billing transaction for the claim. For example, I is inpatient, O is outpatient. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 9 | ProviderID | CHAR | 12 | A unique number assigned to a provider for identification purposes. | |
| 10 | ProviderTypeCd | CHAR | 3 | A classification of providers as defined by their role in the healthcare system. For example, optometrist, dentist, physician, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 11 | DataTypeCd | CHAR | 1 | A code used to identify the type of claim. For example, fee for service claim, encounter claim, capitation, etc. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 12 | DocumentCd | CHAR | 2 | A code used to identify the type of form on which a claim or adjustments is submitted. Electronic NCPDP D.0 is converted to a DocumentCd. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 13 | PayeeID | CHAR | 16 | A unique number assigned to the entity to whom payments are made. | |
| 14 | PriorApprovalCd | CHAR | 1 | A code that indicates whether the prescription needs to be prior-approved by HFS (Y = prior approval required, N = no prior approval required). SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 15 | NationalDrugCd | CHAR | 11 | National Drug Code (NDC): an 11 digit code that identifies the specific drug based on the manufacturer, drug strength and form, and packaging. | |
| 16 | DrugDaysSupplyNbr | DECIMAL | 3,0 | Number of days the prescription is intended to last. | |
| 17 | DrugQuanAllow | DECIMAL | 10,3 | The amount of drug intended to be taken each day. | |
| 18 | DrugSpecificTherapeuticClassCd | CHAR | 3 | A 3 digit code used to group together drugs according to their therapeutic use. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
DRAFT VERSION

Care Coordination Claims Data (CCCD) Data Dictionary
Pharmacy (will not appear in the Main Claims table)
Partner Views

Last Update: August 01, 2013

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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|---------------------------|-------------------|--------|--|-------------|
| 19 | PrimaryCareProviderID | CHAR | 12 | A unique number assigned to the provider or clinic identified as the recipient's primary care provider as of the date the prescription was dispensed. | |
| 20 | ProviderNPI | CHAR | 10 | National Provider Identifier (NPI) of the pharmacy dispensing the prescription. | |
| 21 | PrescribingPractitionerId | CHAR | 12 | A unique number assigned to the physician or other health care provider writing the prescription. | |
| 22 | PrescriptionNbr | CHAR | 12 | The prescription number assigned by the pharmacy. | |
| 23 | CompoundCd | CHAR | 1 | A code indicating whether a prescription is a compound (has more than 1 active ingredient). 1 = not a compound drug, 2 = compound drug. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 24 | RefillNbr | CHAR | 2 | Indicates the number of times a particular prescription has been filled. | |
| 25 | NbrRefillsAuth | DECIMAL | 2,0 | The number of refills on the prescription authorized by the prescriber. | |
| 26 | DrugDAWCd | CHAR | 1 | A code that indicates whether the prescriber's instructions regarding substitution were followed. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 27 | PrescriptionDt | DATE (YYYY-MM-DD) | 10 | The date the prescription was written. | |
| 28 | PrescribingLastName | CHAR | 15 | The last name of the prescribing provider supplied by the pharmacy. | |
| 29 | LabelName | CHAR | 30 | The label name of a dispensed drug which specifies strength and form. | |
| 30 | GenericCdNbr | CHAR | 5 | A number used to link drugs according to ingredient, formulation, and strength. | |
| 31 | DrugStrengthDesc | CHAR | 10 | A description of the strength of the drug dispensed (expressed as milligrams, milliliters, etc.). | |
| 32 | GenericInd | CHAR | 1 | A code that indicates whether a drug is single source (brand) or multi-source (generic). 1 = multi-source, 2 = single source. | |
| 33 | GenericSequenceNbr | CHAR | 6 | A number that uniquely identifies a drug in regards to ingredient, formulation, and strength across all drug manufacturers. | |
| 34 | EncounterPriceAmt | DECIMAL | 11,2 | The amount HFS would pay for the service less copays. Applies to encounter claims (Data Type Cd = 'E') only. | |
| 35 | NetLiabilityAmt | DECIMAL | 11,2 | The total amount that HFS paid towards a drug claim, after all copays, reimbursements, etc. have been applied. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
DRAFT VERSION

Care Coordination Claims Data (CCCD) Data Dictionary
Pharmacy Prior Authorization
Partner Views

Last Update: August 01, 2013

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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|--------------------------|-------------------|--------|--|-------------|
| 1 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 2 | LastName | CHAR | 14 | The recipient's last name. | |
| 3 | FirstName | CHAR | 9 | The recipient's first name. | |
| 4 | MiddleInitial | CHAR | 1 | The first initial of the recipient's middle name. | |
| 5 | BirthDt | DATE (YYYY-MM-DD) | 10 | The recipient's date of birth. | |
| 6 | BeginDt | DATE (YYYY-MM-DD) | 10 | The effective date of the prior approval. | |
| 7 | EndDt | DATE (YYYY-MM-DD) | 10 | The end date of the prior approval. | |
| 8 | GenericDrugCd | CHAR | 5 | The generic drug code (a number used to link drugs according to ingredient, formulation, and strength) of the prescription for which prior approval was requested. | |
| 9 | GenericName | CHAR | 30 | The nonproprietary name of the prescription for which prior approval was requested. | |
| 10 | PharmacyPriorApprovalCd | CHAR | 1 | A code that indicates if the specific national drug code (NDC) requires a prior approval for that particular time frame. Also indicates if the NDC is a preferred or non-preferred drug. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 11 | StatusCd | CHAR | 1 | A code that indicates the status of the prior approval request. A = approved, D = denied, P = pending, H = hold, and S = skip. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. This code is currently being modified by HFS. Therefore, use caution when utilizing it. | |
| 12 | StatusReasonCd | VARCHAR | 5 | A code that indicates the reason why the prior approval is denied, pending, on hold, or skipped. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. This code is currently being modified by HFS. Therefore, use caution when utilizing it. | |
| 13 | PharmacyProviderID | CHAR | 12 | A unique number used to identify the pharmacy to dispense the prescription for which prior approval was requested. | |
| 14 | PharmNPI | CHAR | 10 | National Provider Identifier (NPI) of the pharmacy to dispense the prescription for which prior approval was requested. | |
| 15 | PharmName | CHAR | 30 | The name of the pharmacy to dispense the prescription for which prior approval was requested. | |
| 16 | PharmAddrStreetAddrLine1 | CHAR | 30 | The first portion of the street address or P.O. Box of the pharmacy to dispense the prescription for which prior approval was requested. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
DRAFT VERSION

Care Coordination Claims Data (CCCD) Data Dictionary
Pharmacy Prior Authorization
Partner Views

Last Update: August 01, 2013

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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|------------------------------|-----------|--------|---|-------------|
| 17 | PharmAddrStreetAddrLine2 | CHAR | 30 | The second portion of the street address or P.O. Box of the pharmacy to dispense the prescription for which prior approval was requested. | |
| 18 | PharmAddrCityName | CHAR | 15 | The city of the pharmacy to dispense the prescription for which prior approval was requested. | |
| 19 | PharmAddrStateAbbreviationCd | CHAR | 2 | The state of the pharmacy to dispense the prescription for which prior approval was requested. | |
| 20 | PharmAddrZipCd | CHAR | 9 | The zip code of the pharmacy to dispense the prescription for which prior approval was requested. | |
| 21 | PharmOfficeTelephoneNbr | CHAR | 10 | The telephone number of the pharmacy to dispense the prescription for which prior approval was requested. | |
| 22 | PharmFaxTelephoneNbr | CHAR | 10 | The fax number of the pharmacy to dispense the prescription for which prior approval was requested. | |
| 23 | PhysicianProviderID | CHAR | 12 | A unique number assigned to the provider requesting the prior approval. | |
| 24 | PhysNPI | CHAR | 10 | National Provider Identifier (NPI) - a 10 digit number assigned to the provider that is requesting the prior approval. | |
| 25 | PhysName | CHAR | 30 | The name of the provider requesting the prior approval. | |
| 26 | PhysAddrStreetAddrLine1 | CHAR | 30 | The first portion of the street address or P.O. Box where the provider requesting prior approval renders services. | |
| 27 | PhysAddrStreetAddrLine2 | CHAR | 30 | The second portion of the street address or P.O. Box where the provider requesting prior approval renders services. | |
| 28 | PhysAddrCityName | CHAR | 15 | The city where the provider requesting prior approval renders services. | |
| 29 | PhysAddrStateAbbreviationCd | CHAR | 2 | The state where the provider requesting prior approval renders services. | |
| 30 | PhysAddrZipCd | CHAR | 9 | The zip code where the provider requesting prior approval renders services. | |
| 31 | PhysOfficeTelephoneNbr | CHAR | 10 | The telephone number of the provider requesting prior approval. | |
| 32 | PhysFaxTelephoneNbr | CHAR | 10 | The fax number of the provider requesting prior approval. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
DRAFT VERSION

Care Coordination Claims Data (CCCD) Data Dictionary
Compound Drugs Detail
Partner Views

Last Update: August 01, 2013

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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|----------------------|-------------------|--------|---|-------------|
| 1 | DCN | CHAR | 15 | A number used by HFS to identify an individual claim or adjustment and is one of the key fields used to link between tables. | |
| 2 | ServiceLineNbr | CHAR | 2 | A number used to distinguish between multiple services on each claim and is one of the key fields used to link between tables. | |
| 3 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 4 | AdjudicatedDt | DATE (YYYY-MM-DD) | 10 | The date HFS determined whether the claim was to be paid or rejected and is one of the key fields used to link between tables. | |
| 5 | NationalDrugCd | CHAR | 11 | National Drug Code (NDC): an 11 digit code that identifies the specific drug based on the manufacturer, drug strength and form, and packaging. | |
| 6 | CompoundDispUnitCd | CHAR | 1 | A code that indicates the units a compound was dispensed as. 1 = each, 2 = grams, 3 = milliliters. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 7 | CompoundDosageFormCd | CHAR | 2 | A code that indicates the dosage form of the compound. For example, ear drops or nasal stick. SEE CODE-DESCRIPTION TABLE FOR DESCRIPTIONS. | |
| 8 | IngrQuan | DECIMAL | 10,0 | A number signifying the amount of each ingredient in a compound. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
DRAFT VERSION

Care Coordination Claims Data (CCCD) Data Dictionary
Cornerstone Immunization
Partner Views

Last Update: August 01, 2013
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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|--------------|-------------------|--------|---|-------------|
| 1 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 2 | Immndt | DATE (YYYY-MM-DD) | 10 | The date of the immunization. | |
| 3 | Immntyp | CHAR | 4 | A unique code used to identify the immunization that was provided. | |
| 4 | ImunzTypDesc | CHAR | 40 | The immunization provided. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
DRAFT VERSION

Care Coordination Claims Data (CCCD) Data Dictionary
ICARE Immunization
Partner Views

Last Update: August 01, 2013
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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|--------------|-------------------|--------|---|-------------|
| 1 | RECIPIENTID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 2 | SHOT_DATE | DATE (YYYY-MM-DD) | 10 | The date of the vaccination. | |
| 3 | VACCINE_ID | INTEGER | 5 | Unique ID associated with the vaccine. | |
| 4 | VACCINE_NAME | CHAR | 50 | The vaccination the recipient received. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
DRAFT VERSION

Care Coordination Claims Data (CCCD) Data Dictionary
Lead
Partner Views

Last Update: August 01, 2013
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| Column Number | Field Name | Data Type | Length | Business Description | Leave Blank |
|---------------|---------------|-------------------|--------|---|-------------|
| 1 | RecipientID | CHAR | 9 | A unique number assigned to the recipient for identification purposes and is one of the key fields used to link between tables. | |
| 2 | LabNumber | CHAR | 16 | A unique Illinois Department of Public Health identifier consisting of the first 3 letters of the last name, first 2 letters of the first name and the mmddy of birth date and sometimes the first 4 letters of the mother's maiden name. | |
| 3 | CollectedDate | DATE (YYYY-MM-DD) | 10 | The date the specimen was collected by the provider. | |
| 4 | BirthDate | DATE (YYYY-MM-DD) | 10 | The recipient's date of birth. | |
| 5 | TestResult | CHAR | 3 | The recipients' blood lead level. | |
| 6 | TestType | CHAR | 1 | A code that indicates the type of testing that was performed. V = venous and F = finger stick (capillary). | |
| 7 | ConfirmLevel | CHAR | 3 | Lead level of confirmed record | |
| 8 | ConfirmDate | DATE (YYYY-MM-DD) | 10 | The date the test result was confirmed. | |

HFS Care Coordination Claims Data (CCCD) Data Dictionary
DRAFT VERSION

Care Coordination Claims Data (CCCD) Data Dictionary

Last Update: August 01, 2013

Code Descriptions

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Partner Views

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| Column Number | Field Name | Linking Domain Name | Table Location of Field Name | Leave Blank |
|---------------|--------------------------------|--------------------------------|--|-------------|
| 1 | AdmissionSourceCd | AdmissionSourceCd | Institutional | |
| 2 | AdmissionTypeCd | AdmissionTypeCd | Institutional | |
| 3 | BillTypeFrequencyCd | BillTypeFrequencyCd | Institutional | |
| 4 | CatgofServiceCd | CatgofServiceCd | Main Claims, Pharmacy, Recipient Prior Authorization | |
| 5 | CompoundCd | CompoundCd | Pharmacy | |
| 6 | CompoundDispUnitCd | CompoundDispUnitCd | Compound Drugs Detail | |
| 7 | CompoundDosageFormCd | CompoundDosageFormCd | Compound Drugs Detail | |
| 8 | DataTypeCd | DataTypeCd | Main Claims, Pharmacy | |
| 9 | DestinationPlaceCd | DestinationPlaceCd | NIPS | |
| 10 | DiagCd | DiagCd | Diagnosis | |
| 11 | DiagPrefixCd | DiagPrefixCd | Diagnosis | |
| 12 | ProcPrefixCd | DiagPrefixCd | Procedure | |
| 13 | DocumentCd | DocumentCd | Main Claims, Pharmacy | |
| 14 | DRGGroupCd | DRGGroupCd | Institutional | |
| 15 | DrugDAWCd | DrugDAWCd | Pharmacy | |
| 16 | DrugSpecificTherapeuticClassCd | DrugSpecificTherapeuticClassCd | Pharmacy | |