



# Texas All-Payor Claims Database Biennial Report to the 88<sup>th</sup> Legislature

September 2022



School of Public Health

Center for Health Care Data

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September 1, 2022

The Honorable Greg Abbott, Governor  
The Honorable Dan Patrick, Lieutenant Governor  
The Honorable Dade Phelan, Speaker of the House

Dear Governor Abbott, Lieutenant Governor Patrick, and Speaker Phelan:

In accordance with Texas Insurance Code §38.408, I am pleased to submit the Center for Health Care Data at the University of Texas Health Science Center at Houston All-Payor Claims Database (TX-APCD) biennial report to the 88th Texas Legislature.

This report provides an update on the TX-APCD as well as a recommendation regarding funding of the TX-APCD to assure it is capable of achieving the goals set by state policymakers.

I am available to discuss any of the issues contained in the report and to provide you with technical assistance. Please contact me at (713) 500-9433 if you have any questions or need any additional information.

Thank you for your consideration.

Sincerely,



Lee Spangler, JD, Executive Director  
Texas All-Payor Claims Database

# Texas All-Payor Claims Database Biennial Report

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# 1. Overview

## 1.1. Background

New Subchapter I, Chapter 38, Insurance Code grants the Texas Department of Insurance and the Center for Health Care Data (CHCD) at the University of Texas Health Science Center at Houston (UTHealth Houston) with the authority to establish an all-payor claims database (APCD) in Texas.<sup>1</sup> Texas is not the first to establish an APCD, well over 20 other states have established an APCD.<sup>2</sup>

The purpose of the Texas APCD (TX-APCD) is to increase public transparency of health care information and improve the quality of health care in Texas.<sup>3</sup> Texans face a variety of health care challenges today, but understanding the price, value, and quality of health care are some of the most significant concerns for many families. Since Texans are seeking to control the rising cost of health care and increase its value for patients and taxpayers, the 87th Texas Legislature created the TX-APCD at UTHealth Houston School of Public Health CHCD (House Bill [HB] 2090 regarding health cost transparency). The purpose of the TX-APCD is to collect and analyze health care claims and related payment data from all areas of the state in order to increase public transparency on the cost of health care and improve the quality of health care outcomes for Texans. Specifically, the TX-APCD will:

1. report on health care spending, utilization, and performance;
2. enhance state policy and regulatory analysis;
3. inform the public about the cost-effectiveness, accessibility, and quality of health care in Texas;
4. support monitoring and improvement of chronic public health diseases; and
5. provide reliable data for health care research and evaluation.

The CHCD is directed to administer the database, is authorized to engage in research and other analysis, and produce statewide, regional, and geozip consumer reports available through a public access portal. Information in the public portal may not identify a specific patient, health care provider, health benefit plan, health benefit plan issuer, or other payor. The CHCD and the School of Public Health does not provide any treatment to patients, create any medical records related to treatment to patients, or bill for treatment of patients. Both the CHCD's policy and the Insurance Code prohibit uses of the TX-APCD data for commercial benefit.<sup>4</sup>

The figure below will provide context for the structure of the CHCD within the University of Texas System.

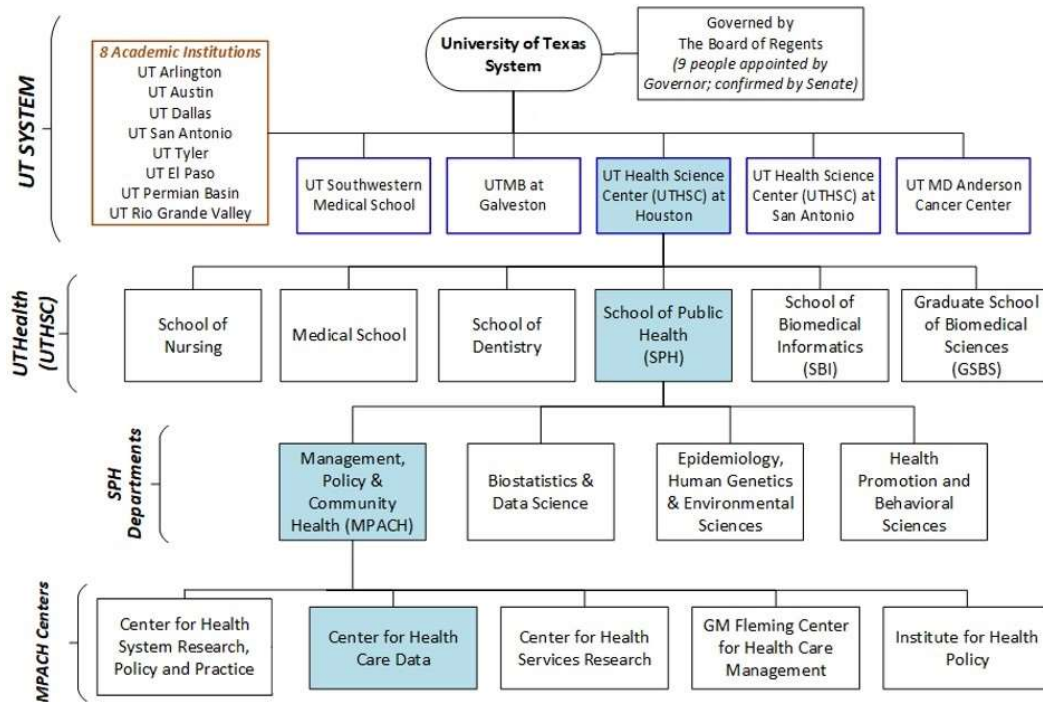
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<sup>1</sup> Texas Insurance Code §38.401.

<sup>2</sup> All-Payer Claims Databases. Content last reviewed February 2018. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/data/apcd/index.html>. Last Accessed 3/15/2022.

<sup>3</sup> Texas Insurance Code §38.401.

<sup>4</sup> Texas Insurance Code §38.404(e).



The CHCD is required to submit a written report to the Legislature by the first of September of each even-numbered year.

## 1.2. Administrative Progress

Subchapter I, Chapter 38, Insurance Code was effective September 1, 2021. However, within resources available to the CHCD, efforts on complying with the provisions of the new law began shortly after the bill was signed by Governor Abbott on June 7, 2021. Staff began regular meetings with the Texas Department of Insurance (TDI) to begin work on regulations that are highly technical. Further, CHCD staff began accepting applications from stakeholders and interested persons for the purpose of serving on the Stakeholder Advisory Group (“Advisory Group”) required by the Subchapter. After consideration of submitted applications for membership on the Advisory Group, it was established in late December 2021 and successful applicants were notified in January 2022. The Advisory Group membership is Appendix A to this report.

By the end of January 2022, the CHCD obtained a license to utilize the APCD Council Common Data Layout (CDL). The CDL seeks to improve APCD data collection, or “harmonize the claims collection effort across states”. This lays the foundation for state-to-state comparisons, and, importantly, tends to reduce the burden of data submission by multi-state insurance carriers and other national entities.

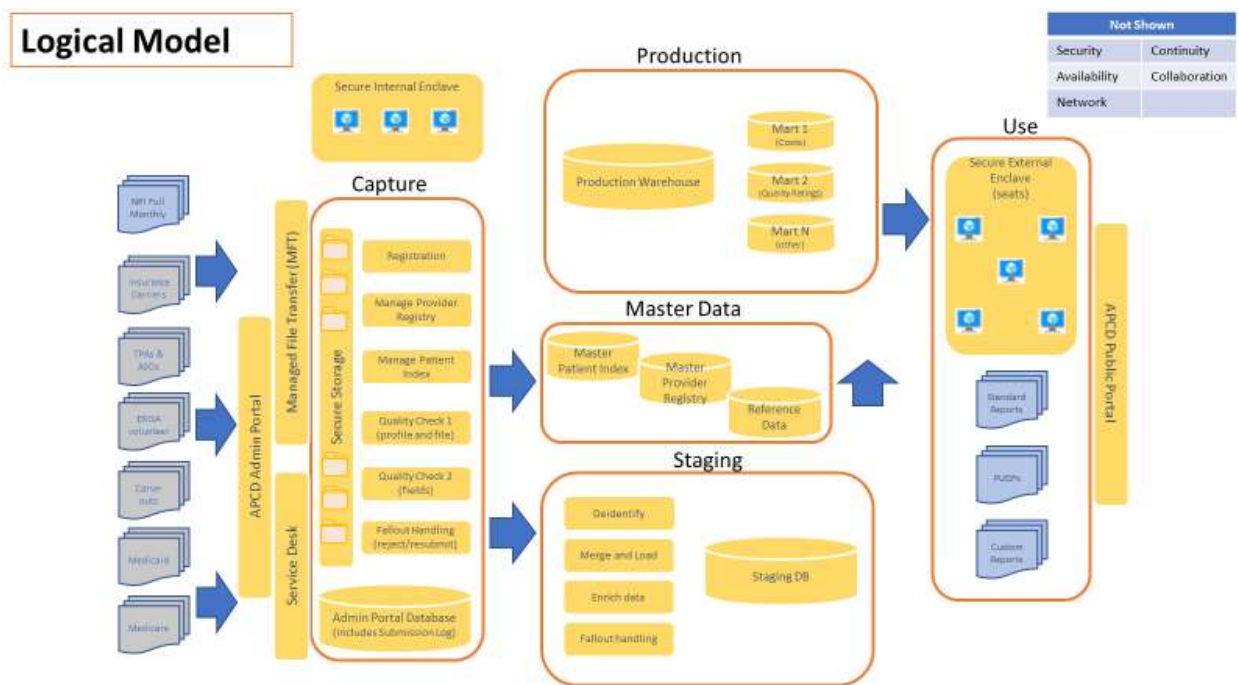
The CDL describes the technical specifications for data submission. Individual data elements, data types, and field lengths (among other requirements) can be found in the CDL. Should a required submitter deviate from the CDL requirements (as described and modified by TDI regulations), then data processing delays and errors can occur. Testing will occur before the actual collection of data following payor registration.

Additionally, the CHCD applied to the Centers for Medicare and Medicaid Services to receive Medicare claims data for fee-for-service plans that are not covered by the TX-APCD legislation. The CHCD has completed the registration paperwork and has agreed to make payment for this additional data that will supplement the APCD data in order to provide an extended view of health care in Texas.

In an effort to initially get the TX-APCD up and running, the CHCD has added a few new roles or re-assigned internal staff starting in November 2021 and hired an executive director in March 2022. The Advisory Group held its first meeting on March 9, 2022 and will continue to meet on at least a quarterly basis to provide insight to the CHCD and TX-APCD.

### 1.3. Technical Progress and TX-APCD Logical Design

TX-APCD staff began to work on the infrastructure design of the TX-APCD itself as it regards to data input, storage needs, data privacy requirements and the logical model through which the data will flow and be analyzed in late 2021.



The segregation of the databases in the logical model is good practice as well as necessary to meet the Legislature’s directive that a separate database be maintained for disclosures, ensuring that the information in that database is only the “minimum amount of protected health information” necessary to operate the database.<sup>5</sup>

The Texas Advanced Computing Center (TACC) at the University of Texas will provide the storage and systems designs for the TX-APCD. The TACC deploys the world’s most powerful advanced computing technologies and includes a comprehensive

<sup>5</sup> Texas Insurance Code §38.406.

cyberinfrastructure ecosystem of leading-edge resources in high performance computing, visualization, data analysis, storage, archive, cloud, and data-driven computing. In short, TACC is a leader in super-computing. The CHCD currently utilizes the TACC for other projects and will build on the existing working relationship to establish the TX-APCD, ultimately supporting the public portal. This requires the architectural design of the data repositories, the conduits for data transfer from data submitters, the process for data quality checks, data enhancements and, when funded, the operations of the public portal.

Once funded, data will be accessible to approved external researchers when the TX-APCD reaches a critical data threshold and formalizes the data request and access process. Researchers will be required to submit an approved Institutional Review Board<sup>6</sup> form along with detailed information regarding the research study to ensure that the project meets the guidelines set by the state. At the time of this report, the CHCD policies regarding external researcher access are under development. Researchers would be able to access the data through a secure portal viewing only the minimum data required for the defined research project. Researchers will have access to data only through a secure connection and a virtual machine. The virtual machine will have applications for the researcher to utilize when accessing data and engaging in their project.

#### **1.4. APCD Staff Requirements**

Necessary staffing is being identified to achieve organizational goals. The tasks before the TX-APCD will require particular expertise, core knowledge, and skill. The TX-APCD will need data pipeline engineers, developers skilled in data quality assurance and validation, and developers who will focus on demonstrating/researching health care service value and impact. Staff will also have to be added to provide support to required submitters and manage research requests.

#### **1.5. Required Submitters**

Meeting its goal set by HB 2090, TDI adopted regulations regarding the TX-APCD on May 26, 2022. That regulation sets out with particularity which insurance carriers must submit data to the TX-APCD.

Those entities are:

- a health benefit plan as defined by Insurance Code §1501.002, concerning Definitions;
- an individual health care plan that is subject to Insurance Code §1271.004, concerning Individual Health Care Plan;
- an individual health insurance policy providing major medical expense coverage that is subject to Insurance Code Chapter 1201, concerning Accident and Health Insurance;

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<sup>6</sup> An institutional review board (IRB) reviews research projects involving human subjects. The IRB seeks to protect the privacy, well-being, and rights of the people who are the subject of the project. An IRB can approve, disapprove, monitor, or require modifications to research and must also comply with federal regulations.

- a health benefit plan as defined by §21.2702 of this title (relating to Definitions);
- a student health plan that provides major medical coverage, consistent with the definition of student health insurance coverage in 45 CFR §147.145, concerning Student Health Insurance Coverage;
- short-term limited-duration insurance as defined by Insurance Code §1509.001, concerning Definition;
- individual or group dental insurance coverage that is subject to Insurance Code Chapter 1201 or Insurance Code Chapter 1251, concerning Group and Blanket Health Insurance;
- dental coverage provided through a single service HMO that is subject to Chapter 11, Subchapter W, of this title (relating to Single Service HMOs);
- a health benefit plan as defined by Insurance Code Chapter 846, concerning Multiple Employer Welfare Arrangements;
- basic coverage under Insurance Code Chapter 1551, concerning Texas Employees Group Benefits Act;
- a basic plan under Insurance Code Chapter 1575, concerning Texas Public School Employees Group Benefits Program;
- a health coverage plan under Insurance Code Chapter 1579, concerning Texas School Employees Uniform Group Health Coverage;
- basic coverage under Insurance Code Chapter 1601, concerning Uniform Insurance Benefits Act for Employees of the University of Texas System and the Texas A&M University System;
- a county employee health benefit plan established under Local Government Code Chapter 157, concerning Assistance, Benefits, and Working Conditions of County Officers and Employees;
- group dental, health and accident, or medical expense coverage provided by a risk pool created under Local Government Code Chapter 172, concerning Texas Political Subdivisions Uniform Group Benefits Program;
- the state Medicaid program operated under Human Resources Code Chapter 32, concerning Medical Assistance Program;
- a Medicaid managed care plan operated under Government Code Chapter 533, concerning Medicaid Managed Care Program;
- the child health plan program operated under Health and Safety Code Chapter 62;
- the health benefits plan for children operated under Health and Safety Code Chapter 63;
- a Medicare Advantage Plan providing health benefits under Medicare Part C as defined in 42 USC §1395w-21, et seq.;



- a Medicare Part D voluntary prescription drug benefit plan providing benefits as defined in 42 USC §1395w-101, et seq.<sup>7</sup>

This represents a very large proportion of those who have some form of health coverage in Texas. The calculation is shown in the table below. Readers should note: **The CHCD, through its own resources (meaning without General Revenue Funding), is providing the Texas Original Medicare claims data in support of the goals set for the TX-APCD.**

<b>Total Texas Population<sup>8</sup></b>	<b>29,145,505</b>
<b>Total Texas Uninsured/Uncovered<sup>9</sup></b>	<b>5,042,172</b>
<b>Total Approximate Covered Population</b>	<b>24,103,333</b>
<b>Medicare Advantage<sup>10</sup></b>	<b>1,744,523</b>
<b>Total Texas Original Medicare<sup>11</sup></b>	<b>2,507,002</b>
<b>Approximate TDI Regulated Coverage<sup>12</sup></b>	<b>5,000,000</b>
<b>Texas Employee Retirement System<sup>13</sup></b>	<b>426,846</b>
<b>Texas Teachers Retirement System<sup>14</sup></b>	<b>470,028</b>
<b>Texas Medicaid Manage Care<sup>15</sup></b>	<b>4,554,865</b>
<b>Total Approximate Represented in TX-APCD</b>	<b>14,703,264</b>
<b>Calculation of Percentage Represented in TX-APCD</b>	<b>14,703,264 ÷ 24,103,333</b>
<b>Approximate TX-APCD Population as a Percentage of Covered Texans</b>	<b>61%</b>

<sup>7</sup> 28 TAC §21.5401.

<sup>8</sup> 2020 United States Census

<sup>9</sup> United States Census Bureau American Community Survey over 5 years ending 2020. The survey concluded 17.3% of Texans do not have health coverage. Total population 29,145,505 x 17.3% = 5,042,172.

<sup>10</sup> Kaiser Family Foundation Medicare Enrollment Data Tool, 2020. Accessed 6/14/2022.

<https://www.kff.org/medicare/state-indicator/total-medicare-beneficiaries/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>11</sup> This claims information is not contained in the TX-APCD and it represents an additional 10% of the covered population. Kaiser Family Foundation Medicare Enrollment Data Tool, 2020.

Accessed 6/14. <https://www.kff.org/medicare/state-indicator/total-medicare-beneficiaries/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>12</sup> Based upon information provided by the Texas Department of Insurance – the number is approximate.

<sup>13</sup> ERS FY2020 Report. <https://www.ers.texas.gov/about-ers/reports-and-studies/reports-on-overall-ers-operations-and-financial-management/2020-at-a-glance.pdf> (Accessed 6/14. Total participants less retirees [Medicare Covered] is 426,846).

<sup>14</sup> TRS Health Benefits Report (2020), page 17. Accessed 6/14.

[https://www.trs.texas.gov/TRS%20Documents/health\\_benefits\\_report\\_2020.pdf](https://www.trs.texas.gov/TRS%20Documents/health_benefits_report_2020.pdf)

<sup>15</sup> Medicaid Historical Enrollment, December 2020. Accessed 6/14.

<https://www.hhs.texas.gov/sites/default/files/documents/about-hhs/records-statistics/research-statistics/medicaid-chip/2021/medicaid-enrollment-by-county-final-dec-2020.xlsx>

## 1.6. Voluntary Submitters

The law and rules allow for the voluntary submission of data by health benefit plans offering Medicare supplement benefit plan under Insurance Code Chapter 1652, and employer benefit plans through a self-funded benefit under the Employee Retirement and Income Security Act of 1974 (ERISA).

Under Supreme Court of the United States caselaw interpreting ERISA, states may not mandate ERISA employer self-funded health benefit plans to submit data to an APCD.<sup>16</sup> In *Gobeille v. Liberty Mutual Insurance Company*, Liberty Mutual, as sponsor for its own employee plan, challenged the enforceability of a Vermont disclosure law that mandated the transmission of eligibility, medical claim, and pharmacy claim files to that state's APCD governed by the Green Mountain Care Board. ERISA pre-empts the application of "any and all State laws insofar as they may now or hereafter relate to any employee benefit plan."<sup>17</sup> The Supreme Court held that ERISA pre-empted the Vermont disclosure law. "Pre-emption is necessary in order to prevent multiple jurisdictions from imposing differing, or even parallel, regulations, creating wasteful administrative costs and threatening to subject plans to wide-ranging liability. ERISA's uniform rule design also makes clear that it is the Secretary of Labor, not the separate States, that is authorized... to require ERISA plans to report data".<sup>18</sup>

The TX-APCD is actively engaging employers and employer business groups to encourage voluntary submission of data to support the efforts of the State under the APCD.

### Claims Housed in the TX-APCD

The format of electronic claims is regulated by the federal government and the regulations intended to ensure standardized electronic health care transactions.<sup>19</sup> As it regards medical claims, the National Uniform Claim Committee has produced a crosswalk between human readable and machine readable health care claim standards. That crosswalk is provided for readers' information in its entirety in Appendix C as required by American Medical Association who holds the copyright to the document.

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<sup>16</sup> *Gobeille v. Liberty Mutual*, 577 U.S. \_\_\_\_, 136 S.Ct. 936 (2016).

<sup>17</sup> 29 U.S.C. §1144(a).

<sup>18</sup> *Gobeille*, 577 U.S. \_\_\_\_ (2016). Note: this quote is taken from the syllabus for the case and is not considered to be part of the official opinion. The syllabus is provided by the Court to aid readers to better understand the actual Opinion.

<sup>19</sup> See, generally, 45 Code of Federal Regulations Part 162, adopted 2009 with subsequent regulatory modifications.

## 2. Required Elements

Texas Insurance Code §38.408 requires the submission of a written report to the Legislature by the first of September of each even-numbered year and enumerates issues that must be discussed in the report. Those elements are:

1. An analysis of the data submitted to the CHCD for use in the database;
2. Information regarding the submission of the data to the CHCD;
3. Recommendations from the CHCD at UTHHealth Houston to further improve the transparency, cost-effectiveness, accessibility, and quality of health care in this state; and
4. An analysis of the trends of health care affordability, availability, quality, and utilization.

Note: TX-APCD will begin receiving regular claims data submissions in March 2023, which will allow for a comprehensive analysis of health care trends in the September 2024 legislative report.

### 2.1. Federal Grants May Not Be Forthcoming – Recommendation

The 2020 Consolidated Appropriations Act, which was passed to provide additional funding for COVID-19 efforts, also contained the No Surprises Act at Section 115. That section amended the Public Health Service Act and, in part, described a grant program that may be available to states for the establishment of an APCD. The grants were set to be \$2.5 million over three years per state. For the first two years, \$1 million was to be made available. In the third year, a \$500,000 grant was to be available. Further, employers and employer organizations may request *customized reports* from an APCD that has received a grant, at cost, subject to the requirements of this section with respect to privacy, security, and proprietary financial information.

Unfortunately, the release of the grant application has been delayed as Congress has not made funding to support the grant available for the program. In other words, the grant program was authorized, but not appropriated. If Congress does not appropriate the funds in 2022 (for the 2023 budget) the grant program will be effectively nullified and a new federal law will be required to resurrect the grant program. At the time this report is written, there is a partial appropriation for the grant program in the preliminary budget documents. It is unknown whether it will be part of the final federal spending bill.

The TX-APCD is not fully funded and all activities to-date have been supported by UTHHealth Houston. UTHHealth Houston will seek state funding in the upcoming session of the Texas Legislature.

#### Recommendation

To assure continued progress in the establishment of the TX-APCD, success in the development of a public portal, and facilitation of meaningful research it is recommended that a legislative appropriation for the TX-APCD be included in the state budget for the 2024–2025 biennium.

## **2.2. August 17, 2022 Meeting of the TX-APCD Stakeholder Advisory Group**

Mr. Charles Miller, a consumer representative on the Advisory Group, presented a recommendation for consideration and discussion. Mr. Miller recommends restrictions that require aggregated reporting and studies without provider/plan identifiers be deleted. Ms. Pati McCandless, a health plan issuer representative, remarked, among other comments, that there was still concern that some identification will cause the disclosure of network utilization which many in the insurance industry would consider proprietary.

Mr. Miller circulated draft bill language that:

- Modifies the mandate that the information “shall” be aggregated to “may” be aggregated;
- Strikes “health care provider, health benefit plan, health benefit plan issuer, or other payor” from the provision prohibiting identification of such entities (preserving protections for patients); and
- Strikes the provision that an entity with access to the data “may not use the information contained in the database for a commercial purpose”.

Following the meeting, an email from Lane J. Aiena, MD, FAAFP, a physician representative on the Advisory Group, was forwarded stating that he agrees with the proposal.

### Recommendation

The TX-APCD will accede to the will of the Legislature.

## Appendix A. TX-APCD Stakeholder Advisory Group

### Background

Through House Bill (HB) 2090, the 87<sup>th</sup> Texas Legislature directed the Texas Department of Insurance and the Center for Health Care Data (CHCD) to collaborate on the creation of the statewide Texas All-Payor Claims Database (TX-APCD) and establish a Stakeholder Advisory Group. The Stakeholder Advisory Group is to advise the CHCD by providing expertise and relevant experience in the development and operation of the APCD for the state of Texas to include the following areas:

1. Establishing and updating the standards, requirements, policies, and procedures relating to the collection and use of data contained in the database.
2. Evaluating and prioritizing the types of reports the CHCD should publish.
3. Evaluating requirements for data requests from qualified research entities.
4. Assisting the CHCD in developing recommendations for a report to the Legislature by September 1 of even years to further improve the transparency, cost effectiveness, accessibility, and quality of health care in this state.
5. Providing recommendations to meet constituent expectations and improvement of deliverables.

### Qualifications and Membership Categories

Membership of the advisory group should represent interests from across the state and stakeholder groups.

The Stakeholder Advisory Group, consistent with Texas Insurance Code §38.403, shall be composed of:

1. The state Medicaid director or the director's designee;
2. A member designated by the Teacher Retirement System of Texas;
3. A member designated by the Employees Retirement System of Texas; and
4. 12 members designated by the CHCD, including:
  - a. Two members representing the business community, with at least one of those members representing small businesses that purchase health benefits but are not involved in the provision of health care services, supplies, or devices or health benefit plans;
  - b. Two members who represent consumers and who are not professionally involved in the purchase, provision, administration, or review of health care services, supplies, or devices or health benefit plans, with at least one member representing the behavioral health community;
  - c. Two members representing hospitals that are licensed in this state;
  - d. Two members representing health benefit plan issuers that are regulated by the department;

- e. Two members who are physicians licensed to practice medicine in this state, one of whom is a primary care physician; and
- f. Two members who are not professionally involved in the purchase, provision, administration, or review of health care services, supplies, or devices or health benefit plans and who have expertise in:
  - i. Health planning;
  - ii. Health economics;
  - iii. Provider quality assurance;
  - iv. Statistics or health data management; or
  - v. Medical privacy laws.

**Terms and Requirements for Service**

The initial term of membership will be for three years beginning January 1, 2022.

The Stakeholder Advisory Group will hold up to six meetings per year.

**APCD Stakeholder Advisory Group Membership  
March 2022**

Last	First	Organization	Title	Category
Aiena	Lane	Huntsville Family Medicine	Family Medicine Physician	e. Physician licensed to practice...
Blanton	Jimmy	Medicaid	Director Office for Value Based Initiatives	Appointed - Medicaid
Duran	Blaise	ERS	Director for Actuarial and Reporting Services	Appointed - Employee Retirement System
Holcomb	Holly	Childress Regional Medical Center	CEO	c. Represent licensed hospitals in this state
Love	Karen	Cook Children's Health Plan	President	d. Health Plan issuers
Marks	Elena	Episcopal Health Foundation	CEO	f. health planning, public health, access to health services, HIPAA & research involving health data
McCandless	Pati	Blue Cross Blue Shield	VP Government Relations	d. Health Plan issuers
McCord	John	Texas Retailers Association	Executive Director	b. Represent business community
McKay	Kyle	TRS	Health Analytics Manager	Appointed - Teacher Retirement System
Miff	Jennifer	DFWHC Foundation	President	c. Represent licensed hospitals in this state
Miller	Charles	Texas 2036	Senior Policy Advisor	a. represent consumers
Petrilla	John	Meadows Mental Health Policy Institute	Senior Executive Vice President for Policy	a. represent consumers - behavioral health
Snyder	Richard	Texas Medical Association	Chairman of the Board	e. Physician licensed to practice...
Town	Robert	UT Austin	Professor Economics	f. Health economist
Tullos	Jeff	DistributionNOW	Director - Benefits, HRIS, Travel	b. Represent business community

## Appendix B. General Information

### OVERVIEW

House Bill (HB) 2090, a health cost transparency law passed in the 87<sup>th</sup> Legislative session, establishes the Texas All-Payor Claims Database (TX-APCD) within the University of Texas Health Science Center at Houston School of Public Health Center for Health Care Data (CHCD). The purpose of the TX-APCD is to increase public transparency of health care information and improve the quality of health care in this state.

### WHAT IS THE CENTER FOR HEALTH CARE DATA?

The CHCD is the largest, research accessible, health care data repository in Texas and was a natural selection to house the TX-APCD. The CHCD is certified by the Center for Medicare and Medicaid Services (CMS) as a Qualified Entity. This certification covers security and appropriate use of Medicare data.

### WHAT IS AN APCD?

An APCD is a system that collects health care claims and related data from payors of health care services in a geographic area. The APCD may then provide the public, researchers, stakeholders, and policymakers a transparent reporting from the data resource. The TX-APCD will have claims and eligibility data from commercial payors, government and municipal benefit plans (such as ERS for example), and Medicaid managed care organizations.

### TX-APCD AND THE CHCD ARE INDEPENDENT

The CHCD and TX-APCD do not provide any treatment or other clinical services to patients, create any medical records related to treatment, nor do they do any billing for health care treatment.

### PROTECTIONS

HB 2090 does not permit any reporting that publicly identifies individual patients, providers, or benefit plans or other payors. The CHCD's policy for use of data expressly prohibits use for any commercial benefit or market advantage, and will not permit internal nor external users to access data with that intent. HB 2090 also prohibits commercial use of the information.

### PUBLIC ACCESS PORTAL FOR TRANSPARENCY

The TX-APCD will create a public access portal that will permit Texans to search and retrieve health care information and reports on a regional and statewide basis. The reporting will address health care costs, quality, utilization, outcomes, and disparities as well as access to health care services and population health.

### RESEARCH

Researchers from public interest organizations, institutions of higher learning, the CHCD, and health care providers may access the TX-APCD to conduct studies that are consistent with the law.

### REPORT TO THE LEGISLATURE

The TX-APCD must issue a report to the Legislature by September 1 of each even numbered year that (1) analyzes the data submitted by payors, (2) information regarding

the submission of data, (3) recommendations of the CHCD to improve the transparency, cost-effectiveness, accessibility, and quality of health care, and (4) an analysis of the trends of health care affordability, availability, quality, and utilization.

### FUNDING

HB 2090’s TX-APCD effort did not receive funding in the 2021 legislative session. Full funding for the TX-APCD will be sought in the next legislative session in order to fully comply with state law and provide this valuable resource to Texas consumers and lawmakers.

### ACCOMPLISHMENTS

As required by HB 2090, the TX-APCD and CHCD, have timely established a Stakeholder Advisory Group and in cooperation with TDI, adopted regulations for payors on data submission. The CHCD has begun the development and procurement of necessary infrastructure in partnership with Texas Advanced Computing Center at the University of Texas.

### HOW CAN THE TX-APCD BE USED?

Potential Use	Examples
Report on health system spending, utilization (medical and pharmacy), and performance	<ul style="list-style-type: none"> <li>• Creation of a public portal reporting on variation by geographic area, plan and program type, as well as disease. Analysis of this variation can help consumers assess what is best for them and aid payors to identify drivers of cost to better target control efforts as well as opportunities for interventions and performance improvement.</li> <li>• Measuring low value care and unnecessary utilization of high cost types of service.</li> </ul>
Enhance state policy and regulatory analysis	<ul style="list-style-type: none"> <li>• Prepare reports and analysis on issues that are of interest to policymakers.</li> <li>• Study cost impact of COVID-related moratorium on elective services.</li> <li>• Identify pricing variations across regions.</li> <li>• Comparative studies of utilization, cost and quality of care.</li> <li>• Benchmarking state-funded cost, utilization and quality of health care with commercial plans.</li> <li>• Quantify opportunity to impact spending for high-cost beneficiaries.</li> </ul>
Enable value-based care delivery and health care improvement	<ul style="list-style-type: none"> <li>• Examine statewide medical cost structure, distribution of services, and utilization patterns.</li> <li>• Analyze pharmacy data to define the scope of cost reduction strategies such as generic drug substitution and specialty drug options.</li> <li>• Identify collaborative opportunities to reduce the provision of low-value care through benefit design, education, and incentives.</li> </ul>



Potential Use	Examples
Support public health monitoring and improvement	<ul style="list-style-type: none"> <li>• Provide disease prevalence and incidence surveillance as well as associated costs and utilization; support state initiatives such as registries.</li> </ul>
Provide reliable data for health care research and evaluation	<ul style="list-style-type: none"> <li>• Compare the differential effects of policies or interventions across payor types and populations among other specific research initiatives.</li> </ul>

### WHO IS INTERESTED IN THE TX-APCD?

The TX-APCD has already received over 35 statements of interest in data use from different units at Texas agencies (HHSC, DSHS), Texas academic researchers, foundations and not-for-profit organizations. For example:

- Evaluation of the Healthy Texas Women Section 1115 Waiver Demonstration program for HHSC (currently under contract with the CHCD)
- Opportunities to support and enhance Texas DSHS registries, including Stroke, Birth Defects, Cancers, and Sickle Cell Disease registries
- Exploration of Rural Health issues
- Identification of disparities in health equity
- Epidemiological surveillance of emergence or trends of disease or health conditions
- Cancer research
- Mental Health research
- TX-Cares: Texas-Cardiac Arrest Registry to Enhance Survival
- Monitor effectiveness of MCO interventions in Medicaid as members cross plans and across time
- Feasibility of supporting DSHS Maternal Morbidity and Mortality Review Committee
- Opportunities to assess impact of social, environmental and other non-medical cost drivers on health outcomes, utilization and cost of care for different populations

## Appendix C. Crosswalk

Crosswalks for Institutional Claims may be found at (not reprinted due to copywrite):  
[https://www.palmettogba.com/palmetto/providers.nsf/files/EDI\\_837I\\_v5010A2\\_crosswalk.pdf/\\$FILE/EDI\\_837I\\_v5010A2\\_crosswalk.pdf](https://www.palmettogba.com/palmetto/providers.nsf/files/EDI_837I_v5010A2_crosswalk.pdf/$FILE/EDI_837I_v5010A2_crosswalk.pdf) (Palmetto is a Medicare MAC)

National Uniform Claim Committee Crosswalk for Professional Claims

### National Uniform Claim Committee



### **02/12 1500 Claim Form Map to the X12 Health Care Claim: Professional (837)**

August 2018

Version 3.3 8/18

The 1500 Claim Form Map to the X12 Health Care Claim: Professional (837) includes data elements, identifiers, descriptions and codes from the Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N, Health Care Claim: Professional (837), 005010X222, Washington Publishing Company, May 2006, <<http://www.wpc-edi.com>> and Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N, Type 1 Errata to Health Care Claim: Professional (837), 005010X222A1, Washington Publishing Company, June 2010, <<http://www.wpc-edi.com>>, copyright 2010 Data Interchange Standards Association on behalf of the Accredited Standards Committee X12. Applicable FARS/DFARS restrictions apply.

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**02/12 1500 Claim Form Map to the X12 837 Health Care Claim: Professional (837)**

The following is a crosswalk of the 02/12 version 1500 Health Care Claim Form (1500 Claim Form) to the X12 837 Health Care Claim: Professional Version 5010/5010A1 electronic transaction. This document is intended to be used in conjunction with the NUCC Data Set.

Please refer to the NUCC's 1500 Reference Instruction Manual for more specific information on the 1500 Claim Form and Item Numbers. Please refer to the X12 Health Care Claim: Professional (837) Technical Report Type 3 for more specific details on the transaction and data elements.

1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
N/A	Carrier Block	2010BB	NM103 N301 N302 N401 N402 N403	
1	Medicare, Medicaid, TRICARE, CHAMPVA, Group Health Plan, FECA, Black Lung, Other	2000B	SBR09	Titled Claim Filing Indicator Code in the 837P.
1a	Insured's ID Number	2010BA	NM109	Titled Subscriber Primary Identifier in the 837P.
2	Patient's Name	2010CA or 2010BA	NM103 NM104 NM105 NM107	
3	Patient's Birth Date, Sex	2010CA or 2010BA	DMG02 DMG03	Titled Gender in the 837P.
4	Insured's Name	2010BA	NM103 NM104 NM105 NM107	Titled Subscriber in the 837P.
5	Patient's Address	2010CA	N302 N401 N402 N403	
6	Patient Relationship to Insured	2000B	SBR02	Titled Individual Relationship Code in the 837P.
		2000C	PAT01	

1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
7	Insured's Address	2010BA	N301 N302 N401 N402 N403	Titled Subscriber Address in the 837P.
8	Reserved for NUCC Use (previously Patient Status)	N/A	N/A	Patient Status was removed.  Patient Status does not exist in the 837P.
9	Other Insured's Name	2330A	NM103 NM104 NM105 NM107	Titled Other Subscriber Name in the 837P.
9a	Other Insured's Policy or Group Number	2320	SBR03	Titled Insured Group or Policy Number in the 837P.
9b	Reserved for NUCC Use (previously Other Insured's Date of Birth, Sex)	N/A	N/A	Other Insured's Date of Birth, Sex was removed.  Other Insured's Date of Birth and Sex do not exist in the 837P.
9c	Reserved for NUCC Use (previously Employer's Name or School Name)	N/A	N/A	Employer's Name or School Name was removed.  Employer's Name and School Name do not exist in the 837P.
9d	Insurance Plan Name or Program Name	2320	SBR04	Titled Other Insured Group Name in the 837P.
10a	Is Patient's Condition Related to: Employment	2300	CLM11	Titled Related Causes Code in the 837P.
10b	Is Patient's Condition Related to: Auto Accident	2300	CLM11	Titled Related Causes Code in the 837P.
10c	Is Patient's Condition Related to: Other Accident	2300	CLM11	Titled Related Causes Code in the 837P.

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1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
10d	Claim Codes (previously Reserved for Local Use)	2300	HI	HI is for reporting other Condition Codes.
11	Insured's Policy, Group, or FECA Number	2000B	SBR03	Titled Subscriber Group or Policy Number in the 837P.
11a	Insured's Date of Birth, Sex	2010BA	DMG02 DMG03	Titled Subscriber Birth Date and Subscriber Gender Code in the 837P.
11b	Other Claim ID (previously Insured's Employer Name or School Name)	2010BA	REF01 REF02	Changed to Other Claim ID.  Insured's Employer Name or School Name does not exist in 837P.
11c	Insurance Plan Name or Program Name	2000B	SBR04	Titled Subscriber Group Name in the 837P.
11d	Is there another Health Benefit Plan?	2320		Presence of Loop 2320 indicates Y (yes) to the question.
12	Patient's or Authorized Person's Signature	2300	CLM09	Titled Release of Information Code in the 837P.
13	Insured's or Authorized Persons Signature	2300	CLM08	Titled Benefits Assignment Certification Indicator in the 837P.
14	Date of Current Illness, Injury, Pregnancy (LMP)	2300	DTP01 DTP03	Titled in the 837P: Date – Onset of Current Illness or Symptom Date – Last Menstrual Period

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1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
15	Other Date (previously If Patient Has Had Same or Similar Illness)	2300	DTP01 DTP03	Titled in the 837P: Date – Initial Treatment Date Date – Last Seen Date Date – Acute Manifestation Date – Accident Date – Last X-ray Date Date – Hearing and Vision Prescription Date Date – Assumed and Relinquished Care Dates Date – Property and Casualty Date of First Contact  If Patient Has Had Same or Similar Illness does not exist in 837P.
16	Dates Patient Unable to Work in Current Occupation	2300	DTP03	Titled Disability From Date and Work Return Date in the 837P.
17	Name of Referring Provider or Other Source	2310A (Referring) 2310D (Supervising) 2420E (Ordering)	NM101 NM103 NM104 NM105 NM107	
17a	Other ID#	2310A (Referring) 2310D (Supervising) 2420E (Ordering)	REF01 REF02	Titled Referring Provider Secondary Identifier, Supervising Provider Secondary Identifier, and Ordering Provider Secondary Identifier in the 837P.
17b	NPI #	2310A (Referring) 2310D (Supervising) 2420E (Ordering)	NM109	Titled Referring Provider Identifier, Supervising Provider Identifier, and Ordering Provider Identifier in the 837P.
18	Hospitalization Dates Related to Current Services	2300	DTP03	Titled Related Hospitalization Admission Date and Related Hospitalization Discharge Date in the 837P.

1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
19	Additional Claim Information (previously Reserved for Local Use)	2300	NTE	
		2300	PWK	
		2310A (Referring)	REF01	
		2310B (Rendering) 2310C (Service Facility) 2310D (Supervising)	REF02	
20	Outside Lab Charges	2400	PS102	Titled Purchased Service Charge Amount in the 837P.
21	Diagnosis or Nature of Illness or Injury	2300	HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2, HI08-2, HI09-2, HI10-2, HI11-2, HI12-2	
22	Resubmission and/or Original Reference Number	2300	CLM05-3	Titled Claim Frequency Code in the 837P.
		2300	REF02	Titled Payer Claim Control Number in the 837P.
23	Prior Authorization Number	2300	REF02	Titled Prior Authorization Number in the 837P.
		2300	REF02	Titled Referral Number in the 837P.
		2300	REF02	Titled Clinical Laboratory Improvement Amendment Number in the 837P.
		2300	REF02	Titled Mammography Certification Number in the 837P.
24A	Date(s) of Service	2400	DTP03	Titled Service Date in the 837P.
24B	Place of Service	2300	CLM05-1	Titled Facility Code Value in the 837P.
		2400	SV105	Titled Place of Service Code in the 837P.

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1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
24C	EMG	2400	SV109	Titled Emergency Indicator in the 837P.
24D	Procedures, Services, or Supplies	2400 2400	SV101 (2-6)	Titled Product/Service ID and Procedure Modifier in the 837P.
24E	Diagnosis Pointer	2400	SV107 (1-4)	Titled Diagnosis Code Pointer in the 837P.  Alpha pointers on the 1500 claim form <b>MUST</b> be converted to numeric pointers in the 837P.
24F	\$ Charges	2400	SV102	Titled Line Item Charge Amount in the 837P.
24G	Days or Units	2400	SV104	Titled Service Unit Count in the 837P.
24H	EPSDT/Family Plan	2400	SV111 SV112	Titled EPSDT Indicator and Family Planning Indicator in the 837P.
24I Shaded Line	ID Qualifier	2310B	PRV02 REF01	Titled Reference Identification Qualifier in the 837P.
		2420A	PRV02 REF01	Titled Reference Identification Qualifier in the 837P.
24J Shaded Line	Rendering Provider ID #	2310B	PRV03 REF02	Titled Provider Taxonomy Code and Rendering Provider Secondary Identifier in the 837P.
		2420A	PRV03 REF02	Titled Provider Taxonomy Code and Rendering Provider Secondary Identifier in the 837P.
24J	Rendering Provider ID #	2310B	NM109	
		2420A	NM109	Titled Rendering Provider Identifier in the 837P.
25	Federal Tax ID Number	2010AA	REF01 REF02	Titled Reference Identification Qualifier and Billing Provider Tax Identification Number in the 837P.
26	Patient's Account No.	2300	CLM01	Titled Patient Control Number in the 837P.

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1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
27	Accept Assignment?	2300	CLM07	Titled Assignment or Plan Participation Code in the 837P.
28	Total Charge	2300	CLM02	Titled Total Claim Charge Amount in the 837P.
29	Amount Paid	2300	AMT02	Titled Patient Amount Paid in the 837P.
		2320	AMT02	Titled Payer Paid Amount in the 837P.
30	Rsvd for NUCC Use (previously Balance Due)	N/A	N/A	Balance Due was removed.  Balance Due does not exist in the 837P.
31	Signature of Physician or Supplier Including Degrees or Credentials	2300	CLM06	Titled Provider or Supplier Signature Indicator in the 837P.
32	Service Facility Location Information	2310C	NM103 N301 N401 N402 N403	
32a	NPI #	2310C	NM109	Titled Laboratory or Facility Primary Identifier in the 837P.
32b	Other ID #	2310C	REF01 REF02	Titled Reference Identification Qualifier and Laboratory or Facility Secondary Identifier in the 837P.
33	Billing Provider Info & Ph #	2010AA	NM103 NM104 NM105 NM107 N301 N401 N402 N403 PER04	
33a	NPI #	2010AA	NM109	Titled Billing Provider Identifier in the 837P.

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1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
33b	Other ID #	2000A	PRV03	Titled Provider Taxonomy Code in the 837P.
		2010AA	REF01 REF02	Titled Reference Identification Qualifier and Billing Provider Additional Identifier in the 837P.

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**Texas All-Payor Claims Database Biennial Report to the 88<sup>th</sup> Legislature  
September 2022**