

Texas APCD Data Submission Guide Errata

DSG Version 1.09

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1.0 Document Version History

VERSION HISTORY		
Version Number	Date Published	Summary of Revision
01.09	06/10/2022	DSG Document created
01.09	12/01/2022	DSG Errata Document Created
01.09	12/07/2022	Corrections to 1.8.1 – 2-character file type identifier, version numbering; Corrections to 1.7 – specify UTF-8 format.
01.09	01/03/2023	1.8.1 – clarified language on header / trailer records.
01.09	01/12/2023	1.8.1 – deleted date format language.
01.09	01/22/2023	1.8.1 – corrected format(s) of currency to align with CDL

1.1 Document Conventions

This document will contain only the corrections to the Data Submission Guide (DSG) version 1.09 and not the entire DSG. Section headers in this document correspond to the section headers in the DSG. Deletions will be in red-bold-strikethrough, additions or corrections will be in bold-green.

Example: ~~1. This is incorrect information.~~ **2. This is the corrected information.**

1.2 Summary of Changes

Section	Change Description
1.8.1	File Type Indicator for Provider files was a typo, should be PV to indicate a provider file, not MP.
1.8.1	File version should not include the letter “v” and should include a leading zero, numbering to start with 01.
1.8.1	Clarified statement on header/trailer record.
1.8.1	Deleted confusing language on date format. CDL has specific formats per file (header/trailer).
1.8.1	Corrected language on how to format for currency and decimals.
1.7.1	Changed American Standard Code for Information Interchange (ASCII) to UCS Transformation Format 8 (UTF-8) to align with section 1.8.1

1.8.1 Data Files

- Data files must conform to the following requirements:
 - Each data file must contain control totals and transmission control details as specified in the CDL.
 - Each data file must contain a header record and a trailer record with pipe-delimited data as specified in the CDL, including the total count of records in the file (note that the record count must NOT include the header and trailer records themselves). ~~The date range for the data should be expressed in MMCCYY format (e.g., 012018 for January 2018).~~
 - All date files submitted to the TXAPCD must be formatted as standard UCS Transformation Format 8 (UTF-8) encoded text files, which comply with the following standards:
 - Use a single line per record, and do not include carriage returns or line feed characters within the record.

- All records must be delimited by the carriage return and line feed character combination (a single time for each record).
 - All fields are variable length subject to the length constraints imposed by the CDL and should be delimited using the pipe character (ASCII 124). It is imperative that no pipes (|) appear in the data itself.
 - Text fields are never demarcated or enclosed in single or double quotes.
 - The first row of data will specify the header control record, ~~the second row will contain column names as specified by the CDL.~~, **the last row will specify the trailer control record, and the rows between should be data records specific to the file type.**
 - Numerical fields (e.g., ID numbers, account numbers, etc.) do not contain spaces, hyphens or other punctuation marks, and are never padded with leading or trailing zeros.
 - Currency and unit fields should ~~contain decimal points as appropriate~~ **should be formatted as specified for each data element in the CDL.**
 - If a field is not to be populated, a null value must be used. A null is represented as two consecutive pipe characters (||) with no content between them.
- The Member Eligibility file will supply information on every member enrolled with the health plan during the specified data period. The monthly member file must contain one record per member per month.
- Data files must be named according to the following convention: T/P_SubmitterCode_PayorCode_PeriodStartDate_PeriodEndDate_FileType_VersionNumber.txt (e.g., T_3409013_9032830_201901_201903_ME_01.txt)
 - T/P for Test or Production.
 - Submitter code assigned to submitter at time of registration.
 - Payor code assigned to payor at time of registration and could be the same as the submitter code.
 - Period start date as the date of the start of the period to which the submission applies expressed as CCYYMM (e.g., 201901 for January 2019).

- Period end data as the date of the end of the period to which the submission applies expressed as CCYYMM (e.g., 201903 for March 2019).
- File type is a two-letter code indicating the type of file.
 - DC for dental claims
 - MC for medical claims
 - ME for member eligibility
 - PC for pharmacy claims
 - ~~MP for provider information~~
 - **PV for provider information**
- Version number – used to differentiate multiple submissions of the same file. This is important when a file must be resubmitted to resolve an issue, such as a validation failure. ~~The letter v should be used, followed eby two digits, starting with v01. Please use a two-digit number, including a leading zero; starting from 01. Please include the leading zero. Original submissions of all files should be labeled v01.~~ The portal will not accept files that have the same name as an existing file.

1.7 Data File Formats and Requirements

The required data file formats are modeled after the CDL accepted by the National Association of Health Data Organizations. Each data file format is defined in the TXAPCD-CDL tables, which provide the record specifications, data elements, definitions, code tables, required status, and threshold levels for eligibility/enrollment data files, medical, dental, and pharmacy claims data files, and provider files.

Data submissions will include Member Eligibility and Enrollment, Medical Claims and Encounters, Pharmacy Claims, Dental Claims, and Provider data sets. Claims data will be provided by submitters in monthly files based on adjudication date. Member files will be organized by month of enrollment. The submission of the medical, pharmacy, and dental claims is based upon the adjudication date within a given monthly reporting period. The member eligibility file, medical claims file, pharmacy claims file, dental claims file, and provider file will be submitted as separate ~~American Standard Code for Information Interchange (ASCII)~~ **UCS Transformation Format 8 (UTF-8)** files with variable field lengths and pipe delimited.