

Texas All-Payor Claims Database

March Submitter Forum

Center for Health Care Data

Presented to submitters on March 18, 2025

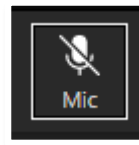
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Welcome

- Welcome and housekeeping

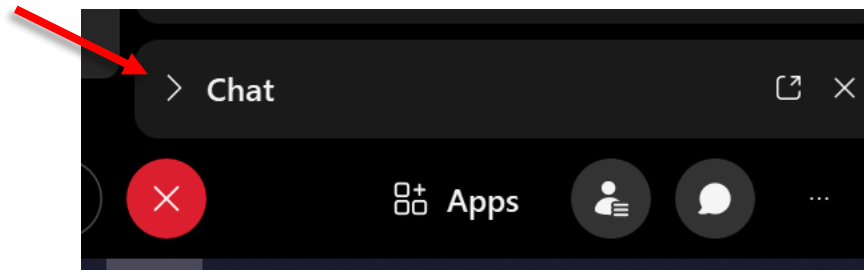
- Thank you!
- Please place your audio on mute.
- Slides and notes will be made available on our website.



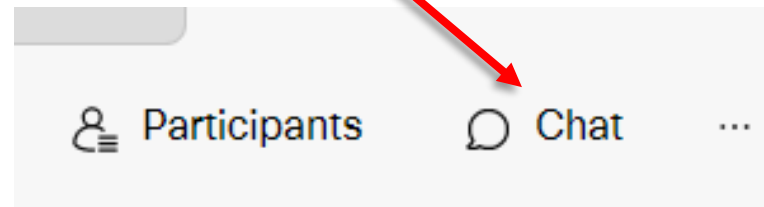
Webex & Chat

- ❑ **Reminder:** The “Chat” function in Webex can be found on the bottom right-hand corner of your screen on most devices. In some instances, it may appear in the upper right-hand corner. Please enter your questions there.
- When entering a question in the chat, please respond to “**Everyone**” to ensure your question is visible so it can be acknowledged.

Desktop Application



Website Application



Agenda

- ❑ Components of April 1st Release
- ❑ Implementation of v3.0.1 CDL
- ❑ Data Format Enforcement
- ❑ Claim Versioning Guidance
- ❑ What to Expect – CDL Versions
- ❑ Medicare Advantage
- ❑ Claim Versioning Survey

Components of April 1st Release

- Implementation of v3.0.1 CDL
- Data Format Enforcement
- Claim Versioning Guidance
 - Evaluate and set go-live date

Implementation of v3.0.1 CDL

- Was the subject of the January Submitter Forum
- Information can be found on our website
 - [Presentation](#)
 - [Q&A](#)
- Two new REQUIRED fields
 - CDLHD010 – Version of CDL (“3.0.1”)
 - TXME1029 – Plan Name
- Fields marked as “Medicaid Only” should be submitted as NULL (| |) by all commercial plans since all Medicaid data is submitted by the state’s Medicaid agency
- Fields marked as “Medicare Fee for Service Only” should be submitted as NULL (| |) by all commercial plans since Fee for Service data is received from CMS

Data Format Enforcement

- More closely aligning validation rules with the CDL requirements
- First announced in July 2024 Submitter Forum with a reminder in the September 2024 Submitter Forum
- Followed by “Data Format Quality Gap Alert” emails in December 2024 and January 2025
- Associated data format rules will be deployed from the test environment to production on April 1st
- This means that all submissions after April 1st will be subject to the updated ruleset (including historical submissions and resubmissions)
- There is no requirement to submit corrections based on the “Data Format Quality Gap Alert” that you may have received (of course, always feel free to submit a correction if desired)

Claim Versioning Guidance

- Introduced in the February 4, 2025 webinar
- Published [Claim Versioning Guidance](#) on website
- Published Claim Versioning survey (results will be summarized in this forum)
- Expected survey response by 3/14/2025
- If you have not submitted a response, please do so as soon as possible
- A response is expected for each PAYOR CODE (can be consolidated if using same versioning scheme)
- For submitters who chose “OTHER”, expect further contact to determine a hybrid or other scheme that works for your submissions
- Each PAYOR CODE will have a “claim versioning date” after which all submissions received for that payor code are expected to align with the versioning scheme selected or agreed upon

What to Expect – CDL Versions

- If data must be submitted or resubmitted (even for “old” CDL timeframes) beginning April 1st all such data must be in v3.0.1 format.

Submission Deadline	Data Expected	CDL Version	Rules (Production)	Rules (Testing)
7-Jan	202409	v2.1	current	current
1-Feb to 7-Feb	202410	v2.1	current	data format enforcement + v3.0.1
1-Mar to 7-Mar	202411, 202412, 202501	v2.1	current	data format enforcement + v3.0.1
1-Apr to 7-Apr	202502	v3.0.1.	data format enforcement + v3.0.1	data format enforcement + v3.0.1

Medicare Advantage

- From a research perspective, it is important for Medicare Advantage members to be identifiable as a population
- The CDL provides for two main ways to accomplish this:
 1. Member Insurance/Product Category Code (CDLME004, CDLMC004, CDLPC004, CDLDC004)
 - For Medicare Advantage members, the following values can apply

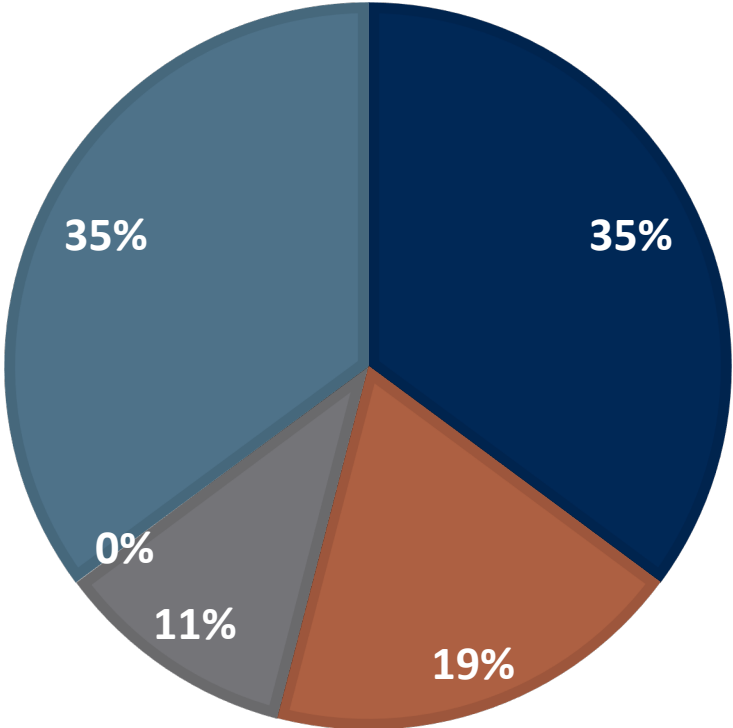
CODE	NAME
HN	Health Maintenance Organization (HMO) Medicare Advantage/Risk
MO	Medicare Advantage PPO
S1	Medicare Special Needs Plan – Chronic Condition
S2	Medicare Special Needs Plan - Institutionalized
S3	Medicare Special Needs Plan – Dual Eligible

2. Member Medicare Beneficiary Identifier (CDLME075)
 - this should be provided for all Medicare Advantage members

Claim Versioning Survey

CLAIM VERSIONING SCHEME RESPONSE

■ Scheme 1 (S1) ■ Scheme 2 (S2) ■ Scheme 3 (S3) ■ Scheme 4 (S4) ■ Other



Claim Versioning Survey

REMINDER:

- Any payor codes falling into one of the four schemes will be implemented.
- We will be reaching out for more information to accommodate those that responded with “other”.
- If you have not yet responded, we are leaving the survey open through the end of the week to capture responses from those who are behind in responding.



NOTE

A response is required for all active payor codes that are being submitted against. If we do not hear from your organization we will be reaching out in order to collect a response.

Questions?

- Questions:
 - Please submit via chat.
 - If your question is specific to your organization, for:
 - General questions – send email inquiries to txapcd@uth.tmc.edu.
 - Portal and data submission questions – please enter a ticket via the submitter portal at <https://txapcd.org>.