Texas All-Payor Claims Database

October Submitter Forum

Center for Health Care Data

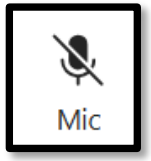
Presented to submitters on October 20, 2026

UTHealth® Houston

School of Public Health

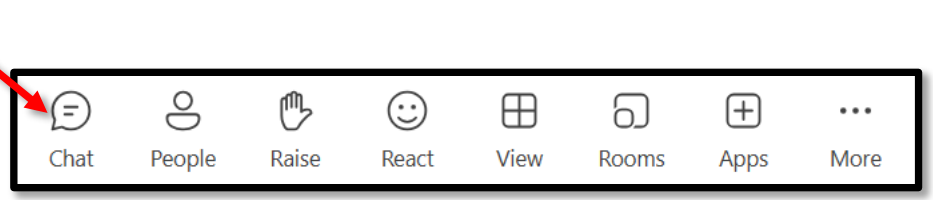
Welcome

- Welcome and housekeeping
  - Thank you!
  - Please place your audio on mute.
  - This meeting will be transcribed for our notes.
  - Slides and notes will be made available on our website.



Teams & Chat

- **Reminder:** Please enter all questions in the Chat.
- The “Chat” function in Teams can be found on the menu ribbon at the top of your screen.



Agenda

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2027 Registration Renewal

- Registration window for 2027 opened on October 15, 2026. Please submit your organization's registration renewal by **December 31, 2026**.

  NOTE: Registration is required annually with the TX-APCD per the regulation. Coverage Estimate numbers should be current as of December 31 of the previous year.

Current Documents

- Official submission documents can be found on the TX-APCD website at: TX-APCD Submitter Materials
- For your convenience, each of the important documents has its own "Go" link
  - Data Submission Guide (DSG) https://go.uth.edu/DSG
  - Common Data Layout (CDL) https://go.uth.edu/CDL
  - Technical Guide https://go.uth.edu/TG
  - Versioning Guide https://go.uth.edu/VERSIONS
- These links will ALWAYS point to the CURRENT version of each document

Background for Remaining Items

- We had a recent case where we had advertised changes to Member Insurance Product Category Code twice in 2025. It was to take effect **January 1, 2026**. We did not start enforcing it until **August 30, 2026**.
  - Result: Even with almost a year of lead time, many submissions failed as a result.
  - The items listed on the following pages are all KNOWN quantities which may be subject to either Stage 1 validation or Stage 2 review.
- Please note that these will be more consistently enforced starting **January 1, 2027**.

Header (HD) Record – CDL Version

CDLHD010	APCD-CDL™ Version Number	varchar	8	The version of the APCD-CDL used to produce this file (e.g., 3.0.2).	Required	100%

- We are still receiving CDL version of 3.0.1 in the header record of files submitted; **it should be 3.0.2**.
- Currently, only a single version of the CDL is supported on submissions, and it is always the latest version.
- Version 3.0.1 was a significant revision and went live April 1, 2025.
- Version 3.0.2 (the current version) was a minor revision and went live January 1, 2026 (although submitters could start submitting 3.0.2 as of October 1, 2025).

Data Period Consistency

CDLME005	Start Year of Submission	int	4	The year for which eligibility is reported in this submission file. CCYY. Expressed in terms of calendar year. [Used in reporting by date and determination of continuous enrollment]	N/A	All	Required	100%
CDLME006	Start Month of Submission	int	2	The month for which eligibility is reported in this submission file expressed numerical from 01 to 12. [Used in reporting by date and determination of continuous enrollment]	N/A	All	Required	100%

Eligibility/Enrollment

CDLHD006	Period Beginning Date	date	6	CCYYMM. Beginning of period covered for Eligibility. Beginning of paid/adjudicated period for claims. Beginning of period for Provider file updates.	Required		100%

Control Header

- The combination of CDLME005 and CDLME006 should be equivalent to the data period in the header of the file and in the name of the file.

File Name Consistency

T_ABCD_20000999_202403_202403.zip

T_ABCD_20000999_202403_202403_DC_01.txt
T_ABCD_20000999_202403_202403_MC_01.txt
T_ABCD_20000999_202403_202403_ME_01.txt
T_ABCD_20000999_202403_202403_PC_01.txt
T_ABCD_20000999_202403_202403_PV_01.txt

- This means that there are four pieces of information that must line up in a submission with regards to data period: CDLME005+006 = CDLHD006 = data period start/end in both the archive file (zip) and all data files.

Header Record and Trailer Record Fields

Texas All-Payor Claims Data Base-Common Data Layout Components and Requirements – Control Header

CDL Data Element #	Data Element Name	Type	Max Length	Description/Valid Values	Required	Minimum Threshold (% of Records Submitted with Value in Field)
CDLHD001	Record Type	char	2	HD.	Required	100%
CDLHD002	Data Submitter Code	varchar	8	APCD-assigned identifier of payor submitting data file. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms). This may or may not be the same code as the payor.	Required	100%
CDLHD003	Payor Code	int	8	APCD-assigned identifier of insurer in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms).	Required	100%
CDLHD004	Data Submitter Name	varchar	150	Name of data submitter.	Required	100%
CDLHD005	File Type	char	2	ME = Member Eligibility; MC = Medical Claims; PC = Pharmacy Claims; DC = Dental Claims; PV = Provider File.	Required	100%
CDLHD006	Period Beginning Date	date	6	CCYYMM. Beginning of period covered for Eligibility. Beginning of paid/adjudicated period for claims. Beginning of period for Provider file updates.	Required	100%
CDLHD007	Period Ending Date	date	6	CCYYMM. End of period covered for Eligibility. End of paid/adjudicated period for claims. End of period for Provider file updates.	Required	100%
CDLHD008	Test File Flag	char	1	T = File submitted is a test file; P = File submitted is a production file.	Required	100%
CDLHD009	Comments	varchar	50	Comments.	Not Required	
CDLHD010	APCD-CDL™ Version Number	varchar	8	The version of the APCD-CDL used to produce this file (e.g., 3.0.2).	Required	100%

Texas All-Payor Claims Data Base-Common Data Layout Components and Requirements – Control Trailer

NEW CDL Data Element #	Data Element Name	Type	Max Length	Description/Valid Values	Required	Minimum Threshold (% of Records Submitted with Value in Field)
CDLTR001	Record Type	char	2	TR	Required	100%
CDLTR002	Data Submitter Code	varchar	8	APCD-assigned identifier of payor submitting data file. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms). This may or may not be the same code as the payor.	Required	100%
CDLTR003	Payor Code	int	8	APCD-assigned identifier of insurer/underwriter in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms).	Required	100%
CDLTR004	Data Submitter Name	varchar	150	Name of data submitter.	Required	100%
CDLTR005	File Type	char	2	ME = Member Eligibility; MC = Medical Claims; PC = Pharmacy Claims; DC= Dental Claims; PV = Provider File.	Required	100%
CDLTR006	Extraction Date	date	8	CCYYMMDD; Date file was created.	Required	100%
CDLTR007	Control Total of Paid Amount	int	15	Medical (MC), Pharmacy (PC), and Dental (DC) claims files only. Provide total paid dollars submitted in the file. Control total for each file (CDLMC125, CDLPC037, CDLDC060). Eligibility and provider file blank. Do not code decimal point or provide any punctuation (e.g., $1,000.25 converted to 100025).	Required	100%
CDLTR008	Record Count	int	10	Total number of records submitted in the file, excluding header and trailer records.	Required	100%

- Header record fields and trailer record fields are required at 100%.
- In many cases they are not being supplied, or are supplied with invalid values (for example, extraction date in CDLTR006 might be an invalid date like 19000101).
- Please review your submissions – such omissions or inaccurate data will result in submission failure.

Cross Reference Claim IDs (XREFs)

CDLMC005	Payor Claim Control Number	varchar	35	Must apply to the entire claim and be unique within the payor's system. Payor Claim Control Number (PCCN) must be consistent across claim versions and therefore should not be a transaction number. A combination of the PCCN and version number (CDLMC007) will be used to determine which rows will carry forward into the final claim. It is also imperative that a reversal uses the same PCCN as the original paid claim.	2300 REF02 where REF01 = F8	All	Institutional and Professional	Master	Required	100%
CDLMC008	Cross Reference Claims ID	varchar	35	The original Payor Claim Control Number (CDLMC005). Used when a new Payor Claim Control Number is assigned to an adjusted claim and a Version Number (CDLMC007) is not used. If payor claim control numbers are not used, set to null.	N/A	All	Institutional and Professional	Detail	Required IF Available	

- Used to link a subsequent, modified, or related transaction back to the original Payor Claim Control Number (PCCN), providing a way to "version" claims.
- Note that it is "Required if available" because you have the option to use other means for versioning your claims.

How to use XREFs

pccn	version	cross ref	line	claim line type	procedure code	service units	charge amount	plan paid amount	copay
C10034	[null]		1	O	99283	1	50000	15000	10000
C10034	[null]		2	O	71046	1	30000	10000	0
C10034	[null]		3	O	93005	1	20000	5000	0
C10035	[null]	C10034	1	B	99283	-1	-50000	-15000	-10000
C10035	[null]	C10034	2	B	71046	-1	-30000	-10000	0
C10035	[null]	C10034	3	B	93005	-1	-20000	-5000	0
C10036	[null]	C10035	1	A	99283	1	50000	10000	15000
C10036	[null]	C10035	2	A	71046	1	30000	10000	0
C10036	[null]	C10035	3	A	93005	1	20000	5000	0
C10037	[null]	C10036	1	B	99283	-1	-50000	-10000	-15000
C10037	[null]	C10036	2	B	71046	-1	-30000	-10000	0
C10037	[null]	C10036	3	B	93005	-1	-20000	-5000	0
C10038	[null]	C10037	1	A	99283	1	50000	10000	15000
C10038	[null]	C10037	2	A	71046	1	30000	12000	0
C10038	[null]	C10037	3	A	93005	1	20000	5000	0

- When using XREFs, CDLMC007 (version) should be blank.
- If the data is within the time window of the Texas APCD (201901 and forward), XREFs should point to a PCCN that is also in the dataset.
- If you reference the Versioning Guide, you will see that XREFs are used as the versioning mechanism in Scheme 2 (S2).

Reporting Monetary Values

- Monetary values are reported in CENTS, not DOLLARS.
- There is no decimal point, and no fractional cents.
- For example, to report $100.83, use the value 10083.
- To report $100, use the value 10000.
- Be consistent across fields and across files as the same is expected in Medical, Pharmacy, and Dental.

In general, we expect Allowed Amount is equal (or close) to
Plan Paid Amount + Copay Amount + Coinsurance Amount + Deductible Amount + coordination of benefits (COB)/third party liability (TPL) Amount.

Important Monetary Relationships

These relationships describe what we would expect to see in the data:

- CHARGE AMOUNT > ALLOWED AMOUNT
- ALLOWED AMOUNT >= PLAN PAID AMOUNT
- CHARGE AMOUNT >> PLAN PAID AMOUNT

Reporting Medicare Advantage Members

- The Medicare Advantage cohort is a very important one for numerous research studies.
- Accurate identification of Medicare Advantage members is very important.
- In the March 2025 Submitter Forum, we asked submitters to populate the following fields:
  - Member Insurance/Product Category Code (CDLME004, CLDMC004, CDLPC004, CDLDC004)
  - Member Medicare Beneficiary Identifier (CDLME075)
- However, there is still a sizeable gap between what is being reported and the monthly enrollments published by CMS at https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data.

Information for MA Members

- To identify the source of the gap, we need to clarify three fields in the ME file which will allow us to link the reported data to the monthly CMS enrollment data.
- **CDLME003 (Plan ID)** – all Medicare Advantage plans registered with CMS and enrolling members are assigned a Plan ID, usually numeric but may have leading zeros.
- **CDLME011 (Plan Specific Contract Number)** – all Medicare Advantage plans are assigned a contract number often starting with a letter (like E, H, or S) followed by four numbers (digits).
- **TXME1029 (Plan Name)** – as part of a contract, each Medicare Advantage plan has a specific plan name. This field has been required at 100% since CDL v3.0.1. When the plan being reported is part of an MA contract, please report the specific plan name.

Example Data

Field: TXME1029 Field: CDLME003 Field: CDLME011

county	state	data_period	parent_organization	plan_name	plan_id	contract_number	organization_type	offers_part_d	plan_type
Honolulu	HI	202608	Kaiser Foundation Health Plan, Inc.	Kaiser Permanente Senior Advantage Basic (HMO)	003	H1230	HMO	Yes	Medicare Advantage
Honolulu	HI	202608	Kaiser Foundation Health Plan, Inc.	Kaiser Permanente Senior Advantage Enhanced (HMO)	001	H1230	HMO	Yes	Medicare Advantage
Honolulu	HI	202608	Kaiser Foundation Health Plan, Inc.	Kaiser Permanente Dual Complete Oahu (HMO D-SNP)	015	H1230	HMO	Yes	Medicare Advantage

Submission Encryption (AES-256)

- In Section 6.3.3 of the Technical Guide (https://go.uth.edu/TG), when creating a ZIP package for submission, submitters are asked to use AES-256 encryption when using symmetric encryption (shared key).
- After processing thousands of packages since the TX-APCD started collecting data, we have found that a little under 25% of file packages are encrypted using a variant of an algorithm called ZipCrypto.
- ZipCrypto is well known to be a **very weak** algorithm with many guides available online on how to break the encryption.
- Using any encryption method other than AES-256 puts data at risk.
- Starting **January 1, 2027**, encryption method on submitted file packages will be validated and will be rejected if not using a variant of AES-256.

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.