January 20, 2023 Submitter Forum^{*}

ATTENDEES	
Lee Spangler, Executive Director	 Devin York, Senior Project Manager
Joseph Harrison, Data Process Manager	 Jodie Nassar, Data Operations Manager

AGENDA	
•	Introductions
•	December Forum Q&A – Hot Topics
•	CDL Errata
•	Testing - Notification
•	Extensions – Small Payor
•	Q&A

DISCUSSION TOPICS – Q&A

General

1. General comments from the Center:

The Center thanks everyone for participating in this submitter forum. The answers provided here are our best understanding of the questions submitted. As always, something may get lost in translation. If there needs to be further clarification on any question, please submit a ticket and we can start that dialogue.

Common Data Layout

2. Can you provide a list of all the specific changes with the Errata and the timeline for implementing these changes? Also, just to clarify, these changes are specifically to Texas' version of the CDL and not the CDL maintained by the APCD Council, correct?

The Texas CDL is a modified version of the APCD Council's CDL and can be found at <u>https://qo.uth.edu/txapcd</u>. Please do not use the CDL found at the APCD Council, the Texas Department of Insurance (TDI), or through a Google Search, as we have seen submitters using incorrect

^{*} Some questions submitted have been edited for clarity.

CDLs. The latest CDL Errata is available <u>here</u>. These changes should be incorporated into your current testing and for files to be submitted in March. Most of these changes are to relax the max length constraint preventing the need to truncate data.

3. Our system allows Capitated and Non-Capitated claim lines on the same claim. The Payment Arrangement Type Indicator (CDLMC132) data element is at the Master level. How do we handle those claims that have mixed capitated and non-capitated claim lines?

The Payment Arrangement Type Indicator should be the payment arrangement particular to that claim line, ignore the Master Level designation.

4. For Dental, CDLDC084 - Claim Line Type, can you clarify the difference between Replacement (R) and Amendment (A)?

The major distinction between the Replacement and Amendment is whether the original claim is voided by the provider. Claim lines resubmitted by a provider that they have voided and paid by the payor as a new claim are replacement claim lines. Claim lines that are corrected or changed in some fashion, but are not voided are amendment claim lines.

R - Replacement, claim is a replacement to the original claim, making the original claim void
 A - Amendment, claim is amended generally to include additional information or to change a code from the original.

5. On the provider file we received an error on our Dental provider group names. We submitted dental group names in the last name field and the first name field is blank. Is your expectation that a dental group name would be submitted in the first name field only?

CDLPV006 Entity Type Qualifier should be used to distinguish between a person or an organization. If CDLPV006 is "2", first name should be blank and then CDLPV012 should populated with the Organization name at 90%.

Extensions and Exceptions

6. Will the TXAPCD evaluate some of the thresholds based on the type of procedures to reduce/eliminate this requirement. For example, the "Oral Cavity 1" in the dental submission. Most procedures are inclusive of this information and wouldn't have this additional information associated, so the threshold of having this 50% of the time wouldn't be possible.

The TXAPCD will review the thresholds, monthly, to determine if the thresholds are unachievable universally, in which case the threshold would be adjusted appropriately and communicated via the CDL Errata. Items documented in the CDL Errata do not need an exception request.

File Submission

7. What is the expectation if a "small payor" has zero claims for the historical period? Will there be a standard created for the multiple files that are empty?

The TXAPCD does not expected data submitters to submit data for data periods for which they had no claims or encounters. Please submit a ticket at txpacd.org documenting those data periods for which you had no claims or encounters.

8. For new payers with market entry 1/1/2023 is an exception required for historical data and March and April files since there will be no data to submit? May 2023 would be the first month with reportable data (Jan 2023).

The TXAPCD does not expected data submitters to submit data for data periods for which they had no claims or encounters. Please submit a ticket at txpacd.org documenting those data periods for which you had no claims or encounters and your initial monthly submission start date.

9. Related to the member eligibility file, the APCD submission guide states "Submitters must provide a data set that contains information on every covered plan member whether or not the member utilized services during the reporting period." Does this mean each month's zip will contain one member eligibility file containing all members?

Yes, but please only include those members that were eligible during the submitted data period.

10. On the Submission Guide, under 1.7.6 Provider Data, the requirement states "Health care payors must provide a data set that contains information on every provider in the provider network and every provider (in-network or out-of-network) for whom claims were adjudicated during the targeted reporting period or for those who were reported on the eligibility file during the reporting period." Is the expectation all In-Network providers listed and any Out of Network provider with an adjudicated claim under the month listed?

Yes, the provider file should include all providers in their networks and all providers (in and out of network) for whom a claim was adjudicated in the reporting period month.

11. We're planning on sending multiple zip files (one for medical and one for dental), will both zip files need to include an eligibility submission, or can we send all members in the medical submission.

The dental submission (zip file) would include the dental claims file, an eligibility file with all your members who are eligible for dental services under the plans being reported, and a provider file with all providers in your network(s) or who may have had claims adjudicated in the data period (see section 1.7.6 of the Data Submission Guide).

The same would apply for your medical submission (zip file). It would include your medical claims file, an eligibility file for all members who were eligible for medical services under the plans being reported, and a provider file including all providers in your network(s) or who may have had claims adjudicated in the data period.

Testing

12. What is the SLA for data validation on Initial test files submitted?

During testing, our expectation is to have a 48-hour turnaround. That being said, the TXAPCD is also in test mode and may need additional time to correct programming and validation rules. The Center will communicate any significant delays.

Notifications

13. Is the historical data from 1/1/2019–10/31/2022? or 1/1/2019–9/30/2022?

Please see <u>https://qo.uth.edu/txapcd</u> - Notification Tab for historical file submission window. The historical files are from January 1, 2019, to the date of your first monthly submission. Assuming, a submitter's first monthly submission starts in March 2023, for November 2022 adjudicated claims data, the historical file end-period would be October 31, 2022.

<u>Technical</u>

14. MFA appears to be required for all uploads. Our company wants to automate all these uploads, how can this work with MFA?

Please submit a ticket via the portal at txapcd.org describing your business needs. The TACC Team will address your ticket.

Miscellaneous

15. Can we get a copy of the slides?

Yes, the slides will be posted at <u>https://qo.uth.edu/txapcd</u> - FAQs Tab.

ACTION ITEMS

• Send notification for February 2023 Submitter Forum.