State of California
Office of Administrative Law

In re:
Department of Health Care Access and Information

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections: **97300, 97305, 97310, 97314, 97318, 97330, 97332, 97334, 97340, 97342, 97344, 97346, 97348, 97350, 97351, 97352, 97360, 97362, 97370**

NOTICE OF APPROVAL OF EMERGENCY REGULATORY ACTION

Government Code Sections 11346.1 and 11349.6

OAL Matter Number: 2021-1208-03

OAL Matter Type: Emergency Resubmittal (ER)

This emergency action initiates the first stage of the Health Care Payments Data Program, which includes collecting core health care data by identifying submitters, specifying data to be collected, creating a process for data submission, and establishing a timeline for data collection.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code.

This emergency regulatory action is effective on 12/20/2021 and pursuant to section 127673(f) of the Health and Safety Code will expire on 12/21/2023. The Certificate of Compliance for this action is due no later than 12/20/2023.

Date: December 20, 2021

Eric Partington
Senior Attorney

For: Kenneth J. Pogue
Director

Original: Elizabeth Landsberg, Director
Copy: Dionne Evans-Dean

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATION SUBMISSION

EMERGENCY

STD. 400 (REV. 10/2019)

For use by Secretary of State only

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

DEC 20 2021
received at
1:24pm

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-	2021 -	1208-03ER

For use by Office of Administrative Law (OAL) only

OFFICE OF ADMIN. LAW
2021 DEC 8 AM8:36

NOTICE | REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY
Department of Health Care Access and Information ("HCAI")

AGENCY FILE NUMBER (If any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE | TITLE(S) | FIRST SECTION AFFECTED | 2. REQUESTED PUBLICATION DATE

3. NOTICE TYPE
☐ Notice re Proposed Regulatory Action ☐ Other

4. AGENCY CONTACT PERSON | TELEPHONE NUMBER | FAX NUMBER (Optional)

OAL USE ONLY — ACTION ON PROPOSED NOTICE
☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/ Withdrawn

NOTICE REGISTER NUMBER | PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S)
Health Care Payments Data Program ("HPD")

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
2021-1029-03E

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) **(Including title 26, if toxics related)**

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)

ADOPT: 97300, 97305, 97310, 97314, 97318, 97330, 97332, 97334, 97340, 97342, 97344,

AMEND:

TITLE(S): Title 22

REPEAL:

3. TYPE OF FILING

☐ Regular Rulemaking (Gov. Code §11346)
☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.
☐ Emergency Readopt (Gov. Code, §11346.1(h))
☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)
☐ File & Print
☐ Print Only
☒ Emergency (Gov. Code, §11346.1(b))
☒ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
☐ Other (Specify)

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))
☒ Effective on filing with Secretary of State
☐ §100 Changes Without Regulatory Effect
☐ Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY
☐ Department of Finance (Form STD. 399) (SAM §6660)
☐ Fair Political Practices Commission
☐ State Fire Marshal
☐ Other (Specify)

7. CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
Dionne Evans-Dean	916 326-3937		dionne.evans-dean@hcai.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE
Scott Christman
Digitally signed by Scott Christman
Date: 2021.12.07 12:32:56 -08'00'

DATE: 12/7/2021

TYPED NAME AND TITLE OF SIGNATORY
Scott Christman, Chief Deputy Director, HCAI

For use by Office of Administrative Law (OAL) only
ENDORSED APPROVED
DEC 20 2021
Office of Administrative Law

Form 400

State of California--Office Of Administrative Law Notice Publication/Regulations Submission.

Continued B.2.

Adopt

97346, 97348, 97350, 97351, 97352, 97360, 97362, 97370.

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
HEALTH CARE PAYMENTS DATA PROGRAM
[Health and Safety Code sections 127671 - 127674.1]

PROPOSED TEXT OF EMERGENCY REGULATIONS

CALIFORNIA CODE OF REGULATIONS
TITLE 22
Division 7. Health Planning and Facility Construction

Adopt New Chapter 11. Health Care Payments Data Program

Article 1. Chapter Definitions

§ 97300. Definitions.

The following definitions shall apply to the regulations contained in this Chapter:

(a) "APCD-CDL™" means the Common Data Layout for All-Payer Claims Databases, Version 2.1, released July 1, 2021, as developed by the University of New Hampshire and the National Association of Health Data Organizations (NAHDO), and hereby incorporated by reference. The APCD-CDL™ is available for download from the APCD Council website.

(b) "Data portal" means the secure data submission mechanism through which plans register to submit data and data files are submitted to the System. The data portal is available via the Department's website.

(c) "Data Submission Guide" means the Health Care Payments Data Program: Data Submission Guide, dated November 23, 2021, and hereby incorporated by reference. The Data Submission Guide is available on, and may be downloaded from, the Department's website.

(d) "Delegated submitter" means an entity identified pursuant to Section 97318 as responsible for submitting data to the system on behalf of a plan.

(e) "Dental Data" means dental claims files as described in Section 97342, data for members who are exclusively enrolled for dental services, and data for providers who exclusively provided dental services.

(f) "Dental Plan" means a specialized health care service plan covering dental services only, a dental-only insurance plan, or a public self-insured plan covering dental services only.

(g) "Department" means the Department of Health Care Access and Information.

(h) "Designated submitter representative" means an individual or individuals designated by a registered submitter to submit data on behalf of the registered submitter and receive all communications from the System and the Department regarding data submissions.

(i) "Director" means the Director of the Department of Health Care Access and Information.

(j) "Health insurer" means an insurer licensed to provide health insurance, as defined in Section 106 of the Insurance Code, and an insurer offering specialized health insurance offering pharmacy, behavioral health (psychological), or dental services. Insurers providing only other specialized health insurance, or stop-loss insurance, student health insurance, supplemental insurance (including Medicare supplemental insurance), or discount-only insurance, are not considered health insurers.

(k) "Health plan" means a health care service plan as defined in the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) or a specialized health care service plan offering pharmacy, behavioral health (psychological), or dental services. "Health plan" does not include a health care service plan that holds a restricted or limited license only under the Knox-Keene Health Service Plan Act of 1975. Student health plans and supplemental plans (including Medicare supplemental coverage) are not considered health plans.

(l) "Member" means a person who is enrolled in or covered by a health plan, health insurer, or public self-insured plan.

(m)"Plan" means a non-exempt health plan, health insurer, or public self-insured plan; and any voluntarily participating entity.

(n) "Program" means the Health Care Payments Data Program established pursuant to Health and Safety Code Section 127671.1.

(o) "Public self-insured plan" means:

(1) A self-insured plan subject to Health and Safety Code Section 1349.2, or

(2) A state entity, city, county, or other political subdivision of the state, or a public joint labor management trust, that offers self-insured or multiemployer-insured plans that pay for or reimburse any part of the cost of health care services.

(p) "Qualified Health Plan" means a Qualified Health Plan offered by the California Health Benefit Exchange.

(q) "Registered submitter" means a plan that has registered to submit data to the system. An entity that is a delegated submitter under Section 97318 and has registered to submit data will be considered a registered submitter.

(r) "System" means the Health Care Payments Data System.

(s) "Voluntarily participating entity" means an entity that chooses to voluntarily submit data to the Program, has been approved by the Department to submit data, and is one of the following business types:

(1) A self-insured employer that is not subject to Health and Safety Code Section 1349.2.

(2) A multiemployer self-insured plan that is responsible for paying for health care services provided to beneficiaries.

(3) The trust administrator for a multiemployer self-insured plan.

(4) A provider, as defined in Health and Safety Code Section 1367.50(b)(2), that is a hospital or clinic.

(5) A supplier, as defined in Health and Safety Code Section 1367.50(b)(3), that has an independent scope of practice and submits claims electronically.

(6) A health plan or health insurer exempt from the requirements of this Chapter.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671, 127671.1, 127673, 127673.1, and 127673.2, Health and Safety Code.

Article 2. Voluntary Participation in the Program

§ 97305. Voluntary Participation in the Program.

(a) To request to become a voluntarily participating entity, an entity or their authorized agent shall submit to the Department a written request to participate in the Program.

(b) Each request shall provide the voluntarily participating entity's business type (as described in Section 97300(s)(1)-(6)), the number of covered lives, the types of coverage offered, and contact information.

(c) The Department shall notify requestors if they are approved to participate in the Program.

Note: Authority cited: Section 127673, Health and Safety Code.
Reference: Sections 127671.1, 127673 and 127673.2, Health and Safety Code.

Article 3. General Provisions

§ 97310. Plan Size Thresholds.

(a) A health plan, health insurer, or public self-insured plan that has fewer than 40,000 California members is exempt from the requirements of this Chapter, unless it is a Qualified Health Plan.

(1) The number of California members shall be calculated by adding together the California members in all of the entity's Medicare Advantage plans, private health plan products, and private health insurance products, as of December 31 of each calendar year. For purposes of this subsection, "private" refers to products that are not Medi-Cal or Medicare products.

(b) Application of threshold requirements.

(1) A non-exempt health plan, health insurer, or public self-insured plan that drops below 40,000 California members as of December 31 shall be responsible for submitting data files for time periods through December of that calendar year. The health plan, health insurer, or public self-insured plan shall notify the Program of its change in status and may elect to become a voluntarily participating entity.

(2) An exempt health plan, health insurer, or public self-insured plan that exceeds 40,000 California members as of December 31 shall be responsible for submitting data for time periods beginning on January 1 of the next calendar year.

(3) A newly created health plan, health insurer, or public self-insured plan that has 40,000 or more California members on December 31 of the year in which it is created shall be responsible for submitting data for time periods beginning on January 1 of the next calendar year.

Note: Authority cited: Section 127673, Health and Safety Code.
Reference: Sections 127671.1 and 127673, Health and Safety Code.

§ 97314. Qualified Health Plans.

A Qualified Health Plan that has been granted an exemption from reporting information to the Program by the California Health Benefit Exchange is not required to register with or submit data files to the data portal.

Note: Authority cited: Section 127673, Health and Safety Code.
Reference: Sections 127671.1 and 127673, Health and Safety Code.

§ 97318. Coordination of Data Submissions.

(a) If a plan contracts with other entities to administer plan benefits, the plan shall be responsible for the submission of all data for the plan's members. Entities that are contracted to administer plan benefits may include, but are not limited to, pharmacy benefit managers, behavioral health organizations, and, for a health plan, entities with a restricted or limited license under the Knox-Keene Health Service Plan Act of 1975. The plan shall either:

(1) Obtain necessary data from the contracted entity and submit the data to the system, or

(2) Ensure that the contracted entity submits the data directly to the system.

(A) The plan shall identify each contracted entity through the registration process.

(B) Each contracted entity shall register pursuant to Article 4 and this entity will be referred to as a delegated submitter.

Note: Authority cited: Section 127673, Health and Safety Code.
Reference: Sections 127671.1, 127673 and 127673.1, Health and Safety Code.

Article 4. Data Portal Registration

§ 97330. Registration Requirement.

(a) A health plan, health insurer, or public self-insured plan shall register to submit data to the data portal.

(1) Unless it is a dental plan, a health plan, health insurer, or public self-insured plan must complete its initial registration with the Program by May 27, 2022.

(2) A dental plan must complete its initial registration with the Program by March 29, 2024.

(3) When any health plan, health insurer, or public self-insured plan becomes subject to this Chapter, it shall register at least 15 calendar days before its first data files are due.

(b) A voluntarily participating entity shall register, directly or through their authorized agent, to submit data to the data portal.

(1) Prior to registering, the entity must have been approved to submit data pursuant to Section 97305.

Note: Authority cited: Section 127673, Health and Safety Code.

Reference: Sections 127671.1, 127673, 127673.1 and 127673.2, Health and Safety Code.

§ 97332. Registration Process.

A plan, and any delegated submitters, must register through the data portal and provide all required information as specified in the Data Submission Guide.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673 and 127673.1, Health and Safety Code.

§ 97334. Registration Information Update.

(a) Each plan or other entity that has registered to submit data must update registration information within 15 calendar days of any change in the required contact information.

(b) Each plan or other registered entity must review and update or confirm all registration information annually by the last calendar day of February.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673 and 127673.1, Health and Safety Code.

Article 5. Monthly Data File Submission

§ 97340. Monthly Data Submission.

(a) Plans shall submit data files monthly through the data portal.

(b) Each monthly file shall be submitted by the first business day of the second month after the report month.

Note: Authority cited: Section 127673, Health and Safety Code.
Reference: Sections 127671.1, 127673 and 127673.1, Health and Safety Code.

§ 97342. Data File Contents.

(a) The following files, as specified in the Data Submission Guide in conjunction with the APCD-CDL™, shall be submitted.

(1) Member Eligibility File (ME) – contains demographic information for each individual member residing in California, regardless of whether the member utilized services during the reporting period.

(2) Medical Claims File (MC) – contains service-level medical claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.

(3) Pharmacy Claims File (PC) – contains detailed pharmacy claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.

(4) Dental Claims File (DC) – contains service-level dental claims and encounter data processed during the reporting period, that were not fully denied, except as prohibited by federal or state law.

(5) Provider File (PV) – contains demographic-type data on every provider included on the ME, MC, PC, or DC files during the reporting period.

(b) Files shall exclude data for any members who are exclusively enrolled in Medi-Cal or one of the following types of coverage:

(1) Supplemental (including Medicare supplemental).

(2) Student health.

(3) Chiropractic-only.

(4) Acupuncture-only.

(5) Vision-only.

Note: Authority cited: Section 127673, Health and Safety Code.
Reference: Sections 127671.1, 127673 and 127673.1, Health and Safety Code.

§ 97344. Data File Technical Requirements.

Data files shall comply with file format, technical specifications, and other standards specified in the Data Submission Guide and the APCD-CDL™.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673 and 127673.1, Health and Safety Code.

§ 97346. Submission Completion.

If a registered plan has identified one or more delegated submitters to submit information directly to the data portal on behalf of the plan, the plan's data submission shall not be considered complete until all required files have been received.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1, 127673 and 127673.1 Health and Safety Code.

§ 97348. Test File Submission.

Registered submitters shall use the data portal to submit test files to confirm and test their ability to create data files meeting the data submission standards. Test files will be identified as specified in the Data Submission Guide. Test files will not be considered to have been submitted to the Program.

Note: Authority cited: Section 127673, Health and Safety Code.
Reference: Sections 127671.1 and 127673.4. Health and Safety Code.

Article 5.5. Special Rules for Program Opening and Historical Data Submission

§ 97350. Preparation for Historical Data Submission.

(a) Each registered submitter shall use the test function to prepare for historical data file submission.

(b) Plans, except dental plans, shall successfully complete the testing process by July 29, 2022.

(c) Dental plans shall successfully complete the testing process by July 31, 2024.

Note: Authority cited: Section 127673, Health and Safety Code. Reference: Sections 127671.1 and 127673, Health and Safety Code.

§ 97351. Historical Data Files.

(a) Plans, except dental plans, shall submit data files, excluding dental data, in accordance with Sections 97342 and 97344 for the time period from June 29, 2017 through December 2021 by October 28, 2022.

(b) All plans shall submit dental data in accordance with Sections 97342 and 97344 for the time period from June 29, 2017 through December 2021 by October 31, 2024.

Note: Authority cited: Section 127673, Health and Safety Code.
Reference: Sections 127671.1 and 127673, Health and Safety Code.

§ 97352. Initiation of Monthly Data File Reporting.

(a) Plans, except dental plans, shall do the following:

(1) Begin regular monthly reporting with monthly data files, excluding dental data, for the month of November 2022, or an earlier month at their election.

(2) By February 1, 2023, submit all remaining data files, excluding dental data, for the months of 2022 prior to their first regular monthly submission.

(b) All plans shall do the following:

(1) Begin regular monthly reporting of dental data for the month of November 2024.

(2) By February 1, 2025, submit all remaining dental data for period beginning January 2022 through October 2024.

Note: Authority cited: Section 127673, Health and Safety Code.
Reference: Sections 127671.1 and 127673, Health and Safety Code.

Article 6. Data Acceptance and Correction

§ 97360. Data Acceptance.

(a) Data files that are submitted to the data portal but do not meet the file intake specifications detailed in the Data Submission Guide will not be accepted.

(b) Registered submitters will be notified within 3 business days of submission whether a data file has been accepted or rejected.

Note: Authority cited: Sections 127673 and 127673.4, Health and Safety Code.
Reference: Sections 127671.1, 127673.1 and 127673.4, Health and Safety Code.

§ 97362. Data Review and Correction.

If the Department determines that a previously accepted file contains initially unidentified errors, the file shall be flagged and the submitter required to address the issues by either confirming that the file is correct or correcting and resubmitting the file within 45 days of notification by the Department.

Note: Authority cited: Sections 127673 and 127673.4, Health and Safety Code.
Reference: Sections 127671.1, 127673.1 and 127673.4, Health and Safety Code.

Article 7. Variances

§ 97370. Requesting a Variance.

(a) A plan that is unable to submit data files meeting the file intake specifications detailed in the Data Submission Guide may request a temporary variance to those requirements.

(b) Variance requests shall be submitted through the data portal, and shall clearly identify the current issues, the plan for correction, and the anticipated date of correction.

(c) The Department shall either approve or disapprove variance requests within 30 calendar days of the date the request was submitted.

Note: Authority cited: Sections 127673 and 127673.4, Health and Safety Code.
Reference: Sections 127671.1, 127673.1 and 127673.4, Health and Safety Code.

State of California

Department of Health Care Access and Information

Health Care Payments Data Program

Data Submission Guide

November 23, 2021

Version 1.0

Table of Contents

1 Introduction

This Data Submission Guide (DSG) describes the requirements with which data submitted to the Health Care Payments Data (HPD) Program must comply. The Department of Health Care Access and Information (HCAI) maintains and updates these specifications, which are incorporated by reference in California's HPD Program regulations.

The HPD Program uses the Common Data Layout for State All-Payer Claims Databases (APCD-CDL™) as the file format for plans to transmit health care enrollment, cost, utilization, and provider data to the HPD System. For more information about the APCD-CDL™, visit the APCD Council's website (https://www.apcdcouncil.org/common-data-layout).

These specifications do not repeat content from the APCD-CDL™; instead the DSG offers additional detail for submissions to the HPD program not covered in the APCD-CDL™.

2 Registration

Two different types of registration are required via the HPD portal: one for plans, and one for plans and delegated submitters.

2.1 Plan Registration

This includes any mandatory submitter, such as a health plan, insurer or public self-insured entity, and any voluntary submitter (directly or through an authorized agent of the voluntary submitter). For licensed entities such as health plans or insurers, the registration is at the license level.

Each of these types of plans will provide the following information during the registration process:

- Legal entity name and address
- Type of entity: mandatory or voluntary, and whether: plan/insurer, public self-insured, private self-insured
- National Association of Insurance Commissioners (NAIC) Code
- Product type(s)
- License Type and License Number
- Lines of Business
- A regulatory contact (first and last name, phone, email and address)
- A business contact for submission issues (name, phone, email and address)
- If the plan will be submitting its own data, list the types of data files that will be submitted

- If the plan is delegating submission, the plan shall provide a list of submitters, and the following information for each submitter:
  - Legal entity name
  - Contact information (name, title, phone, email and address)
  - The type of data files to be submitted

Upon approval of the registration, the registering entity will be notified and provided with a unique Payer Code that will be used in data submission to identify data they are responsible for. Submitted files that contain an invalid Payer Code will not be accepted.

2.2 Submitter Registration

Each entity who will submit data to HPD must register via the data portal. Plans who will submit data themselves (without any delegation) must also register as a submitter.

Each registering submitter must provide the following information to register:

- Legal entity name and address
- At least two designated submitter representatives (first and last name, title, phone, email and address)
- A list of all plans who they will submit data on behalf of. For each plan entity, the following information is required:
  - Payer Code and Name
  - A complete list of all data file types (Eligibility, Medial Claims, Pharmacy Claims, Dental Claims, and Provider) they will submit for each Payer Code

Upon approval of the registration, the registering submitter will be notified and provided with a unique Submitter Code that will be used in data submission to identify data they are responsible for. Submitted files that contain an invalid Submitter Code or invalid Payer Code/Submitter Code combination will not be accepted.

3 Test File Submission

Submitters shall submit test files through the HPD data portal. Test files are identified by CDLHD008 = "T".

4 File Intake Specifications

Plans will be assigned a Payer Code by HCAI during the registration process. Submitters will be assigned a Data Submitter Code. Both of these codes are required data elements within the submitted data files.

Each file submitted to the HPD System must contain a valid File Header and a valid File Trailer.

Submitters must comply with the data definitions in the APCD-CDL™ Version 2.1. The data elements in the following tables include those fields designated as "Required" and "Situational." All other data elements in the APCD-CDL™ shall be populated with available data.

Files submitted to the HPD Systems will be either accepted or rejected. Reasons for rejection include the following:

- Invalid file format, including layout, field lengths, or data types
- Eligibility records, medical claims, pharmacy claims, and dental claims for which paid dates or eligibility dates do not match the reporting period as indicated by the Period Beginning Date and Period Ending Date in the File Header
- Invalid values for required or situationally required data elements – unless a Data Variance has been approved by HCAI
- Other technical deficiencies related to file submission, storage, or processing

Data elements designated in the following sections as "Required" must be populated at all times. Unless a variance has been registered and accepted for a specific field, failure to provide a valid value in a required field will result in the rejection of the submitted file.

Data elements designated in the following sections as "Situational" must be populated under specific circumstances. Unless a variance has been registered and accepted for a specific field, failure to provide a valid value in a situational field will result in the rejection of the submitted file if the situational circumstance is present. For example, the claims file data element "Admission Date" is designated as "Situational" and is required when the claim/encounter is "Inpatient".

Only Required and Situational data elements are included in the following tables.

4.1 File Header

APCD CDL Data Element #	Name	HPD Requirements	Notes
CDLHD001	Record Type	Required	
CDLHD002	Data Submitter Code	Required	Assigned by HCAI during registration.
CDLHD004	Data Submitter Name	Required	
CDLHD005	File Type	Required	
CDLHD006	Period Beginning Date	Required	
CDLHD007	Period Ending Date	Required	
CDLHD008	Test File Flag	Required	"P" = Production File "T" = Test File

4.2 File Trailer

APCD CDL Data Element #	Name	HPD Requirements	Notes
CDLTR001	Record Type	Required	
CDLTR002	Data Submitter Code	Required	Assigned by HCAI during registration.
CDLTR004	Data Submitter Name	Required	
CDLTR005	File Type	Required	
CDLTR006	Extraction Date	Required	
CDLTR007	Control Total of Paid Amount	Situational	Required for claims files.
CDLTR008	Record Count	Required	

4.3 Member Eligibility File

APCD CDL Data Element #	Name	HPD Requirements	Notes
CDLME001	Data Submitter Code	Required	Assigned by HCAI during registration.
CDLME002	Payer Code	Required	Assigned by HCAI during registration.
CDLME004	Member Insurance / Product Category Code	Required	
CDLME005	Start Year of Submission	Required	Must be within the reporting period.
CDLME006	Start Month of Submission	Required	Must be within the reporting period.
CDLME007	Insured Group or Policy Number	Required	
CDLME008	Coverage Level Code	Required	
CDLME011	Plan Specific Contract Number	Required	
CDLME012	Subscriber Last Name	Required	
CDLME013	Subscriber First Name	Required	
CDLME017	Individual Relationship Code	Required	
CDLME018	Member Gender	Required	
CDLME019	Member Date of Birth	Required	
CDLME020	Member Last Name	Required	
CDLME021	Member First Name	Required	
CDLME023	Member Street Address	Required	
CDLME024	Member City Name	Required	
CDLME025	Member State or Province	Required	
CDLME026	Member ZIP Code	Required	
CDLME036	Medical Coverage Under This Plan	Required	

APCD CDL Data Element #	Name	HPD Requirements	Notes
CDLME037	Pharmacy Coverage Under This Plan	Required	
CDLME038	Dental Coverage Under This Plan	Required	
CDLME039	Behavioral Health Coverage Under this Plan	Required	
CDLME040	Primary Insurance Indicator	Required	
CDLME041	Coverage Type	Required	
CDLME042	Plan State	Required	
CDLME043	Market Category Code	Required	
CDLME046	Member PCP ID	Situational	Required when a PCP is assigned: CDLME048 = "1" or "2".
CDLME047	NPI of Member's PCP	Situational	Required when a PCP is assigned: CDLME048 = "1" or "2."
CDLME048	PCP Assignment	Required	
CDLME052	HIOS Plan Indicator	Required	
CDLME053	HIOS Plan ID	Situational	Required when CDLME052 = "1".
CDLME054	Metal Tier	Situational	Required when CDLME052 = "1".
CDLME057	Enrolled Through a Public Health Insurance Exchange	Situational	Required when CDLME052 = "1."
CDLME061	Carrier Specific Unique Member ID	Required	
CDLME062	Carrier Specific Unique Subscriber ID	Required	
CDLME075	Member Medicare Beneficiary Identifier	Situational	Required for Medicare beneficiaries.

APCD CDL Data Element #	Name	HPD Requirements	Notes
CDLME076	ACO Identifier	Situational	Required when Member Insurance / Product Category Code (CDLME004) is one of the following values: EP = Exclusive Provider Organization HM = Health Maintenance Organization (HMO) (commercial only) PR = Preferred Provider Organization (PPO) (commercial only) PS = Point of Service (POS) (commercial only)
CDLME077	ACO Name	Situational	Required when Member Insurance / Product Category Code (CDLME004) is one of the following values: EP = Exclusive Provider Organization HM = Health Maintenance Organization (HMO) (commercial only) PR = Preferred Provider Organization (PPO) (commercial only) PS = Point of Service (POS) (commercial only)

APCD CDL Data Element #	Name	HPD Requirements	Notes
CDLME078	Physician Organization Identifier	Situational	Required when Member Insurance / Product Category Code (CDLME004) is one of the following values: HM = Health Maintenance Organization (HMO) (commercial only) HN = Health Maintenance Organization (HMO) Medicare Risk / Medicare Part C PS = Point of Service (POS) (commercial only)
CDLME899	Record Type	Required	

4.4 Medical Claims File

APCD CDL Data Element	Name	HPD Requirements	Notes
CDLMC001	Data Submitter Code	Required	Assigned by HCAI during registration
CDLMC002	Payer Code	Required	Assigned by HCAI during registration
CDLMC004	Member Insurance / Product Category Code	Required	
CDLMC005	Payer Claim Control Number	Required	
CDLMC006	Line Counter	Required	
CDLMC007	Version Number	Required	
CDLMC009	Insured Group or Policy Number	Required	
CDLMC012	Plan Specific Contract Number	Required	
CDLMC013	Subscriber Last Name	Required	
CDLMC014	Subscriber First Name	Required	
CDLMC017	Individual Relationship Code	Required	
CDLMC018	Member Gender	Required	
CDLMC019	Member Date of Birth	Required	
CDLMC020	Member Last Name	Required	
CDLMC021	Member First Name	Required	
CDLMC022	Member ZIP Code	Required	
CDLMC024	Paid Date	Required	For capitated encounters use processed date
CDLMC025	Admission Date	Situational	Required for inpatient claims and encounters
CDLMC026	Admission Hour	Situational	Required for inpatient claims and encounters

APCD CDL Data Element	Name	HPD Requirements	Notes
CDLMC027	Admission Type	Situational	Required for inpatient claims and encounters.
CDLMC028	Point of Origin	Situational	Required for institutional claims.
CDLMC029	Discharge Date	Situational	Required for inpatient claims and encounters when Discharge Status (CDLMC031) NOT equal to "30" (Still a patient).
CDLMC030	Discharge Hour	Situational	Required for inpatient claims and encounters when Discharge Status (CDLMC031) NOT equal to "30" (Still a patient).
CDLMC031	Discharge Status	Situational	Required for inpatient claims and encounters.
CDLMC032	Type of Bill – Institutional	Situational	Required for institutional claims.
CDLMC033	Place of Service – Professional	Situational	Required for professional claims.
CDLMC034	Admitting Diagnosis	Situational	Required for inpatient claims.
CDLMC036	ICD Version Indicator	Required	
CDLMC037	Principal Diagnosis	Required	
CDLMC087	Revenue Code	Situational	Required for institutional claims.
CDLMC088	Procedure Code	Situational	Required for professional and outpatient claims.
CDLMC119	Date of Service – From	Required	

APCD CDL Data Element	Name	HPD Requirements	Notes
CDLMC120	Date of Service – Thru	Required	
CDLMC121	Service Units/Quantity	Required	Can be zero or negative. A decimal point must be included. Count of services performed: Do NOT hard code this field to a 1 or 0, use the actual data value.
CDLMC122	Unit of Measure	Situational	Required if CDLMC121 is NOT zero.
CDLMC123	Charge Amount	Required	Can be zero or a negative value.
CDLMC125	Plan Paid Amount	Required	Can be zero or a negative value. Capitated claims will be zero.
CDLMC126	Co-Pay Amount	Required	Can be zero or a negative value.
CDLMC127	Coinsurance Amount	Required	Can be zero or a negative value.
CDLMC128	Deductible Amount	Required	Can be zero or a negative value.
CDLMC129	Other Insurance Paid Amount	Required	Can be zero or a negative value.
CDLMC131	Allowed Amount	Required	Can be zero or a negative value. For capitated encounters, a Fee-For-Service equivalent amount, including member responsibility amounts, should be included in this field.

APCD CDL Data Element	Name	HPD Requirements	Notes
CDLMC132	Payment Arrangement Type Indicator	Required	
CDLMC134	Rendering Provider ID	Required	
CDLMC135	Rendering Provider NPI	Situational	Required for non-atypical providers.
CDLMC136	Rendering Provider Entity Type Qualifier	Required	
CDLMC137	In Plan Network Indicator	Required	
CDLMC138	Rendering Provider First Name	Situational	Required when CDLMC136 = "1".
CDLMC140	Rendering Provider Last Name or Organization Name	Required	
CDLMC142	Rendering Provider Specialty	Required	
CDLMC143	Rendering Provider City Name	Required	
CDLMC144	Rendering Provider State or Province	Required	
CDLMC145	Rendering Provider ZIP Code	Required	
CDLMC147	Billing Provider ID	Required	
CDLMC148	Billing Provider NPI	Required	
CDLMC149	Billing Provider Last Name or Organization Name	Required	
CDLMC156	Type of Claim	Required	
CDLMC157	Claim Status	Required	
CDLMC160	Claim Line Type	Required	
CDLMC161	Carrier Specific Unique Member ID	Required	

APCD CDL Data Element	Name	HPD Requirements	Notes
CDLMC162	Carrier Specific Unique Subscriber ID	Required	
CDLMC899	Record Type	Required	

4.5 Pharmacy Claims File

APCD CDL Data Element #	Name	HPD Requirements	Notes
CDLPC001	Data Submitter Code	Required	Assigned by HCAI during registration.
CDLPC002	Payer Code	Required	Assigned by HCAI during registration.
CDLPC004	Member Insurance/ Product Category code	Required	
CDLPC005	Payer Claim Control Number	Required	
CDLPC006	Line Counter	Required	
CDLPC007	Version Number	Required	
CDLPC009	Insured Group or Policy Number	Required	
CDLPC012	Plan Specific Contract Number	Required	
CDLPC013	Subscriber Last Name	Required	
CDLPC014	Subscriber First Name	Required	
CDLPC017	Individual Relationship Code	Required	
CDLPC018	Member Gender	Required	
CDLPC019	Member Date of Birth	Required	
CDLPC020	Member Last Name	Required	
CDLPC021	Member First Name	Required	

APCD CDL Data Element #	Name	HPD Requirements	Notes
CDLPC022	Member ZIP Code	Required	
CDLPC023	Date Prescription Filled	Required	
CDLPC024	Paid Date	Required	For capitated encounters use processed date.
CDLPC025	Drug Code	Required	Report NDCs only. If CDLPC029 = "Y", report the NDC of the first listed ingredient.
CDLPC026	New Prescription or Refill	Required	
CDLPC027	Generic Drug Indicator	Required	
CDLPC028	Dispensed as Written Code	Required	
CDLPC029	Compound Drug Indicator	Required	
CDLPC030	Compound Drug Name or Compound Drug Ingredient List	Situational	Required if CDLPC029 = "Y" Use either the compound drug name or a list of NDC codes separated by a semi-colon.
CDLPC032	Quantity Dispensed	Required	
CDLPC033	Days' Supply	Required	
CDLPC034	Drug Unit of Measure	Required	
CDLPC035	Prescription Number	Required	
CDLPC036	Charge Amount	Required	
CDLPC037	Plan Paid Amount	Required	Can be zero or a negative value.

APCD CDL Data Element #	Name	HPD Requirements	Notes
			Capitated encounters will be zero.
CDLPC038	Allowed Amount	Required	Can be zero or a negative value. For capitated encounters, a Fee-For-Service equivalent amount, including member responsibility amounts, should be included in this field.
CDLPC039	Sales Tax Amount	Required	Can be zero or a negative value.
CDLPC040	Ingredient Cost/List Price	Required	Can be zero or a negative value.
CDLPC041	Postage Amount Claimed	Required	Can be zero or a negative value.
CDLPC042	Dispensing Fee	Required	Can be zero or a negative value.
CDLPC043	Co-Pay Amount	Required	Can be zero or a negative value.
CDLPC044	Coinsurance Amount	Required	Can be zero or a negative value.
CDLPC045	Deductible Amount	Required	Can be zero or a negative value.
CDLPC047	Other Insurance Paid Amount	Required	Can be zero or a negative value.
CDLPC048	Member Self-Pay Amount	Required	Can be zero or a negative value.
CDLPC049	Payment Arrangement Type Flag	Required	
CDLPC050	Prescribing Physician ID	Required	
CDLPC051	Prescribing Physician NPI	Required	

APCD CDL Data Element #	Name	HPD Requirements	Notes
CDLPC052	Prescribing Physician First Name	Required	
CDLPC053	Prescribing Physician Last Name	Required	
CDLPC055	Pharmacy ID	Required	
CDLPC057	Pharmacy NPI	Required	
CDLPC059	Pharmacy Location State	Required	
CDLPC060	Pharmacy ZIP Code	Required	
CDLPC061	Pharmacy Country Code	Required	
CDLPC062	Mail-Order Pharmacy Indicator	Required	
CDLPC064	In Plan Network Indicator	Required	
CDLPC065	Record Status Code	Required	
CDLPC066	Claim Line Type	Required	
CDLPC068	Carrier Specific Unique Member ID	Required	
CDLPC069	Carrier Specific Unique Subscriber ID	Required	
CDLPC071	Pharmacy City	Required	
CDLPC899	Record Type	Required	

4.6 Dental Claims File

APCD CDL Data Element	Name	HPD Requirements	Notes
CDLDC001	Data Submitter Code	Required	Assigned by HCAI during registration
CDLDC002	Payer Code	Required	Assigned by HCAI during registration
CDLDC004	Member Insurance / Product Category Code	Required	
CDLDC005	Payer Claim Control Number	Required	
CDLDC006	Line Counter	Required	
CDLDC007	Version Number	Required	
CDLDC009	Insured Group or Policy Number	Required	
CDLDC012	Plan Specific Contract Number	Required	
CDLDC013	Subscriber Last Name	Required	
CDLDC014	Subscriber First Name	Required	
CDLDC017	Individual Relationship Code	Required	
CDLDC018	Member Gender	Required	
CDLDC019	Member Date of Birth	Required	
CDLDC020	Member Last Name	Required	
CDLDC021	Member First Name	Required	
CDLDC022	Member ZIP Code	Required	
CDLDC023	Paid Date	Required	For capitated encounters use processed date
CDLDC024	Place of Service - Professional	Required	

APCD CDL Data Element	Name	HPD Requirements	Notes
CDLDC026	ICD-9/ICD-10 Flag	Situational	Required when CDLDC025 is populated
CDLDC027	CDT Code	Required	Valid values can also include CPT and HCPCS
CDLDC057	Date of Service – From	Required	
CDLDC058	Date of Service – Thru	Required	
CDLDC059	Charge Amount	Required	Can be zero or a negative value.
CDLDC060	Plan Paid Amount	Required	Can be zero or a negative value. Capitated claims will be zero.
CDLDC061	Co-Pay Amount	Required	Can be zero or a negative value.
CDLDC062	Coinsurance Amount	Required	Can be zero or a negative value.
CDLDC063	Deductible Amount	Required	Can be zero or a negative value.
CDLDC064	Allowed Amount	Required	Can be zero or a negative value. For capitated encounters, a Fee-For-Service equivalent amount, including member responsibility amounts, should be included in this field.
CDLDC065	Payment Arrangement Type Indicator	Required	
CDLDC066	Rendering Provider ID	Required	
CDLDC067	Rendering Provider NPI	Situational	Required for non-atypical providers.

APCD CDL Data Element	Name	HPD Requirements	Notes
CDLDC068	Rendering Provider Entity Type Qualifier	Required	
CDLDC069	Rendering Provider First Name	Situational	Required when CDLDC068 = "1".
CDLDC071	Rendering Provider Last Name or Organization Name	Required	
CDLDC073	Rendering Provider Specialty	Required	
CDLDC074	Rendering Provider City Name	Required	
CDLDC075	Rendering Provider State or Province	Required	
CDLDC076	Rendering Provider ZIP Code	Required	
CDLDC078	Billing Provider ID	Required	
CDLDC079	Billing Provider NPI	Required	
CDLDC080	Billing Provider Last Name or Organization Name	Required	
CDLDC156	Type of Claim	Required	
CDLDC083	Claim Status	Required	
CDLDC084	Claim Line Type	Required	
CDLDC085	Carrier Specific Unique Member ID	Required	
CDLDC086	Carrier Specific Unique Subscriber ID	Required	
CDLDC899	Record Type	Required	

4.7 Provider File

APCD CDL Data Element #	Name	HPD Requirements	Notes
CDLPV001	Data Submitter Code	Required	Will be assigned by HCAI during registration.
CDLPV002	Payer Code	Required	Will be assigned by HCAI during registration.
CDLPV004	Payer Assigned Provider ID	Required	
CDLPV006	Entity Type Qualifier	Required	
CDLPV007	Provider NPI	Required	
CDLPV010	Provider First Name	Situational	Required when CDLPV006 = "1".
CDLPV012	Provider Last Name or Organization Name	Required	
CDLPV014	Provider Office Street Address	Required	
CDLPV015	Provider Office City	Required	
CDLPV016	Provider Office State	Required	
CDLPV017	Provider Office ZIP Code	Required	
CDLPV019	Provider Country Code	Required	
CDLPV021	Provider Specialty	Required	
CDLPV899	Record Type	Required	