State of California

Department of Health Care Access and Information

Health Care Payments Data Program

Data Submission Guide

August 11, 2025

Version 4.0

Table of Contents

Document Change Log

Version	Date	Changes

4.0	August 11, 2025	Updated to incorporate use of APCD-CDL™ Version 4.0.1
		• Table of Contents – Renamed Section 5 as “Data Portal Requirements”.
		  ◦ Added section 6: “File Submissions”
		    ▪ Added “Data Submission and Encryption Requirements” as Section 6.1
		    ▪ Moved “File Intake Specifications” to Section 6.2
		• Introduction – Updated for standard use of APCD-CDL™ Version 4.0.1
		  ◦ Removed reference to File Intake Specifications for APCD-CDL™ Version 4.0.1 file types
		• Added registration requirements for submitters who submit data via Secure File Transfer Protocol to Section 2.2
		• Added credential requirements for submitters using HPD Data Portal to Section 2.2
		• Included HPD Data Portal requirements in Section 5.
		• Added requirements for use of APCD-CDL™ Version 4.0.1 to File Intake Specifications in Section 6.2
		  ◦ APCD-CDL™ Version 4.0.1 includes non-claims payment files (Annual Payment, Pharmacy Rebate, Capitation)
		  ◦ Updated table headers for Annual Payment File, Pharmacy Rebate File, and Capitation File to reflect incorporation into APCD-CDL™

		• File Header - Updated version reference in notes from “3.0.1” to “4.0.1” in CDLHD010 • File Trailer - Updated Control total references (CDLAP016, CDLPR011, CDLCF019) in CDLTR007 to reflect changes in APCD-CDL™ Version 4.0.1 • Annual Payment file - Updated notes for CDLPA014 and CDLPA015 • Updated name change and removed notes in Pharmacy Claims (CDLPC030) • Removed notes that reference NCP Data Layout™ from Annual Payment File, Capitation File, and Pharmacy Rebate File tables in Section 6
3.0	October 28, 2024	Added new section 4 which describes requirements for registration and testing for historical NCP Data Files. Applied minor grammar corrections to file names. NCP Data Layout™ Version 1.0 File Specifications. • Introduction – Added link to NCP Data Layout™, removed date-dependent usage of v2.1 vs 3.0.1 • Submitter Registration – Added NCP data files • File Intake Specifications – Specified which files will use APCD-CDL™ v3.0.1 and which files will use NCP Data Layout™ v1.0 • File Header – Updated possible values for CDLHD005 • File trailer – Updated possible values for CDLTR005 and CDLTR007 • Removed typo entry for Dental Claims (CDLDC156) • Added file tables for Annual Payment file, Pharmacy Rebate file and Capitation file

2.0	July 17, 2023	Updated to use APCD-CDL™ version 3.0.1: • Member Gender was updated to Member Sex • Race fields updated to use the six-character concept code New additions to the eligibility file include: Member Gender Identity (CDLME081) and Member Sexual Orientation (CDLME082)
1.0	September 1, 2021	Initial publication.

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 All-Payer Claims Databases (APCD-CDL™), Version 4.0.1, released February 2025. Submitters are required to use this APCD-CDL™ standard to submit 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).

The File Intake 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™ (such as required and situational field designations).

This version of the DSG is for HPD submissions or resubmissions on or after February 17, 2026, using APCD-CDL™ version 4.0.1.

2 Registration

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

A dental plan must complete its initial registration (both plan and submitter) with HPD by March 29, 2024.

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.

Plan registration will take place during the month of January each year and by the last calendar day of January.

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.

Submitter registration will take place each year after plan registration has been completed and by the last calendar day of February.

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, Medical Claims, Pharmacy Claims, Dental Claims, Provider, Annual Payments, Pharmacy Rebates, and Capitation) they will submit for each Payer Code
- If submitting data outside of the data portal via secure file transfer protocol (SFTP):
    - Submitter's SFTP technical contact (first and last name, title, phone, email and address). This is the person who is responsible for the technical requirements of SFTP submission for submitter.
    - If submitter has a person responsible for facilitating exchanges between submitter's SFTP technical contact and HCAI or HCAI's data portal contractor, submitter' SFTP contact (first and last name, title, phone, email and address).

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.

Additionally, upon approval of the registration, the registering submitter shall be required to create a password to access the data portal.

3 Test File Submission

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

4 Special Registration and Testing Requirements for Historical NCP Data Files

In this DSG, "NCP Data Files" means Capitation Files, Annual Payment Files, and Pharmacy Rebate Files.

Plans and delegated submitters must register and test as required in Sections 4.1 and 4.2 below before submitting historical NCP Data Files[1].

4.1 Registration Update

Before testing required by Section 4.2 of this DSG, plans and delegated submitters must do the following:

- Plans must update their 2025 Plan Registrations by identifying the entities that will submit their historical NCP data files. Plans must provide the information required by Section 2.1 of this DSG for these entities.
- Registered submitters which will submit historical NCP Data Files must update their 2025 Submitter Registrations. Registered submitters must provide the information required by Section 2.2 of this DSG regarding their historical NCP Data File submission(s).
- Delegated submitters which did not register as registered submitters in 2025 and which will submit historical NCP Data Files must register as a submitter under Section 2.2 of this DSG.

4.2 Testing

After registering under Section 4.1 of this DSG, registered submitters must:

- By September 1, 2025, submit at least one test file through the data portal for each historical NCP Data File type they will submit.
  - For example, if a registered submitter will submit historical Annual Payment Files and historical Capitation Files, it must submit at least one test Annual Payments File and one test Capitation File by September 1, 2025.
- By June 30, 2026, successfully complete testing for each historical NCP Data File type they will submit.

[1] Historical NCP Data File submission is required by California Code of Regulations, title 22, section 97351(b) and (c).

- "Successfully complete testing" means that the registered submitter, for each NCP Data File type it will submit, submitted a test file that was not rejected by HCAI. Reasons for rejection are stated in Section ~~5~~6 of this DSG.
- Registered submitters may need to submit multiple test files before successfully completing testing.

5 Data Portal Requirements

Plans and submitters shall comply with the following when using the data portal:

- Not infringe any intellectual property right that HCAI or HCAI's data portal contractor has in the data portal.
- Protect and keep confidential their passwords to the data portal.
- Not use and prevent the use of the data portal by its staff for purposes other than to comply with HPD requirements or other legal requirements.
- Immediately notify HCAI or HCAI's data portal contractor if the plan or submitter believes the data portal is not functioning properly for it to submit data, or that the data portal's security has been compromised, including, but not limited to, if the plan or delegated submitter's password was disclosed to or used by unauthorized entities.
- Immediately notify HCAI or HCAI's data portal contractor if the plan or submitter obtains access to another entity's data or data about patients, consumers, or providers in the data portal.
- Assist HCAI or HCAI's data portal contractor in investigating and resolving data portal failures or security issues.

6 File Submissions

6.1 Data Submission and Encryption Requirements

Data files shall be submitted either through the data portal or outside the data portal via Secure File Transfer Protocol (SFTP). A submitter's annual registration must be approved prior to data submission.

For both data portal and SFTP submissions, submitters must encrypt their data files using the OpenPGP encryption standard prior to submission. For more information on OpenPGP encryption, refer to https://openpgp.org.

For submissions through the data portal, submitters must create an OpenPGP key pair consisting of one public PGP key and one private PGP key. Submitters must exchange their respective public PGP keys with HCAI's data portal contractor.

For SFTP submissions, submitters must create two key pairs: an OpenPGP key pair consisting of one public PGP key and one private PGP key and a Secure Shell (SSH) key pair, consisting of one public SSH key and one private SSH key. Submitters must exchange their respective public PGP keys and public SSH keys with HCAI's data portal contractor.

For all submissions, submitters must encrypt the files using HCAI's data portal contractor's public PGP key with HCAI's data portal contractor identified as the recipient of the file. Submitters must also sign the encryption using the private PGP key with the submitter identified as the sender of the file.

Data files that do not comply with the above encryption or data submission requirements will be rejected.

6.2 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 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 4.0.1. The data elements in the following tables include those fields designated as "Required" and "Situational". All other data elements shall be populated with available data.

Files submitted to the HPD System 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.

- Files have data about non-California residents.

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, however, all fields are required to be submitted if data is available.

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.

6.3 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	ME = Member Eligibility MC = Medical Claims PC = Pharmacy Claims DC = Dental Claims PV = Provider File AP = Annual Payments PR = Pharmacy Rebates CF = Capitation File
CDLHD006	Period Beginning Date	Required	YYYYMMDD
CDLHD007	Period Ending Date	Required	YYYYMMDD
CDLHD008	Test File Flag	Required	“P” = Production File “T” = Test File
CDLHD010	APCD-CDL™ Version Number	Required	”4.0.1”

6.4 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	ME = Member Eligibility MC = Medical Claims PC = Pharmacy Claims DC = Dental Claims PV = Provider File AP = Annual Payments PR = Pharmacy Rebates CF = Capitation File
CDLTR006	Extraction Date	Required	YYYYMMDD
CDLTR007	Control Total of Paid Amount	Situational	Required for claims (MC, PC, and DC) and non-claims (AP, PR, and CF) files. Control total for each file (CDLMC125, CDLPC037, CDLDC060, CDLAP016, CDLPR011, CDLCF019). Do not code decimal point or provide any punctuation.
CDLTR008	Record Count	Required	Total number of records submitted in the file, excluding header and trailer records.

6.5 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	Eligibility Year	Required	Must be within the reporting period.
CDLME006	Eligibility Month	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 Sex	Required	
CDLME019	Member Date of Birth	Required	
CDLME020	Member Last Name	Required	

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
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	
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”.

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
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.
CDLME076	ACO Identifier	Situational	Required when Member Insurance / Product Category Code (CDLME004) is one of the following values: EP = Exclusive Provider Organization

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
			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)
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)

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
			HN = Health Maintenance Organization (HMO) Medicare Risk / Medicare Part C PS = Point of Service (POS) (commercial only)
CDLME079	Vision Coverage Indicator	Required	
CDLME080	Financial Risk Type	Required	
CDLME899	Record Type	Required	

6.6 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 Sex	Required	
CDLMC019	Member Date of Birth	Required	
CDLMC020	Member Last Name	Required	
CDLMC021	Member First Name	Required	

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
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.
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	

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
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	
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.

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
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.
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	

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
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	
CDLMC162	Carrier Specific Unique Subscriber ID	Required	
CDLMC164	Medical Record Number	Situational	Required for Institutional claims and encounters.
CDLMC899	Record Type	Required	

6.7 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 Sex	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	Drug Name or Compound Drug Ingredient List	Situational	
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	

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
CDLPC050	Prescribing Physician ID	Required	
CDLPC051	Prescribing Physician NPI	Required	
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	

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
CDLPC069	Carrier Specific Unique Subscriber ID	Required	
CDLPC071	Pharmacy City	Required	
CDLPC899	Record Type	Required	

6.8 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 Sex	Required	
CDLDC019	Member Date of Birth	Required	
CDLDC020	Member Last Name	Required	
CDLDC021	Member First Name	Required	

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
CDLDC022	Member ZIP Code	Required	
CDLDC023	Paid Date	Required	For capitated encounters use processed date.
CDLDC024	Place of Service - Professional	Required	
CDLDC026	ICD-9/ICD-10 Flag	Situational	Required when CDLDC025 is populated.
CDLDC027	Procedure 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,

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
			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.
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	

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
CDLDC079	Billing Provider NPI	Required	
CDLDC080	Billing Provider Last Name or Organization Name	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	

6.9 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	

6.10 Annual Payment File

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
CDLAP001	Data Submitter Code	Required	Assigned by HCAI during registration.
CDLAP002	Payer Code	Required	Assigned by HCAI during registration.
CDLAP003	Reporting Period Start Date	Required	YYYYMM
CDLAP004	Reporting Period End Date	Required	YYYYMM
CDLAP005	Contract Number	Required	
CDLAP006	Contract Type	Required	
CDLAP007	Billing Provider ID	Required	
CDLAP008	Billing Provider NPI	Required	Must be a valid NPI.
CDLAP009	Billing Provider Tax ID	Required	Do not include punctuation.
CDLAP010	Billing Provider Last Name or Organization Name	Required	
CDLAP011	Billing Provider First Name	Situational	Required for individual providers.
CDLAP012	Payment Category	Required	
CDLAP013	Payment Subcategory	Required	
CDLAP014	Member Count	Situational	Required when Payment Category (CDLAP012) = 'B', ‘C’, ‘D’ or 'Z'.
CDLAP015	Member Months	Situational	Required when Payment Category (CDLAP012) = ‘B’,

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
			‘D’ or 'Z', or Payment Subcategory = ‘C5’ or ‘C6’.
CDLAP016	Total Amount Paid/Allowed	Required	Round to the nearest dollar (e.g., $1,000.25 converted to 1000). If the value for this field is zero, report as "0", not as null. This field may contain a negative value.
CDLAP017	Total Member Responsibility Amount	Required	Round to the nearest dollar (e.g., $1,000.25 converted to 1000). If the value for this field is zero, report as "0", not as null. This field may contain a negative value.
CDLAP018	Total Amount Paid for Primary Care	Required	Round to the nearest dollar (e.g., $1,000.25 converted to 1000). If the value for this field is zero, report as "0", not as null. This field may contain a negative value.
CDLAP019	Total Amount Paid for Behavioral Health	Required	Round to the nearest dollar (e.g., $1,000.25 converted to 1000). If the value for this field is zero, report as "0", not as null. This field may contain a negative value.
CDLAP899	Record Type	Required	

6.11 Pharmacy Rebate File

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
CDLPR001	Data Submitter Code	Required	Assigned by HCAI during registration.
CDLPR002	Payer Code	Required	Assigned by HCAI during registration.
CDLPR003	Reporting Period Start Date	Required	YYYYMM
CDLPR004	Reporting Period End Date	Required	YYYYMM
CDLPR005	Drug Code – NDC Product Code	Required	Do not include dashes.
CDLPR006	Drug Manufacturer	Required	
CDLPR007	Drug Name	Required	
CDLPR008	Brand/Generic Indicator	Required	
CDLPR009	Prescription Count	Required	
CDLPR010	Member Count	Required	Number of members filling a prescription during the reporting period.
CDLPR011	Total Paid Amount	Required	Total amount associated with this specific Drug Code. Round to the nearest dollar (e.g., $1,000.25 converted to 1000). If the value for this field is zero, report as "0", not as null. This field may contain a negative value.

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
CDLPR012	Rebates Received	Required	Total amount of the rebate received for the specified NDC code. Round to the nearest dollar (e.g., $1,000.25 converted to 1000). If the value for this field is zero, report as "0", not as null. This field may contain a negative value.
CDLPR899	Record Type	Required	

6.12 Capitation File

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
CDLCF001	Data Submitter Code	Required	Assigned by HCAI during registration.
CDLCF002	Payer Code	Required	Assigned by HCAI during registration.
CDLCF003	Reporting Period Start Date	Required	YYYYMM
CDLCF004	Reporting Period End Date	Required	YYYYMM
CDLCF005	Carrier Specific Unique Member ID	Required	
CDLCF006	Member Last Name	Required	
CDLCF007	Member First Name	Situational	Required when the member has a first name.
CDLCF008	Member Middle Initial	Situational	Required when the member has a middle initial.
CDLCF009	Member Sex	Required	
CDLCF010	Member Date of Birth	Required	
CDLCF011	Member Social Security Number	Situational	Required when available.
CDLCF012	Billing Provider ID	Required	
CDLCF013	Billing Provider NPI	Required	Must be a valid NPI.
CDLCF014	Billing Provider Tax ID	Required	Do not include punctuation.
CDLCF015	Billing Provider Last Name or	Required	

APCD-CDL™ Data Element #	Name	HPD Requirements	Notes
	Organization Name		
CDLCF016	Billing Provider First Name	Situational	Required for individual providers.
CDLCF017	Insurance/Product Category Code	Required	
CDLCF018	Payment Subcategory	Required	
CDLCF019	Total Paid Amount	Required	Total amount associated with this specific Billing Provider. Round to the nearest dollar (e.g., $1,000.25 converted to 1000). This field may contain a negative value.
CDLCF899	Record Type	Required	