

State of California

Department of Health Care Access and
Information

Health Care Payments Data Program

Data Submission Guide

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Version 1.0

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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.apcdouncil.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	

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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.

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

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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

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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	

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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.

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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	

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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.

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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	

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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.

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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	