



# Introduction to the APCD-CDL™ & HPD Data Submission

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# Welcome & Introductions

- Dionne Evans-Dean, *HCAI's Cost Transparency Section Manager*
- Anastasia Andryukova, *HCAI's HPD Analyst*
- Greg Dawson, *HCAI's HPD Project Manager*
- Gina Robertson, *Onpoint's HPD Data Submitter Liaison*
- Janice Bourgault, *Onpoint's Senior Director of Product & Process Development*
- Carolynne Conrad, *Onpoint's HPD Project Manager*

# Agenda

- Introduction to the APCD-CDL™
- Review FAQs for the APCD-CDL™ (Version 2.1) and HPD data submission
- Overview of HPD Program documentation
- Overview of implementation and submission timeline



# Introduction to the APCD-CDL™

*Janice Bourgault, Onpoint's Senior Director of Product & Process Development*

# Getting Started with the APCD-CDL™



APCD  
COUNCIL

All-Payer  
Claims Database

# Getting Started with the APCD-CDL™ (cont.)

- Governed by the CDL Maintenance Committee
- Updated every other year
- To request a copy...
  - <https://www.apcdouncil.org/common-data-layout>
  - Registration is required
  - Free

# Understanding the APCD-CDL™ Structure

B- Eligibility					
NEW CDL Data Element #	Data Element Name	Type	Max Length	Description/ Codes/ Sources	ASC X12 271 and 834 References
CDLME001	Data Submitter Code	varchar	8	APCD-assigned identifier of payer submitting data file. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms). This may or may not be the same code used in the Payer Code field.	N/A
CDLME002	Payer Code	varchar	8	APCD-assigned identifier of insurer in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms).	N/A
CDLME003	Plan ID	varchar	30	CMS National Plan ID. The National Plan ID is a code assigned by CMS. (PLACEHOLDER)	271/2100A/NM1 / XV/09



# **APCD-CDL™ (Version 2.1) & HPD Data Submission Frequently Asked Questions (FAQs)**

*Gina Robertson, Onpoint's HPD Data Submitter Liaison*



# FAQ Categories

- “Who am I?” Understanding the payer code and submitter code data elements
- Complying with APCD-CDL™ formatting requirements
  - Maintaining leading zeroes when required
  - Removing (most) punctuation from submitted values
  - Adhering to expected units of dollars, quantities, and percentages
- Submitting the appropriate reporting period for each file type
- Categorizing insurance products correctly
- Reporting provider-level data in the proper fields

# Payer Code & Submitter Code Assignment

- Both a payer code and a submitter code must be reported within each file type
- Payer codes will be assigned to plans
- Submitter codes will be assigned to submitters upon registration (March)

NEW CDL Data Element #	Data Element Name	Type	Max Length	Description/ Codes/ Sources	ASC X12 271 and 834 References
CDLME001	Data Submitter Code	varchar	8	APCD-assigned identifier of payer submitting data file. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms). This may or may not be the same code used in the Payer Code field.	N/A
CDLME002	Payer Code	varchar	8	APCD-assigned identifier of insurer in the case of premiums-based coverage, or of the administrator in the case of self-funded coverage. Code assigned to the plan by the APCD registration system (may be multi-tiered to support different platforms).	N/A

# Submission Formatting: General Reminders

- Pay attention to the "Type" and "Max Length" columns
- For fields where leading zeroes are valid, ensure that the field is formatted as a *varchar* or *string* data type; *integer* or *numeric* data types will drop leading zeroes
- Pipe delimiters are required
- "Un-assigned" placeholder fields must be reported as '|'

D- Pharmacy					
NEW CDL Data Element #	Data Element Name	Type	Max Length	Description/ Codes/ Sources	NCPDP References
CDLPCXXX	Un-assigned	char	1	Reserved for future use. Elements will only be added with review from states and payers.	N/A

# Submission Formatting: Decimals

Data Element(s)	Decimal?	Decimal Places	Example	Reported As
Dollar Amounts	No decimal	2	\$1,000.25	100025
Actuarial Value	Include decimal	4	88.27689%	0.8828
Diagnosis Codes	No decimal	Variable	E11.351	E11351
Service Units / Quantity (Medical)	Include decimal	3	1	1.000
Quantity Dispensed (Pharmacy)	Include decimal	2	30	30.00

# Submission Formatting: Hyphens

Data Element	Hyphen?	Example	Report As
Social Security Number	No hyphen	123-45-6789	123456789
ZIP Code (if reported as ZIP+4)	No hyphen	95827-0800	958270800
Ethnicity	Include hyphen	2156-8	2156-8
HIOS ID	No hyphen	25198CA0040001-00	25198CA004000100
Tax ID	No hyphen	01-2345678	012345678
National Drug Code (NDC)	No hyphen	0777-3105-02	0777310502
Negative dollar amounts and quantities	Include hyphen	-\$100.00	-10000

# Submission Reporting Periods

- Reporting period indicated in each submission's header must align with the data
  - Example: A medical claims file with a header with a Period Beginning Date (CDLHD006) of '202101' and a Period Ending Date (CDLHD007) of '202107' must include only claims with a Paid Date (CDLMC024) between January and July of 2021

File Type	Reporting Period	APCD-CDL™ Data Element that Must Align with Reporting Period Selection
Eligibility	Start Year of Submission	CDLME005
Eligibility	Start Month of Submission	CDLME006
Medical	Paid Date	CDLMC024
Pharmacy	Paid Date	CDLPC024
Provider	Aligns with eligibility/claims	N/A (includes active providers in eligibility/claims)

# Eligibility Reporting: Important Reminders

- Eligibility should be reported per member per month; for example, if a member had enrollment throughout the entire year of 2021, the HPD Program expects to receive a total of 12 enrollment records for that member, one for each month of 2021 eligibility
- Key fields to note when reporting enrollment data:
  - Start Year of Submission (CDLME005) – Year of enrollment reported per member
  - Start Month of Submission (CDLME006) – Month of enrollment reported per member; each month of enrollment per member requires its own record in a file
  - Plan Effective Date (CDLME050) – Very first date of enrollment for a member; this date can precede the submission reporting period
  - Plan Term Date (CDLME051) – Last date of enrollment for a member; this field should be reported as null if a member's coverage is still effective

# Eligibility Reporting: Quarterly File Examples

## Example 1: Member with Continuous Coverage

Record	Period Beginning Date	Period Ending Date
Header	202101	202103
Trailer	202101	202103

Member	Start Year of Submission	Start Month of Submission	Plan Effective Date	Plan Term Date
1	2021	01	20191015	
1	2021	02	20191015	
1	2021	03	20191015	



# Eligibility Reporting: Quarterly File Examples (cont.)

## Example 2: Member Coverage Terminates During the Reporting Period

Record	Period Beginning Date	Period Ending Date
Header	202101	202103
Trailer	202101	202103

Member	Start Year of Submission	Start Month of Submission	Plan Effective Date	Plan Term Date
2	2021	01	20200101	
2	2021	02	20200101	20210215

# Eligibility Reporting: Quarterly File Examples (cont.)

## Example 3: Member Coverage Begins During the Reporting Period

Record	Period Beginning Date	Period Ending Date
Header	202101	202103
Trailer	202101	202103

Member	Start Year of Submission	Start Month of Submission	Plan Effective Date	Plan Term Date
3	2021	03	20210331	

# Insurance/Product Category Codes

Code	Description
E	Medicare – Point of Service (POS)
EP	Exclusive Provider Organization
FH	Federal Employees Health Benefits Program (HMO)
FP	Federal Employees Health Benefits Program (PPO)
HM	Health Maintenance Organization (HMO)
HN	Health Maintenance Organization (HMO) Medicare Advantage/Risk
IN	Indemnity
MD	Medicare Part D
MO	Medicare Advantage PPO
PR	Preferred Provider Organization (PPO)
PS	Point of Service (POS)

# Provider Data Reporting Standards

Provider Type	File Types with Provider Included	Entity Type Options	Notes
Member PCP	Eligibility, Provider	Individual	
Rendering	Medical, Provider	Individual, Non-individual	Should be same as billing for institutional claims
Billing	Medical, Provider	Non-individual	
Referring	Medical, Provider	Individual	
Attending	Medical, Provider	Individual	
Prescribing	Pharmacy, Provider	Individual	
Pharmacy	Pharmacy, Provider	Non-individual	

# Provider Data Reporting Standards (cont.)

There are two additional APCD-CDL™ (Version 2.1) provider reporting requirements that HCAI and Onpoint would like to clarify

1. Submitters should report a Payer Assigned Provider ID for Member PCP (CDLPV004) for every provider included in the provider submission, not just for those that are Member PCPs

CDLPV004	Payer Assigned Provider ID for Member PCP	varchar	30	Unique code identified for the provider as assigned by the reporting entity. For every provider included in the Eligibility, Medical, Pharmacy and Dental claims the payer assigned provider IDs shall be included.
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2. Submitters should **not** report Attending Provider information in the Rendering Provider fields (the X12 references in the APCD-CDL™ suggest otherwise)



# HPD Program Documentation

Dionne Evans-Dean, *HCAI's Cost Transparency Section Manager*

Greg Dawson, *HCAI's HPD Project Manager*

# HPD Program Documentation

- [APCD-CDL™ specifications](#)
- [HPD Emergency Regulations](#)
- [Data Submission Guide](#)
- Coming soon: HPD Reporting Manual

# Emergency Regulations

- Adopted 12/20/2021
- Regulation topics
  - Definition of terms used in text of regulations
  - Plan size thresholds for reporting
  - Coordination of data submissions
  - Registration for data submission
  - Frequency and content of data submission
  - Data variances



# HPD Data Submission Guide (DSG)

- DSG topics
  - Plan registration
  - Submitter registration
  - Test file submission
  - File intake specifications
    - » Header, Trailer, Member Eligibility, Medical Claims, Pharmacy Claims, Dental Claims, and Provider Files

# HPD Reporting Manual

- Consists of discussion and comments related to the implementation of the regulations
- Discussion items updated regularly to reflect questions received from data suppliers
- Intended to be a helpful document for plans and submitters

# HPD Reporting Manual Contents

- Regulations excerpts
  - Due dates
  - Scenarios
- File submission
  - Acceptance criteria
  - Denied lines
  - Submission scenarios
- Data variances
- Claim/Encounter versioning
- Notes on...
  - File-naming conventions
  - Fee-for-Service equivalents
  - Values for Member Insurance / Product Category Code (CDLME004)
- Data to be submitted
  - Medicare Advantage
  - Behavioral health
  - Physician-administered drugs

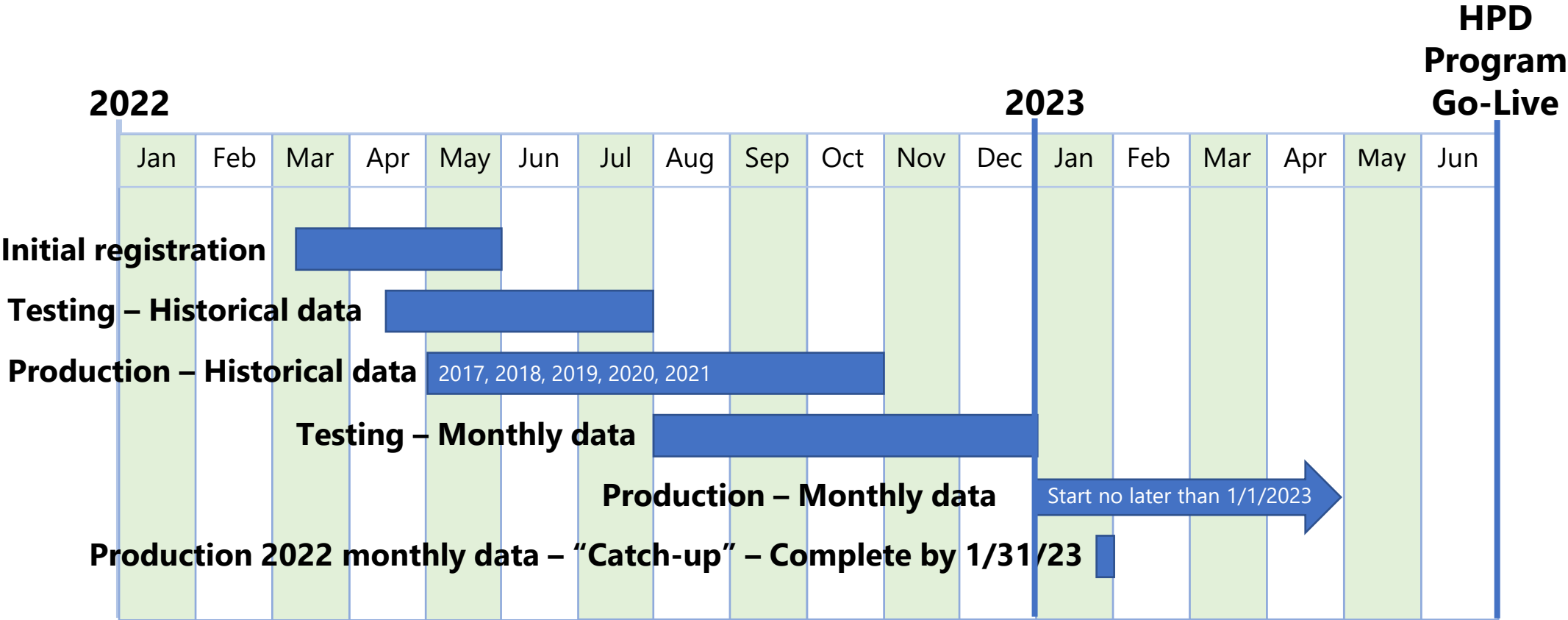


# Implementation & Submission Timeline

*Dionne Evans-Dean, HCAI's Cost Transparency Section Manager*

*Gina Robertson, Onpoint's HPD Data Submitter Liaison*

# Implementation & Submission Timeline



# Implementation & Training Timeline

Date	Details
3/1/2022	<b>Webinar:</b> Training on the SFTP submission process (optional)
3/3/2022	<b>Webinar:</b> Training on plan registration
3/7/2022	Plan registration opens for California health plans
3/30/2022	<b>Webinar:</b> Training on submitter registration
4/4/2022	Submitter registration opens for California data submitters
4/4/2022	Onpoint CDM opens for registered California data submitters
4/7/2022	<b>Webinar:</b> Training on Onpoint CDM and data variances
5/27/2022	Plan and submitter registration due for the HPD Program
Ongoing	<b>Support:</b> One-on-one submitter support meetings



## Questions?

For technical questions: [hpdc-support@onpointhealthdata.org](mailto:hpdc-support@onpointhealthdata.org)

For regulatory questions: [hpdc@hcai.ca.gov](mailto:hpdc@hcai.ca.gov)

# Thank you.



Reliable data. Informed decisions. Strategic advantage.

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