

 UTHealth<sup>®</sup> Houston

School of Public Health

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Center for Health Care Data

**Lee Spangler, JD**  
**Associate Professor**  
**Executive Director, TX-APCD**

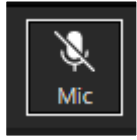
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 CDL 3.0.1

# Welcome

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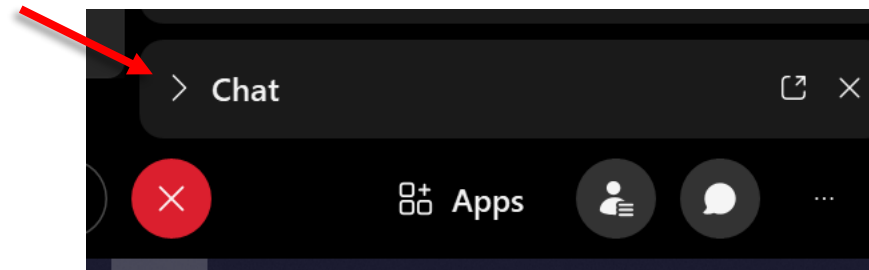
- Welcome and housekeeping

- Thank you!
- Please place your audio on mute. 
- Slides and notes will be made available on our website.

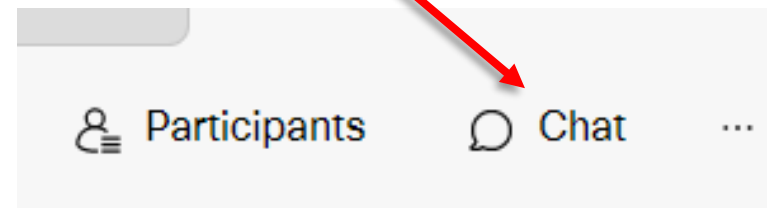
# Webex & Chat

- ❑ **Reminder:** The “Chat” function in Webex can be found on the bottom right-hand corner of your screen on most devices. In some instances, it may appear in the upper right-hand corner. Please enter your questions there.
  - When entering a question in the chat, please respond to “**Everyone**” to ensure your question is visible so it can be acknowledged.

Desktop Application



Website Application



# Agenda

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- Timing, Testing, Due Dates
- Production and Testing Environments
- Notable Information
- New Fields (11)
- Details
- Description Changes Affecting Data
- Description Changes of Which to be Aware
- Meaning of Important Terms
- Documents to be Provided

# Timing, Testing, Due Dates

- ❑ “The Center will communicate to payors an implementation deadline for use of an updated version of the Texas APCD CDL that is not less than 90 days after the updated version has been published by the Center in its final form.” New §21.5403(b).
  - Notice published on website and emailed on January 6.
- ❑ “Payors must submit test data files as provided in the submission guide before the effective date of a new version of the TX APCD CDL, consistent with §21.5403 of this title (relating to Texas APCD Common Data Layout and Submission Guide) that contains additional data elements” New §21.5405(b)(3).
- ❑ New submitters in 2025 – it is likely much more practical to start any new submissions on the new 3.0.1 CDL. IF YOU ARE SUBMITTING for the FIRST time, reach out to us to accommodate that strategy.

# Timing, Testing, Due Dates

- Effective for the submission period ending **April 7, 2025** monthly data submissions must comply with the requirements of CDL version 3.0.1.
- Testing for data submissions under CDL 3.0.1 will commence on **February 1, 2025**.

**ZIP file name:** T\_TWOSTEP\_50000010\_202201\_202201.zip

Indicates TEST or PRODUCTION file (T/P)	Submitter code	Payor code	Data period start month in CCYMM format	Data period end month in CCYMM format
T	TWOSTEP	50000010	202201	202201

**Raw eligibility data file name:** T\_TWOSTEP\_50000010\_202201\_202201\_ME\_01.txt

Indicates TEST or PRODUCTION file (T/P)	Submitter code	Payor code	Data period start month in CCYMM format	Data period end month in CCYMM format	Type of data file (ME, PV, MC, PC, or DC)	File version number (in the case of resubmitted files)
T	TWOSTEP	50000010	202201	202201	ME	01

# Timing, Testing, Due Dates

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- Request for extensions to file under the new CDL must be received by **March 25, 2025** for proper consideration.
  - We request an attempt at testing be made prior to an extension request for CDL compliance. This is not merely a way to delay a deadline.

# Production and Testing Environments

- IF Data must be submitted or resubmitted (even for “old” CDL timeframes) beginning April all such data must be in 3.0.1 format.

Submission Deadline	Data Expected	CDL Version	Rules (Production)	Rules (Testing)
7-Jan	202409	v2.1	current	current
1-Feb to 7-Feb	202410	v2.1	current	data enforcement + v3.0.1
1-Mar to 7-Mar	202411, 202412, 202501	v2.1	current	data enforcement + v3.0.1
1-Apr to 7-Apr	202502	v3.0.1.	data format enforcement + v3.0.1	data enforcement + v3.0.1



# Notable Information



[Common Data Layout](#) |  
[Excel Template](#) | [Errata](#)

- ❑ Errata (less stringent reduction in CDL Standards/Corrections) ALREADY IMPLEMENTED have been fully incorporated into CDL 3.0.1.
- ❑ There are no NEW FIELDS in the **Control Trailer Record** nor the **Dental File**.
  - There are already implemented Errata incorporated in the Control Trailer.
  - There are already implemented Errata incorporated in the Dental File.
  - There are description clarifications in the Dental File.
- ❑ Two Threshold requirements were reduced as a result of comments made to the regulatory proposal:
  - CDLPV021 – Provider Specialty – Reduced to 90%
  - CDLMC142 – Rendering Provider Specialty – Reduced to 90%

# New Fields (11)

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1. CDLHD010 – Version of CDL – varchar – uses punctuation 3.0.1. – **Required**
2. CDLME079 – Vision Coverage Indicator – char – Y or N – Required if available
3. CDLME080 – Financial Risk Type – Int – 1-6 to describe risk type – Required if available
4. CDLME081 – No data placeholder
5. CDLME082 – No data placeholder
6. CDLME083 – Address 2 – varchar – Additional Field for Address – Required if available
7. TXME1029 – Plan Name – char - Name of the plan which is covering the member – **Required**
8. TXPV1001 – Provider Character Identifier – Int – Medicaid County Code – **Medicaid only**
9. CDLMC164 – Medical Record Number – Varchar – Optional
10. TXPC1001 – Drug Strength Description – char – Optional – **Medicare Fee For Service only**
11. TXPC1002 – AHFS Therapeutic Classification – varchar – Optional – **Medicare Fee For Service only**

# Details

Control Header Record – New Field:

CDLHD010	APCD-CDL™ Version Number	varchar	8	The version of the APCD-CDL used to produce this file (e.g., 3.0.1)	Required	100%
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Provider File – New Field (Medicaid ONLY) – All others use “null” (PIPES):

TXPV1001	Provider County Identifier	int	3	Medicaid county code for provider's practice location/county. If the county is unknown use "255". See: <a href="https://www.hhs.texas.gov/handbooks/medicaid-elderly-pe-people-disabilities-handbook/appendix-vii-county-names-codes-regions">https://www.hhs.texas.gov/handbooks/medicaid-elderly-pe-people-disabilities-handbook/appendix-vii-county-names-codes-regions</a>	Medicaid Only	Required	100%
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Medical File – New Field:

CDLMC 164	Medical Record Number	varchar	35	Medical Record Number of the member	837/2300/REF/02 when REF 01=EA	All	Institutional and Professional	Master	Optional
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# Details

## Eligibility File – New Fields:

CDLME079	Vision Coverage Indicator	char	1	Use this field to indicate whether vision coverage is part of this member's plan. (Note: vision coverage may be bundled with other types of coverage.) Y=Yes; N=No.	N/A	Commercial Only	Required IF Available	
CDLME080	Financial Risk Type	int	1	Indicate the type of capitated financial risk contract(s) for a member to the member eligibility file, including the following values: 1=Professional capitation only (no facility capitation); 2=Facility capitation only (no professional capitation); 3=Professional and facility capitation (plan has separate capitation contracts for professional services (with PO) and facility costs (generally with hospital)); 4=Global capitation (single contract with PO for both professional and facility); 5=No capitation, fee-for-service only; 6=Other.	N/A		Required IF Available	
CDLME081	[Placeholder]	varchar	-	[Placeholder]	N/A		Not Required	
CDLME082	[Placeholder]	varchar	-	[Placeholder]	N/A		Not Required	
CDLME083	Member Street Address 2	varchar	150	Street address of member's residence. If the member is the subscriber, report the street address of the subscriber's residence.	N/A		Required IF Available	
TXME1029	Plan Name	char	150	Name of the plan which is covering the member (the name established in the payor's system).	N/A	Commercial and Dental	Required	100%

# Details

## Pharmacy File – New Fields:

TXPC1001	Drug Strength Description	char	10	Description of drug potency expressed in units of grams, milligrams, percentage, and other terms. The field should contain an alpha/numeric value (e.g., 25MG, 1:10000, or 10MG/100ML) of no more than 10 characters.	Chronic Condition Warehouse CODEBOOK: Medicare Part D Event (PDE)/Drug Characteristics - Entry for STR	Medicare Fee For Service ONLY	Master	Optional
TXPC1002	AHFS Therapeutic Classification	varchar	8	Identifies therapeutic category of drug according to the American Hospital Formulary Service classification system. Do not include non-integers. Example: 08:12:28 should be submitted as 081228, do not pad out to 8 characters with trailing zeros.	<a href="https://ahfsdruginformation.com/ahfs-classification-drug-assignments/">https://ahfsdruginformation.com/ahfs-classification-drug-assignments/</a>	Medicare Fee For Service ONLY	Detail	Optional

Important Note: These are for Medicare Fee for Service ONLY. The CHCD as a Qualified Entity provides the TX-APCD access to Medicare FFS. These fields are for that dataset.

# Description Changes Affecting Data

- ❑ Description Change Somehow Changes Data Submitted by Payor
  1. CDLME018 – The ONLY acceptable entries are M – F – U (unknown).
  2. CDLMC018 – The ONLY acceptable entries are M – F – U.
  3. CDLPC018 – The ONLY acceptable entries are M – F – U (unknown).
  4. CDLME025 – If the member is the subscriber, report the state or province of the subscriber's residence.
  5. CDLME026 – If the member is the subscriber, report the Zip Code of the subscriber's residence.
  6. CDLME028 – Report two-digit code. Code ~~U.S.~~ US for United States. Removes periods.
  7. CDLMC145 – ZIP or ZIP+4 where the rendering provider delivered the service – do not include dashes or provide any punctuation. If reporting ZIP, do not fill last 4 digits with 0. ZIP Codes are maintained by the US Postal Service. See Appendix H: External Code Sources.

# Description Changes of Which to Be Aware

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- ❑ Description Change Somehow Changes Data Submitted by Payor
  1. CDLMC025 – Admission Date – Conditional – ONLY INPATIENT institutional claims (outpatient institutional claims do not meet the condition).
  2. CDLMC027 – Admission Type – Conditional – ONLY INPATIENT institutional claims (outpatient institutional claims do not meet the condition).
  3. CDLMC028 – Point of Origin – Conditional – ONLY INPATIENT institutional claims (outpatient institutional claims do not meet the condition).
  4. CDLMC029 – Discharge Date – Conditional – ONLY INPATIENT institutional claims (outpatient institutional claims do not meet the condition).

# Meaning of Important Terms

<b><u>Appendix TX-2: Meaning of Important Terms</u></b>	
<b><u>Term(s)</u></b>	<b><u>Description</u></b>
<u>Conditional</u>	<u>The CDL field must be correctly completed by a Payor for successful submission when the condition in the field description is met. An exception from this requirement must be requested by a Payor if compliance is not possible.</u>
<u>Not Required/Optional</u>	<u>A Payor may complete the CDL field at its discretion. The Center for Health Care Data encourages the submission of data for these fields, but no exception request is necessary.</u>
<u>Required</u>	<u>The CDL field must be correctly completed by a Payor for successful submission. An exception from this requirement must be requested by a Payor if compliance is not possible.</u>
<u>Required IF Available</u>	<u>The CDL field must be correctly completed by a Payor for successful submission when the information is available to the Payor. An exception request is not necessary if the information is not available to the Payor.</u>



# Documents to be Provided

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- Change Log
- CDL is on website
- These slides
- Submitter Guide and Technical Guide updates

# Questions?

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- Questions:
  - Please submit via chat.
  - If your question is specific to your organization, for:
    - General questions – send email inquiries to [txapcd@uth.tmc.edu](mailto:txapcd@uth.tmc.edu).
    - Portal and data submission questions – please enter a ticket via the submitter portal at <https://txapcd.org>.