TX-APCD Advisory Group Meeting

MARCH 25, 2026

Welcome and Agenda

- Good afternoon, and welcome to the March 25, 2026, TX-APCD Advisory Group Meeting.

- Please keep in mind, the statute for the Advisory Group requires us to be mindful of possible conflicts of interest.

- A person serving on the stakeholder advisory group must disclose any conflict of interest. If you believe you have a conflict on an item being discussed, please just raise your hand and let us know.

Welcome and Agenda

- Today, we'll cover:
  - Application Framework: External Researchers and Data Access
  - Meeting the Challenge of Data Quality and Validation
  - National Engagement – Denied Claims

Application Framework - Purpose and Context

Stewardship with lawful access: Statutory + Policies

CHCD at UTHealth Houston administers the TX-APCD to enable use of claims data while meeting statutory, privacy, and security requirements (Texas Insurance Code, Ch. 38) and CHCD policy.

Staged review to reduce misfit: Intake + Full Application

Early informal consultation after initial intake review helps confirm feasibility, eligibility, and scope; formal steps then proceed through the full application review.

Who + why drives approval

External applicants must qualify as a Qualified Research Entity (QRE) and clearly support statutory public-interest purposes (e.g., transparency, quality improvement, cost containment, population health) under secure access controls.



Data Request Stages

As Easy As 1 – 2 – 3

01

Online Request Intake

Submit the intake form for CHCD-managed datasets (incl. TX-APCD). All CHCD datasets share the same starting point.

02

Intake Review

Staff follows up to clarify goals, constraints, and options. Researcher may require budget only or other limited feedback. Early screening for eligibility and feasibility. For TX-APCD, assesses potential QRE status and alignment with statutory purposes; may require scope refinement.

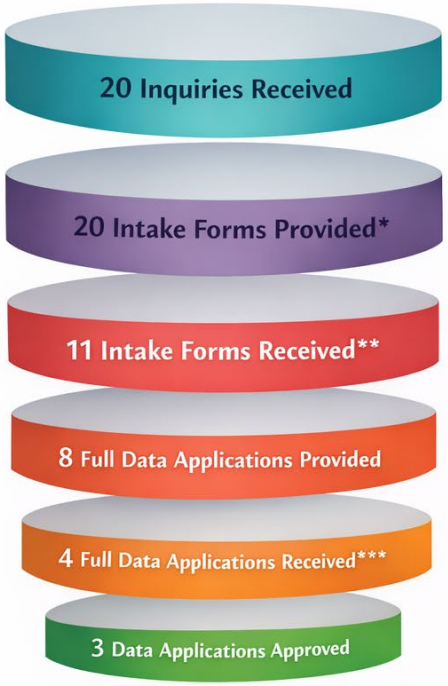
03

Full Application

Submit and complete the TX-APCD Application (IRB protocol/letter, data elements template, scope of work, and any QRE materials). CHCD simultaneously prepares a fee quotation.

Data Request Status

CHCD Requests



01 Total Number of CHCD Inquiries

Inquiries received on or after January 15, 2026

02 Number of Intake Forms Provided*

*4 Intake Forms were provided to requestors who initially submitted an inquiry prior to Janu 15, 2026

03 Number of Intake Forms Received

*Of the 11 Intake Forms received, **10 were for the** TX-APCD.*

04 Number of Full Data Applications Provided

Full Data Applications were provided to *requestors for CHCD data.*

05 Number of Full Data Applications Received

****Of the 4 full data applications received, 3 have been determined to be complete. One application is pending revision.*

06 Number of Full Data Applications Approved

Of the 3 complete applications, all have been reviewed and determined to be approved.

- **Everyone who wants an application gets one.**
- **Not all intake forms result in an immediate application. Ex. intake form was completed to request a budget for grant opportunities. A full application won't be necessary until researcher obtains funding.**



Completeness check

CHCD verifies required elements (funding, users, questions, methods, timeline, tools, IRB).
Missing/unclear items trigger a request for information.
Completed applications have 90-day goal for decision.

Eligibility/purpose review

Staff assesses feasibility ("all records"), CHCD resourcing, and reasonableness of timelines. In parallel, CHCD evaluates the documents/affirmation of QRE status and statutory purpose alignment.

Decision and reconsideration

Approvals require team agreement. Denials are documented; Reconsideration permitted.

Purpose of the Act

- Increase public transparency of health care information in Texas;
- Improve the quality of health care in Texas;
- Improve the quality of care or reduce the cost of care. (HCP)

Data Provisioning Stages

As Easy As 1 – 2 – 3

01

QRE Agreement on Data Use

QRE must agree to use the data in accordance with standards, requirements, policies, and procedures of the TX-APCD. Ex. Security standards, agreement not to violate anti-trust laws, adhere to the CMS' current cell size suppression policy, etc.

02

Pay a Fee

Before provisions begins a fee to support the software, hardware, extract development, licensing and storage for the project.

03

Provisioning Begins

Within the confines of the agreed budget, provisioning begins. Creation of the data extract, establishment of enclave/VM, issuance of necessary access credentials.

Full Process – Intake to Access

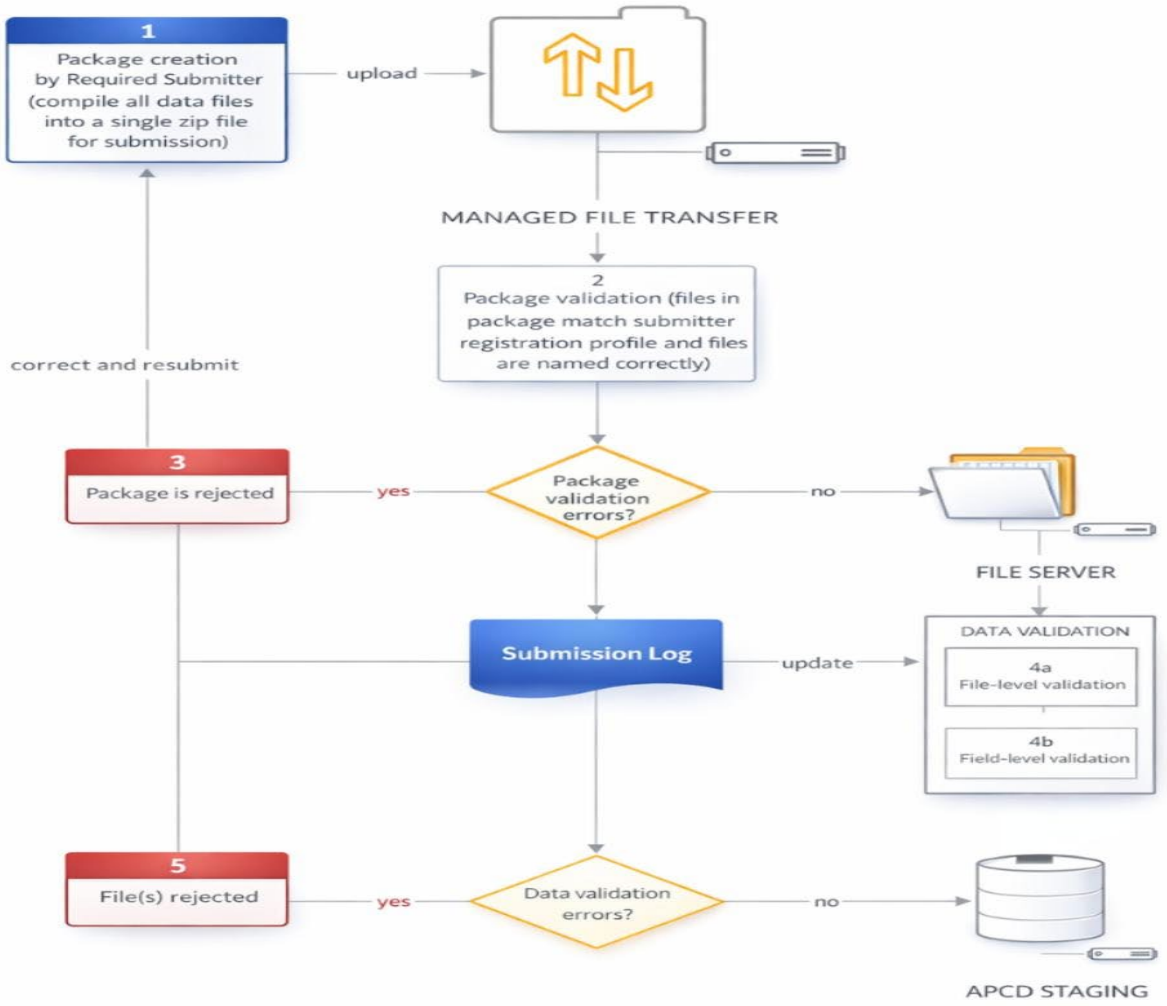


Meeting the Challenge of Data Quality and Validation

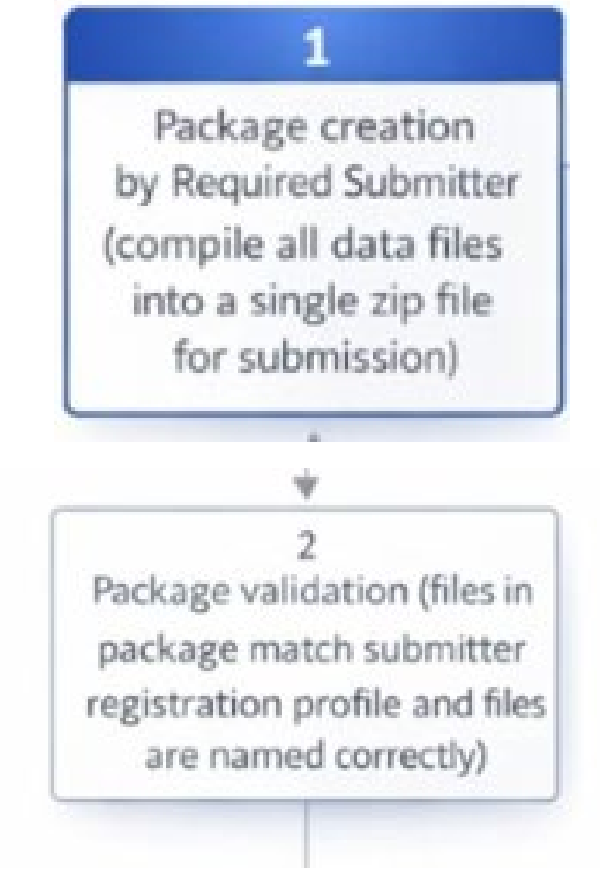
NEW STANDING AGENDA ITEM

Data Validation

UTHealth Houston
School of Public Health
Center for Health Care Data



Managed File Transfer



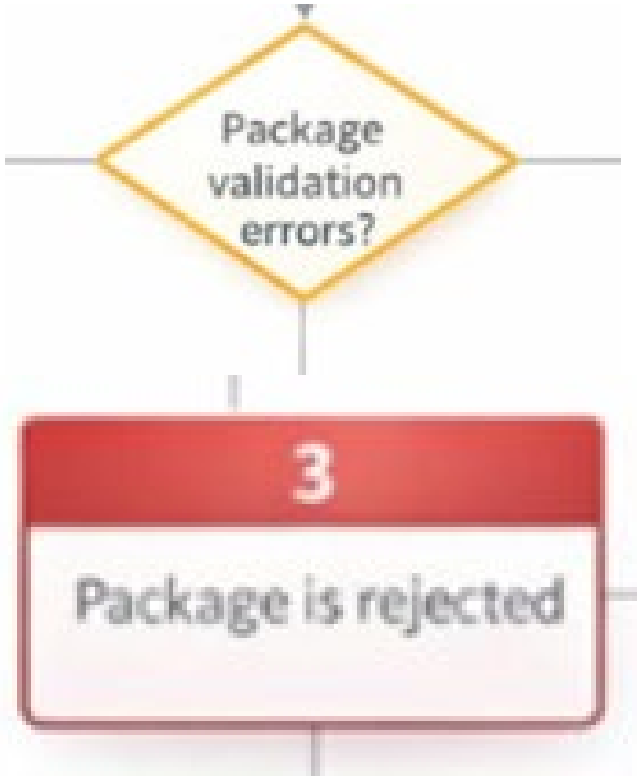
MFT system verifies ZIP archive encryption.

- Unencrypted files are destroyed.
- Submitter receives notification to resubmit encrypted package.
- No further processing occurs for unencrypted submissions.

System verifies encryption file package.

- Checks file profile matches submitter type.
- Ensures all required files are present.
- Validates file naming conventions.

Package Validation Failure



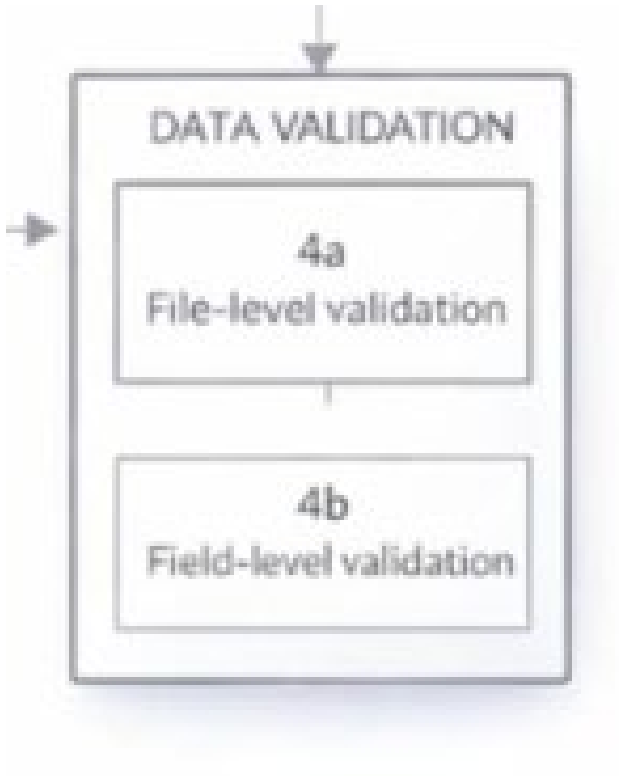
If errors exist → proceed to Box 3.

- If no errors → proceed to data validation.

Submission rejected if validation fails.

- Submitter receives deficiency notice.
- Notice includes error type and correction requirements.
- Submitter must correct and resubmit encrypted package in 14 days or request an extension.

File and Field Level Validation



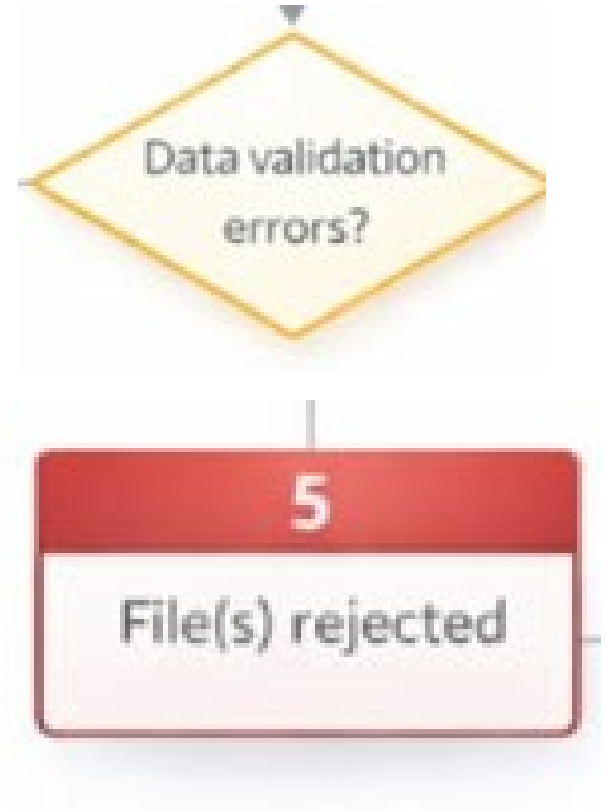
4a. Checks naming conventions.

- Verifies reporting month and submitter identity.
- Confirms file structure meets TX APCD standards.
- Ensures required columns are present.

4b. Ensures presence of required data fields.

- Validates data types (char, numeric, integer, decimal).
- Checks formats: ZIP code, dates (YYYY-MM-DD), standard code sets.
- System updates Submission Log with results.

Data Validation Errors?



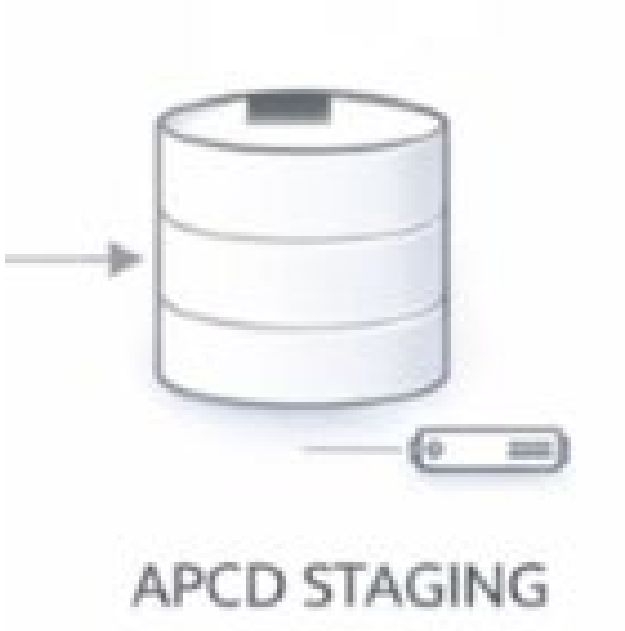
If validation errors exist → proceed to Box 5.

- If no errors → move to APCD Staging.

Files with validation errors are rejected.

- Submitter receives detailed error report.
- Report identifies file, row, field, and error type.
- Submitter must correct and resubmit new encrypted package.

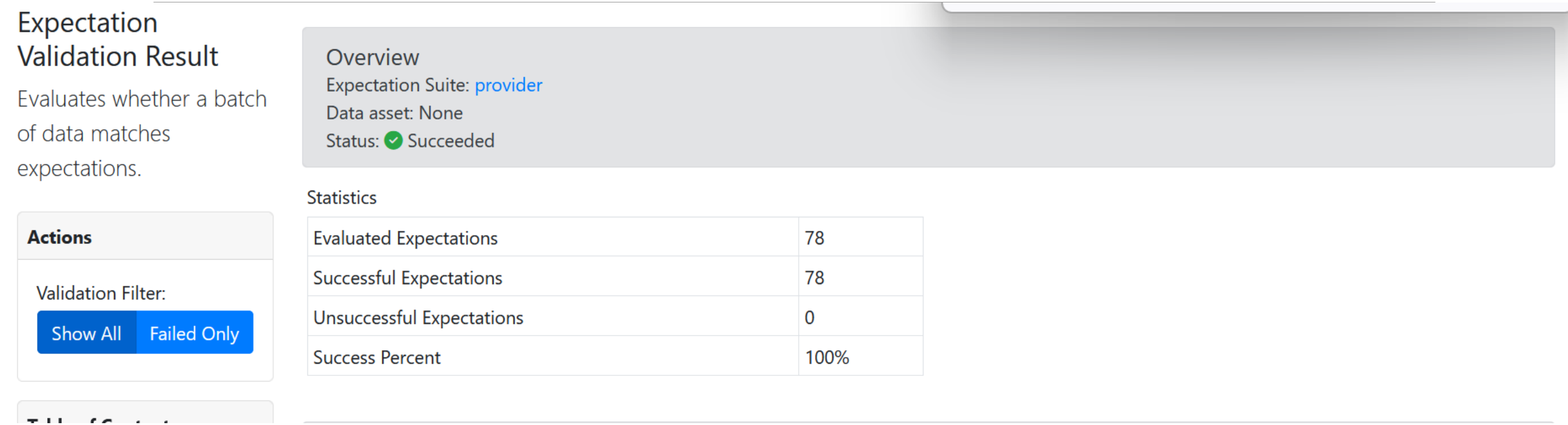
APCD Staging



Files passing all validation steps enter APCD Staging.

- Submitter receives detailed report.
- Staged files support standardization and normalization.
- Additional Quality Review
- Files become available for aggregation and analytic loading.

Automatic Report to Submitter



Validation Reports – Automatically Created and Sent

- HTML report that reveals overall validation result.

Automatic Report to Submitter- Pt 2

UTHealth Houston
School of Public Health
Center for Health Care Data

provider_office_zip_code

Status	Expectation	Observed Value
✓	values must not be null, at least `90` % of the time.	100% not null
✓	values must match all of the following regular expressions: `^.{0,9}$` `(.|\s)*\S(.|\s)*`.	0% unexpected
✓	values must match any of the following regular expressions: `^\d{5}$` `^\d{9}$`, at least `97` % of the time.	0% unexpected

Validation Reports – Automatically Created and Sent

- HTML report also provides a field level result.
- If this field had failed – the status would be red along with the percentage of lines that contained unexpected results.

Substantive Data Review

- Example - Missing Members
  - We are discovering a difference in the Member Eligibility File and actual members in claims for whom services are covered/paid.
    - More members get claims paid versus those who appear in claims
      - Payors explain that “retroactive terminations” are an explanation.
      - When the claim is first adjudicated the member is considered covered
      - Only later, the payor is informed that the member has left the group.
  - Or, eligible members who have no medical claims are not recorded in the eligibility files (silent members)
  - Another explanation is that members who were Texas residents are no longer living in Texas.
- Submitter Forum – Bi-Monthly interaction with payors.

Substantive Data Review

- However – even with substantive data review – we are moving toward automation:

Stage 2 Quality Check Report

▼ S2QA_Rule(018: "Member existence in eligibility file (Medical)", cutoff=0.01)

Rule ID	Rule Name	
S2QA_018	Member existence in eligibility file (Medical)	
Status	**Expected**	**Observed**
	1.0%	56.13%
Explanation	Checks to see if the member listed in the medical file exists in the eligibility file	
Hypothetical Example	If carrier specific unique member ID in medical file does not exist in eligibility file under the same payor code, flag as missing	

National Engagement

DENIED CLAIMS

Denied Claims

- Peer states are seeking our insight. Two state APCDs recently contacted Texas to understand how the TX-APCD collects and classifies denied claims, reflecting growing interest in our practical implementation choices.
- Only denied claims with a CARC on the TX-APCD's approved list must be reported. If a denial uses a CARC not on the list, the payor does not need to submit that claim.
  - CARC 16 – Claim/service lacks information or has errors.
  - CARC 17 – Requested information not provided or insufficient.
  - CARC 18 – Duplicate claim/service.
  - CARC 19 – Claim denied because adjusted claim was already processed.
- Denied claims have value as the services were performed
- Because Texas has a clear CARC-based framework for capturing denied claims, other states are looking to our structure and rules as they develop their own approaches.