

Indiana All Payer Claims Database

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2026 Data Submitter Training



Updated Data Submissions



Changes have been made to the Data Submission Guide.

Each Insurer, Health Maintenance Organization, or Third Party Administrator doing business in Indiana shall submit the information described in IC 27-1-15.6-13.5(c) to the All-Payer Claims Database, established under IC 27-1-44.5, for inclusion in the APCD

This information includes the following:

Any commission, service fee, or brokerage fee that *has* been or *will* be paid to an insurance producer for selling, soliciting, or negotiating the policy or contract; and whether the amount disclosed under subdivision is based on:
percentage of total plan premiums or a flat per member fee



What's New?




- The existing Common Data Layout will be utilized in conjunction with the updated Data Submission Guide
- The updated Data Submission Guide has been supplemented with a new file containing commission-related data elements
- The revised guide includes new submitted datasets and additional data elements
- Clarified definitions
- Examples for new data fields



What To Expect?

When Is The Data Due?

- A 2026 Data Submission Schedule was previously released outlining the upcoming data due dates as well as the 80-Day New Data Implementation Period
- will not begin until January 2, 2026.



Indiana Department of Insurance (IDOI)
All Payer Claims Database (APCD)
Data Submission Schedule

Calendar Year 2025		
Date:	Action Item:	Reporting Period:
1/31/2025	Due: Submitter Registration Review / Renewal	N/A
1/1/2025 - 12/31/2025	Monthly data files are due on the 1 st of each month, covering data from two months prior (e.g., data from January 1 - 31, 2025, is due on March 1, 2025). If the 1 st falls on a holiday, submissions are due on the next available business day.	11/1/2024 - 10/31/2025
12/4/2025	2026 Data Submission Guide Released	N/A
12/4/2025	Onpoint Live Webinar - Submitter Training: December 4, 2025- 10:00 AM-11:00 AM EST	N/A

Calendar Year 2026		
Date:	Action Item:	Reporting Period:
JANUARY		
1/2/2026	Due: Monthly Data Files	11/1/2025 - 11/30/2025
1/2/2026	80-Day New Data (HEA 1004 Commissions/Brokerage Fees) Implementation Period BEGINS (Historical Data)	Annual Historical Data 1/1/2025 - 12/31/2024
1/31/2026	Due: Submitter Registration Review / Renewal	N/A
FEBRUARY		
2/2/2026	Due: Monthly Data Files	12/01/2025 - 12/31/2025
MARCH		
3/2/2026	Due: Monthly Data Files	1/1/2026 - 1/31/2026
3/2/2026	80-Day New Data (HEA 1004 Commissions/Brokerage Fees) Implementation Period BEGINS (Previous Year Data)	Annual Previous Year Data 1/1/2025 - 12/31/2025
3/23/2026	80-Day New Data (HEA 1004 Commissions/Brokerage Fees) Implementation Period ENDS (Historical Data) - Submission Due	Annual Historical Data 1/1/2023 - 12/31/2024
APRIL		
4/1/2026	Due: Monthly Data Files	2/1/2026 - 2/28/2026
MAY		
5/1/2026	Due: Monthly Data Files	3/1/2026 - 3/31/2026
5/21/2026	80-Day New Data (HEA 1004 Commissions/Brokerage Fees) Implementation Period ENDS (Previous Year Data) - Submission Due	Annual Previous Year Data 1/1/2025 - 12/31/2025
JUNE		
6/1/2026	Due: Monthly Data Files	4/1/2026 - 4/30/2026
JULY		
7/1/2026	Due: Monthly Data Files	5/1/2026 - 5/31/2026
AUGUST		
8/3/2026	Due: Monthly Data Files	6/1/2026 - 6/30/2026
SEPTEMBER		
9/1/2026	Due: Monthly Data Files	7/1/2026 - 7/31/2026
OCTOBER		
10/1/2026	Due: Monthly Data Files	8/1/2026 - 8/31/2026
NOVEMBER		
11/2/2026	Due: Monthly Data Files	9/1/2026 - 9/30/2026
DECEMBER		
12/1/2026	Due: Monthly Data Files	10/1/2026 - 10/31/2026



Key Dates to Remember...

Calendar Year 2026		
Date:	Action Item:	Reporting Period:
JANUARY		
1/2/2026	Due: Monthly Data Files	11/1/2025 - 11/30/2025
1/2/2026	80-Day New Data (HEA 1004 Commissions/Brokerage Fees) Implementation Period BEGINS (<u>Historical Data</u>)	Annual <u>Historical Data</u> 1/1/2023 - 12/31/2024
1/31/2026	Due: Submitter Registration Review / Renewal	N/A
FEBRUARY		
2/2/2026	Due: Monthly Data Files	12/01/2025 - 12/31/2025
MARCH		
3/2/2026	Due: Monthly Data Files	1/1/2026 - 1/31/2026
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5/21/2026	80-Day New Data (HEA 1004 Commissions/Brokerage Fees) Implementation Period ENDS (<u>Previous Year Data</u>) - Submission Due	Annual <u>Previous Year Data</u> 1/1/2025 - 12/31/2025

Data Elements

NEW DATA ELEMENTS	DEFINITION
Direct (Commission tied directly to a sale)	Compensation linked to a specific policy sold – typically a percentage of that policy's premium or a fixed dollar amount per enrolled member
Indirect (Bonuses or Incentives based on broader performance)	Compensation not tied to a single sale, but awarded for aggregate performance such as total volume, retention, persistency, or meeting carrier-defined benchmarks
Upfront Commission	The portion of commission paid at the time of initial policy sale or enrollment, often higher to incentivize new business
Service/ Brokerage Fees	Additional payments made to the agent/broker for administrative services or consulting, which are not tied to premium percentage or sales volume, but may be fixed fees or negotiated amounts
Percentage of Total Plan Premium	A calculation that expresses commission as a percent of the total policy premium (e.g. 4% of monthly premium)
Flat Member Fee	A fixed dollar amount paid to the agent/broker per covered member or contract, regardless of the policy premium



Data Submission Guide – New Layout Added



Field ID	Field Name	Additional Notes/Description/Codes/Sources	Threshold	Condition (Denominator)
CB001	Data Submitter Code	<p>Use this field to report your Onpoint-assigned submitter code for the data submitter. Note that the first two characters of the submitter code are used to indicate the reporting state and the third character designates the type of submitter. For the Indiana APCD, valid prefixes include:</p> <p>INC = Commercial carrier ING = Governmental agency INT = Third-party administrator / pharmacy benefits manager</p>	100%	All
CB002	Member Insurance / Product Category Code	<p>The only valid product codes for reporting are:</p> <p>AB = Medicare Part A & B (Medicare FFS only) 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 Risk / Medicare Part C</p>	100%	All



Data Submission Guide – New Layout Added (Cont.)



Field ID	Field Name	Additional Notes/Description/Codes/Sources	Threshold	Condition (Denominator)
CB003	Reporting Year	Use this field to report the year the commissions and brokerage fees were incurred and are being reported. For example, fees being reported for calendar year 2024 would list 2024 in this field. Only one year of fees are to be reported within a file.	100%	All
CB004	Direct Commission Indicator	Use this field to report the commissions/fee structure using the following codes: A - Percent of member count B - Flat fee C - Both (percent of member count and flat fee)	100%	All
CB005	Direct Commission - Percentage	Use this field to report compensation linked to a specific policy sold with a percentage of that policy's premium.	100%	when CDLCB003 = A or C
CB006	Direct Commission - Flat Fee	Use this field to report compensation linked to a specific policy sold with a fixed dollar amount per enrolled member.	100%	when CDLCB003 = B or C
CB007	Indirect Commission	Use this field to report compensation not tied to a single sale, but awarded for aggregate performance such as total volume, retention, persistency, or meeting carrier-defined benchmarks. Report amounts using implied decimals (\$150 should be reported as 15000).	100%	All
CB008	Upfront Commission	Use this field to report the portion of commission paid at the time of initial policy sale or enrollment, often higher to incentivize new business. Report amounts using implied decimals (\$150 should be reported as 15000).	100%	All



Data Submission Guide – New Layout Added (Cont.)



Field ID	Field Name	Additional Notes/Description/Codes/Sources	Threshold	Condition (Denominator)
CB009	Service and Brokerage Fees	Use this field to report additional payments made to the agent/broker for administrative services or consulting, which are not tied to premium percentage or sales volume, but may be fixed fees or negotiated amounts. Report amounts using implied decimals (\$150 should be reported as 15000).	100%	All
CB010	Percentage of Total Plan Premium	Use this field to report the commission rate as a percent of the total policy premium. For a premium which is 4.25% of the monthly premium, this field would list "4.25".	100%	All
CB011	Percentage of Total Plan Premium Frequency Code	Use this field to report the frequency or basis code for the percentage of Total Plan Premium using the following codes: M = Monthly A = Annual S = Semiannual Q = Quarterly F = First-year only R = Renewal	100%	All
CB012	Flat Member Fee	Use this field to report the fixed dollar amount paid to the agent/broker per covered member or contract, regardless of the policy premium. Report amounts using implied decimals (\$150 should be reported as 15000).	100%	All
CB899	Record Type	Value = CB	100%	All



Data Submission Guide – APCD-CDL Guidance Updates



- APCD-CDL Guidance column added to layout specifications tabs to cite formal instructions from the APCD-CDL
- Example: Data Submitter Code (CDLMC001)

APCD-CDL Guidance	Notes on IN-Specific Guidance to Submitters
<p>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 as the Payer Code (CDLMC002).</p>	<p>Use this field to report your Onpoint-assigned submitter code for the data submitter. Note that the first two characters of the submitter code are used to indicate the reporting state and the third character designates the type of submitter. For the Indiana APCD, valid prefixes include:</p> <p>INC = Commercial carrier ING = Governmental agency INT = Third-party administrator / pharmacy benefits manager</p> <p>Notes: A single data submitter may have multiple submitter codes if they are submitting from more than one system or from more than one location. All submitter codes associated with a single data submitter will have the same first six characters. A suffix will be used to distinguish the location and/or system variations. This field contains a constant value and is primarily used for tracking compliance by data submitter.</p>



Data Submission Guide – File Guidelines Updates



- **ASCII Characters (Rule 9)**
 - Guidance added regarding the ASCII characters that are acceptable for reporting.
- **Aggregation Methodology (Rule 10)**
 - Guidance added regarding the reporting of negative values for medical and pharmacy claims when using the aggregation consolidation methodology.



Data Submission Guide – Eligibility Updates

- **Placeholder (CDLME002)**
 - Field name revised from “Payer Code” to clarify that this field is not collected for the IN APCD.
- **Placeholder (CDLME003)**
 - Field name revised from “Plan ID” to clarify that this field is not collected for the IN APCD.
- **Member Insurance / Product Category Code (CDLME004)**
 - Specifications updated to note that the reporting of code '19' (Prescription Drugs (Commercial Coverage)) requires pre-approval from IDOI.



Data Submission Guide – Eligibility Updates

- **Eligibility Year (CDLME005)**
 - Field name revised from “Start Year of Submission” for clarity.
- **Eligibility Month (CDLME006)**
 - Field name revised from “Start Month of Submission” for clarity.
- **Subscriber Social Security Number (CDLME010)**
 - Revision to field length: The value reported for this field should include only the last four digits of the subscriber's Social Security number.
- **Member Social Security Number (CDLME016)**
 - Revision to field length: The value reported for this field should include only the last four digits of the member's Social Security number.



Data Submission Guide – Eligibility Updates

- **ACO Identifier (CDLME076)**
 - Use this field to report the ACO ID (aco_id) for the applicable ACO using the IDs maintained by CMS.
- **ACO Name (CDLME077)**
 - Use this field to report the ACO Name (aco_name) for the ACO identified above in CDLME076 (ACO Identifier) using the names maintained by CMS.
- **Placeholder (CDLMEXXX)**
 - Field name revised from “Unassigned” for clarity; description updated to indicate that submitters should report as null.



Data Submission Guide – Medical Claims Updates



- **Placeholder (CDLMC002)**
 - Field name revised from “Payer Code” to clarify that this field is not collected for the IN APCD.
- **Placeholder (CDLMC003)**
 - Field name revised from “Plan ID” to clarify that this field is not collected for the IN APCD.
- **Subscriber Social Security Number (CDLMC011)**
 - Revision to field length: The value reported for this field should include only the last four digits of the subscriber's Social Security number.
- **Member Social Security Number (CDLMC016)**
 - Revision to field length: The value reported for this field should include only the last four digits of the member's Social Security number.



Data Submission Guide – Medical Claims Updates

- **Individual Relationship Code (CDLMC017)**
 - Valid relationship codes included for reporting.
- **Service Units / Quantity (CDLMC121)**
 - Use this field to report the total units of measure for the individual type of service being performed, including those for observation stays and room and board service lines.
- **CDLMC122 - CDLMC131**
 - If the value for this field is zero, report as 0, not as null. Can include negative values, with negative sign reported on the lefthand side of the value (e.g., -12345).
- **Placeholder (CDLMCXXX)**
 - Field name revised from “Unassigned” for clarity; description updated to indicate that submitters should report as null.



Data Submission Guide – Pharmacy Claims Updates



- **Placeholder (CDLPC002)**
 - Field name revised from “Payer Code” to clarify that this field is not collected for the IN APCD.
- **Placeholder (CDLPC003)**
 - Field name revised from “Plan ID” to clarify that this field is not collected for the IN APCD.
- **Member Insurance / Product Category Code (CDLPC004)**
 - Specifications updated to note that the reporting of code '19' (Prescription Drugs (Commercial Coverage)) requires pre-approval from IDOI.
- **Subscriber Social Security Number (CDLPC011)**
 - Revision to field length: The value reported for this field should include only the last four digits of the subscriber's Social Security number.



Data Submission Guide – Pharmacy Claims Updates



- **Member Social Security Number (CDLPC016)**
 - Revision to field length: The value reported for this field should include only the last four digits of the member's Social Security number.
- **Individual Relationship Code (CDLPC017)**
 - Valid relationship codes included for reporting.
- **National Drug Code (NDC) (CDLPC025)**
 - Field name revised from “Drug Code” to clarify reporting requirements.
- **Drug Name (CDLPC030)**
 - Field name revised from “Compound Drug Name or Compound Drug Ingredient List” to clarify reporting requirements.



Data Submission Guide – Pharmacy Claims Updates



- **Quantity Dispensed (CDLPC032)**
 - Include the decimal, with 2 digits trailing the decimal.
- **Days' Supply (CDLPC033)**
 - Can include negative values, with negative sign reported on the lefthand side of the value (e.g., -12345).
- **CDLPC036 - CDLPC048**
 - If the value for this field is zero, report as 0, not as null. Can include negative values, with negative sign reported on the lefthand side of the value (e.g., -12345).
- **Placeholder (CDLPCXXX)**
 - Field name revised from “Unassigned” for clarity; description updated to indicate that submitters should report as null.



Data Submission Guide – Provider Updates

- **Placeholder (CDLPV002)**
 - Field name revised from “Payer Code” to clarify that this field is not collected for the IN APCD.
- **Placeholder (CDLVC003)**
 - Field name revised from “Plan ID” to clarify that this field is not collected for the IN APCD.
- **Placeholder (CDLPVXXX)**
 - Field name revised from “Unassigned” for clarity; description updated to indicate that submitters should report as null.



Data Submission Guide – Additional Updates



- **General**
 - Two new columns (Type and Max. Length) were added to this document within the Header & Trailer", "Eligibility", "Medical Claims", "Pharmacy Claims", & "Provider" tabs.
- **Header & Trailer**
 - The following note was added: Since the Indiana APCD currently does not collect dental claims, reporting the value of 'DC' is not valid.
 - The following note was added: Please use CB for Commissions & Brokerage files.



Questions?

Indiana All Payer Claims Database
Indiana Department of Insurance
IDOI Webpage: www.in.gov/idoi/apcd/
IN APCD Email: apcd@idoi.in.gov
IN APCD Website: apcd.idoi.in.gov
IN APCD Phone: 317-522-9896



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