Prescription Drug Affordability

Data Submission Manual

10 CCR 2505-5

August 2023

Table of Contents

1. Introduction

In the 2021-2022 Colorado State Legislative Session, Colorado passed SB21-175. This piece of legislation, known as the Prescription Drug Affordability Review Board, "creates the Colorado prescription drug affordability review board (board) in the division of insurance (division) in the department of regulatory agencies as an independent unit of state government, requires the board to perform affordability reviews of prescription drugs, and authorizes the board to establish upper payment limits for prescription drugs the board determines are unaffordable for Colorado consumers. The board is also required to promulgate rules as necessary for its purposes."

A portion of this legislation requires the administrator of the CO APCD to collect information from submitters related to the affordability of prescription drugs across the state.

This Data Submission Manual provides technical details to assist payers in reporting and filing the Prescription Drug Affordability Board file (PDAB). **CIVHC recommends that payers coordinate efforts to complete the PDAB file between the department responsible for managing agreements with Pharmacy Benefit Managers or drug manufacturers and the department responsible submitting monthly files to the APCD** to ensure that details are accurate.

2. Why Collect Data Related to the Prescription Drug Affordability Board?

The PDAB legislation (SB21-175) requires the following:

BEGINNING IN THE 2022 CALENDAR YEAR, FOR ALL PRESCRIPTION DRUGS (Excluding DME/Supplies; Only reporting Prescription drugs) DISPENSED AT A PHARMACY IN THIS STATE AND PAID FOR BY A CARRIER PURSUANT TO A HEALTH BENEFIT PLAN ISSUED UNDER PART 2, 3, OR 4 OF THIS ARTICLE 16 DURING THE IMMEDIATELY PRECEDING CALENDAR YEAR, INCLUDING BRAND-NAME DRUGS, AUTHORIZED GENERIC DRUGS, BIOLOGICAL PRODUCTS, AND BIOSIMILAR DRUGS:

   a. EACH CARRIER AND EACH PHARMACY BENEFIT MANAGEMENT FIRM ACTING ON BEHALF OF A CARRIER SHALL REPORT TO THE ALL-PAYER HEALTH CLAIMS DATABASE THE FOLLOWING INFORMATION:
   I. THE TOP FIFTEEN PRESCRIPTION DRUGS BY VOLUME, CALCULATED BY UNIT, FOR WHICH THE CARRIER PAID.
   II. THE FIFTEEN COSTLIEST PRESCRIPTION DRUGS FOR WHICH THE CARRIER PAID, AS DETERMINED BY TOTAL ANNUAL PLAN SPENDING.
   III. THE FIFTEEN PRESCRIPTION DRUGS PAID FOR BY THE CARRIER THAT ACCOUNTED FOR THE HIGHEST INCREASE IN TOTAL ANNUAL PLAN SPENDING WHEN COMPARED WITH THE TOTAL ANNUAL PLAN SPENDING FOR THE SAME PRESCRIPTION DRUGS IN THE YEAR IMMEDIATELY PRECEDING THE YEAR FOR WHICH THE INFORMATION IS REPORTED.
   IV. THE FIFTEEN PRESCRIPTION DRUGS THAT CAUSED THE GREATEST INCREASES IN THE CARRIER'S PREMIUMS.
   V. THE FIFTEEN PRESCRIPTION DRUGS FOR WHICH THE CARRIER PAID MOST FREQUENTLY AND FOR WHICH THE CARRIER RECEIVED A REBATE FROM MANUFACTURERS.
   VI. THE FIFTEEN PRESCRIPTION DRUGS FOR WHICH THE CARRIER RECEIVED THE HIGHEST REBATES, AS DETERMINED BY PERCENTAGES OF THE PRICE OF THE PRESCRIPTION DRUG.
   VII. THE FIFTEEN PRESCRIPTION DRUGS FOR WHICH THE CARRIER RECEIVED THE LARGEST REBATES.

VIII.   THE TOTAL SPENDING FOR EACH OF THE FOLLOWING CATEGORIES OF PRESCRIPTION DRUGS:
- A. BRAND-NAME DRUGS PURCHASED FROM RETAIL PHARMACIES.
- B. AUTHORIZED GENERIC DRUGS PURCHASED FROM RETAIL PHARMACIES.
- C. BRAND-NAME DRUGS PURCHASED FROM MAIL-ORDER PHARMACIES.
- D. AUTHORIZED GENERIC DRUGS PURCHASED FROM MAIL-ORDER PHARMACIES.
- E. PRESCRIPTION DRUGS DISPENSED BY A PRACTITIONER IN ACCORDANCE WITH SECTION 12-280-120 (6);
- F. PRESCRIPTION DRUGS ADMINISTERED IN AN INPATIENT HOSPITAL SETTING; AND
- G. PRESCRIPTION DRUGS ADMINISTERED IN AN OUTPATIENT HOSPITAL SETTING; AND

IX.   THE TOTAL SPENDING FOR THE PRESCRIPTION DRUGS DESCRIBED IN SUBSECTION (1)(a)(VIII) OF THIS SECTION PAID FOR BY A CARRIER PURSUANT TO A HEALTH BENEFIT PLAN ISSUED UNDER PART 2, 3, OR 4 OF THIS ARTICLE 16 DURING THE IMMEDIATELY PRECEDING CALENDAR YEAR FOR EACH OF THE FOLLOWING MARKET SECTORS:
- A. INDIVIDUAL.
- B. SMALL EMPLOYER; AND
- C. LARGE EMPLOYER

b.   IF THE ALL-PAYER HEALTH CLAIMS DATABASE DOES NOT COLLECT AND MAINTAIN THE DATA THAT IS REQUIRED TO BE REPORTED TO THE DATABASE PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION, THE ADMINISTRATOR OF THE ALL-PAYER HEALTH CLAIMS DATABASE SHALL AMEND THE REQUIREMENTS REGARDING THE DATA TO BE SUBMITTED TO THE DATABASE PURSUANT TO SECTION 25.5-1-204 (5) TO INCLUDE THE DATA REQUIRED BY SUBSECTION (1)(a) OF THIS SECTION DURING THE NEXT UPDATE OF SUCH REQUIREMENTS, BUT NO LATER THAN JUNE 1, 2022.

While a majority of the requirements in this section can be sourced from data already submitted to the CO APCD, items IV-VII, designated in green font above, must be collected via the annual PDAB submission.

3. File Submission Instructions and Schedule

Payers can access CIVHC's PDAB data submission Excel file template from the CIVHC website here and should submit PDAB information according to the following schedule:

Alternative Payment Model and Drug Rebate Data Submission Schedule	
Date	**Files Due**
July 1, 2023	• Waiver request due (if applicable)
July 17, 2023	• Test files of data for 2022 due
September 1, 2023	• Final files of data for 2022 due

For the 2023 submission year, PDAB files will be submitted either via Excel (.xlsx, .xls, or .csv). Please see the chart below for specific instructions for each file type and links to Excel templates, if applicable. The **PDAB** file type associated with this manual is highlighted in **orange** below for your convenience.

Annual File Submission Format by File Type		
File Type	**Format**	**Link to Template**
AM: Alternative Payment Model	.txt	N/A

Annual File Submission Format by File Type		
CT: APM Control Total	.txt	N/A
AC: APM Contract (formerly 2nd tab in CT file)	Excel	(TBD) Template
DR: Drug Rebate	.txt	N/A
PB: PBM Contract (formerly 2nd tab in DR file)	Excel	(TBD) Template
PD: Prescription Drug Affordability Board	**Excel**	**(TBD)** File Template
VB: Value-Based Pharmacy Contract	Excel	(TBD) Template

Naming conventions should follow the template:
> TESTorPROD_PayerID_SubmissionYearDueFileTypeVersionNumber.FileExtension

For example, the following naming conventions will be used for testing and production in 2023:
> TEST_0000_**2023**PDv01.xlsx
> PROD_0000_**2023**PDv02.xlsx

4. Waivers:

CIVHC will work collaboratively with payers to ensure that required data are submitted in a manner that satisfies the intent of the Data Submission Guide rules. These rules have been put in place to deliver a high quality, reliable source of data for Colorado.

CIVHC will consider requests from data submitters for file exemptions under certain circumstances. Data submitters should submit a waiver request for the **Prescription Drug Affordability Board** filing if the organization meets one of the following criteria:

1) Payer does not provide prescription drug benefits (e.g., payer only provides medical benefits, payer only provides dental benefits, etc.)

*It is REQUIRED for all payers that provide prescription drug benefits to submit PDAB data to the CO APCD and cannot waive out of this requirement.

Please see Appendix A for instructions for filing a waiver and waiver form.

5. Changes to the PDAB Submission Manual

This is the first iteration of the PDAB submission manual. CIVHC has no changes to report.

6. Data Submission of PDAB Details

The submission of PDAB data involves the completion of one file labeled "PD." Below is a description of each field.

Payer Code (PD001): The CIVHC-assigned organization ID for the payer or carrier submitting the file.

Payer Name (PD002): The name of the payer or carrier submitting the file.

Year (PD003): Four-digit year immediately preceding submission.

Legislative Reference (PD004): The legislative reference code that a drug falls under according to Table B.1.P PDAB Legislative Reference of the Data Submission Guide, displayed below.

Code	Legislative Reference Description
IV	The fifteen prescription drugs that caused the greatest increases in the carrier's premiums
V	The fifteen prescription drugs for which the carrier paid most frequently and for which the carrier received a rebate from manufacturers.
VI	The fifteen prescription drugs for which the carrier received the highest rebates, as determined by percentages of the price of the prescription drug
VII	The fifteen prescription drugs for which the carrier received the largest rebates

Rank (PD005): Drug rank of 1-15 for the drugs listed for each Legislative Reference in PD004. Note that the DSG contains language to "Populate field with blanks for legislative references VIII – IX." Because CIVHC will not require information related to legislative references VIII – IX within this submission, please disregard this instruction.

NDC (National Drug Code) (PD006): 11-digit NDC of associated drug associated with PD004. Note that the DSG contains language to "Populate field with blanks for legislative references VIII – IX." Because CIVHC will not require information related to legislative references VIII – IX within this submission, please disregard this instruction. NDCs should not repeat within a Legislative Reference. **Drug Name (PD007):** Name of drug associated with NDC in PD006. Note that the DSG contains language to "Populate field with blanks for legislative references VIII – IX." Because CIVHC will not require information related to legislative references VIII – IX within this submission, please disregard this instruction.

Note that CIVHC is <u>not</u> prescribing a detailed methodology for each legislative requirement. Instead, CIVHC requests a detailed methodological description to be submitted as an additional tab in the PDAB submission. CIVHC will utilize the submitted methodological information to develop specifications into the future.

7. PDAB File Content

Submitted to CIVHC via SFTP in Excel file format. Please populate the template for submission.

Data Element #	Data Element Name	Type	Length	Description/Codes/Sources	Required
PD001	Payer Code	varchar	N/A – Excel file	Distributed by CIVHC	R
PD002	Payer Name	varchar	N/A – Excel file	Distributed by CIVHC	R
PD003	Year	varchar	N/A – Excel file	Immediately preceding year	R
PD004	Legislative Reference	varchar	N/A – Excel file	See table B.1.P	R
PD005	Rank	varchar	N/A – Excel file	Populate field with rank of 1-15 Populate field with blanks for legislative references VIII - IX	R
PD006	NDC	varchar	N/A – Excel file	11-digit NDC of associated drug Populate field with blanks for legislative references VIII - IX (Do not repeat NDC within a single legislative reference)	R
PD007	Drug Name	varchar	N/A – Excel file	Name of associated NDC Populate field with blanks for legislative references VIII - IX	R

INSTRUCTIONS TO REQUEST A DATA SUBMISSION WAIVER for the COLORADO ALL PAYER CLAIMS DATABASE – APM AND DRUG REBATE FILES

CIVHC will work collaboratively with APCD data submitters to ensure that required submissions achieve the intent of the rules. These rules have been put in place to deliver a high quality, reliable source of health care data for Colorado. The APCD Program will engage in a Continuous Quality Improvement (CQI) process intended to achieve ever higher levels of data quality and completeness as the APCD Program evolves.

Consistent with the CQI process, the APCD will consider requests from data submitters to provide file exemptions for their Alternative Payment Model (APM) and Drug Rebate files. This policy is intended to recognize the special circumstances for each payer (see section 4 of the Data Submission Manuals) and document their exempt status for APM or Drug Rebate submissions.

Data submitters may request a one-year waiver from submitting required file types.

For waivers of a particular file type:

- The year for which the file exemption is requested.
- The file type for which the file exemption is requested.
- An explanation as to why the data submitter is unable to submit the file.
- An original signed certification by the organization's Chief Information Officer or Regulatory Compliance Office that includes the above information and asserts that the data submitter cannot meet the requirements because the requested information is not available and cannot be derived from the data submitter's information systems.

A template for the request for waiver is attached for your convenience. Please attach additional pages of narrative as needed to provide a full explanation of the reasons that the data submitter cannot comply. Please submit all documentation electronically to **submissions@civhc.org**. Questions may also be directed to **submissions@civhc.org**.

*Please note, this section will be updated with instructions on how to submit waivers via the Portal. Submitters may elect to submit waivers via instructions above, or via Portal for the 2023 Annual Submissions no later than July 1, 2023.

Colorado APCD Data Variance Submission Request for [Year]:_____

Name of Submitter:	Date Submitted:
Contact Name, Email and Phone:	

Data File Name (AM, CT, DR, etc)	Detailed description of reason

Certification: On behalf of _____, I certify that this data submitter cannot submit the files listed because the required information is not available and cannot be derived from the data submitter's information systems.

Submitted by: _____
       Name   Title   Date

      _____
      Signature

Appendix B: Sample FileData Tab:

PD001	PD002	PD003	PD004	PD005	PD006	PD007
Payer Code	**Payer Name**	**Year**	**Legislative Reference**	**Rank**	**NDC**	**Drug Name**
0000	Example Payer	2022	IV	1	23333333333	Drug TT
0000	Example Payer	2022	IV	2	34444444444	Drug UU
0000	Example Payer	2022	IV	3	45555555555	Drug VV
0000	Example Payer	2022	IV	4	56666666666	Drug WW
0000	Example Payer	2022	IV	5	67777777777	Drug XX
0000	Example Payer	2022	IV	6	78888888888	Drug YY
0000	Example Payer	2022	IV	7	89999999999	Drug ZZ
0000	Example Payer	2022	IV	8	90000000000	Drug AAA
0000	Example Payer	2022	IV	9	10000000000	Drug BBB
0000	Example Payer	2022	IV	10	20000000000	Drug CCC
0000	Example Payer	2022	IV	11	30000000000	Drug DDD
0000	Example Payer	2022	IV	12	40000000000	Drug EEE
0000	Example Payer	2022	IV	13	50000000000	Drug FFF
0000	Example Payer	2022	IV	14	60000000000	Drug GGG

Data | Methods | ⊕

Methods Tab:

Legislative Reference	Methodology Description
IV	Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums).
V	Provide methodological detail on legislative reference V (Top 15 drugs for which the carrier paid most frequently and for which the carrier received a rebate from manufacturers).
VI	Provide methodological detail on legislative reference VI (Top 15 drugs for which the carrier received the highest rebates, as determined by percentages of the price of the prescription drug).
VII	Provide methodological detail on legislative reference VII (Top 15 drugs for which the carrier received the largest rebates).

Data | Methods | ⊕

Link: (TBD)

Link: (TBD)

Appendix C: Frequently Asked Questions

1) When is each file due?

Test files for PDAB submissions are due by July 17, 2023. Test files should include data for calendar year 2022.

Final production files are due by September 01, 2023. Production files must be submitted with data for the previous calendar year (2022).

2) How should the PDAB files be submitted and named?

PDAB files should be submitted in Excel format (.xlsx, .xls, or .csv) through the SFTP server. Naming conventions should follow the template:

TESTorPROD_PayerID_SubmissionYearDueFileTypeVersionNumber.FileExtension

Naming conventions should follow the template:
TESTorPROD_PayerID_SubmissionYearDueFileTypeVersionNumber.FileExtension

For example, the following naming conventions will be used for testing and production in 2023:
TEST_0000_2023PDv01.xlsx
PROD_0000_2023PDv02.xlsx

3) What is the objective for collecting PDAB data?

The objective for collecting PDAB data is to satisfy legislative requirements identified in SB21-175 and allow the Prescription Drug Affordability Board to make informed decisions on matters related to prescription drugs in Colorado.

4) What is the process for requesting waivers to the PDAB file submission requirements?

Please complete the form on page two of Appendix A, "Data Submission Waiver Instructions - APM and Drug Rebate Files" and email it to **submissions@civhc.org**. CIVHC will review the document and provide comments, if necessary. CIVHC will then complete the Data Submission Waiver Agreement and combine this with the completed instruction file submitted by your organization. CIVHC will provide this document to you for your records.

Please submit these waiver documents no later than July 1, 2023.

*Please note, this section will be updated with instruction on how to submit waivers via the Portal. Submitters may elect to submit waivers via the current method, or via the Portal for the 2023 Annual Submissions.

5) Will you be joining these files to the other claims files (MC, PC, ME, MP) that we submit to the APCD?

No, we will not join these files to the data in the APCD. However, we will perform a series of checks to ensure the submitted data passes various validation criteria. These checks may involve aggregation of CO APCD data sourced from the ME or PC files.

6) What methodology should my organization use to produce the required information?

CIVHC is not providing detailed methodological instructions for the PDAB submission. Instead, CIVHC requests that carriers provide their organization's specific methods used to produce the reported information in the PDAB file as a separate Methodology tab. Please refrain from using filler language. CIVHC will continue to analyze and collate the methodologies across carriers to provide detailed instruction for future collection efforts.

7) **Can my organization submit Durable Medical Equipment (DME, Lancets..etc) in our PD data?**

No, DME: Durable Medical Equipment, for example lancets are not to be included in the PD data file submission. The PD file submission should only contain prescription drugs as stated in Section 2 above.

Appendix D: SFTP Submission Instructions
CO APCD New File Types
Submitter Instructions

Files should be submitted in Excel format (.xlsx, .xls, or .csv) through the SFTP server.

1. **File Transmission**

Data submissions will be made via SFTP. Each submitting entity should have an existing SFTP connection with NORC at the University of Chicago to submit other data types to the Colorado APCD. Payers should coordinate internally to share the existing connection information. All files transferred via SFTP will be automatically linked to the payer's account based on the file name. It is important that the files be named per a standard naming convention outlined in CIVHC's Data Submission Guide to ensure that the file type and submission periods can properly be discerned.

Many tools exist for Secure File Transfer Protocol. FileZilla and WinSCP are two examples. Please refer to your program's documentation for help with setup, if needed.

Connection Information for the SFTP Server:

- Server Name: transfer.norc.org
- User: the account name issued via secure download
- Password: the SFTP password issued via secure download
- Annual Test files in .xlsx format (PD)
    - [root]/incoming/AnnExcelProdPortal
- Annual Prod files in .xlsx format (PD)
    - [root]/incoming/AnnExcelProdPortal

You will NOT receive an automated email notification once the file has been received. If you have questions about whether your file has been received please contact the Help Desk (civhchelp@hsri.org).

2. **File Format**

Files should be submitted in Excel format (.xlsx, .xls, or .csv) through the SFTP server. These files do not contain sensitive data and therefore are not required to be compressed and encrypted. If your organization requires the encryption of files before transmission you can do so with a commercially available, payer-approved file compression and encryption software such as WinZip or 7-Zip. Files should be compressed and encrypted in 256-bit AES. The password can be obtained through the CO APCD Portal. If you do not have access to the portal please coordinate internally at your organization to obtain this information. PGP encryption will not be supported for these file types.

Appendix E: CO APCD Data Submission Guide Version 14 Testing Instructions
Last Updated: May 9, 2022

Introduction

This document contains your instructions to begin testing MP, ME, MC, and PC files in the data submission guide version 14 format for the Colorado APCD.

Data Submission Guide Version 14 Overall Implementation Timeline

DSG 14 Timeline	
Task	**Due Date**
Payer Connect Calls	Bimonthly
Request for DSG feedback (monthly and annual files)	Ongoing
Initial Payer feedback due	8/1/2022
CIVHC distribute updated DSG 14 draft based on stakeholder feedback	8/31/2022
CIVHC File Rule Packet with HCPF	10/7/2022
Public Review Meeting	11/8/2022
Executive Director Hearing	11/29/2022
Rule Effective	1/30/2023
Annual Override Reset	2/28/2023
Monthly Data Files (ME, MC, PC, MP) Testing and Implementation	
Submitter testing of DSG v14 in Test Portal	May – June 2023
April 2023 due in DSG v13 in Production Portal	6/1/2023
April 2023 Submissions Must be in a Status of Validation Passed	6/15/2023
At least one BETA test file submitted to Test Portal	6/16/2023
DSG v14 Production Portal Go Live. Submitted files will be held and processed on 6/27/2023	6/23/2023 – 6/26/2023
May 2023 Submissions Due in DSG v14 – no less than 120 days after Rule Effective Date	7/3/2023
May 2023 Submissions Must be in a Status of Validation Passed	7/17/2023
Annual Data File (AM, CT, DR, AC, VB, PD, PB) Testing and Implementation	
Test files with 2020, 2021, 2022 data due	7/17/2023
Production files with 2020 – 2022 data due	9/1/2023
PLEASE NOTE: If you are onboarding to the CO APCD follow the timeline discussed with CIVHC and HSRI.	
Timeline updated 12/16/2022	

Testing Requirements
5/29/2023 - 6/26/2023

- Transmit properly named, compressed, and encrypted files via SFTP to the appropriate directory (see details below).
    - Submit at least one expected ME file type for January 2023 paid dates by **June 10th.**
    - During this testing period you have the opportunity to test annual file submissions, however, test files are not required to be submitted and passing all intake validations until July 17th.
- Review all validation results and resolve all structural and failure-level validation issues by resubmission.

Please note we have made updates to the Test SFTP folder directories:
- Monthly Claims Test Files (ME, MC, PC, MP) should be transmitted to: [root]/incoming/MthlyTestPortal
- Annual Files in .txt format (AM, CT, DR) should be transmitted to: [root]/incoming/AnnTxtProdPortal
- Annual Files in .xlsx format (VB, AC, PB, PD) should be transmitted to: root]/incoming/AnnExcelProdPortal

Overview of Testing Steps

1. **Prepare January 2023 files in DSG v13 Format:** Properly name files "TEST" according to the file naming convention outlined in DSG v14. Submit each file type typically required to submit.
2. **Compression and Encryption of File(s):** Compress and encrypt your data files using the same method as used in production (256-bit AES).
3. **Transfer of Compressed and Encrypted File(s) via SFTP:** Transfer the compressed and encrypted files via the SFTP server transfer.norc.org. **See above details for new test folder directories**.
4. **Portal Login:** Login to the CO APCD Test Portal: https://coapcd-test.norc.org. All production portal (https://coapcd.norc.org) user account credentials have been copied to the test portal for use. If you do not have an account or have issues logging into the Test Portal, please contact the Help Desk (civhchelp@hsri.org).
5. **Review and Resolve Validation Issues:** After receiving a notification email, login and review validation issues. Resolve structural and failure-level validation issues.

Step 1: Prepare January 2023 files in DSG v14 Format.

Payers must submit applicable file type required for testing.

Name **monthly claims files** according to the file naming convention outlined in DSG v14:

TEST_PayerID_PeriodEndingDateFileTypeVersionNumber.txt

- TEST: "TEST" for test files
- Payer ID: This is the four-digit payer ID assigned to each submitter.
- Period Ending Date: Expressed as CCYYMM (Ex: 202201 indicates a January 2023 end date).

- File Type: Member Eligibility (ME), Medical Claims (MC), Pharmacy Claims (PC), Provider (MP)
- Version number: This is used to differentiate multiple submissions of the same file. This will be important if a file needs to be resubmitted to resolve an issue such as a validation failure. The letter "v" should be used, followed by two digits, starting with v01. You must include the leading zero. Original submissions of all files should be labeled v01. The Portal will not accept files that have the same name as an existing file.
- File extension (.txt)
- *Example: TEST_0000_202301MEv01.txt*

Name **annual files** according to the file naming convention outlined in DSG v14:

TEST_PayerID_SubmissionYearDueFileTypeVersionNumber.txt

- TEST: "TEST" for test files
- Payer ID: This is the four-digit payer ID assigned to each submitter.
- Submission year due, expressed as CCYY (four-digit calendar year).
- File Type - APM File (AM), Control Total (CT), APM Contract Supplement (AC), Drug Rebate (DR), PBM Contract Supplement (PB), PDAB (PD), Value Based Purchasing Contract (VB)
- Version number: Used to differentiate multiple submissions of the same file. This is important when a file must be resubmitted to resolve an issue, such as a validation failure. The letter v should be used, followed by two digits, starting with v01. Please include the leading zero. Original submissions of all files should be labeled v01. The Portal will not accept files that have the same name as an existing file.
- File extension (.xlsx for PD, PB, AC and VB files, .txt for AM, CT, and DR files)
- *Example: TEST_0000_2020AMv01.txt*

Step 2: Compression and Encryption of File(s)
Data Preparation
To ensure the security of personally identifiable information and personal health information, and to reduce file transmission times, we require submitters to compress and encrypt all files before submission. Compress and encrypt your data files using the same method as used in production (256-bit AES).

Step 3: Transfer of Compressed and Encrypted File(s) via SFTP
Data submissions will be made via SFTP.

All files transferred via SFTP will be automatically associated with the submitter account based on the file name. It is important that the files be named per the standard naming convention outlined in CIVHC's Data Submission Guide Version 14 to ensure that the file type and submission periods can properly be discerned.

Please note we have made updates to the Test SFTP folder directories:
- Monthly Claims Test Files (ME, MC, PC, MP) should be transmitted to: [root]/incoming/MthlyTestPortal

- Annual Files in .txt format (AM, CT, DR) should be transmitted
  to: [root]/incoming/AnnTxtProdPortal
- Annual Files in .xlsx format (VB, AC, PB, PD) should be transmitted
  to: [root]/incoming/AnnExcelProdPortal

Many tools exist for Secure File Transfer Protocol. FileZilla and WinSCP are two examples. Please refer to your program's documentation for help with setup, if needed.

Connection Information for the SFTP Server:
- **Server Name: transfer.norc.org**
- **Folder Name: see above.**
- **User: Same as production**
- **Password: Same as production**

Step 4: Portal Login

You will receive an email notifying you of the file status once the validation is complete. At that time, login to the Test Portal to track the progress of your file. Any user who has an account with the CO APCD Production Portal will be able to use their existing username and password to login to the CO APCD Test Portal here: https://coapcd-test.norc.org. If you have any issues logging in, contact the CIVHC Help Desk.

Step 5: Submission Notification, Review and Resolve Validation Issues

As part of this testing period, we expect you to review the validation results and resolve structural and failure level validation issues by resubmitting a corrected file. The override functionality will be disabled for profile, ad hoc, and exemption level validation issues. Continue reading for details.

Once a file has been submitted via SFTP you will receive a notification that is has been received and is being processed. Files will then be evaluated against a set of data validations before they can proceed for further quality assurance checks. You will receive an email notifying you of the file status once the validation is complete. The validations and validation issues will all be viewable within the Test Portal. Login to the Test Portal and navigate to the **Submissions menu** to track the progress of your file. When files complete processing, they will display a Status of "Error", "Failed", or "Validation Passed".

Processing typically takes under an hour, but we guarantee it will happen within 24 hours. If your submission does not reach one of these statuses within 24 hours and/or you do not receive an email, please contact the Help Desk so that we can investigate. If the validation failed, you would then log in to the Test Portal to view details of the validation results.

Files with a "Validation Failed" status mean your file has failed one or more data intake validations. When this is the case, you will need to click on "Details" to see what the specific issues are. This will take you to a list of issues in the file.
- **Structural Level Validation Issues**: If there are issues with an Issue Type of "Structural", you will need to resolve these before moving on to other issues. Most structural issues cannot be overridden. Structural issues tend to involve file structure and formatting of fields such as too many characters or are in direct conflict with the specification in the Data Submission Guide. You can see additional information about a validation by clicking on "Details". For most structural validations, you will see a message indicating that the error needs correction in the file and will thus need resubmission.

- **Failure Level Validation Issues**: Issues of type "Failure" cannot be overridden. They typically involve an intrinsic issue with the format of the data and will need to be fixed and resubmitted.
- **Profile Level Validation Issues**: Issues of type "Profile" represent validations that vary by book of business and can be overridden with a clear explanation of why you consider the data of sufficient quality. Subsequent failures on the same validation rule will be automatically overridden for the remainder of the calendar year once a Profile override has been established.
- **Exemption Level Validation Issues**: Issues of type "Exemption" can be overridden but require approval from CIVHC. Requesting an override for these issues will require you to supply a time for which you believe you will need the exemption. All overrides are reset yearly, so if you need an exemption past December of a given year, you will need to submit a new request the following year, if your data continues to fail the validation.
- **Ad Hoc Level Validation Issues**: Issues of type "Ad Hoc" may be overridden without the need for CIVHC approval. However, unlike Profile overrides, Ad Hoc overrides will not persist for subsequent failures on the same validation rule such that submitters will need to provide an explanation whenever criteria for such a rule are not met.

Files with a "Validation Passed" status have passed our data intake validations.

Feedback and Questions
If you encounter any issues during testing, please contact the CIVHC Help Desk at civhchelp@hsri.org.

Resources
CO APCD User Manual: https://coapcd-test.norc.org/Home/UserManual

CO APCD Frequently Asked Questions: https://coapcd-test.norc.org/Home/FAQ

Appendix F: Updated PDAB Requirements

DOI defines a health benefit plan as "any hospital or medical expense policy or certificate, hospital or medical service corporation contract, or health maintenance organization subscriber contract or any other similar health contract subject to the jurisdiction of the commissioner available for use, offered, or sold in Colorado." as stated under 10-16-102(32)(a)-(b), C.R.S. Additionally, under (32)(b) it defines what a "health benefit plan" does not include as:

(I) Accident only;

(II) Credit;

(III) Dental;

(IV) Vision;

(V) Medicare supplement;

(VI) Benefits for long-term care, home health care, community-based care, or any combination thereof;

(VII) Disability income insurance;

(VIII) Liability insurance including general liability insurance and automobile liability insurance;

(IX) Coverage for on-site medical clinics;

(X) Coverage issued as a supplement to liability insurance, workers' compensation, or similar insurance;

(XI) Automobile medical payment insurance; or

(XII) Specified disease, hospital confinement indemnity, or limited benefit health insurance if the types of coverage

*Submitters that fall under one of the categories above are able to submit an exemption waiver in replacement of the PDAB requirement.