Value-Based Pharmaceutical Contracting

Data Submission Manual

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10 CCR 2505-5

August 2023

CIVHC

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1. Introduction

In February 2022 and in accordance with Code of Colorado Regulation 10 CCR 2505-5, the Department of Health Care Policy and Financing (HCPF) changed the rules governing the All-Payer Claims Database (APCD) Data Submission Guide (DSG) to require the Center for Improving Value in Health Care (CIVHC) to collect data on Value-Based Pharmaceutical Contracting arrangements from public and private payers.

As defined in 10 CCR 2505-5, "value-based purchasing contract file" means a file that includes information about pharmacy value-based purchasing contracts between carriers/PBMs and drug manufacturers; and is submitted according to the requirements contained in the submission guide.

This Data Submission Manual provides technical details to assist payers in reporting and filing the Value-Based Pharmaceutical Contracting file (VBPC). **CIVHC recommends that payers coordinate efforts to complete the VBPC 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, such as Insurance Product Type and prescription drug expenditures, are accurate.

2. Why Collect Data Related to Value-Based Pharmaceutical Contracting (VBPC)?

Colorado is the first state APCD collecting information related to Value-Based Pharmaceutical Contracting. The purpose of collecting this payment and contract information is to measure the market penetration of VBPC arrangements across Colorado and begin to understand the impacts of value-based arrangements with drug manufacturers. Colorado champions the delivery of high-quality, affordable care and desires to understand more about the presence of the Value-Based Pharmaceutical Contracts that are meant to improve the lives and wellbeing of Coloradans.

3. File Submission Instructions and Schedule

Payers can access CIVHC's VBPC data submission Excel file template from the CIVHC website here and should submit VBPC 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 2020 due
September 1, 2023	• Final files for four calendar years, 2019, 2020, 2021and 2022

For the 2022 submission year, files will be submitted either via Excel (.xlsx, .xls, or .csv) or text format (.txt). Please see the chart below for specific instructions for each file type and links to Excel templates, if applicable. The **VBPC** 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
CT: APM Control Total	.txt	N/A
AC: APM Contract (formerly 2nd tab in CT file)	Excel	AC File Template
DR: Drug Rebate	.txt	N/A

Annual File Submission Format by File Type		
PB: PBM Contract (formerly 2nd tab in DR file)	Excel	PB File Template
PD: Prescription Drug Affordability Board	Excel	PD File Template
VB: Value-Based Pharmacy Contract	**Excel**	**VB File 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**VBv01.xlsx
>PROD_0000_**2023**VBv02.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 **Value-Based Pharmaceutical Contracting** 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.)
2) Payer only provides supplemental insurance (e.g., Medicare Supplemental policies only)
3) Payer does not receive any rebates or other compensation from drug manufacturers/PBMs.
4) Payer does not participate in Value-Based Pharmaceutical arrangements with Drug Manufacturers. See comprehensive definition of these arrangements in section 6.

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

5. Changes to the VBPC Submission Manual

- The following are changes to this Value-Based Pharmaceutical Contracting Data Submission Manual, which were adopted following the Data Submission Guide v14 Rule Hearing on November 29, 2022.Data Element Name: Metric Measured has been relabeled to VB008.
- Data Element Name: Total Count of Members on Drug has been relabeled to VB009 and ordered before Count of Measured Members on Drug – VB010
- Data Element Name: Count of Members has been relabeled to VB010 and updated to reflect "Count of Measured Members on Drug" to align with DSG v14 and appears after VB009 – Total Count of Members on Drug
- Data Element Name: Total Spend has been relabeled to VB011 and is ordered before Total Measured Spend – VB012
- Data Element Name: Total Measured Spend has been relabeled to VB012 and ordered after Total Spend – VB011
- Data Element Name: Total VBPC Rebate has been relabeled to VB013.
- Data Element Name: Comments has been relabeled to VB014.
- VB Scenario file snippet updated to reflect correct field ordering.

6.   Data Submission of VBPC Details

The submission of Value-Based Pharmaceutical Contracting data involves the completion of one file labeled "VB." The VB file captures aggregated payment and rebate data for drugs associated with value-based purchasing agreements between carriers and drug manufacturers.

For the purposes of the VBPC submission to CIVHC, please see the following definition of Value-Based Pharmaceutical Contracting:

> Value-Based Pharmaceutical Contracting means any contractual arrangement between a carrier/Pharmacy Benefit Manager (PBM) and a drug manufacturer that offers additional savings if the specified patient outcomes are met per the contractual arrangements. Value Based Pharmaceutical Contracts can come in a form of an additional outcomes-based rebate, a payment from the drug manufacturer to the carrier/PBM separate from the drug rebate payment process, or any other form of compensation to carriers from drug manufacturers based on the outcomes of a drug's treatment for the carrier's member(s). Examination of treatment outcomes to determine final payment might involve tracking adherence to the drug's course of treatment, tracking adverse health outcomes as a result of taking the drug, tracking drug's effectiveness in treating a medical condition, or any other metric that examines the value of the drug based on its real-world performance. Value Based Pharmaceutical Contracts include contractual arrangements for both medically administered drugs and drugs dispensed from a pharmacy. Other names for Value Based Pharmaceutical Contracts include "Value Based Contracts," "Value Based Purchasing," and "Outcomes Based Contracts."

This diagram provides a simplified illustration of the prescription drug supply chain and the flow of drugs, payments, and rebates. It is a useful guide for describing drug rebate file reporting requirements. Payers with PBMs should report the total amount represented by the *gray* line. If the submitter is a PBM, then it should report the total amount represented by the *orange* line.
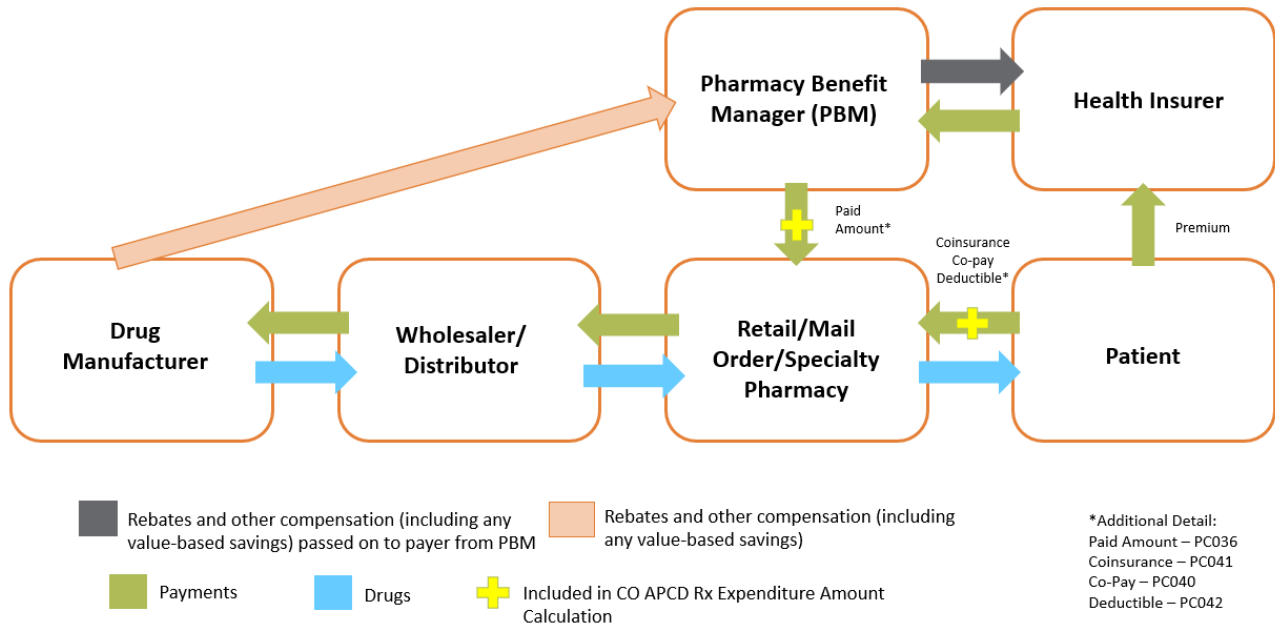
VALUE-BASED PHARMACEUTICAL CONTRACTING FILE SPECIFICATIONS

Below is a description of each field in the VBPC filing. Note that the VBPC file requires a **four-year** look-back period, in contrast to the three-year look-back period for other annual files.

Payer Code (VB001): The CIVHC-assigned organization ID for the payer or carrier submitting the file.

Payer Name (VB002): The name of the payer or carrier submitting the file.

NDC (VB003): National Drug Code for drug associated with Value Based Purchasing arrangement. Submit in 11-digit, 5-4-2 NDC format (00000-0000-00).

Drug Name (VB004): Text name of drug.

Drug Manufacturer (VB005): The name of the manufacturer of the given drug.

Contract Start Date (VB006): Date when contract is effective, date when outcomes of treatment begin to be measured. Format should follow MM/DD/YYYY.

Contract End Date (VB007): Date when contract ends, date when outcomes of treatment are no longer measured. Format should follow MM/DD/YYYY.

Metric Measured (VB008): Metrics measured under contract:
  1 = Reduced hospitalization
  2 = Reduced relapse rate
  3 = Qualifying event
  4 = Discontinuation
  5 = Disease prevalence
  99 = Other

If, under the specified contract, multiple metrics are measured, please list each. If 99 (Other), please use the Comments field (VB014) to specify the details surrounding the metrics the contract measures to determine reimbursement.

Total Count of Members on Drug (VB009): Distinct number of members who have taken drug in specified time period, **whether under the VBPC or not.**

Count of Measured Members on Drug (VB0010): Distinct number of members who have taken drug **and whose outcomes are measured by contract**. N

Total Spend (VB011): Total spend on claims associated with drug in specified time period, **whether under the VBPC or not**. For submission year 2022, please label the Total Spend field as **VB011**.

> The expenditure amount is the sum of:
> Copay (PC040) +
> Coinsurance (PC041) +
> Deductible (PC042) +
> Payer portion (plan paid, PC036)

Total Measured Spend (VB012): Total spend on claims associated with drug in specified time period **for members whose outcomes are measured by contract.**

> The expenditure amount is the sum of:
> Copay (PC040) +
> Coinsurance (PC041) +
> Deductible (PC042) +
> Payer portion (plan paid, PC036)

Total VBPC Rebate (VB013): Total dollars received as a result of the VBPC contracts.

Comments (VB014): Payers may use this field to provide additional information or describe any caveats pertaining to the VBP Contract Information.

7. VBPC 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
VB001	Payer Code	varchar	N/A – Excel file	Distributed by CIVHC	R
VB002	Payer Name	varchar	N/A – Excel file	Distributed by CIVHC	R
VB003	Drug Name	varchar	N/A – Excel file	Name of drug associated with pharmacy VBPC	R
VB004	NDC	varchar	N/A – Excel file	NDC for associated drug If multiple NDCs are associated with a given contract for a drug name, list each NDC on separate records in a separate tab in the Excel file. If carrier is unable to break out VB008-VB012 fields by NDC, then report VB008-VB012 on the first line associated with Drug Name (VB003).	R
VB005	Manufacturer	varchar	N/A – Excel file	Name of associated drug's manufacturer	R
VB006	Start Date	varchar	N/A – Excel file	Date when outcomes of treatment begin to be measured. CCYYMMDD	R
VB007	End Date	varchar	N/A – Excel file	Date when outcomes of treatment are no longer measured. CCYYMMDD	R
VB008	Metric measured	varchar	N/A – Excel	Metrics measured under contract: 1 = Reduced hospitalization 2 = Reduced relapse rate 3 = Qualifying event 4 = Discontinuation 5 = Disease prevalence	R

Data Element #	Data Element Name	Type	Length	Description/Codes/Sources	Required
				99 = Other	
VB009	Total Count of Members on Drug	varchar	N/A – Excel file	Distinct number of members who have taken drug in specified time period, whether under the VBPC or not	R
VB0010	Count of Measured Members on Drug	varchar	N/A – Excel file	Distinct number of members who have taken drug in specified time period and whose outcomes are measured by contract	R
VB011	Total Spend	varchar	N/A – Excel file	Total spend on claims associated with drug in specified time period, whether under the VBPC or not Do not deduct any VBPC rebates	R
VB012	Total Measured Spend	varchar	N/A – Excel file	Total spend on claims associated with drug in specified time period for members whose outcomes are measured by contract Do not deduct any VBPC rebates	R
VB013	Total VBPC Rebate	varchar	N/A – Excel file	Total dollars received as a result of the VBPC contracts	R
VB014	Comments	varchar	N/A – Excel file	Any additional information regarding a particular contract	O

Link: VBPC Blank File (VB)

Link: **VBPC Scenario File (VB)**

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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, Drug Rebate, or Value-Based Pharmaceutical Contract 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 current method, or via Portal for the 2022 Annual Submissions.

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 Files

Note that the example below involves listing of multiple NDC codes on a separate tab.

VB001	VB002	VB003	VB004	VB005	VB006	VB007	VB008	VB009	VB0010	VB011	VB012	VB013	VB014
Payer Code	Payer Name	Drug Name	NDC	Manufacturer	Start Date	End Date	Metric measured	Total Count of Members on Drug	Count of Measured Members on Drug	Total Spend	Total Measured Spend	Total VBPC Rebate	Comments
0000	Example Insurance Company	Exploravartin	12345-6789-12	Curology	1/1/2019	12/31/2022	1,2	1,534	457	$ 70,294.00	$ 273,648.00	$ 20,384.00	
0000	Example Insurance Company	Cefitropteplase	55555-5555-55	Theraputicals	1/1/2019	12/31/2020	99	30,294	12,920	$ 1,927,302.00	$ 809,364.00	$ 104,895.00	99 Requires additional explanation
0000	Example Insurance Company	Perflufiban	Multiple	Theraputicals	1/1/2019	12/31/2021	4	393	25	$ 392,038.00	$ 25,745.00	$ 2,379.00	See NDC tab to report additional NDCs for this drug
0000	Example Insurance Company	Ioacortinakin	11111-1111-11	Treatify	1/1/2019	6/30/2021	2,5	9,673	4,329	$ 708,532.00	$ 369,823.00	$ 57,097.00	

`VBPC` | NDC | ⊕

Drug Name	Listed NDCs
Perflufiban	22222-2222-22
Perflufiban	33333-3333-33
Perflufiban	44444-4444-44
Perflufiban	99999-9999-99

VBPC | `NDC` | ⊕

Appendix C: Frequently Asked Questions

1) When is each file due?

Test files for the Value-Based Pharmaceutical Contracting file type are due by July 17, 2023. Test files should include data for the calendar year 2020.

Final production files are due by September 01, 2023. Production files for VBPC files must be submitted with data for four previous calendar years A–2019, 2020, 2021 and 2022.

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

VBPC 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_2023VBv01.xlsx
PROD_0000_2023VBv02.xlsx

3) What is the objective for collecting VBPC data?

Collecting VBPC-related data will allow CIVHC and other stakeholders to understand the market penetration for value-based contracts between drug manufacturers and insurance carriers. Understanding the market for these contracts will allow organizations like CIVHC to help achieve the Triple Aim of lower costs, higher-quality care, and healthier Coloradans.

4) What is the timeframe of the payments included in the Drug Rebate files?

Fill dates corresponding to each of the four most recent calendar years (2019, 2020, 2021 and 2022) should reported in these files. If a contract start date or end date overlaps between any of the reporting years, it should be reported in the VBPC file.

5) What is the process for requesting waivers to the VBPC 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 instructions on how to submit waivers via the Portal. Submitters may elect to submit waivers via current method, or via Portal for the 2023 Annual Submissions

6) **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 for analysis. 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, PC, or MC files.

7) **What payment amounts should be included in the payment fields (VB011-VB012)?**

The sum of all incurred claim *allowed payment amounts* to pharmacies or providers for prescription drugs, biological products, or vaccines as defined by the payer's prescription drug benefit under the years of a given contract should be included in these fields. This amount shall include member cost sharing amounts. This shall include all incurred claims for individuals included in the member population regardless of where the prescription drugs are dispensed (i.e., includes claims from in-state and out-of-state providers) and/or employer's state.

8) **How is Value-Based Pharmaceutical Contracting defined?**

Value-Based Pharmaceutical Contracting means any contractual arrangement between a carrier/Pharmacy Benefit Manager (PBM) and a drug manufacturer that offers additional savings if the specified patient outcomes are met per the contractual arrangements. Value Based Pharmaceutical Contracts can come in a form of an additional outcomes-based rebate, a payment from the drug manufacturer to the carrier/PBM separate from the drug rebate payment process, or any other form of compensation to carriers from drug manufacturers based on the outcomes of a drug's treatment for the carrier's member(s). Examination of treatment outcomes to determine final payment might involve tracking adherence to the drug's course of treatment, tracking adverse health outcomes as a result of taking the drug, tracking drug's effectiveness in treating a medical condition, or any other metric that examines the value of the drug based on its real-world performance. Value Based Pharmaceutical Contracts include contractual arrangements for both medically administered drugs and drugs dispensed from a pharmacy. Other names for Value Based Pharmaceutical Contracts include "Value Based Contracts," "Value Based Purchasing," and "Outcomes Based Contracts."

9) **What should I include in the Comments field (VB014)?**

This cell should be used if a payer cannot fully complete the VBPC file to the specifications outlined in the DSG. The payer should enter an explanation of how their submission differs from the specifications. Additionally, use this field to provide qualitative detail related to a particular VBP contract with a drug manufacturer. Include details such as the payment mechanism, the drug itself, further detail about the metric measured, and any other details that is not captured in fields VB001 – VB013.

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 (VB)
    - [root]/incoming/AnnExcelProdPortal
- Annual Prod files in .xlsx format (VB)
    - [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: April 14, 2023

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 - 6/262023

- 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 v14 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 or PGP).
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 test 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: 202301 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 or PGP).

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