|  |  |
| --- | --- |
| Waiver Submission Tracking | |
| Data Submitter Name: |  |
| Contact Name: |  |
| Contact Email: |  |
| Contact Phone Number: |  |
| Submitted for Calendar Year: |  |
| Date Submitted to CIVHC: |  |
| Date of CIVHC Decision: | Compliance Decision on |

The Center for Improving Value in Health Care (CIVHC), in its role as the Colorado All Payer Claims Database (CO APCD) Administrator, will work collaboratively with CO APCD Data Submitters to ensure that required submissions achieve the intent of the governing statute, [10 CCR 2505-5-1.200](https://civhc.org/wp-content/uploads/2022/12/1.200-APCD-2022-9.7.2022_FINAL.pdf).

The [Data Submission Guide](https://civhc.org/get-data/co-apcd-info/submitter-resources/) and related Data Submission Manuals help CIVHC deliver a high quality, reliable source of health care data for Colorado, and CIVHC’s Continuous Quality Improvement (CQI) methods help to achieve ever higher levels of data quality and completeness as the CO APCD evolves.

Consistent with its CQI processes, CIVHC will consider Data Submitters’ requests for exemptions from annual file submission requirements. To be considered for a one-year exemption from submitting any of the files named on the following page, Data Submitters may submit this waiver request form with the following information:

* Calendar year for which the exemption is requested.
* File type(s) for which the exemption is requested.
* Explanation of the reason the Data Submitter is unable to submit the identified file(s) (additional pages of narrative can be included to provide a complete explanation).
* An original, signed certification by the organization’s Chief Information Officer or Regulatory Compliance Officer asserting 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.

All questions and documentation must be submitted electronically to [Submissions@CIVHC.org](mailto:Submissions@CIVHC.org). Please note that submission of this form does not guarantee that the request will be approved.

Waiver Request Details

The Data Submitter named in this document requests waiver of the annual submission requirement for the following files:

|  |  |
| --- | --- |
| Alternative Payment Model (APM) Files | |
| File Abbreviation and Name | Reason for Waiver Request |
| AM – APM Scenario File |  |
| CT – APM Control Total File |  |
| AC – APM Contract Scenario File |  |
| Drug Rebate (DR) Files | |
| File Abbreviation and Name | Reason for Waiver Request |
| DR – Drug Rebate Scenario File |  |
| PB – PBM Scenario File |  |
| PD – PDAB Scenario File |  |
| VB – VBPC Scenario File |  |

Certification

On behalf of the Data Submitter named in this document, I certify that this Data Submitter cannot submit the file(s) selected above because the required information is not available and cannot be derived from the Data Submitter’s information systems.

|  |  |
| --- | --- |
| Signature: |  |
| Name: |  |
| Title: |  |
| Date: |  |