Value-Based Pharmaceutical Contracting

Data Submission Manual |April 2025

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Value-Based Pharmaceutical Contracting
Data Submission Manual
April 2025

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.

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.

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, 2025	Waiver request due (if applicable)
July 1, 2025	Test files of data for 2021-2024 due
August 1, 2025	Deadline to update contact list in Portal for each file type
September 1, 2025	Final files for four calendar years: 2021, 2022, 2023 and 2024
December 1, 2025	Deadline for all VBPC files to pass CIVHC QC validation
December 1, 2025	Deadline for attestation form to be signed for VBPC files

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For the 2025 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	**AM File Template- TBD**
CT: APM Control Total	.txt	**CT File Template - TBD**
AC: APM Contract (formerly 2nd tab in CT file)	Excel	**AC File Template – TBD**
CF: Member Capitation	.txt	**CF File Template – TBD**
DR: Drug Rebate	.txt	**DR File Template – TBD**
PB: PBM Contract (formerly 2nd tab in DR file)	Excel	**PB File Template – TBD**
PD: Prescription Drug Affordability Board	Excel	**PD File Template – TBD**
VB: Value-Based Pharmacy Contract	Excel	**VB File Template - TBD**

Naming conventions should follow the template:
TESTorPROD_PayerID_SubmissionYearDueFileTypeVersionNumber.FileExtension

For example, the following naming conventions will be used for testing and production in 2025:
TEST_0000_**2025**VBv01.xlsx
PROD_0000_**2025**VBv02.xlsx

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:

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

- Payer only provides supplemental insurance (e.g., Medicare Supplemental policies only)

- Payer does not receive any rebates or other compensation from drug manufacturers/PBMs.

- 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.

Changes to the VBPC Submission Manual

There is one addition to this Value Based Pharmaceutical Contracting Data Submission Manual following the adoption of the Data Submission Guide v16 at Rule Hearing on October 30, 2024:

1. Addition to summary of Annual Pharmacy Value Based Purchasing Contract (VBPC) Collection: "Submitters should submit data based on Fill Date".

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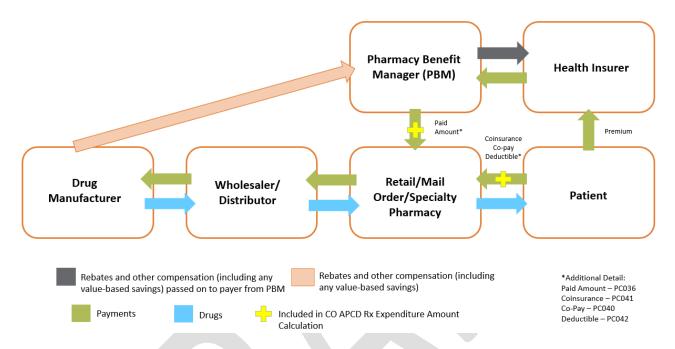
For the purposes of the VBPC submission to CIVHC, please see the following definition of Value-Based Pharmaceutical Contracting:

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.

Member Population Included

Payers should include only information pertaining to members who reside in the state of Colorado. A Colorado resident is defined as any eligible member whose residence is within the State of Colorado, and all covered dependents. An exception to this is subscribers covered under a student plan. In this case, any student enrolled in a student plan for a Colorado college/university would be considered a Colorado resident regardless of their address of record.

For example, if an individual lives in Wyoming but has commercial coverage through their employer based in Colorado, information for this individual would **NOT** be included. Conversely, if a Colorado resident works in Wyoming and has commercial coverage through their employer sponsored plan issued in CO, their data would be included.

Payers should only include information for members for which they are the primary payer and exclude any paid claims for which they are the secondary or tertiary payer.

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. Submitters should submit data based on Fill Date. VB009 – VB010 should be calculated using distinct members **by Drug Name** (not distinct by NDC code). See FAQ's for more information.

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 outcomes of treatment begin to be measured. Format should follow CCYYMMDD format.

Contract End Date (VB007): Date when outcomes of treatment are no longer measured. Format should follow CCYYMMDD format.

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 (VB010): Distinct number of members who have taken drug and whose outcomes are measured by contract.

Total Spend (VB011): Total spend on claims associated with drug in specified time period, whether under the VBPC or not.

> 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.

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.	R

Data Element #	Data Element Name	Type	Length	Description/Codes/Sources	Required
				CCYYMMDD	
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 99 = Other	R

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Data Element #	Data Element Name	Type	Length	Description/Codes/Sources	Required
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
VB010	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	R

Data Element #	Data Element Name	Type	Length	Description/Codes/Sources	Required
				Do not deduct any VBPC rebates	
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

Appendix A: Waiver Instructions and Form

Data Submitter Request Form
Waiver of Annual File Submissions

Waiver Submission Tracking	
Annual File Submission Year:	*YYYY*
Data Submitter Code/Name (**one** per form):	*0000* **/** *Entity Name*
Submitter Contact Name:	
Submitter Contact Email:	
Date of Form Submission 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 support their compliance with regulatory submission requirements.

In addition to monthly file submissions, Data Submitters must submit eight (8) more files on an annual basis related to drug rebates and Alternative Payment Models (APMs). These submission requirements are defined in C.R.S. 10-16-1405 and CO APCD governing statute 10 CCR 2505-5-1.200. Details about annual files' structure and content can be found in the Data Submission Guide and related Data Submission Manuals.

To be considered for waiver from the annual file submission requirement for one year, Data Submitters must complete the following:

1. Indicate on pages 2 and 3 of this form which files are requested waived from the annual submission requirement and provide the reason for waiver request.

2. Read the Agreement to Waiver Conditions included in this document.

3. Certify this form with a signature from the organization's authorized signatory (e.g., Chief Information Officer, Regulatory Compliance Officer, etc.) asserting that the Data Submitter cannot meet the submission requirements because the requested information is not available and cannot be derived from the Data Submitter's information systems.

4. **Submit this form to Submissions@CIVHC.org no later than April 1** to be considered for production files due September 1 of the same calendar year.

This form will be returned with CIVHC's decision to the Data Submitter by June 1 of the calendar year in which it is submitted. An approved waiver applies only to the submission year in which it is approved (i.e., a new waiver request must be submitted every calendar year).

Data Submitter Request Form
Waiver of Annual File Submissions

Waiver Request Details

See the CIVHC's Submitter Resources web page for the below files' respective Data Submission Manuals.

The Data Submitter named in this document requests waiver of the annual submission requirement for the following file(s):

Alternative Payment Model (APM) Files		
File Abbreviation and Name	Reason for Waiver Request	
☐ AM – APM File[1]	Choose an item.	
	CIVHC Decision: ☐ Approved	☐ Denied
☐ CT – APM Control Total[1]	Choose an item.	
	CIVHC Decision: ☐ Approved	☐ Denied
☐ AC – APM Contract Information[1]	Choose an item.	
	CIVHC Decision: ☐ Approved	☐ Denied
Drug Rebate (DR) Files		
File Abbreviation and Name	Reason for Waiver Request	
☐ DR – Drug Rebate Data[1]	Choose an item.	
	CIVHC Decision: ☐ Approved	☐ Denied
☐ PB – PBM Contract Information[1]	Choose an item.	
	CIVHC Decision: ☐ Approved	☐ Denied
☐ PD – PDAB Collection Information[23]	Choose an item.	
	CIVHC Decision: ☐ Approved	☐ Denied

[1] Annual submission requires the three (3) calendar years preceding the reporting year (e.g, the 2025 submission will include files for 2022, 2023, and 2024 reporting years).
[2] Submission is required under C.R.S. 10-16-1405: "Each carrier and each pharmacy benefit management firm acting on behalf of a carrier shall report to the all-payer health claims database."
[3] Annual submission requires one (1) calendar year preceding the submission year (e.g., the 2025 submission will include the 2024 reporting year).

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Data Submitter Request Form
Waiver of Annual File Submissions

☐ VB – VBPC Collection Information[4]	Choose an item.		
	CIVHC Decision:	☐ Approved	☐ Denied
Other Files			
File Abbreviation and Name	Reason for Waiver Request		
☐ CF – Member Capitation Collection Information[1]	Payer does not contract with any of the following capitated programs: Primary Care Capitation, Professional Capitation, Facility Capitation, Behavioral Health Capitation, Global Capitation, Payment to Integrated Comprehensive Payment and Delivery Systems, Laboratory Capitation, Radiology Capitation		
	CIVHC Decision:	☐ Approved	☐ Denied
Additional Comments from Data Submitter (Optional)			
Additional Comments from CIVHC (Optional)			

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[4] Annual submission requires the four (4) calendar years preceding the submission year (e.g, the 2025 submission will include files for 2021, 2022, 2023, and 2024 reporting years).

Data Submitter Request Form
Waiver of Annual File Submissions

Agreement to Waiver Conditions

1. This Agreement to Waiver Conditions ("Agreement") is made and entered as of the date of the last signature obtained below (the "Effective Date") by and between CIVHC, in its capacity as the CO APCD Administrator, and the submitting entity named in this document ("Data Submitter").

2. The Data Submitter requests, and CIVHC hereby grants, waiver from the annual submission requirement of the file(s) selected by the Data Submitter under *Waiver Request Details* ("Waiver") and marked with CIVHC Decision "Approved."

3. The Data Submitter acknowledges and agrees that the Waiver granted under this Agreement will remain in effect only through **SELECT DATE**, or until such time as the Data Submitter is reasonably able to submit the required annual files in accordance with the Data Submission Guide ("DSG"), whichever is earlier.

4. The Data Submitter acknowledges and agrees that the Waiver granted under this Agreement is temporary in nature, effective only for the term described in the previous provision and granted based on current systematic issues or limitations that, according to CIVHC's understanding and under CIVHC's sole discretion, prevent the Data Submitter from complying with the DSG.

5. The granting of any Waiver, under this Agreement or otherwise, provides no guarantee of the approval or granting by CIVHC of any future request for Waiver from the Data Submitter.

6. As a condition of being granted this Waiver, the Data Submitter agrees that it will act in a reasonable and diligent manner to correct the systematic issues or limitations that prevent it from complying with the DSG as soon as reasonably possible.

7. By signing this Agreement, the Data Submitter certifies that it cannot currently meet the DSG's requirements because (a) the required data is not reasonably available within Data Submitter's systems, and/or (b) the required data cannot be reasonably derived from data that is available within Data Submitter's systems.

Data Submitter Acknowledgement		CIVHC Acknowledgement	
Signature:		Signature:	
Name:		Name:	
Title:		Title:	
Date:		Date:	

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	VB010	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	1/1/2020	12/31/2023	1,2	1,534	457	$ 70,294.00	$ 273,648.00	$ 20,384.00	
0000	Example Insurance Company	Cefitropteplase	55555-5555-55	Theraputicals	1/1/2020	12/31/2021	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	1/1/2020	12/31/2022	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	1/1/2020	6/30/2022	2,5	9,673	4,329	$ 708,532.00	$ 369,823.00	$ 57,097.00	

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

| ▸ | VBPC | **NDC** | ⊕ |

Link: VBPC (VB) Scenario File - TBD

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 1, 2025. Test files should include data for the calendar years: 2021, 2022, 2023 and 2024.

Final production files are due by September 01, 2025. Production files for VBPC files must be submitted with data for four previous calendar years: 2021, 2022, 2023 and 2024.

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 2025:

TEST_0000_2025VBv01.xlsx

PROD_0000_2025VBv02.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 VBPC files?**

Fill dates corresponding to each of the four most recent calendar years (2021, 2022, 2023 and 2024) should be 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 shown in Appendix A, "Data Submission Waiver Instructions - APM and Drug Rebate Files" and email it to submissions@civhc.org. CIVHC will review the document return to the submitter with the waiver decision. If approved, CIVHC will complete the Data Submission Waiver Agreement and Acknowledgement section. CIVHC will then provide this document to you for your records. If the waiver is not approved, CIVHC will send back form with comments to the submitter.

Please submit these waiver documents no later than April 1, 2025.

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 should the total counts and payment amounts (VB009 – VB012) be aggregated for this file?**

The measures related to total counts and total spends (VB009 – VB012) should be pulled using Fill Date. The measures related to total counts (VB009 – VB010) should be pulled using distinct by Drug Name. In the past, we have observed reporting of VB009 – VB010 by NDC code which can include duplicate members. There are scenarios in which one member can be prescribed multiple NDC's with the same Drug Name over the 4-year lookback period. For example, Trulicity generally has 4+ NDC's included in the VBPC file. A member could be prescribed 1 Trulicity NDC for a certain amount of time and then be prescribed a different Trulicity NDC the next year. This member will be counted multiple times if VB009 – VB010 are aggregated at the NDC level.

9. **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."

10. **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)

  o [root]/incoming/AnnExcelProdPortal

- Annual Prod files in .xlsx format (VB)

  o [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 16 Testing Instructions

Last Updated: April 9, 2025

Introduction

This document contains your instructions to begin testing APM File (AM), Control Total (CT), APM Contract Supplement (AC), Drug Rebate (DR), PBM Contract Supplement (PB), Value Based Purchasing Contract (VB), and Member Capitation (CF) files in the Data Submission Guide Version 16 format for the Colorado APCD.

Data Submission Guide Version 16 Overall Implementation Timeline

DSG 16 Timeline		
Task	**Due Date**	**Complete**
Payer Connect Calls	Bimonthly	Ongoing
Request for DSG feedback (monthly and annual files)	Ongoing	✓
Initial Payer feedback due	8/1/2024	✓
CIVHC distribute updated DSG 16 draft based on stakeholder feedback	9/1/2024	✓
CIVHC File Rule Packet with HCPF	10/4/2024	✓
Public Review Meeting	10/30/2024	✓
Executive Director Hearing	11/22/2024	✓
Rule Effective	3/1/2025	✓
Annual Override Reset	2/28/2025	✓
Monthly Data Files (ME, MC, PC, MP) Testing and Implementation		
Submitter testing of DSG v16 in Test Portal (ME, MP, MC, PC)	6/2 – 6/20	
April 2025 due in DSG v15 in Production Portal	6/1/2025	
April 2025 Submissions Must be in a Status of Validation Passed	6/15/2025	
Production Portal closed for upgrades. DSGv15 format no longer accepted. Files submitted in DSGv16 format between 6/24 and 6/25 will be processed on 6/26/2025	6/23/2025	
DSG v16 Production Portal Go Live	6/26/2025	
May 2025 Submissions Due in DSG v16 – no less than 120 days after Rule Effective Date	7/1/2025	
May 2025 Submissions Must be in a Status of Validation Passed	7/15/2025	
Annual Data File (AM, CT, DR, AC, VB, PD, PB) Testing and Implementation		
Annual File Submission Waivers Due	4/1/2025	✓
Test files with 2022, 2023, 2024 data due (AM, CT, AC, DR, PB)	7/1/2025	
Test files with 2021, 2022, 2023, 2024 data due (VB)		
Test files with 2024 data due (PD, CF)		
Production files with above reporting data by file type due	9/1/2025	
PLEASE NOTE: If you are onboarding to the CO APCD follow the timeline discussed with CIVHC and HSRI.		
Timeline updated 04/09/2025		

Testing Requirements

7/1/2025 – 7/17/2025

- Transmit properly named, compressed, and encrypted files via SFTP to the appropriate directory (see details below).

- During this testing period you will test annual file submissions, with test files to be submitted and passing all intake validations by 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:

- Annual Files in .txt format (AM, CT, CF, 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 Annual files in DSG v16 Format:** Properly name files "TEST" according to the file naming convention outlined in DSG v16. 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 Annual files in DSG v16 Format.

Name **annual files** according the file naming convention outlined in DSG v16:
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), Member Capitation (CF), Drug Rebate (DR), PBM Contract Supplement (PB), PDAB (PD), Value Based Purchasing Contract (VB), Member Capitation (CF).

- 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, DR and CF files)

- *Example: TEST_0000_2025AMv01.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 16 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:

- Annual Files in .txt format (AM, CT, DR, CF) 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.
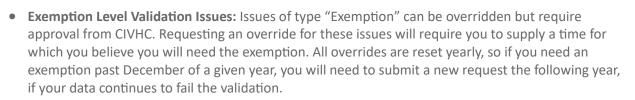
Once a file has been submitted via SFTP you will receive a notification that it has been received and is being processed. Files will then be evaluated against a set of data validations before they can proceed for further quality assurance checks. You will receive an email notifying you of the file status 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 and will move on to the level II data quality validation process.

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