



# Value-Based Pharmaceutical Contracting

## Data Submission Manual | June 2025

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## 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  |
| April 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 |
| November 1, 2025   | Deadline for all VBPC files to pass CIVHC QC validation        |
| November 15, 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   | <a href="#">AM File Template</a> |
| CT: APM Control Total                                      | .txt   | <a href="#">CT File Template</a> |
| AC: APM Contract (formerly 2 <sup>nd</sup> tab in CT file) | Excel  | <a href="#">AC File Template</a> |
| CF: Member Capitation                                      | .txt   | <a href="#">CF File Template</a> |
| DR: Drug Rebate  | .txt   | <a href="#">DR File Template</a> |
| PB: PBM Contract (formerly 2 <sup>nd</sup> tab in DR file) | Excel  | <a href="#">PB File Template</a> |
| PD: Prescription Drug Affordability Board                  | Excel  | <a href="#">PD File Template</a> |
| <b>VB: Value-Based Pharmacy Contract</b>                   | Excel  | <a href="#">VB File Template</a> |

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

## 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.

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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:

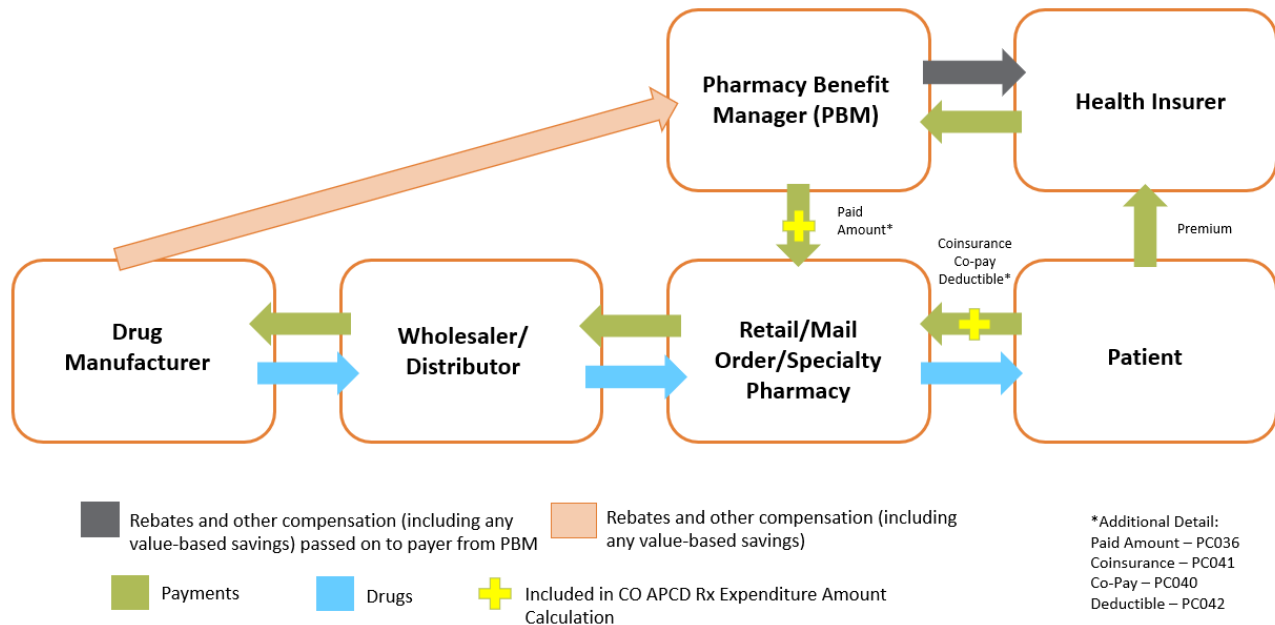
**Value-Based Pharmaceutical Contracting** means any contractual arrangement between a carrier/Pharmacy Benefit Manager (PBM) and a drug manufacturer that offers additional savings if the specified patient outcomes are met per the contractual arrangements. Value Based Pharmaceutical Contracts can come 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.”

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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

Per Colorado regulation 10 CCR 2505-5 1.200, Payers are required to submit data to the CO APCD under the following conditions:

1. The Payer has 1,000 or more Colorado residents covered under a fully insured health plan **OR**
2. The Payer has 100 or more Colorado residents covered under a self-insured employer-sponsored plan not subjected to ERISA.

Once either of the above thresholds has been met, Payers should submit data for all Colorado residents covered under these plans.

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.

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**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.

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**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.

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| 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 | <p>NDC for associated drug</p> <p>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).</p> | 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        |



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| Data Element # | Data Element Name | Type    | Length           | Description/Codes/Sources   | Required |
|----------------|-------------------|---------|------------------|---|----------|
|                |                   |         |                  |   |          |
|                |                   |         |                  | CCYYMMDD  |          |
| VB007          | End Date          | varchar | N/A – Excel file | <p>Date when outcomes of treatment are no longer measured.</p> <p>CCYYMMDD</p>  | R        |
| VB008          | Metric measured   | varchar | N/A – Excel      | <p>Metrics measured under contract:</p> <p>1 = Reduced hospitalization</p> <p>2 = Reduced relapse rate</p> <p>3 = Qualifying event</p> <p>4 = Discontinuation</p> <p>5 = Disease prevalence</p> <p>99 = Other</p> | 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<br><br>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        |

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| 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 ( <b>one</b> 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](mailto: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   |
| <input type="checkbox"/> AM – APM File <sup>1</sup>                     | Choose an item.   |
|   | CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| <input type="checkbox"/> CT – APM Control Total <sup>1</sup>            | Choose an item.   |
|   | CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| <input type="checkbox"/> AC – APM Contract Information <sup>1</sup>     | Choose an item.   |
|   | CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| Drug Rebate (DR) Files  |   |
| File Abbreviation and Name  | Reason for Waiver Request   |
| <input type="checkbox"/> DR – Drug Rebate Data <sup>1</sup>             | Choose an item.   |
|   | CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| <input type="checkbox"/> PB – PBM Contract Information <sup>1</sup>     | Choose an item.   |
|   | CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| <input type="checkbox"/> PD – PDAB Collection Information <sup>23</sup> | Choose an item.   |
|   | CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied |

<sup>1</sup> 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).

<sup>2</sup> 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."

<sup>3</sup> Annual submission requires one (1) calendar year preceding the submission year (e.g., the 2025 submission will include the 2024 reporting year).

### Data Submitter Request Form

#### Waiver of Annual File Submissions



|   |  |
|---|--|
| <input type="checkbox"/> VB – VBPC Collection Information <sup>4</sup>              | Choose an item.  |
|   | <b>CIVHC Decision:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied   |
| Other Files   |  |
| File Abbreviation and Name  | Reason for Waiver Request  |
| <input type="checkbox"/> CF – Member Capitation Collection Information <sup>1</sup> | Payer does not contract with any of the following capitated programs:  |
|   | <ul style="list-style-type: none"> <li>Primary Care Capitation</li> <li>Professional Capitation</li> <li>Facility Capitation</li> <li>Behavioral Health Capitation</li> <li>Global Capitation</li> <li>Payment to Integrated</li> <li>Comprehensive Payment and Delivery Systems</li> <li>Laboratory Capitation</li> <li>Radiology Capitation</li> </ul> |
|   | <b>CIVHC Decision:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied   |
| Additional Comments from Data Submitter (Optional)                                  |  |
|   |  |
| Additional Comments from CIVHC (Optional)   |  |
|   |  |

<sup>4</sup> 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 | Cefitroptelase | 55555-5555-55 | Therapeutics | 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      | Therapeutics | 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 | loacortinakin  | 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 |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
| <div> <div>VBPC</div> <div>NDC</div> <div>+</div> </div> |               |

Link: [VBPC \(VB\) Scenario File](#)



## 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](mailto: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)
  - [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](mailto: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: June 23, 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 06/23/2025  |            |          |

## Testing Requirements

### 7/1/2025 – 7/15/2025

- 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 15th.
- 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 folder directories.
- 4.) **Portal Login:** Login to the CO APCD Production Portal: (<https://coapcd.norc.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 to 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.

- 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: Production username
- Password: Production password

### 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 CO APCD Production Portal to track the progress of your file. 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 Production Portal. Login to the COAPCD 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 Production 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](mailto: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>