



CENTER FOR IMPROVING
VALUE IN HEALTH CARE



Value-Based Pharmaceutical Contracting

Data Submission Manual | June 2026

Value-Based Pharmaceutical Contracting

Data Submission Manual

June 2026



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Navigation

Introduction.....	3
Why Collect Data Related to Value-Based Pharmaceutical Contracting (VBPC)?	3
File Submission Instructions and Schedule	3
Waivers	5
Changes to the VBPC Submission Manual	6
Data Submission of VBPC - Details	6
Value-Based Pharmaceutical Contracting File Specifications.....	8
VBPC File Content.....	10
Appendix A: Waiver Instructions and Form	14
Appendix B: Sample File	21
Appendix C: Frequently Asked Questions	22
Appendix D: SFTP Submission Instructions	24
Appendix E: CO APCD Data Submission Guide Version 17 Testing Instructions.....	25
Testing Requirements	26
Feedback and Questions	28

Value-Based Pharmaceutical Contracting

Data Submission Manual

June 2026



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

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

Value-Based Pharmaceutical Contracting

Data Submission Manual

June 2026



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, 2026	Waiver request due (if applicable)
July 1, 2026	Test files of data for 2022-2025 due
August 1, 2026	Deadline to update contact list in Portal for each file type
September 1, 2026	Final files for four calendar years: 2022, 2023, 2024 and 2025
November 1, 2026	Deadline for all VBPC files to pass CIVHC QC validation
November 15, 2026	Deadline for attestation form to be signed for VBPC files

For the 2026 submission year, files will be submitted either via .csv format 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.

File Type	Format
AM: Alternative Payment Model	.txt
CT: APM Control Total	.txt
AC: APM Contract (formerly 2 nd tab in CT file)	.csv
CF: Member Capitation	.txt
DR: Drug Rebate	.txt
PB: PBM Contract (formerly 2 nd tab in DR file)	.csv
PD: Prescription Drug Affordability Board	.csv
VB: Value-Based Pharmacy Contract	.csv

You can find all templates for .txt files in the Submitter Resources section here: [Submitter Resources - CIVHC.org](#).

Please note that there will be no templates for .csv files since these files do not contain headers.

Please submit the VBPC file in .csv format. Comma (,) delimiters are allowed. Note: do not include column headers within the .csv file. Do not include commas (,), or double quotes (") within the .csv field contents.

All file names must follow the template designated in DSG v17:

Value-Based Pharmaceutical Contracting

Data Submission Manual

June 2026



PayerCode_FileType_PeriodStartDate_PeriodEndDate_RowCount_ProdFlag_FixedWidthInd_Create Date

- Example:
 - i. COCXXXX_VB_202601_202612_X_T_DL_2026XXXXXX
 - ii. COCXXXX_VB_202601_202612_X_P_DL_2026XXXXXX
- Payer Code = Unique identifier assigned to each payer by the CO APCD's data administrator
- FileType = A two-character code that indicates which file is being submitted:
 - i. 'VB' = VBPC
- PeriodStartDate (YYYYMM format)
 - i. YYYYMM format. The start month of the submission year/compliance year.
- PeriodEndDate (YYYYMM format)
 - i. YYYYMM format. The end month of the submission year/compliance year.
- RowCount (no commas)
 - i. Total number of records submitted in the file, excluding header and trailer records
 - ii. For AC, PB, PD, and VB files, a nonzero integer is required
- ProdFlag = A one-character code that indicates whether a file is a 'Test' file or a 'Production' file:
 - i. 'T' = Test
 - ii. 'P' = Production
- DelimitedFileInd = A two-character code that indicates whether a file is reported with delimiters:
 - i. 'DL' = Delimiters included

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.

Value-Based Pharmaceutical Contracting

Data Submission Manual

June 2026



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 v17 at Rule Hearing on November 20, 2025:

1. Changes to format of VBPC file
 - a. Changed from Excel format to .csv format
2. Changes to naming convention
 - a. Changed naming convention to align with new data warehouse specifications following data vendor transition
3. Updates to type and length of data elements
4. Updates to scenario file and templates
 - a. These no longer include column headers to adhere to new processing standards
5. Update to the Descriptions for VB004, VB006, VB007, VB011, VB012 and VB013
 - a. Previous VBPC submissions required an Excel spreadsheet with 2 separate tabs. The change between Excel and .csv format requires the removal of the second tab (NDC) and listing all NDC's for a given drug in data element VB004 using a semicolon.
 - b. The format of Start and End Dates for VB006 and VB007 were updated from CCYYMMDD to YYYYMMDD.
 - c. Additional guidance added around decimal places to VB011, VB012 and VB013.

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

Value-Based Pharmaceutical Contracting

Data Submission Manual

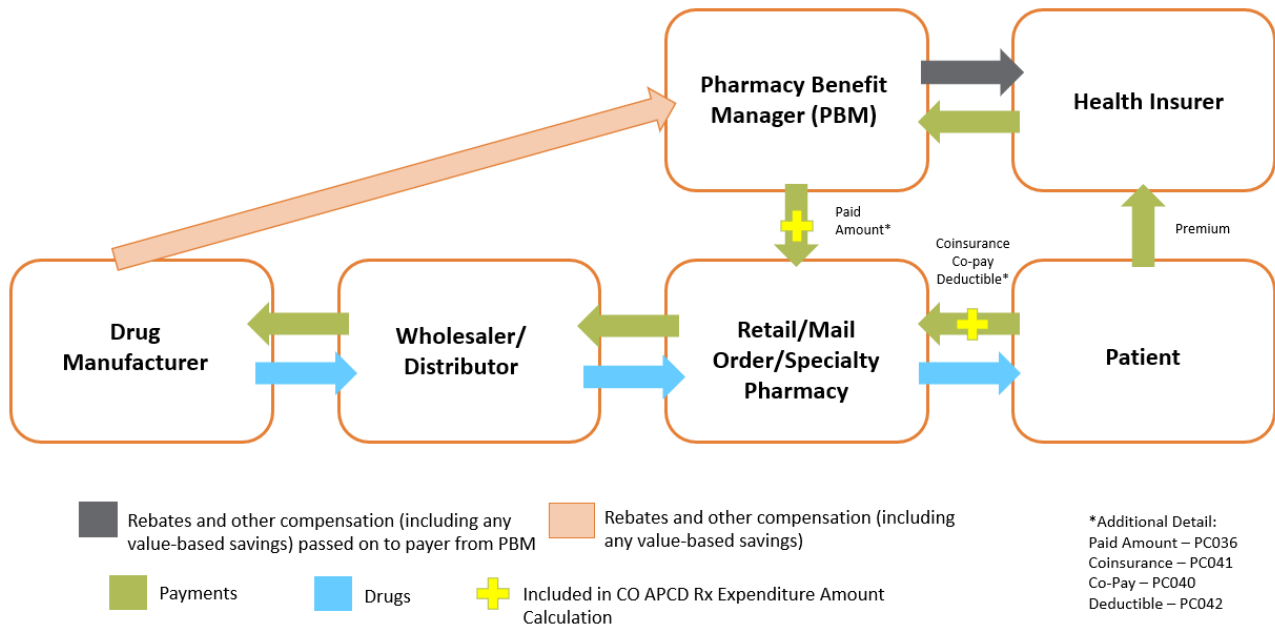
June 2026



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

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

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

Value-Based Pharmaceutical Contracting

Data Submission Manual

June 2026



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.

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.

Drug Name (VB003): Text name of drug.

NDC (VB004): National Drug Code(s) for drug associated with Value Based Purchasing arrangement. Submit in 11-digit, 5-4-2 NDC format (00000-0000-00).

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 YYYYMMDD format.

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

Metric Measured (VB008): Metrics measured under contract:

1 = Reduced hospitalization

2 = Reduced relapse rate

3 = Qualifying event

4 = Discontinuation

Value-Based Pharmaceutical Contracting

Data Submission Manual

June 2026



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.

Value-Based Pharmaceutical Contracting

Data Submission Manual

June 2026



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

VBPC File Content

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

For fields that are populated with a list, use semicolons instead of commas to separate the values.

For fields that are populated with free text and commas are expected to be part of the text, use double quotes as text qualifier.

Value-Based Pharmaceutical Contracting

Data Submission Manual

June 2026



Data Element #	Data Element Name	Type	Length	Description/Codes/Sources	Required
VB001	Payer Code	varchar	7	Distributed by CIVHC	R
VB002	Payer Name	varchar	75	Distributed by CIVHC	R
VB003	Drug Name	varchar	80	Name of drug associated with pharmacy VBPC	R
VB004	NDC	varchar	200	NDC(s) for associated drug If multiple NDCs are associated with a given contract for a drug name, list each NDC separated by a semicolon (;). 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	75	Name of associated drug's manufacturer	R
VB006	Start Date	varchar	8	Date when outcomes of treatment begin to be measured. YYYYMMDD	R
VB007	End Date	varchar	8	Date when outcomes of treatment are no longer measured.	R

Value-Based Pharmaceutical Contracting

Data Submission Manual

June 2026



Data Element #	Data Element Name	Type	Length	Description/Codes/Sources	Required
				YYYYMMDD	
VB008	Metric measured	int	2	Metrics measured under contract: 1 = Reduced hospitalization 2 = Reduced relapse rate 3 = Qualifying event 4 = Discontinuation 5 = Disease prevalence 99 = Other	R
VB009	Total Count of Members on Drug	int	12	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	int	12	Distinct number of members who have taken drug in specified time period and whose outcomes are measured by contract	R

Value-Based Pharmaceutical Contracting


Data Submission Manual

June 2026



Data Element #	Data Element Name	Type	Length	Description/Codes/Sources	Required
VB011	Total Spend	numeric	15	Total spend on claims associated with drug in specified time period, whether under the VBPC or not Do not deduct any VBPC rebates Two explicit decimal places (e.g. 200.00)	R
VB012	Total Measured Spend	numeric	15	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 Two explicit decimal places (e.g. 200.00)	R
VB013	Total VBPC Rebate	numeric	15	Total dollars received as a result of the VBPC contracts Two explicit decimal places (e.g. 200.00)	R
VB014	Comments	varchar	1000	Any additional information regarding a particular contract	O

Appendix A: Waiver Instructions and Form



Data Submitter Request Form

Waiver of Annual File Submissions

Waiver Tracking	
To be Completed by Data Submitter	
Annual File Submission Year:	2026
Data Submitter Code (<u>one</u> per form):	<i>ENTER ONPOINT-ASSIGNED CODE (e.g., COC0900)</i>
Data Submitter Name (<u>one</u> per form):	<i>ENTER FULL ENTITY NAME</i>
Data Submitter Contact Name:	
Data Submitter Contact Email:	
Date of Form Submission to CIVHC:	
To be Completed by CIVHC	
CIVHC Reviewer:	<i>ENTER FULL NAME, ENTER UNABBREVIATED TITLE</i>
CIVHC Decision:	<i>DECISION</i>
Date of CIVHC Decision:	<i>DATE</i>

Contents

Regulatory Background 2

Waiver Request Instructions 2

Waiver Request Details 3

Agreement to Waiver Conditions 6

[Back to Top](#)
020-011.1-FOR 202601
1

Data Submitter Request Form

Waiver of Annual File Submissions



Regulatory Background

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 Data Submitters to support their compliance with regulatory submission requirements.

In addition to monthly file submissions, Data Submitters are required 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 regulation [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](#).

Waiver Request Instructions

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

1. Indicate under [Waiver Request Details](#) which files are requested waived from the annual submission requirement and provide the reason for waiver request.
2. Read the [Agreement to Waiver Conditions](#) at the end of this document.
3. Certify this form with a signature from the organization's authorized signatory 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 (this date is subject to change if the form is not submitted timely by the Data Submitter). A new waiver request must be submitted every calendar year, and an approved waiver applies only to the submission year in which it is approved.

[Back to Top](#)

020-011.1-FOR 202601

2

Data Submitter Request Form

Waiver of Annual File Submissions



Waiver Request Details

See 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 ¹	<i>SELECT FROM DROP-DOWN LIST</i> CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> CT – APM Control Total ¹	<i>SELECT FROM DROP-DOWN LIST</i> CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> AC – APM Contract Information ¹	<i>SELECT FROM DROP-DOWN LIST</i> CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied

¹ Annual submission requires the three (3) calendar years preceding the reporting year (e.g., the 2026 submission will include files for 2023, 2024, and 2025 reporting years).

[Back to Top](#)

020-011.1-FOR 202601

3



Data Submitter Request Form

Waiver of Annual File Submissions



Drug Rebate (DR) Files	
File Abbreviation and Name	Reason for Waiver Request
<input type="checkbox"/> DR – Drug Rebate Data ¹	<p><i>SELECT FROM DROP-DOWN LIST</i></p> <p>CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>
<input type="checkbox"/> PB – PBM Contract Information ¹	<p><i>SELECT FROM DROP-DOWN LIST</i></p> <p>CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>
<input type="checkbox"/> PD – PDAB Collection Information ^{2 3}	<p><i>SELECT FROM DROP-DOWN LIST</i></p> <p>CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>
<input type="checkbox"/> VB – VBPC Collection Information ⁴	<p><i>SELECT FROM DROP-DOWN LIST</i></p> <p>CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>

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 2026 submission will include the 2025 reporting year).

⁴ Annual submission requires the four (4) calendar years preceding the submission year (e.g., the 2026 submission will include files for 2022, 2023, 2024, and 2025 reporting years).

[Back to Top](#)

020-011.1-FOR 202601

4

Data Submitter Request Form

Waiver of Annual File Submissions



Other Files	
File Abbreviation and Name	Reason for Waiver Request
<input type="checkbox"/> CF – Member Capitation Collection Information ¹	<p>Payer does not contract with any of the following capitated programs:</p> <ul style="list-style-type: none">Primary Care CapitationProfessional CapitationFacility CapitationBehavioral Health CapitationGlobal CapitationPayment to Integrated Comprehensive Payment and Delivery SystemsLaboratory CapitationRadiology Capitation
CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	

Additional Comments from Data Submitter (Optional)
Additional Comments from CIVHC (Optional)

[Back to Top](#)

020-011.1-FOR 202601

5

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 **6/30/2027**, 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.

[Back to Top](#)

020-011.1-FOR 202601

6



Data Submitter Request Form

Waiver of Annual File Submissions



Data Submitter Authorized Signatory	
Signature:	 (Electronic or handwritten accepted)
Name:	<i>ENTER FULL NAME</i>
Title:	<i>ENTER UNABBREVIATED TITLE</i>
Date:	

Value-Based Pharmaceutical Contracting

Data Submission Manual

June 2026



Appendix B: Sample File

Please note that the .csv file should not include column headers.

The below screenshot is from the .csv file being opened as a .txt file to show the formatting requirements:

```
0,Example Insurance Company,Exploravartin,12345-6789-12;23456-7890-01,Curology,1/1/2022,12/31/2025,1,1534,457,70294.00,273648.00,20384.00,  
0,Example Insurance Company,Cefitroptepase,55555-5555-55,Theraputicals,1/1/2022,12/31/2025,99,30294,12920,1927302.00,809364.00,104895.00,"99 Requires additional explanation"  
0,Example Insurance Company,Perflufiban,11111-2222-33;88888-8888-88,Theraputicals,1/1/2022,12/31/2025,4,393,25,392038.00,25745.00,2379.00,  
0,Example Insurance Company,Ioacortinakin,11111-1111-11,Treatify,1/1/2022,12/31/2025,5,9673,4329,708532.00,369823.00,57097.00,
```

Link: [Submitter Resources](#)

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, 2026. Test files should include data for the calendar years: 2022, 2023, 2024 and 2025.

Final production files are due by September 01, 2026. Production files for VBPC files must be submitted with data for four previous calendar years: 2022, 2023, 2024 and 2025.

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

VBPC files should be submitted in .csv format through the SFTP server. Naming conventions should follow the template in DSG v17:

PayerCode_FileType_PeriodStartDate_PeriodEndDate_RowCount_ProdFlag_FixedWidthInd_Create Date

- Example:

- COCXXXX_VB_202601_202612_X_T_DL_2026XXXXXX
- COCXXXX_VB_202601_202612_X_P_DL_2026XXXXXX

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 (2022, 2023, 2024 and 2025) 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 and return to the submitter with the waiver decision. If approved, CIVHC will complete the Waiver Tracking section with the decision and decision date. 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, 2026.

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. For this field, please use double quotes as a text qualifier.

Appendix D: SFTP Submission Instructions

Please note that there is no separate test or production environment for monthly or annual files. All files submitted to the CO APCD via its data vendor Onpoint go through the standard protocol as stated in the User Guide below.

The following is an excerpt from page 18 of the ‘User Guide for Onpoint CDM’ resource in the Documentation section of Data Harbor (Onpoint’s Data Submission Portal). Note that Data Harbor was formerly known as Onpoint CDM.

Whether a user’s data collection initiative allows direct identifiers or requires the de-identification of sensitive fields to eliminate the possibility of ePHI recovery, the use of secure file transfer protocol (SFTP) paired with PGP encryption is Onpoint’s recommended method for transmitting files.

To facilitate this process, Onpoint CDM leverages a managed file transfer application for secure file transfer and receipt. Our SFTP server is accessible from a wide range of SFTP client utilities and open-source solutions (e.g., WinSCP, FileZilla, etc.) as well as through a Hypertext Transfer Protocol Secure (HTTPS) online portal. (Please note that use of the online portal requires the establishment of a password that expires regularly for security reasons. We therefore highly recommend establishing connectivity with our systems using an SSH key, which eliminates the password requirement.)

SFTP data exchanges with Onpoint CDM must be both encrypted using the OpenPGP standard and signed by the sender prior to transfer to ensure file integrity. Onpoint’s SFTP server accepts files of any size and offers users an approach that can be fully scripted on their end to facilitate automation.

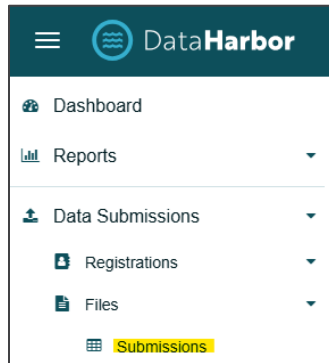
For a thorough walk-through of the SFTP process, including step-by-step instructions for installing and configuring standard software, please see the directory of reference materials in the main menu’s Documentation component or reach out to an Onpoint administrator (cdm-support@onpointhealthdata.org)

Value-Based Pharmaceutical Contracting

Data Submission Manual | June 2026



Submitters can track the status of submitted files in the Data Harbor Portal under the Files → Submissions option.



Appendix E: CO APCD Data Submission Guide Version 17 Testing Instructions

Last Updated: June 16, 2026

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 17 format for the Colorado APCD.

Data Submission Guide Version 17 Overall Implementation Timeline

DSG 17 Timeline		
Task	Due Date	Complete
Payer Connect Calls	Bimonthly	Ongoing
Request for DSG feedback (monthly and annual files)	Ongoing	✓
Initial Payer feedback due	8/1/2025	✓
CIVHC distribute updated DSG 17 draft based on stakeholder feedback	9/1/2025	✓
CIVHC File Rule Packet with HCPF	10/4/2025	✓
Public Review Meeting	10/27/2025	✓
Executive Director Hearing	11/20/2025	✓
Rule Effective	3/1/2026	✓
Monthly Data Files (ME, MC, PC, MP, *DC, *VC) Testing and Implementation		
Submitter Testing of DSG17 (ME, MP, MC, PC, *DC, and *VC)	6/1 – 6/30	Ongoing
DSG v17	7/1/2026	
May 2026 Submissions Due in DSG v17 – no less than 120 days after Rule Effective Date	7/1/2026	
May 2026 Submissions must be in a Status of Validation Passed	7/15/2026	
Annual Data File (AM, CT, DR, AC, VB, PD, PB) Testing and Implementation		
Annual File Submission Waivers Due	4/1/2026	✓
Test files with 2023, 2024, 2025 data due (AM, CT, AC, DR, PB)	7/1/2026	
Test files with 2022, 2023, 2024, 2025 data due (VB)		
Test files with 2025 data due (PD, CF)		
Production files with above reporting data by file type due	9/1/2026	
Timeline updated 6/16/2026		

Testing Requirements

7/1/2026

- Transmit properly named, compressed, and encrypted files via SFTP to the Onpoint Data Harbor.
- 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 intake validation issues by resubmission and/or variance requests.

Overview of Testing Steps

- 1.) **Prepare Annual files in DSG v17 Format:** Properly name files and headers “T” according to the instruction outlined in DSG v17. 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.

- 3.) **Transfer of Compressed and Encrypted File(s) via SFTP:** Transfer the compressed and encrypted files via the SFTP server.
- 4.) **Review and Resolve Validation Issues:** After receiving a notification email, login and review validation issues. Resolve any intake issues.

Step 1: Prepare Annual files in DSG v17 Format.

Name **annual files** according to the file naming convention outlined in DSG v17:

Annual File Naming Convention - All annual files submitted to the CO APCD shall have a naming convention to facilitate file management without requiring access to the contents.

All file names will follow the template:

*PayerCode_FileType_PeriodStartDate_PeriodEndDate_RowCount_ProdFlag_FixedWidthI
nd_Create Date*

- Examples
 - i. COCXXX_AM_202601_202612_45000_T_DL_20260822
 - ii. COCXXX_AM_202601_202612_45000_P_DL_20260822
- Payer Code = Unique identifier assigned to each payer by the CO APCD's data administrator
- FileType = A two-character code that indicates which file is being submitted:
 - i. 'AM' = Alternative Payment Model
 - ii. 'CT' = Control Total
 - iii. 'CF' = Member Capitation
 - iv. 'DR' = Drug Rebate
 - v. 'PB' = PBM Contract Supplement
 - vi. 'PD' = PDAB
 - vii. 'VB' = Value Based Purchasing Contract
- PeriodStartDate (YYYYMM format)
 - i. The start month of the submission year. For example, 202601.
- PeriodEndDate (YYYYMM format)
 - i. The end month of the submission year. For example, 202612.
- RowCount (no commas)
 - i. Total number of records submitted in the file, excluding header and trailer records
 - ii. For AM, CT, DR, and CF files if payer cannot fill in the "RowCount" section of the file naming convention, then a "0" can be used instead. For example:
COCXXX_AM_202601_202612_0_T_DL_20260822
 - iii. For AC, PB, PD, and VB files, a nonzero integer is required

- ProdFlag = A one-character code that indicates whether a file is a 'Test' file or a 'Production' file:
 - i. 'T' = Test
 - ii. 'P' = Production
- DelimitedFileInd = A two-character code that indicates whether a file is reported with delimiters:
 - i. 'DL' = Delimiters included

Step 2: Transfer of Compressed and Encrypted File(s) via SFTP

SFTP data exchanges with Onpoint CDM must be both encrypted using the OpenPGP standard and signed by the sender prior to transfer to ensure file integrity. Onpoint's SFTP server accepts files of any size and offers users an approach that can be fully scripted on their end to facilitate automation.

For a thorough walk-through of the SFTP process, including step-by-step instructions for installing and configuring standard software, please see the directory of reference materials in the main menu's Documentation component or reach out to an Onpoint administrator (cdm-support@onpointhealthdata.org)

Step 3: Monitoring Submissions

You will receive an email notifying you of the file status once the intake validations are complete. You can monitor your submissions in the Data Harbor portal.

Step 4: Submission Notification, Review and Resolve Validation Issues

As part of this testing period, we expect you to review the validation results and resolve intake issues by resubmitting a corrected file and/or variance request.

Files with a "Pass" 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, please reach out to an Onpoint administrator (cdm-support@onpointhealthdata.org).