Washington State Health Care Authority

Change Summary

PBM Data Submission Guide v2.0 and v3.0

The changes between version 2.0 and 3.0 of the PBM's data submission guides (DSG) are indicated in red in the table below.

Type of change	Template	Version 2.0	Version 3.0
Insert: Office of Insurance Commissioner (OIC)			The Drug Price Transparency program is a separate state program independent from the OIC. All rules and regulations pertaining to the Drug Price Transparency program must be followed as described in this Data Submission Guide and in Chapter 182.51, regardless of the entity's status with OIC.
Insert: Medicaid and Medicare			"Medicaid" means a health plan as administered under Title XIX or Title XXI of the Social Security Act, including any managed care plans operated under contract with a state agency. Medicaid plans should not be reported. "Medicare" means a health plan as administered under Title XVIII of the Social Security Act, including any managed care plans operated under contract with the Centers for Medicare and Medicaid Services (CMS). Medicare plans are not required to report.
Update Definition: Calendar Year		"Current year" means calendar year 2020.	"Current year" means the reporting period, calendar year 2021.
Update Definition: Prior year		"Prior Year" means calendar year 2019.	"Prior Year" means previous reporting period, calendar year 2020.
Update: Failed Technical or Program Validations		For example, if you submitted the file 'pbm_appeals_ 2020_P12345_20210301.csv', and received a rejection, after making corrections you should resubmit the file 'pbm_appeals_ 2020_P12345_20210301.csv' with the same name as it was originally submitted under, even if the date of resubmission is a different date.	For example, if you submitted the file 'pbm_appeals_ 2021_P12345_20230301.csv', and received a rejection, after making corrections you should resubmit the file 'pbm_appeals_ 2021_P12345_20230301.csv' with the same name as it was originally submitted under, even if the date of resubmission is a different date.
Update: Table Specifications	PBM Appeals	The submission of this report for this reporting year is due on March 1, 2022 and should include data for calendar year 2020.	The submission of this report for this reporting year is due on March 1, 2023 and should include data for calendar year 2021.

<table>
<tr>
<td>Update Field:

Washington DPT Number</td>
<td></td>
<td>Name: Washington DPT Number
Type: String
Max Length: 6 characters
Format: ABCDE

Name: Washington DPT Number
Type: String
Max Length: 6 characters
Format: ABCDE</td>
<td>Name: Washington DPT Number
Type: String
Max Length: 6 characters
Format: ABCDE

WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.

This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X’s are numeric digits e.g., 12345.

Example:

<table>
<tr><td>Entity Type</td><td>Washington DPT Number</td></tr>
<tr><td>Carrier</td><td>C12345</td></tr>
<tr><td>Manufacturer</td><td>M12345</td></tr>
<tr><td>PSAO</td><td>S12345</td></tr>
<tr><td>PBM</td><td>P12345</td></tr>
</table>
</td>
</tr>
<tr>
<td>Update Field

Year</td>
<td></td>
<td>Name: Year
Type: Numeric
Format: 0000
Max Length: 4 digits
Min Length: 4 digits
Rule: greater than or equal to 2020

Current year for which the aggregate data is reported.</td>
<td>Name: Year
Type: Numeric
Format: 0000
Max Length: 4 digits
Min Length: 4 digits
Rule: 2021

Current year for which the aggregate data is reported.</td>
</tr>
<tr>
<td>Update Field

NDC</td>
<td></td>
<td>Name: NDC
Type: Numeric
Format: 00000000000
Max Length: 11 digits
Min Length: 11 digits
Rule: Required if “PBM Appeals” field is “Y”
Nullable if “N”

A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product.

NOTE: The NDC field must be eleven digits long and maintain leading zeros.</td>
<td>A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product.

Example: 00012345678

NOTE: The NDC field must be eleven digits long and maintain leading zeros.</td>
</tr>
<tr>
<td>Update Field

Drug Name</td>
<td></td>
<td>Name: Chemical/Biochemical/Blood Product Name
Type: String
Max Length: 80 characters
Format: ABCDE
Rule: Required if “PBM Appeals” field is “Y”
Nullable if “N”

Drug name including the salt form if any, without any other modifying elements, to be used as a grouper. For example, "fluoxetine" and "fluoxetine HCL" is acceptable. "Fluoxetine DR," "fluoxetine 20 mg tablets" are unacceptable for this field</td>
<td>Name: Drug Name
Type: String
Max Length: 100 characters
Format: ABCDE
Rule: Required if “PBM Appeals” field is “Y” Nullable if “N”

Name of the drug for the NDC reported. Only include ingredient name.

For example, if the NDC has a Drug Product Name of "fluoxetine HCL 20 mg tablets", then this field should be reported as “fluoxetine”. All drug product names with “fluoxetine” in its name should be reported as a single Drug Name in this field. Combination drug product names should be reported individually as its own Drug Name instead of by each ingredient.</td>
</tr>
</table>

			<table><tr><th>NDC</th><th>Drug Name</th><th>Drug Product Name</th><th>Label Name</th></tr><tr><td>00000000000</td><td>FLUOEXTINE</td><td>FLUOEXTINE HCL 20 MG TABLETS</td><td>FLUOEXTINE HCL</td></tr></table> NOTE: Special characters, hyphens, symbols, or slashes are allowed.
Field Update: Drug Product Name		Name: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE Rule: Required if “PBM Appeals” field is “Y” Nullable if “N” Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC. For example, "fluoxetine HCL 20 mg tablets" is acceptable."	Name: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE Rule: Required if “PBM Appeals” field is “Y” Nullable if “N” Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC. For example, "fluoxetine HCL 20 mg tablets" is acceptable. <table><tr><th>NDC</th><th>Drug Name</th><th>Drug Product Name</th><th>Label Name</th></tr><tr><td>00000000000</td><td>FLUOEXTINE</td><td>FLUOEXTINE HCL 20 MG TABLETS</td><td>FLUOEXTINE HCL</td></tr></table>
Update Field: Label Name		Name: Label Name Type: String Max Length: 100 characters Format: ABCDE Rule: Required if “PBM Appeals” field is “Y” Nullable if “N” Proprietary or legal name as labeled by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR” are acceptable.	Name: Label Name Type: String Max Length: 100 characters Format: ABCDE Rule: Required if “PBM Appeals” field is “Y” Nullable if “N” Proprietary or legal name as labeled by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR” are acceptable. <table><tr><th>NDC</th><th>Drug Name</th><th>Drug Product Name</th><th>Label Name</th></tr><tr><td>00000000000</td><td>FLUOEXTINE</td><td>FLUOEXTINE HCL 20 MG TABLETS</td><td>FLUOEXTINE HCL</td></tr></table>
Update: Table Specifications	PBM Formulary	File naming schema: pbm_formulary_{YYYY}_{ID}_{YYYYMMDD}.csv Example: pbm_formulary_2020_P12345_20220301.csv (Please use the submission due date, not the date the report was prepared) The submission of this report for this reporting year is due on March 1, 2022 and should include data for calendar year 2020.	File naming schema: pbm_formulary_{YYYY}_{ID}_{YYYYMMDD}.csv Example: pbm_formulary_2021_P12345_20230301.csv (Please use the submission due date, not the date the report was prepared) The submission of this report for this reporting year is due on March 1, 2023 and should include data for calendar year 2021.
Update Field: Washington DPT Number		WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P

<table>
<tr><td></td><td></td><td>PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g., 12345.</td><td>indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g., 12345.

Example:

<table><tr><td>Entity Type</td><td>Washington DPT Number</td></tr><tr><td>Carrier</td><td>C12345</td></tr><tr><td>Manufacturer</td><td>M12345</td></tr><tr><td>PSAO</td><td>S12345</td></tr><tr><td>PBM</td><td>P12345</td></tr></table></td></tr>
<tr><td>Update Field

Year</td><td></td><td>Name: Year
Type: Numeric
Format: 0000
Max Length: 4 digits
Min Length: 4 digits
Rule: 2020

Current year for which the aggregate data is reported</td><td>Name: Year
Type: Numeric
Format: 0000
Max Length: 4 digits
Min Length: 4 digits
Rule: 2021

Current year for which the aggregate data is reported</td></tr>
<tr><td>Update Field

NDC</td><td></td><td>Name: NDC
Type: Numeric
Format: 00000000000
Max Length: 11 digits
Min Length: 11 digits
Rule: Required if "PBM Appeals" field is "Y"
Nullable if "N"

A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product.

NOTE: The NDC field must be eleven digits long and maintain leading zeros.</td><td>Name: NDC
Type: Numeric
Format: 00000000000
Max Length: 11 digits
Min Length: 11 digits

A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product.

Example: 00012345678

NOTE: The NDC field must be eleven digits long and maintain leading zeros.</td></tr>
<tr><td>Update Field

Drug Name</td><td></td><td>Name: Drug Name
Type: String
Max Length: 100 characters
Format: ABCDE

Name of the drug for the NDC reported. Only include ingredient name.

For example, if the NDC has a Drug Product Name of "fluoxetine HCL 20 mg tablets", then this field should be reported as "fluoxetine". All drug product names with "fluoxetine" in its name should be reported as a single Drug Name in this field. Combination drug product names should be reported individually as its own Drug Name instead of by each ingredient.

NOTE: Special characters, hyphens, symbols, or slashes are allowed.</td><td>Name: Drug Name
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Format: ABCDE

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<td>Field Update:

Drug Product Name</td>
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<td>Name: Drug Product Name
Type: String
Max Length: 100 characters
Format: ABCDE

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</table>
</td>
</tr>
<tr>
<td>Update Field:

Label Name</td>
<td></td>
<td>Name: Label Name
Type: String
Max Length: 100 characters
Format: ABCDE

Proprietary or legal name as labeled by manufacturer.

For example, "fluoxetine HCL", "fluoxetine DR” are acceptable.</td>
<td>Name: Label Name
Type: String
Max Length: 100 characters
Format: ABCDE

Proprietary or legal name as marketed by manufacturer.

For example, "fluoxetine HCL", "fluoxetine DR” are acceptable.

<table>
<tr><th>NDC</th><th>Drug Name</th><th>Drug Product Name</th><th>Label Name</th></tr>
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</table>
</td>
</tr>
<tr>
<td>Update Moved:

Basis for Negotiated Price</td>
<td></td>
<td>Name: Basis for Negotiated Price
Type: Choice
Choices: AWP, MAC, NADACB, NADACG WAC, U&C, GAD, Vaccine, Other

The pricing benchmark used to determine the negotiated price guarantees.

Examples: AWP, MAC, NADACB, NADACG, WAC, U&C, GAD, Vaccine, and Other. If Other is selected, please describe the basis in the General Comments field for this row.

AWP: Average Wholesale Price
MAC: Maximum Allowable Cost
NADACB: National Average Drug Acquisition Cost – Brand Drug
NADACG: National Average Drug Acquisition Cost – Generic Drug
WAC: Wholesale Acquisition Cost
U&C: Usual and Customary
GAD: Gross Amount Due (Pharmacy Submitted)
Vaccine: Vaccine and Administration (describe in the General Comments field)
Other: None of the above (must describe in general comments field)</td>
<td>Name: Basis for Negotiated Price
Type: Choice
Choices: AWP, MAC, NADACB, NADACG, WAC, U&C, GAD, Vaccine, Other

The pricing benchmark used to determine the negotiated price guarantees.

Examples: AWP, MAC, NADACB, NADACG, WAC, U&C, GAD, Vaccine, and Other. If Other is selected, please describe the basis in the General Comments field for this row.

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WAC: Wholesale Acquisition Cost
U&C: Usual and Customary
GAD: Gross Amount Due (Pharmacy Submitted)
Vaccine: Vaccine and Administration (describe in the General Comments field)
Other: None of the above (must describe in general comments field)</td>
</tr>
<tr>
<td>Add Field:

Average Cost Per Claim</td>
<td></td>
<td>Name: Average Cost Per Claim
Type: Numeric
Format: 999999999.99999
Max Length: 14 digits</td>
<td>Name: Average Cost Per Claim
Type: Numeric
Format: 999999999.99999
Max Length: 14 digits</td>
</tr>
</table>

		The average paid amount for all paid claims for this NDC. Please enter this field as calculated: The Gross Pharmacy Paid Amount divided by all paid claims for this NDC. This field should be a dollar value representing the 'paid ingredient cost per claim' for the year reported. For example: (Total Paid Ingredient Costs) / (Total Paid Claims)	The average paid amount for all paid claims for this NDC. Please enter this field as calculated: The Gross Pharmacy Paid Amount divided by all paid claims for this NDC. This field should be a dollar value representing the 'paid ingredient cost per claim' for the year reported. $Average\ Cost\ Per\ Claim\ = \frac{Gross\ Pharamcy\ Paid\ Amount}{All\ Paid\ Claims\ for\ NDC}$
Add Field: Gross Pharmacy Allowed Amount			Name: Gross Pharmacy Allowed Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Sum of the reimbursement amounts for each drug the pharmacy benefit manager paid to pharmacies and any copays, coinsurance, and deductible paid by the member. NOTE: Do not include the dollar sign or commas.
Update Field: Member Cost Share			Move field to this location
Update Field: Net Reimbursed Amount		Name: Net Reimbursed Amount Type: Numeric Format: 999999999.99999 Max Length: 14 digits Total amount PBM paid to pharmacies for paid claims of this NDC in the reporting period. This is the total amount the provider received after all direct and indirect administrative and other fees are assessed. NOTE: Do not include the dollar sign or commas.	Name: Net Reimbursed Amount Type: Numeric Format: 999999999.99999 Max Length: 14 digits Total amount PBM paid to pharmacies for paid claims of this NDC in the reporting period. This is the total amount the provider received after all direct and indirect administrative and other fees are assessed. $Net\ Reimbursed\ Amount = \text{Gross Pharamcy Allowed Amount} - (\text{Direct Fees} + \text{Indirect Fees} + \text{Other Fees})$ NOTE: Do not include the dollar sign or commas.
Update Field: Spread Price Amount		Name: Spread Price Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits The difference between the sum of the total dollar amount, the health plan paid the pharmacy benefit manager and the total Gross Pharmacy Paid Amount for each drug on the PBMs formulary that was retained by the PBM or PBMs subcontractor. A positive value indicates the sum of the total dollar amount the health plan paid is greater than the total gross pharmacy paid amount and is retained by the PBM. NOTE: Do not include the dollar sign or commas.	Name: Spread Price Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits The difference between the sum of the total dollar amount, the health plan paid the pharmacy benefit manager and the total Gross Pharmacy Paid Amount for each drug on the PBMs formulary that was retained by the PBM or PBMs subcontractor. A positive value indicates the sum of the total dollar amount the health plan paid is greater than the total gross pharmacy paid amount. A positive value is retained by the PBM. A negative value indicates the sum of the total dollar amount the health plan paid is less than the total gross pharmacy paid amount. A negative value is paid by the PBM. Positive and negative values are accepted. NOTE: Do not include the dollar sign or commas.

<table>
<tr><td>Update Field:

Rebates Received</td><td></td><td></td><td>Delete Field</td></tr>
<tr><td>Update Field:

Reimbursement Percentage Discount</td><td></td><td>Name: Reimbursement Percentage Discount
Type: Numeric
Format: 99999.99
Max Length: 7 digits

Please enter this field as calculated: [(Total WAC – Gross Pharmacy Paid Amount)/Total WAC)] *100</td><td>Name: Reimbursement Percentage Discount
Type: Numeric
Format: 99999.99
Max Length: 7 digits

Please enter this field as calculated: [(Total WAC – Gross Pharmacy Allowed Amount)/Total WAC)] *100

$$ReimbursementPercentageDiscount = \left[\frac{(\text{Total WAC} - \text{Gross Pharamcy Allowed Amount})}{\text{Total WAC}}\right] \times$$</td></tr>
<tr><td>Update Field:

Rebate Percentage Discount</td><td></td><td>Name: Percentage Discount
Type: Numeric
Format: 99999.99
Max Length: 7 digits

Please enter this field as calculated: [(Total WAC – Rebate Received)/Total WAC)] *100

NOTE: Do not include the percent sign.</td><td>Name: Rebate Percentage Discount
Type: Numeric
Format: 99999.99
Max Length: 7 digits

Please enter this field as calculated: [(Total WAC – Rebate Received)/Total WAC)] *100

$$RebatePercentageDiscount = \left[\frac{(\text{Total WAC} - \text{Rebates Received})}{Total\ WAC}\right] \times 100$$

NOTE: Do not include the percent sign.</td></tr>
<tr><td>Update:

Table Specifications</td><td>Ownership</td><td>File naming schema:
pbm_ownership_{YYYY}_{ID}_{YYYYMMDD}.csv
Example:
pbm_ownership_2020_P12345_20220301.csv (Please use the submission due date, not the date the report was prepared)

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Example: pbm_ownership_2021_P12345_20230301.csv (Please use the submission due date, not the date the report was prepared)

The submission of this report for this reporting year is due on March 1, 2023 and should include data for calendar year 2021.</td></tr>
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Type: String
Max Length: 6 characters
Format: ABCDE

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Example:

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</table>

Add Field: Year			Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2021 Current year for which the aggregate data is reported.