Washington State Health Care Authority

Pharmacy Services Administrative Organization Data Submission Guide

Drug Price Transparency – RCW 43.71C
Version 1.3 (Draft)
Target Effective Date: 12/18/2020
10/29/2020

Contents

About

In 2019, the Washington State Legislature passed a law ([Chapter 43.71C RCW](#)) which creates the Drug Price Transparency (DPT) program at Health Care Authority (HCA). The law requires issuers of health insurance, pharmacy benefit managers (PBMs), manufacturers, and pharmacy service administrative organizations (PSAOs), to submit data on drug costs and pricing to HCA, for the agency to create annual reports for the public and legislature synthesizing the data to demonstrate the overall impact that drug costs, rebates, and other discounts have on health care premiums.

You may visit HCA website for more information.

https://www.hca.wa.gov/about-hca/clinical-collaboration-and-initiatives/prescription-drug-cost-transparency

HCA developed this submission guide with input from stakeholders. This included a process which allowed for stakeholder review and comment on drafts of data definitions. HCA has final approval authority over the data submission guides and all subsequent changes.

For recent updates about the Drug Price Transparency (DPT) program, please see the link below:

https://www.hca.wa.gov/billers-providers-partners/prescription-drug-cost-transparency-update

Contacts

For any questions about the Drug Price Transparency program, please contact the program staff by sending an email:

drugtransparency@hca.wa.gov

Compliance

For information regarding compliance with the Drug Price Transparency program, please contact program staff by sending an email to:

drugtransparency@hca.wa.gov.

Definitions

"Authority" means the health care authority.

"Calendar days" means the same as in WAC 182-526-0010.

"Calendar year" means the period from January 1 to December 31 of each year.

"Current year" means calendar year 2019, for plan year 2019 and means calendar year 2018, for plan year 2018.

"Data" means all data provided to the authority under RCW 43.71C.020 through 43.71C.080 and any analysis prepared by the authority.

"Data submission guide" means the document identifies the data required under RCW 43.71C, and provides instructions for submitting this data to the authority, including guidance on required format for reporting, for each reporting entity.

"Pharmacy benefit manager" means the same as in RCW 19.340.010.

"Pharmacy services administrative organization" means an entity that:
(a) Contracts with a pharmacy to act as the pharmacy's agent with respect to matters involving a pharmacy benefit manager, third-party payer, or other entities, including negotiating, executing, or administering contracts with the pharmacy benefit manager, third-party payer, or other entities; and
(b) Provides administrative services to pharmacies.

"Prescription drug" means a drug regulated under chapter 69.41 or 69.50 RCW, including generic, brand name, specialty drugs, and biological products that are prescribed for outpatient use and distributed in a retail setting.

"Prior Year" means calendar year 2018, for plan year 2019 and means calendar year 2017, for plan year 2018.

"Rebate" means negotiated price concessions, discounts, however characterized, that accrue directly or indirectly to a reporting entity in connection with utilization of prescription drugs by reporting entity members including, but not limited to, rebates, administrative fees, market share rebates, price protection rebates, performance-based price concessions, volume-related rebates, other credits, and any other negotiated price concessions or discounts that are reasonably anticipated to be passed through to a reporting entity during a coverage year, and any other form of price concession prearranged with a covered manufacturer, dispensing pharmacy, pharmacy benefit manager, rebate aggregator, group purchasing organization, or other party which are paid to a reporting entity and are directly attributable to the utilization of certain drugs by reporting entity members.

"Reporting entity" means carriers, covered manufacturers, health carriers, health plans, pharmacy benefit managers, and pharmacy services administrative organizations, which are required to or voluntarily submit data according to chapter 43.71C RCW.

"Wholesale acquisition cost" means, with respect to a prescription drug, the manufacturer's list price for the drug to wholesalers or direct purchasers in the United States, excluding any discounts, rebates, or reductions in price, for the most recent month for which the information is available, as reported in wholesale acquisition cost guides or other publications of prescription drug pricing.

Submission Schedule

The table below describes the schedule of submissions that are required for you to be in compliance with the DPT program. This includes both the initial submission at the start of the program, in October of 2020, and ongoing submissions on an annual basis.

Report Type	Submission Due Date	Submission Information
Pharmacy Contracted Rates	October 16, 2020	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar years 2018 and 2019.
	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for the previous calendar year.
	October 16, 2020	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the

Pharmacy YOY Rate Change		authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar years 2018 and 2019.
	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for the previous calendar year.
PBM Contracted Rates	October 16, 2020	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar years 2018 and 2019.
	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for the previous calendar year.
PBM YOY Rate Change	October 16, 2020	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar years 2018 and 2019.
	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for the previous calendar year.

How to Register

In order to submit data to HCA, you must first complete the registration process and receive credentials to submit data through the Secure File Transfer (SFT) service offering hosted by Washington Technology Solutions (WATECH).

To register, you must complete and submit the registration form to HCA. You can access the form at the link below. Once you've completed the required information in the form, click the "Submit" button to generate an email. Registering thirty days in advance of a reporting due date for this program is strongly encouraged, in order to ensure ample time for you to be added to the system and given the ability to submit files by October 16, 2020.https://www.hca.wa.gov/assets/billers-and-providers/13-0051-drug-price-transparency-submitter-registration.pdf

The form must be filled out completely. Incomplete submissions can cause delays in the registration process. Please see the contact email for any questions or concerns about the form and the registration process.

Once your registration is processed, you will be contacted by IT staff from HCA to establish your credentials to submit data to HCA.

How to Submit

To submit files for the Drug Price Transparency program, you will need to use the Secure File Transfer (SFT) service offering hosted by Washington Technology Solutions (WATECH), using the credentials provided to you by HCA. This will provide you with access to a personalized folder for your organization, where you can upload your submissions.

For more details on the process of connecting to SFT, and the tools that can be used to do so, please see "Appendix A – ST Web Client User Guideline" and "Appendix B – SFT Client Options (Partial List)".

There are checks in place to protect the SFT service which may result in the rejection of your submission, without notice. It is unlikely that you will ever trigger these protections, as the size and frequency of the submissions required for this program will never approach these limits. However, accidentally exceeding them could result in termination of your SFT credentials. These limits include (but are not limited to); any file uploaded above 30GB and an upload or download of 50,000 files or above in a 24-hour period. If you suspect that your SFT credentials are no longer working, please contact the DPT program staff.

Resubmissions

In the event that your submission is rejected, HCA will issue you a warning notice describing the reason your submission was rejected. Within 30 days after you receive the warning notice, you will need to resubmit the file after you have made the necessary corrections or request an extension of the due date. If you fail to comply with reporting requirements after receiving a warning notice, the authority may assess a fine.

To ensure that you receive credit for a resubmission, you should use the same YYYYMMDD value in the file name as you did in your first submission. For example, if you submitted the file `psao_pharmacy_contracted_rates_S12345_20201001.csv`, and received a rejection, after making corrections you should resubmit the file with the same name as it was originally submitted under, even if the date of resubmission is January 1, 2021.

Submission Specifications

Data Validation

Every submitted file is checked by automated and manual processes to ensure that the data meet the requirements of RCW 43.71C and is compatible with HCAs reporting software. The automated processes are applied shortly after submission and ensure that the data meet all of the technical rules described in the Table Specifications. These primarily cover checks of data types (number vs. string) and formats (2020-01-01 vs. 01/01/2020). The manual processes are performed by program staff after submission, and include more robust checks of the data for validity.

These validations may result in the rejection of your file submission. In the case of an automatic validation failure, the system will send an automated email to the email address registered for your organization. The automated email provides an error log detailing the reasons for rejection. In the case of a manual validation failure, program staff will send an email explaining the reason for the rejection. In both cases, you will be required to resubmit your file after making the appropriate corrections.

If your submission passes the automated validation, you will receive an email confirming this at the registered email address for your organization. If you do not receive an automated notification of either success or failure within 72 hours, please contact DPT program staff at drugtransparency@hca.wa.gov for confirmation that your submission was received, and processed. If you need help understanding your error log, the **Data Submission FAQ** clarifies the meaning of the error and provides guidance on how to correct the error.

File Specifications

All files submitted must be text files with comma-separated values (CSV). The text should be encoded using the UTF-8 standard. Line endings in UNIX ("\n") or Windows ("\r\n") format are both acceptable. The header row must be included in every file. For detailed technical guidance, see the Library of Congress CSV Definition.

Appropriately formatted files can also be generated via Microsoft Excel by saving a spreadsheet in CSV format. This will remove many of the features included in Excel, such as formatting, formulas, and "sheets", so you may want to save a copy in Excel format for your own reference in the future.

File names should follow the naming scheme specified for the specific data that you are submitting. See the Table Specifications section for more information.

Data Specifications

Nullable: <u>All fields are required</u>, unless otherwise indicated in the table specification. If a field is not required, that will be indicated with the word "Nullable" in the specification. In those cases, you must leave that field blank, do not provide the value as "NULL", or otherwise provide a special indicator of a null value. In all other cases, providing a blank value will result in a rejection by the automated validation.

Date Formats: unless otherwise specified, all dates should be reported in <u>ISO-8601</u> format with hyphens between years, months and days: "YYYY-MM-DD". For example, November 1, 2020 would be recorded as "2020-11-01".

Important note about Excel version: We recommend using Microsoft Excel 2016 or earlier for the submission guide templates. Using Microsoft Excel 2019 can cause formatting issues when saving as a CSV file and result in the file being rejected.

Table Specifications

Pharmacy Contracted Rates

This report shows the contracted rates between the PSAO and the pharmacy as required in RCW 43.71C.080.

Files submitted for PSAO pharmacy contracted rates report should be named using the following schema, where ID is the manufacturer ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace "psao" with your organizations name, this will result in your submission being rejected.

> **File naming schema:** psao_pharmacy_contracted_rates_{ID}_{YYYYMMDD}.csv
>
> Example: psao_pharmacy_contracted_rates_S12345_20201005.csv

The first submission of this report is due on October 16, 2020, and should include data effective for 2018 and 2019.

Follow up submissions are due on an annual basis by October 1, and should cover the current year. Please see the Submission Schedule for more detail.

Specification	Description
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.
Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE	Name of pharmacy services administrative organization.
Name: PSAO ID Number Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the carrier for which we can identify them. **EIN:** Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number **OTHER:** For entities without an EIN, DUNS, or UBI number; fill with zeros. **NOTE: Do not include any special characters or hyphens.**
Name: PSAO ID Type Type: Choice Choices: EIN,UBI,DUNS, OTHER	The type of ID that was submitted in the carrier ID number field. **EIN:** Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number **OTHER:** For entities without an EIN, DUNS, or UBI number.
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018	Current year for which the aggregate data is reported.
Name: Pharmacy Chain Code Location Classification Type: Choice Choices: R,M,O	Network Descriptor for location has one of the following values: R = Rural M = Metro O = Other
Name: Pharmacy Chain Code Type Classification Type: Choice Choices: G,C,O	Network Descriptor for type has one of the following values: G = Grocery C = Chain O = Other
Name: Number of Pharmacies Type: Numeric Format: 9999999 Max Length: 7 digits	Number of pharmacies contracted with the PSAO during the current year.

Name: Administrative Fee Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Ongoing administrative fee PSAO charges the pharmacy for participating in the PSAO. **NOTE: Do not include any special characters ($) or commas.**
Name: Administrative Fee - Basis Type: String Max Length: 50 characters Format: ABCDE	The basis for which the fee is accessed. This field should clarify any relevant information about the administrative fee, such as its frequency (e.g., each year, each month, per paid claim, per transaction, etc.).
Name: Administrative Fees Description Type: String Max Length: 5000 characters Format: ABCDE	The description of how administrative fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.
Name: Escrow Fees Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	The total dollar amount the PSAO charges pharmacies and places in escrow to cover recouped funds from a PBM audit in the current year. **NOTE: Do not include any special characters ($) or commas.**
Name: Escrow Fees Description Type: String Max Length: 5000 characters Format: ABCDE	The description of how escrow fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.
Name: Initial Fee Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Total dollar amount PSAO charges pharmacy to join the PSAO. **NOTE: Do not include any special characters ($) or commas.**
Name: Initial Fees Description Type: String Max Length: 5000 characters Format: ABCDE	The description of how initial fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.
Name: Credentialing Fees Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Total dollar amount PSAO charges pharmacy related to any credentialing. **NOTE: Do not include any special characters ($) or commas.**
Name: Credentialing Fees Description Type: String Max Length: 5000 characters Format: ABCDE	Interval between credentialing cycles for which PSAO assesses any credentialing fee.

Name: Credentialing Frequency Type: String Max Length: 50 characters Format: ABCDE	The description of how credentialing fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.
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. **NOTE: The NDC field must be eleven digits long and maintain leading zeros.**
Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE	Ingredient name without any other modifying elements, to be used as a grouper. For example, "fluoxetine" is acceptable. "fluoxetine HCL", "fluoxetine DR," "fluoxetine 20 mg tablets" are unacceptable for this field.
Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE	Ingredient name, may include salt form, dosage form, strength, and any other information. For example, "fluoxetine 20 mg tablets" is acceptable. "fluoxetine", "fluoxetine HCL", "fluoxetine DR, are unacceptable for this field.
Name: Label Name Type: String Max Length: 80 characters Format: ABCDE	Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR, are acceptable.
Name: Drug Type Type: Choice Choices: S,N,I	Drug Type is one of following values: **Single Source (S)** – Drugs having an FDA New Drug Application (NDA), or biologics having a Biologics License Application (BLA), and there are no generic alternatives available on the market. **Non-Innovator Multiple-Source (N)** – Drugs that have an FDA Abbreviated New Drug Application (ANDA). **Innovator Multiple-Source (I)** – Drugs which have an NDA and no longer have patent exclusivity.
Name: Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by highest reimbursement rate in the current year. If not one of the top 25 drugs by chemical name for this rank, then leave blank.
Name: Reimbursement Rate Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Reimbursement rate of reported drug. **NOTE: Do not include any special characters ($) or commas.**

Name: Unit of Measure	Unit of Measure for Reimbursement Rate defined as one of the following values:
Type: Choice Choices: AHF,CAP,SUP,GM,ML,TAB,TDP,EA	**AHF**: Anti-hemophilia factor **CAP**: Capsule **SUP**: Suppository **GM**: Gram **ML**: Milliliter **TAB**: Tablet **TDP**: Transdermal patch **EA**: Each

Pharmacy Year-Over-Year Rate Change

This report contains all of the data fields necessary to comply with reporting the drugs with the greatest change in reimbursement rate, for every contract between the PSAO and pharmacies in Washington State, as required in RCW 43.71C.080.

Files submitted for PSAO pharmacy year-over-year rate change report should be named using the following schema, where ID is the manufacturer ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace "psao" with your organizations name, this will result in your submission being rejected.

> **File naming schema:** psao_pharmacy_yoy_rate_change_{ID}_{YYYYMMDD}.csv
>
> Example: psao_pharmacy_yoy_rate_change_S12345_20201005.csv

The first submission of this report is due on October 16, 2020, and should include data effective for 2018 and 2019.

Follow up submissions are due on an annual basis by October 1, and should cover the current year. Please see the Submission Schedule for more detail.

Specification	Description
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.
Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE	Name of pharmacy services administrative organization

Name: PSAO ID Number Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the carrier for which we can identify them. **EIN:** Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number **OTHER:** For entities without an EIN, DUNS, or UBI number; fill with zeros. **NOTE: Do not include any special characters or hyphens.**
Name: PSAO ID Type Type: Choice Choices: EIN,UBI,DUNS, OTHER	The type of ID that was submitted in the carrier ID number field. **EIN**: Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number **OTHER:** For entities without an EIN, DUNS, or UBI number.
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018	Current year for which the aggregate data is reported.
Name: Pharmacy Chain Code Location Classification Type: Choice Choices: R,M,O	Network Descriptor for location has one of the following values: R = Rural M = Metro O = Other
Name: Pharmacy Chain Code Type Classification Type: Choice Choices: G,C,O	Network Descriptor for type has one of the following values: G = Grocery C = Chain O = Other
Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE	Drug name including salt form, without any other modifying elements, to be used as a grouper. License type List of the active ingredients.
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. **NOTE: The NDC field must be eleven digits long and maintain leading zeros.**
Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE	Drug name, may include salt form, dosage form, strength, and any other information. For example, "fluoxetine 20 mg tablets" is acceptable. "fluoxetine", "fluoxetine HCL", "fluoxetine DR", are unacceptable for this field.

Name: Label Name Type: String Max Length: 80 characters Format: ABCDE	Drug name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR", are acceptable.
Name: Drug Type Type: Choice Choices: S,N,I	Drug Type defines whether the drug is a single source (S), non-innovator multiple-source (N) or an innovator multiple-source (I). **Single Source (S)** – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market. **Non-Innovator Multiple-Source (N)** – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market. **Innovator Multiple-Source (I)** – Drugs which have an NDA and no longer have patent exclusivity.
Name: Unit of Measure Type: Choice Choices: AHF,CAP,SUP,GM,ML,TAB,TDP,EA	U Unit of Measure for Reimbursement Rate defined as one of the following values: **AHF**: Anti-hemophilia factor **CAP**: Capsule **SUP**: Suppository **GM**: Gram **ML**: Milliliter **TAB**: Tablet **TDP**: Transdermal patch **EA**: Each
Name: WAC - Current Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than 0	The wholesale acquisition cost per unit of measure prior to the increase. **NOTE: Do not include any special characters ($) or commas.**
Name: Reimbursement Rate Current Type: Numeric Format: 999999999.99 Max Length: 11 digits Rule: greater than 0	Contracted reimbursement rate in the current year. **NOTE: Do not include any special characters ($) or commas.**
Name: Reimbursement Rate Prior Type: Numeric Format: 999999999.99 Max Length: 11 digits Rule: greater than 0 Nullable	Contracted reimbursement rate in the prior year. **NOTE: Do not include any special characters ($) or commas.**
Name: Largest Increase in Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by largest increase in reimbursement rate from the prior year to the current year. If not one of the top 25 drugs by chemical name for this rank, then leave blank.

Name: Largest Increase Reimbursement Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Nullable	Largest increase in reimbursement rate (RR) expressed as a percent. The reimbursement rate as of December 31st of the current year, minus reimbursement rate as of December 31st of the prior year, the divided by the reimbursement rate as of December 31st of the prior year, expressed as a percentage. For example the ((RR December 31, 2019 – RR on December 31, 2018)/RR on December 31, 2018), expressed as a percentage. If not one of the top 25 drugs by chemical name for this rank, then leave blank. **NOTE: Do not include any special characters ($) or commas.**
Name: Largest Increase Reimbursement Dollar Type: Numeric Format: 999999999.99 Max Length: 11 digits Nullable	Largest increase in reimbursement, expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by chemical name for this rank, then leave blank. **NOTE: Do not include any special characters ($) or commas.**
Name: Largest Decrease in Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by largest decrease in reimbursement rate in the current year. If not one of the top 25 drugs by chemical name for this rank, then leave blank. If not one of the top 25 drugs by chemical name for this rank, then leave blank. **NOTE: Do not include any special characters ($) or commas.**
Name: Largest Decrease Reimbursement Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Nullable	Largest decrease in reimbursement expressed as a percent. The reimbursement rate as of December 31st of the current year, minus reimbursement rate as of December 31st of the prior year, the divided by the reimbursement rate as of December 31st of the prior year, expressed as a percentage. For example the ((RR December 31, 2019 – RR on December 31, 2018)/RR on December 31, 2018), expressed as a percentage. If not one of the top 25 drugs by chemical name for this rank, then leave blank. **NOTE: Do not include any special characters ($) or commas.**
Name: Largest Decrease Reimbursement Dollar Type: Numeric Format: 999999999.99 Max Length: 11 digits Nullable	Largest decrease in reimbursement expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by chemical name for this rank, then leave blank. **NOTE: Do not include any special characters ($) or commas.**

PBM Contracted Rates

This report shows the contracted rates between a PSAO and the PBM as required in RCW 43.71C.080.

Files submitted for PSAO PBM contracted rates report should be named using the following schema, where ID is the manufacturer ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace "psao" with your organizations name, this will result in your submission being rejected.

File naming schema: `psao_pbm_contracted_rates_{ID}_{YYYYMMDD}.csv`

Example: `psao_pbm_contracted_rates_S12345_20201005.csv`

The first submission of this report is due on October 16, 2020, and should include data effective for 2018 and 2019.

Follow up submissions are due on an annual basis by October 1, and should cover the current year. Please see the Submission Schedule for more detail.

Specification	Description
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.
Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE	Name of pharmacy services administrative organization.
Name: PSAO ID Number Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the carrier for which we can identify them. **EIN:** Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number **OTHER:** For entities without an EIN, DUNS, or UBI number; fill with zeros. **NOTE: Do not include any special characters or hyphens.**
Name: PSAO ID Type Type: Choice Choices: EIN,UBI,DUNS, OTHER	The type of ID that was submitted in the carrier ID number field. **EIN:** Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number **OTHER:** For entities without an EIN, DUNS, or UBI number.
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018	Current year for which the aggregate data is reported.
Name: PBM Name Type: String Max Length: 80 characters Format: ABCDE	Name of PBM for which the contracted rates are being reported.
Name: IIN Number Type: Numeric Format: 000000 Max Length: 6 digits	Issuer Identification Number, used for adjudicating prescription drug claims as assigned by the PBM. Also called BIN number.

Name: Contract Expiration Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100	Date for which contract with PBM for the reported reimbursement rates is scheduled to expire.
Name: PBM Network Name Type: String Max Length: 80 characters Format: ABCDE	Name of pharmacy network (or chain code) for which the data is submitted
Name: PBM Network ID Type: String Max Length: 80 characters Format: ABCDE Nullable	Identification number of pharmacy network (or chain code) that PBM assigns to specific networks of pharmacies
Name: Pharmacy Chain Code Location Classification Type: Choice Choices: R,M,O	Network Descriptor for location has one of the following values: R = Rural M = Metro O = Other
Name: Pharmacy Chain Code Type Classification **Type: Choice** **Choices: G,C,O**	Network Descriptor for type has one of the following values: G = Grocery C = Chain O = Other
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. The NDC field must be eleven digits long and maintain leading zeros.
Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE	Drug name without any other modifying elements, to be used as a grouper. For example, "fluoxetine" is acceptable. "fluoxetine HCL", "fluoxetine DR", "fluoxetine 20 mg tablets" are unacceptable for this field.
Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE	Drug name, may include salt form, dosage form, strength, and any other information. For example, "fluoxetine 20 mg tablets" is acceptable. "fluoxetine", "fluoxetine HCL", "fluoxetine DR", are unacceptable for this field
Name: Label Name Type: String Max Length: 80 characters Format: ABCDE	Drug name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR", are acceptable.

Name: Drug Type Type: Choice Choices: S,N,I	Drug Type is one of following values: **Single Source (S)** – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market. **Non-Innovator Multiple-Source (N)** – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market. **Innovator Multiple-Source (I)** – Drugs which have an NDA and no longer have patent exclusivity.
Name: Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by highest reimbursement rate in the current year. If not one of the top 25 drugs by chemical name for this rank, then leave blank.
Name: Reimbursement Rate Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Reimbursement rate of the reported drug. **NOTE: Do not include any special characters ($) or commas.**
Name: Unit of Measure Type: Choice Choices: AHF,CAP,SUP,GM,ML,TAB,TDP,EA	Unit of Measure for Reimbursement Rate defined as one of the following values: **AHF**: Anti-hemophilia factor **CAP**: Capsule **SUP**: Suppository **GM**: Gram **ML**: Milliliter **TAB**: Tablet **TDP**: Transdermal patch **EA**: Each

PBM Year-Over-Year Rate Change

This report contains all of the data fields necessary to comply with reporting the drugs with the greatest change in reimbursement rate, for every contract between the PSAO and PBM for which a pharmacy in Washington State participated in, as required in RCW 43.71C.080.

Files submitted for PSAO PBM year-over-year rate change report should be named using the following schema, where ID is the manufacturer ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace "psao" with your organizations name, this will result in your submission being rejected.

> **File naming schema:** `psao_pbm_yoy_rate_change_{ID}_{YYYYMMDD}.csv`
>
> Example: Example: `psao_pbm_yoy_rate_change_S12345_20201005.csv`

The first submission of this report is due on October 16, 2020, and should include data effective for 2018 and 2019.

Follow up submissions are due on an annual basis by October 1, and should cover the current year. Please see the Submission Schedule for more detail.

Specification	Description

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.
Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE	Name of pharmacy services administrative organization
Name: PSAO ID Number Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the carrier for which we can identify them. **EIN:** Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number **OTHER:** For entities without an EIN, DUNS, or UBI number; fill with zeros. **NOTE: Do not include any special characters or hyphens.**
Name: PSAO ID Type Type: Choice Choices: EIN,UBI,DUNS, OTHER	The type of ID that was submitted in the carrier ID number field. **EIN**: Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number **OTHER:** For entities without an EIN, DUNS, or UBI number.
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018	Current year for which the aggregate data is reported.
Name: PBM Name Type: String Max Length: 80 characters Format: ABCDE	Name of PBM for which the contracted rates are being reported.
Name: IIN Number Type: Numeric Format: 000000 Max Length: 6 digits	Issuer Identification Number, used for adjudicating prescription drug claims as assigned by the PBM. Also called BIN number.
Name: Contract Expiration Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100	Date for which contract with PBM for the reported reimbursement rates is scheduled to expire.

Name: PBM Network Name Type: String Max Length: 80 characters Format: ABCDE	Name of pharmacy network (or chain code) for which the data is submitted.
Name: PBM Network ID Type: String Max Length: 80 characters Format: ABCDE	Identification number of pharmacy network (or chain code).
Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE	Drug name including salt form, without any other modifying elements, to be used as a grouper. License type List of the active ingredients.
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. **NOTE: The NDC field must be eleven digits long and maintain leading zeros.**
Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE	Drug name, may include salt form, dosage form, strength, and any other information. For example, "fluoxetine 20 mg tablets" is acceptable. "fluoxetine", "fluoxetine HCL", "fluoxetine DR", are unacceptable for this field.
Name: Label Name Type: String Max Length: 80 characters Format: ABCDE	Drug name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR", are acceptable.
Name: Drug Type Type: Choice Choices: S,N,I	Drug Type defines whether the drug is a single source (S), non-innovator multiple-source (N) or an innovator multiple-source (I). **Single Source (S)** – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market. **Non-Innovator Multiple-Source (N)** – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market. **Innovator Multiple-Source (I)** – Drugs which have an NDA and no longer have patent exclusivity.
Name: Unit of Measure Type: Choice Choices: AHF,CAP,SUP,GM,ML,TAB,TDP,EA	U Unit of Measure for Reimbursement Rate defined as one of the following values: **AHF**: Anti-hemophilia factor **CAP**: Capsule **SUP**: Suppository **GM**: Gram **ML**: Milliliter **TAB**: Tablet **TDP**: Transdermal patch **EA**: Each

Name: WAC - Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than 0	The wholesale acquisition cost per unit of measure prior to the increase. **NOTE: Do not include any special characters ($) or commas.**
Name: Reimbursement Rate Current Type: Numeric Format: 999999999.99 Max Length: 11 digits Rule: greater than 0	Contracted reimbursement rate in the current year. **NOTE: Do not include any special characters ($) or commas.**
Name: Reimbursement Rate Prior Type: Numeric Format: 999999999.99 Max Length: 11 digits Rule: greater than 0 Nullable	Contracted reimbursement rate in the prior year. **NOTE: Do not include any special characters ($) or commas.**
Name: Largest Increase in Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by largest increase in reimbursement rate from the prior year to the current year. If not one of the top 25 drugs by chemical name for this rank, then leave blank.
Name: Largest Increase Reimbursement Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Nullable	Largest increase in reimbursement rate (RR) expressed as a percent. The reimbursement rate as of December 31st of the current year, minus reimbursement rate as of December 31st of the prior year, the divided by the reimbursement rate as of December 31st of the prior year, expressed as a percentage. For example the ((RR December 31, 2019 – RR on December 31, 2018)/RR on December 31, 2018), expressed as a percentage. If not one of the top 25 drugs by chemical name for this rank, then leave blank. **NOTE: Do not include the percent sign (%).**
Name: Largest Increase Reimbursement Dollar Type: Numeric Format: 999999999.99 Max Length: 11 digits **Nullable**	Largest increase in reimbursement, expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by chemical name for this rank, then leave blank. **NOTE: Do not include any special characters ($) or commas.**
Name: Largest Decrease in Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by largest decrease in reimbursement rate in the current year. If not one of the top 25 drugs by chemical name for this rank, then leave blank.

Name: Largest Decrease Reimbursement Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Nullable	Largest decrease in reimbursement expressed as a percent. The reimbursement rate as of December 31st of the current year, minus reimbursement rate as of December 31st of the prior year, the divided by the reimbursement rate as of December 31st of the prior year, expressed as a percentage. For example the ((RR December 31, 2019 – RR on December 31, 2018)/RR on December 31, 2018), expressed as a percentage. If not one of the top 25 drugs by chemical name for this rank, then leave blank. **NOTE: Do not include the percent sign (%).**
Name: Largest Decrease Reimbursement Dollar Type: Numeric Format: 999999999.99 Max Length: 11 digits Nullable	Largest decrease in reimbursement expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by chemical name for this rank, then leave blank. **NOTE: Do not include any special characters ($) or commas.**

Appendix A – ST Web Client User Guideline

Prerequisites
Before you can log in to ST Web Client and open a session, you need:

- A high-speed Internet connection
- A supported Internet browser:
    - Microsoft Internet Explorer 11
    - Microsoft Edge - latest version
    - Mozilla Firefox - latest version
    - Apple Safari - latest version
    - Google Chrome - latest version
- A connection URL to paste into your browser: https://sft.wa.gov or https://sft-test.wa.gov
- A user name and password. This information is provided to you by State of Washington business partner. You must enter this information on the Log in page.

Sign in with your password
To sign into ST Web Client:

1. Open a supported browser. Use this URL for Production Site - https://sft.wa.gov
2. Enter the connection URL and press enter. This Sign in page should be displayed.

Upon signing in you may be requested to reset your password

This required when a temporary password was given to you.

Change password page is displayed as above.

If you attempt to sign in and you receive a message that indicates you must reset your password, follow these steps:

1. Enter your old password or the temporary password provided by the system administrator.
2. Enter your new password. Your new password must meet the listed criteria defined by Office of Cyber Security State of Washington.
3. Confirm your new password.
4. Click **Save**.

Main page in ST Web Client
This page is displayed after successful login.
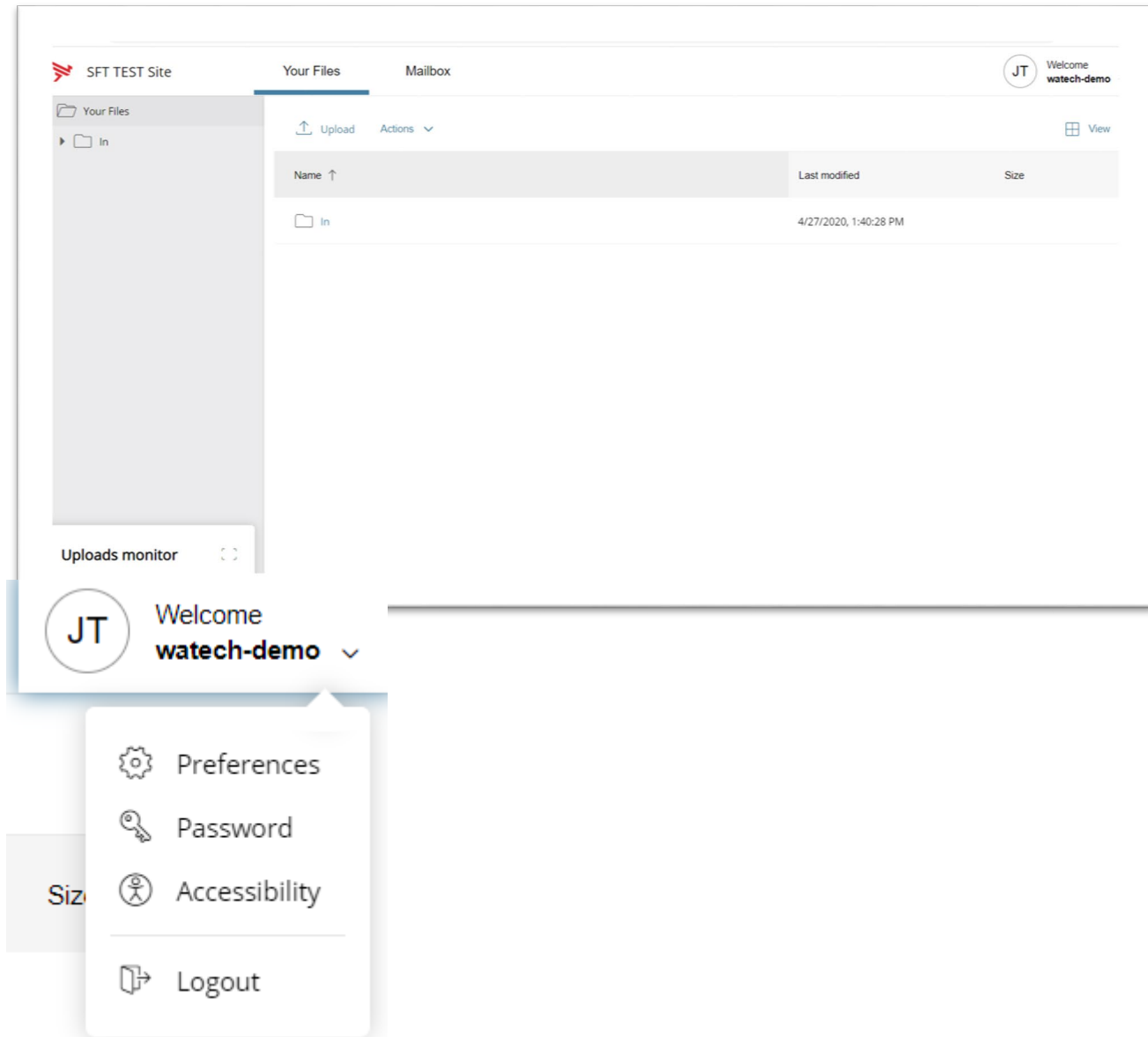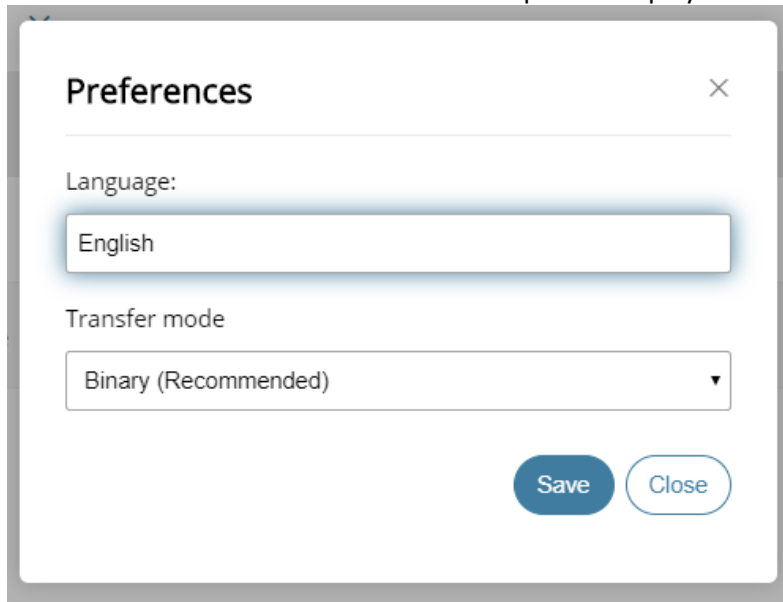
Welcome menu
Using the Welcome menu (drop down menu on the upper right corner of page), you can access the tools to manage your user profile as well as logout.

- Log out
- Select the **Welcome** drop-down.
- Click **Logout**.

Set preferences
To set a preference:

- Select the **Welcome** drop-down.
- Click **Preferences**. The Preferences pane is displayed.

Select a Transfer mode
The recommended and default Transfer mode is

Binary

but in rare cases the

ASCII
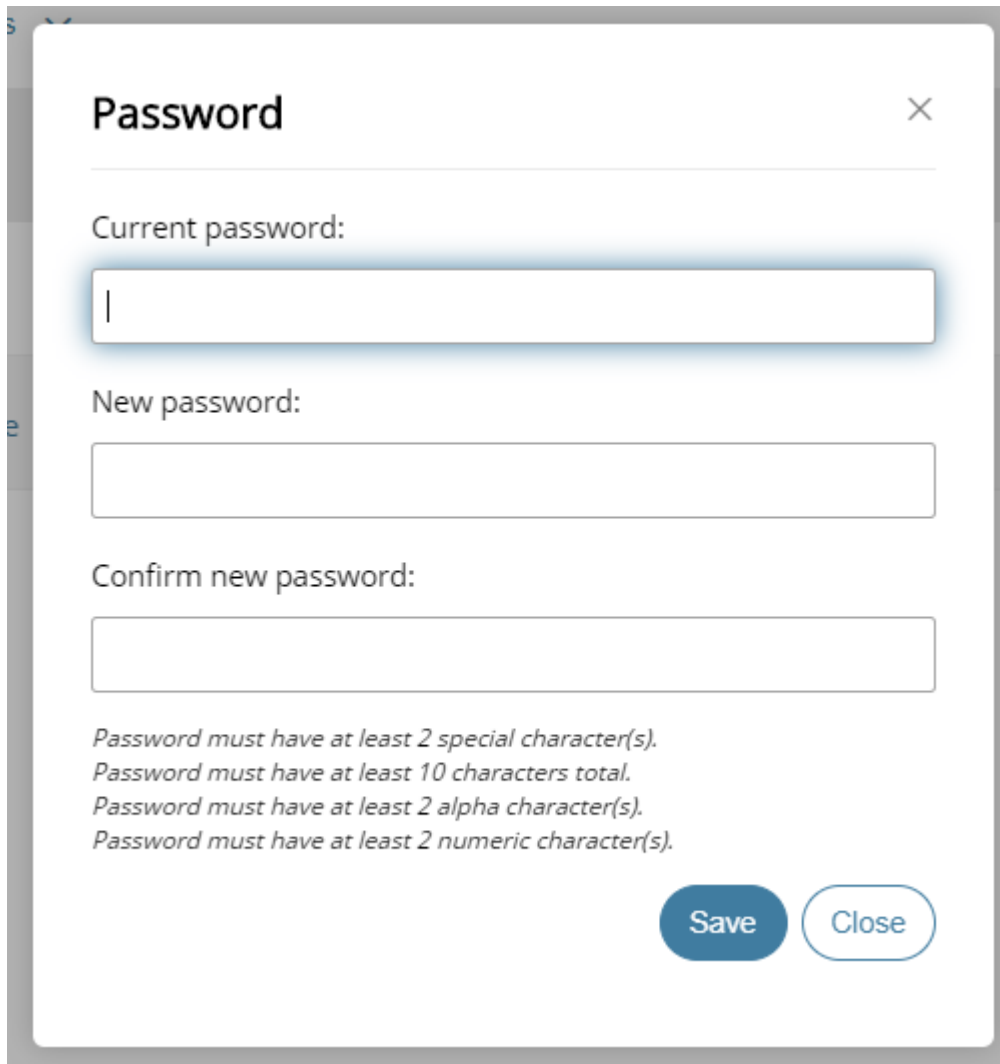
mode may be required for XML, HTML, or TXT files.

Click **Save**.

Select the **Welcome** drop-down.

Click **Password**. The Password pane opens.

1. Enter your Current password.
2. Enter your new password.
3. Confirm new password.
4. Click **Save**.

Upload files

To upload files to ST Web Client you click the **Upload** button.

From your files pane, click **Upload**.

Select the file or files to upload. Use the **Ctrl** or **Shift** keys to select multiple files.

Click **Open**.

The below will be display showing progress of your file upload.

	export_accounts.xml	5/11/2020, 11:49:...	9.81 MB
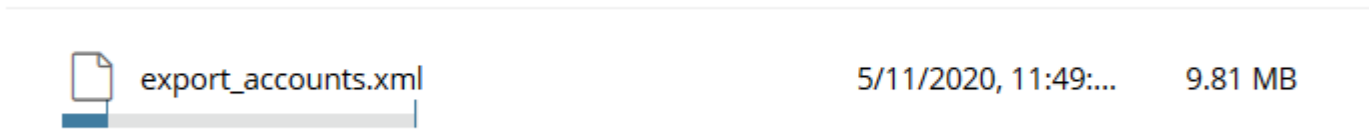
Actions Drop Down Menu
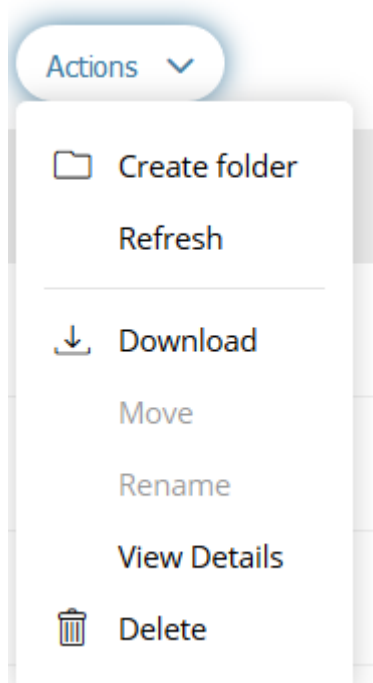
Download files

To download files from ST Web Client you click to the left of this icon ⬜ on your files pane. Use the **Ctrl** or **Shift** keys to select multiple files.

Click Action dropdown and select Download.

A popup will ask you to "Open" or "Save File". Note: Ensure data accuracy and completeness of data download utilize the "Save File" choice.

Create folders

Select **Create folder** from the Actions Drop Down.

The Create folder pane opens.

Enter the folder name.

Click **Create**. The new folder is created and displayed on the "Your Files" pane and a message is displayed.

**Delete files and folders**

To delete a file or folder:

From the "Your Files" pane, select the file or folder to delete. Use the **Ctrl** key to select multiple files.

Select **Delete** from the Actions Drop Down menu. The delete confirmation pane opens.

Click **Delete** to confirm.

View file or folder details

You can view the following details of files and folders:

For files, the View Details pane lists Modified, Size, and Owner details.

For folders, the View Details pane lists Modified and Owner details.

To view file or folder details

From the "Your Files" pane, select a file or folder.

Select **View Details** from the Actions menu.

The View Details pane is displayed.

Click **OK**

Delete files and folders

To delete a file or folder:

From the "Your Files" pane, select the file or folder to delete. Use the **Ctrl** key to select multiple files.

Select **Delete** from the Actions menu. The Delete confirmation pane opens.

Click **Delete** to confirm
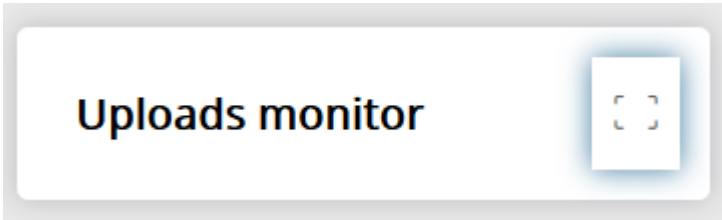
Monitor uploads

At the bottom of the "Your Files" pane, click **Uploads monitor**. The Uploads monitor pane is displayed:

Name	Folder	Status	Size	Started ↓	Speed
Test_doc2.doc	/dir	Completed	1.76 KB	4/2/2018, 1:19:19 PM	
Test_doc.doc	/	Completed	1.76 KB	4/2/2018, 1:18:52 PM	

Information Displayed

The current status of the file uploads

The progress of each upload if in upload processing

Name of file uploaded/uploading

Folder placement of File

Size of File

Start time & date of Upload

Filter uploads displayed

To filter uploads displayed on the Uploads pane, select the desired filter on the Status drop-down menu.

All statuses

Running

Completed

Paused

Canceled

Failed

Pause uploads

To pause an upload:

Select uploads you want to pause. Use the **Ctrl** key to select multiple uploads.

Click **Pause**.

Resume uploads

To resume an upload:

Select uploads that are paused that you want to resume. Use the **Ctrl** key to select multiple uploads.

Click **Resume**.

Cancel uploads

To cancel an upload:

Select the upload that is running that you want to cancel. Use the **Ctrl** key to select multiple uploads.

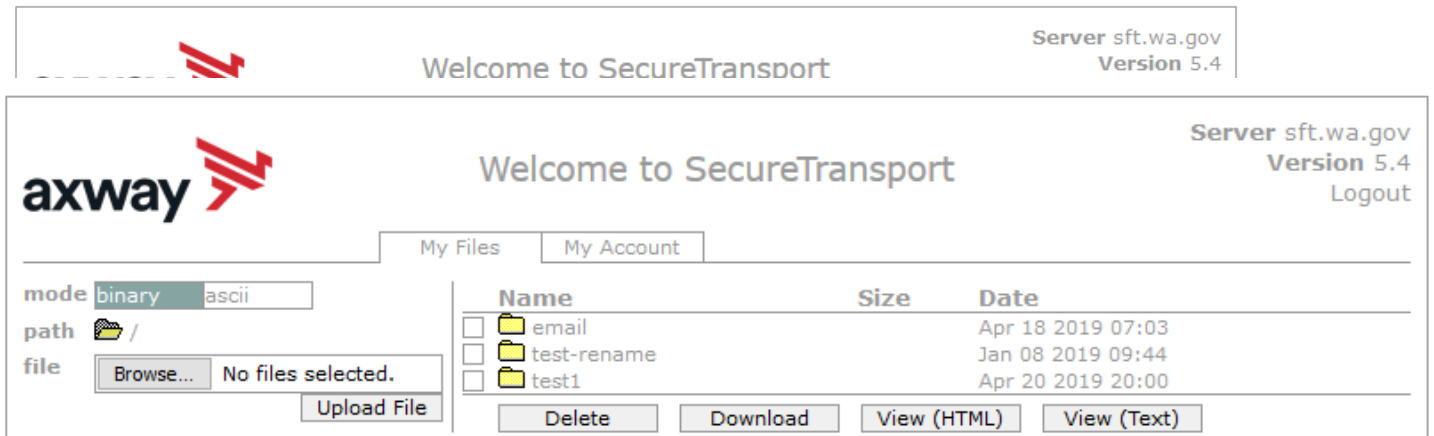Click **Cancel**.

Remove display entries

To cancel an upload:

Select the upload that is running that you want to cancel. Use the **Ctrl** key to select multiple uploads.

Click **Remove**.

SFT Client Options – Partial List of

WaTech supported clients

Default browser client

Here is the screen after successful login-

Upload a file by selecting "Browse" tab

Select a file and hit the "Open" tab

The file will appear to the right of the Browse tab.

Select the "Upload File" tab

The file name will be displayed.

Download a file

Check the box to left of your file to download.

Select the "Download" tab

Please do not download a file by selecting the "View" tabs. As you may not get a complete file downloaded.

After entering your credentials in the default client above, if your account is assigned the ST Web Client, this screen will appear:

Upload a file by selecting "Upload" tab

Your local folders will be displayed (It defaults to your last location)

Select a file and hit the "Open" tab and this completes the operation of upload. You will get some information on the screen in regards to the file transfer.
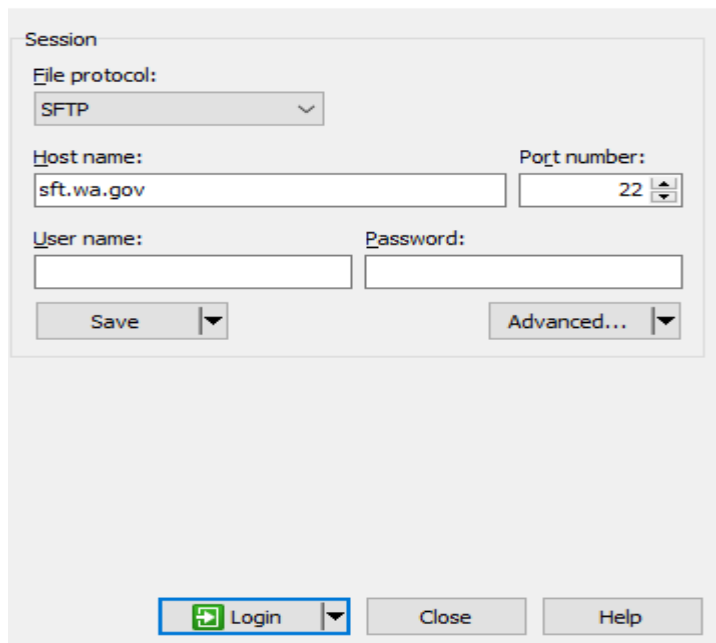
Download a file by

On the screen highlight the file you want to download.

Click on "Actions" drop down will appear, select "Download"
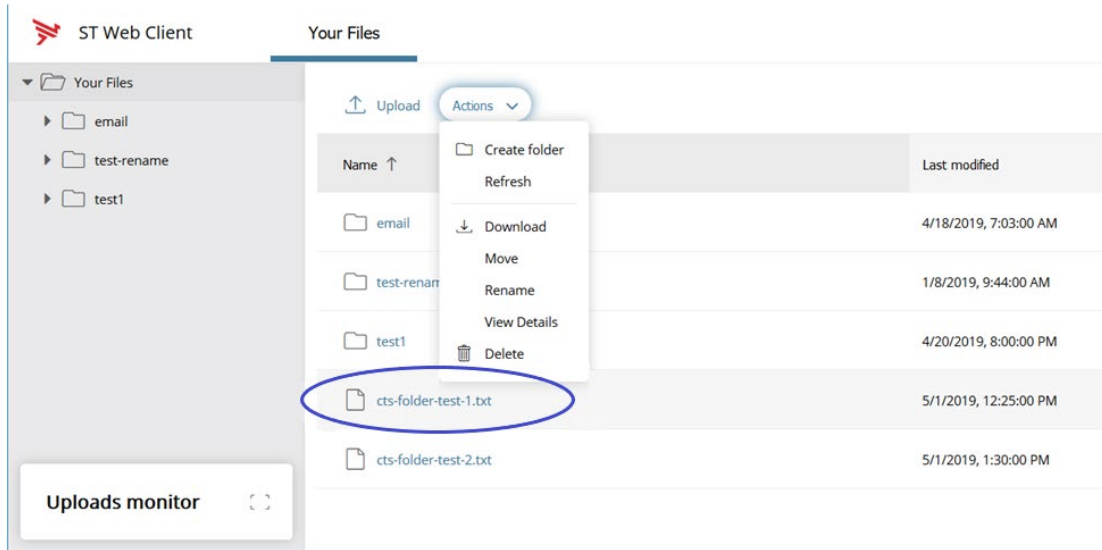
Optional Clients
WaTech **does not support** any third party client or provide technical support.

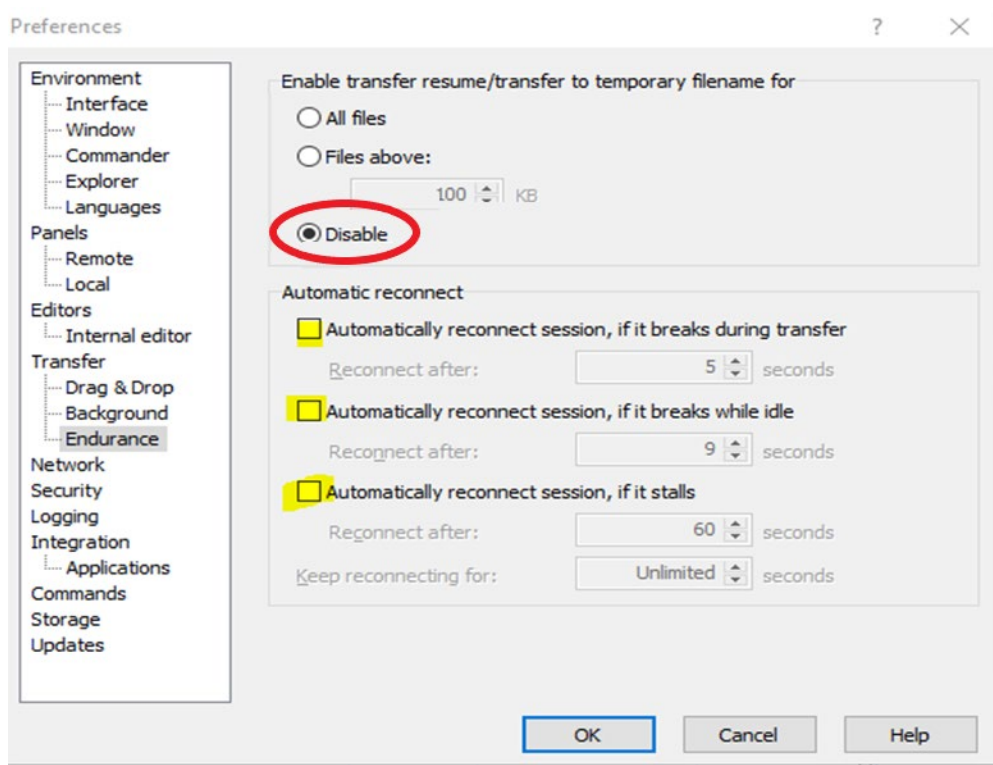## WinSCP – With Basic setup information and requirements
URL and Port requirements-

Setting requirement to work with SFT. Need to Disable
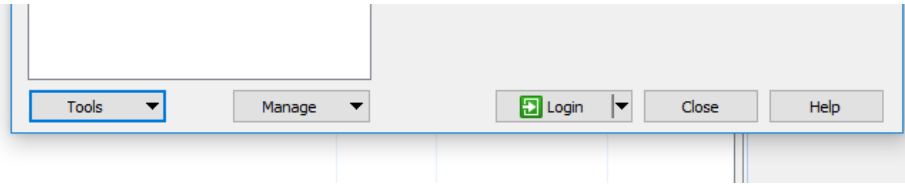
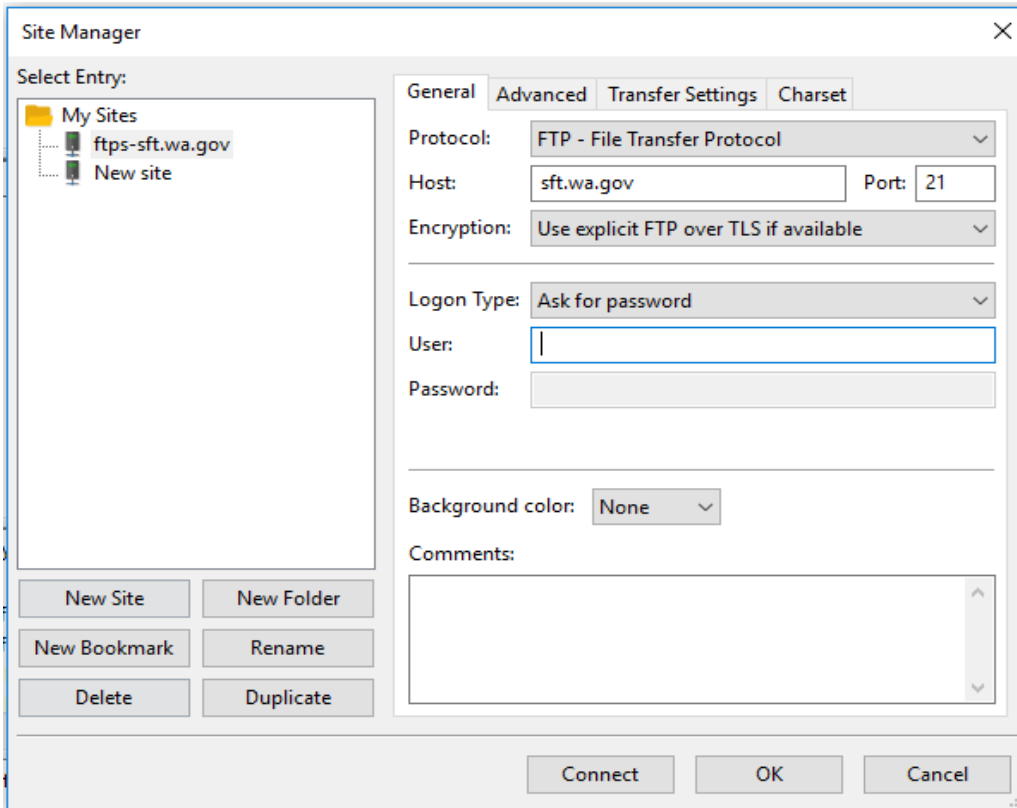On the right hand corner of the Login pop up, select the "Tools" tab

Click on "Endurance" tab and disable the resume feature circled in red.

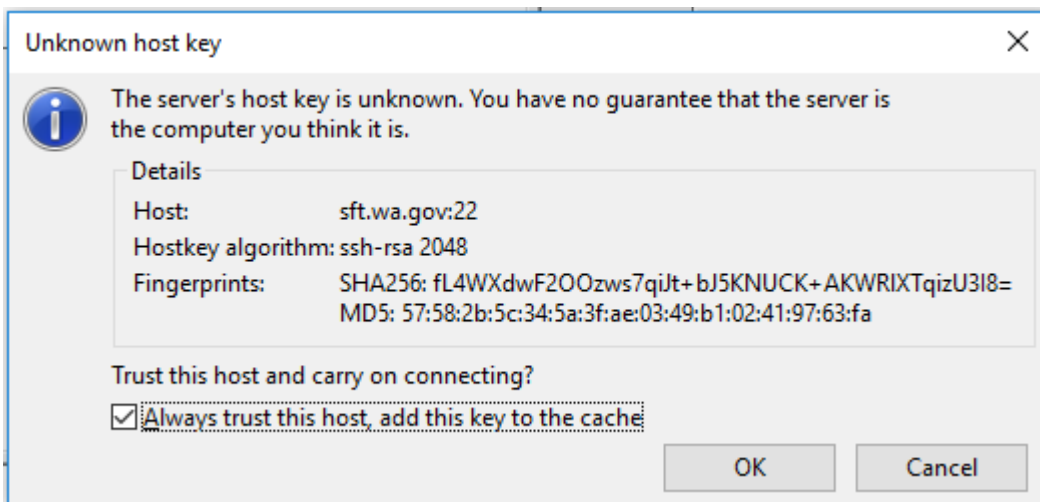The yellow highlight is your choice of operation.

Using FTPS

If using ssh/sftp port 22 need to accept the key on initial login.

Other client information-

General-

SFT is expected to work properly with any client or server software which complies with:

 RFC 959, RFC 2228, RFC 2389, RFC 2428, RFC 2640, RFC 4217, MD5 Command Extensions, MFxx Command Extensions for FTP transfers

RFC 4251, RFC 4252, RFC 4253, RFC 4254, Draft RFC - Secure Shell File Transfer Protocol, Draft RFC - SSH File Transfer Protocol draft-ietf-secsh-filexfer-04.txt for SFTP and SCP transfers.

List of certified client software by the vendor for file exchange

Software	Versions	Protocols
cURL	7.58.0	FTPS, HTTPS
CuteFTP Professional	9.2.0.8 (Windows)	FTPS
LFTP	4.8.3	FTPS
PSCP (PuTTY)	0.70	SSH
PSFTP (PuTTY SFTP)	0.70	SSH
SmartFTP Client	9.0.2558.0	FTPS
Tectia SSH Client	6.4.15	SSH
VanDyke SecureFX	8.3	SSH
WGET	1.13	FTPS, HTTPS