

Washington State Health Care Authority

Carrier Data Submission Guide

Drug Price Transparency – RCW 43.71C
Version 1.5 (Draft)
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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.

"Brand Drug" means a product whose national drug code number, depending on the applicable Drug Pricing Reference, (a) has a First Data Bank Generic Product Flag of "0", "2", or "3" on the date the claim was adjudicated; or (b) has a MediSpan Multi-Source Indicator of "M" (co-branded product), "O" (originator brand) or an "N" (single source brand) for the Covered Product on the date the claim was adjudicated; except where the claim is submitted with a DAW code of "5" in which case it shall be considered a Generic Drug.

"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.

"Generic Drug" means product that based on the Drug Pricing Reference. Specifically, Generic Drug means a product a product whose national drug code number, depending on the applicable Drug Pricing Reference, has a First Data Bank "Generic Product Flag of "1" on the date the claim was adjudicated, and the MediSpan Multi-Source Indicator for the Covered Drug is a "Y" on the date dispensed.

"Health care provider," "health plan," "health carrier," and "carrier" mean the same as in RCW [48.43.005](#).

"Introduced to market" means marketed in Washington State.

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

"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.

"Premium" means the amount members pay to the carrier or health plan for their medical and prescription drug insurance.

"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
Cost and Utilization Report	October 16, 2020	A carrier must submit to the authority all data specified in RCW 43.71C.020(1), following the guidelines set forth in this submission guide for calendar years 2018 and 2019.
	October 1 st , Annually	A carrier must submit to the authority all data specified in RCW 43.71C.020(1), following the guidelines set forth in this submission guide for the current year.
Premium Impact Report	October 16, 2020	A carrier must submit to the authority all data specified in RCW 43.71C.020(1), following the guidelines set forth in this submission guide for calendar years 2018 and 2019.
	October 1 st , Annually	A carrier must submit to the authority all data specified in RCW 43.71C.020(1), following the guidelines set forth in this submission guide for the current year.
Specialty Drug List	October 16, 2020	A carrier must submit to the authority all data specified in RCW 43.71C.020(1), following the guidelines set forth in this submission guide for calendar years 2018 and 2019.
	October 1 st , Annually	A carrier must submit to the authority all data specified in RCW 43.71C.020(1), following the guidelines set forth in this submission guide for the current 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 ‘carrier_specialty_drug_list_C12345_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 meets 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 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.

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.

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: All fields are required, 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 [ISO-8601](#) format with hyphens between years, months and days: “YYYY-MM-DD”. For example, Nov. 1st, 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

Cost Utilization

This report contains all of the data fields necessary to comply with reporting the cost and utilization to determine the top 25 drugs (defined by chemical names) by frequently prescribed, costliest, increase in WAC, and frequently prescribed with rebate as required in RCW 43.71C.020.

Files submitted for carrier cost utilization report should be named using the following schema, where ID is the Carrier 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 “carrier” with your organizations name, this will result in your submission being rejected.

File naming schema: carrier_cost_utilization_{ID}_{YYYYMMDD}.csv

Example: carrier_cost_utilization_C12345_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 1st, and should cover the entire 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.

<p>Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of health carrier submitting data for its health plans.</p>
<p>Name: Carrier ID Number Type: String Format: ABCDE Max Length: 9 characters</p>	<p>ID number submitted by the carrier for which we can identify them.</p> <p>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.</p> <p>NOTE: Do not include any special characters or hyphens.</p>
<p>Name: Carrier ID Type Type: Choice Choices: EIN,UBI,DUNS, OTHER</p>	<p>The type of ID that was submitted in the carrier ID number field.</p> <p>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.</p>
<p>Name: Line of Business Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Insert the Line of Business you are reporting on: Possible values are</p> <p>Large Group Small Group Individual</p>
<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018</p>	<p>Plan year for which the aggregate data is reported.</p>
<p>Name: Member-Months Type: Numeric Format: 99999999 Max Length: 8 digits</p>	<p>Total number of member-months in the health plan for the year being reported.</p>
<p>Name: Utilization Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 most frequently prescribed prescription drugs (aggregated by Chemical/Biochemical/Blood Product Name) as defined by the most day's supplies for each health plan in the current year. If the NDC is not one of the top 25 most frequently prescribed prescription drugs by Chemical/Biochemical/Blood Product Name, then leave the field "blank" (e.g. an empty string).</p> <p>Highest amount of days' supply reported in the current year would qualify as the top for utilization rank. This includes all paid claims in the current year regardless of provider network status. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p>

<p>Name: Costliest Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 costliest prescription drugs (aggregated by Chemical/Biochemical/Blood Product Name) by total plan spending for each health plan, including dispensing fees, net of any rebates, and excluding penalties or incentives to the pharmacy, in the current year. If not one of the top 25 costliest prescription drugs by Chemical/Biochemical/Blood Product name for this rank, then leave the field "blank" (e.g. an empty string). This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p>
<p>Name: WAC Increase Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 prescription drugs (aggregated by Chemical/Biochemical/Blood Product Name) with the highest WAC increase from the prior year to the current year, excluding prescription drugs made available for the first time that plan year, for each health plan, expressed as a percentage. Defined as WAC on December 31st of the current year minus WAC on December 31st, of the prior year, divided by WAC on December 31st of the prior year.</p> <p>For example: (WAC December 31, 2019 – WAC December 31, 2018)/WAC December 31, 2018</p> <p>If not one of the top 25 prescription drugs by Chemical/Biochemical/Blood Product name, with the highest year over year WAC increase, then leave the field "blank" (e.g. an empty string).</p>
<p>Name: Rebate Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 prescription drugs (as defined by Chemical/Biochemical/Blood Product Name) most frequently prescribed drugs as defined by total rebates collected, for each health plan, in the current year. If not one of the top 25 prescription drugs by Chemical/Biochemical/Blood Product Name, for this rank, then leave the field "blank" (e.g. an empty string).</p>
<p>Name: NDC Type: Numeric Format: 000000000000 Max Length: 11 digits Min Length: 11 digits</p>	<p>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.</p> <p>NOTE: The NDC field must be eleven digits long and maintain leading zeros.</p>
<p>Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Ingredient name, including salt form, 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.</p>
<p>Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>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.</p>
<p>Name: Label Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR", are acceptable.</p>

<p>Name: Drug Type Type: Choice Choices: S,N,I</p>	<p>Drug Type is one of following values:</p> <p>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.</p> <p>Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA).</p> <p>Innovator Multiple-Source (I) – Drugs which have an NDA and no longer have patent exclusivity.</p>
<p>Name: Specialty Indicator Type: Choice Choices: Y,N</p>	<p>Indicates if NDC is on the health plan's specialty drug list.</p>
<p>Name: Top 25 Plan Spending Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>Total amount paid to the pharmacy, by health plan, including any member cost-shares, for all paid claims, for all NDCs within the top 25 most costly drugs, aggregated by Chemical/Biochemical/Blood name, in the current year. Excluding dispensing fees or other penalties/incentives due to the pharmacy. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Top 25 Plan Spending Percent Type: Numeric Format: 99999.99 Max Length: 7 digits</p>	<p>Top 25 plan spending (as defined above) divided by the total plan spending, including member cost share for all paid claims for all prescription drugs in the reporting year, expressed as a percentage. Excluding dispensing fees or other penalties/incentives due to the pharmacy. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Name: WAC Increase Rank Percent Type: Numeric Format: 99999.99 Max Length: 7 digits</p>	<p>The wholesale acquisition cost as of December 31st of the current year, minus wholesale acquisition cost on December 31st of the prior year, the divided by the wholesale acquisition cost on December 31st of the prior year, expressed as a percentage. For example, the ((WAC on December 31, 2019 – WAC on December 31, 2018)/WAC on December 31, 2018), expressed as a percentage</p> <p>NOTE: Do not include the percent sign (%).</p>

Premium Impact

This report contains all of the data fields necessary to comply with reporting the impact of brand, generic, and specialty drugs on health plan premiums as required in RCW 43.71C.020(4), 43.71C.020(5), 43.71C.020(6).

Files submitted for carrier premium impact report should be named using the schema below, 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 “carrier” with your organizations name, this will result in your submission being rejected.

File naming schema: carrier_premium_impact_{ID}_{YYYYMMDD}.csv

Example: carrier_premium_impact_C12345_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 1st, and should cover the entire 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: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE	Name of health carrier submitting data for its health plans.
Name: Carrier ID Number Type: String Format: ABCDE Max Length: 9 characters	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: Carrier 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: Line of Business Type: String Max Length: 80 characters Format: ABCDE	Insert the Line of Business you are reporting on: Possible values are Large Group Small Group Individual.
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than 2018	Year for which the aggregate data is reported.
Name: Other Premium Contributors Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to covered services, excluding prescription drugs, in the current reporting year, expressed with USD. NOTE: Do not include the dollar sign (\$) or commas.

<p>Name: Other Premium Contributors Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Amount of monthly premium per member, attributable to covered services, excluding prescription drugs, in the prior reporting year expressed with USD.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Name: Other Premium Contributors Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Total change in monthly premium per member from prior plan year to current plan year, expressed with USD.</p>
<p>Name: Other Premium Contributors Percent Type: Numeric Format: 99999.99 Max Length: 7 digits</p>	<p>Percent change in monthly premium per member from prior plan year to current plan year. Defined as: Other Premium Contributors Current minus Other Premium Contributors Prior, divided by Other Premium Contributors Prior.</p> <p>For example, the $((\text{Other Premium Contributors Current} - \text{Premium Contributors Prior}) / \text{Premium Contributors Prior})$, expressed as a percentage.</p> <p>NOTE: Do not include the percent sign (%).</p>
<p>Name: Premium Drugs Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Amount of monthly premium per member, attributable to prescription drugs, for the current plan year, expressed with USD.</p> <p>Includes all prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Name: Premium Drugs Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits</p>	<p>Percent change in monthly premium per member, attributed to drugs, from prior plan year to current plan year. Defined as: Premium Drugs Current minus Premium Drugs Prior, divided by Premium Drugs Prior, expressed as a percentage.</p> <p>For example the $((\text{Premium Drugs Current} - \text{Premium Drugs Prior}) / \text{Premium Drugs Prior})$, expressed as a percentage.</p> <p>NOTE: Do not include the percent sign (%).</p>
<p>Name: Premium Drugs Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Amount of monthly premium per member, attributable to prescription drugs, from prior plan year, expressed with USD.</p> <p>Includes all prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Premium Drugs Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>The change in monthly premium per member, from prior plan year to current plan year, expressed with USD.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>

<p>Name: Premium Brand Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Amount of monthly premium per member, attributable to Brand-name Prescription Drugs, in the current plan year, expressed in US dollars.</p> <p>Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Name: Premium Brand Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>The change in premium per member, attributable to Brand prescription drugs, from prior plan year to current plan year, expressed in US dollars. Defined as the difference between Premium Brand Current and Premium Brand Prior, expressed in US dollars.</p> <p>Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Name: Premium Brand Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits</p>	<p>Percent change in Premium Brand over current year. Defined as: Premium Brand Current minus Premium Brand Prior, divided by Premium Brand Prior, expressed as a percentage.</p> <p>For example, the ((Premium Brand Current – Premium Brand Prior)/ Premium Brand Prior), expressed as a percentage.</p> <p>NOTE: Do not include the percent sign (%).</p>
<p>Name: Premium Generic Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Amount of monthly premium per member, attributable to Generic Prescription Drugs, in the current plan year, expressed in US dollars.</p> <p>Generic drugs are non-innovator drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Name: Premium Generic Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>The change in monthly premium per member, attributable to Brand prescription drugs, from prior plan year to current plan year, expressed in US dollars. Defined as the difference between Premium Generic Current and Premium Generic Prior, expressed in US dollars.</p> <p>Generic drugs are non-innovator drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Name: Premium Generic Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits</p>	<p>Percent change in in premium per member, attributable to generic prescription drugs, over prior year. Defined as: Premium Generic Current minus Premium Generic Prior, divided by Premium Generic Prior, expressed as a percentage.</p> <p>For example, the ((Premium Generic Current – Premium Generic Prior)/ Premium Generic Prior), expressed as a percentage.</p> <p>NOTE: Do not include the percent sign (%).</p>
<p>Name: Premium Specialty Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Amount of monthly premium per member, attributable to specialty Prescription Drugs, in the current plan year, expressed in US dollars. Defined as the difference between Premium Specialty Current and Premium Specialty Prior, expressed in US dollars.</p> <p>Specialty drugs should be defined as per health plan specialty drug list submitted as a separate report.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>

<p>Name: Premium Specialty Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Dollar Amount Premium Specialty Change in PMPM over prior year.</p> <p>Specialty drugs should be defined as per health plan specialty drug list submitted as a separate report.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Name: Premium Specialty Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits</p>	<p>Percent change in in premium per member, attributable to specialty prescription drugs, over prior year. Defined as: Premium Specialty Current minus Premium Specialty Prior, divided by Premium Specialty Prior, expressed as a percentage.</p> <p>For example, the ((Premium Specialty Current – Premium Specialty Prior)/ Premium Specialty Prior), expressed as a percentage.</p> <p>NOTE: Do not include the percent sign(%).</p>
<p>Name: Premium Brand Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Amount of monthly premium per member, attributable to Brand-name Prescription Drugs, in the prior plan year, expressed in US dollars. Brand-name drugs should be innovator single-source or innovator multi-source drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Name: Premium Generic Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Amount of monthly premium per member, attributable to Generic Prescription Drugs, in the Prior plan year. Generic drugs are non-innovator drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Name: Premium Specialty Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>	<p>Amount of monthly premium per member, attributable to specialty Prescription Drugs as defined by the health plan, in the prior plan year, expressed in US dollars.</p> <p>Specialty drugs should be defined as per health plan specialty drug list submitted as a separate report.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>

Specialty Drug List

This report contains all of the data fields necessary to comply with reporting the list of specialty drugs covered by a health plan as required in RCW 43.71C.020(7).

Files submitted for carrier specialty drug list 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 “carrier” with your organizations name, this will result in your submission being rejected.

File naming schema: carrier_specialty_drug_list_{ID}_{YYYYMMDD}.csv

Example: carrier_specialty_drug_list_C12345_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 1st, and should cover the entire current year. Please see the Submission Schedule for more detail.

Specification	Description
---------------	-------------

<p>Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE</p>	<p>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.</p> <p>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.</p>
<p>Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of health carrier submitting data for its health plans.</p>
<p>Name: Carrier ID Number Type: String Format: ABCDE Max Length: 9 characters</p>	<p>ID number submitted by the carrier for which we can identify them.</p> <p>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.</p> <p>NOTE: Do not include any special characters.</p>
<p>Name: Carrier ID Type Type: Choice Choices: EIN,UBI,DUNS, OTHER</p>	<p>The type of ID that was submitted in the carrier ID number field.</p> <p>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.</p>
<p>Name: Line of Business Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Insert the Line of Business you are reporting on: Possible values are</p> <p>Large Group Small Group Individual.</p>
<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than 2018</p>	<p>Year for which the aggregate data is reported.</p>
<p>Name: NDC Type: Numeric Format: 00000000000 Max Length: 11 digits Min Length: 11 digits</p>	<p>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.</p> <p>NOTE: The NDC field must be eleven digits long and maintain leading zeros.</p>
<p>Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Ingredient name including salt form, 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.</p>
<p>Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Ingredient name, including 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.</p>

<p>Name: Label Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR", are acceptable.</p>
<p>Name: Drug Type Type: Choice Choices: S,N,I</p>	<p>Drug Type is one of following values:</p> <p>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.</p> <p>Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA).</p> <p>Innovator Multiple-Source (I) – Drugs which have an NDA and no longer have patent exclusivity.</p>

Appendix A – ST Web Client User Guideline

Prerequisites

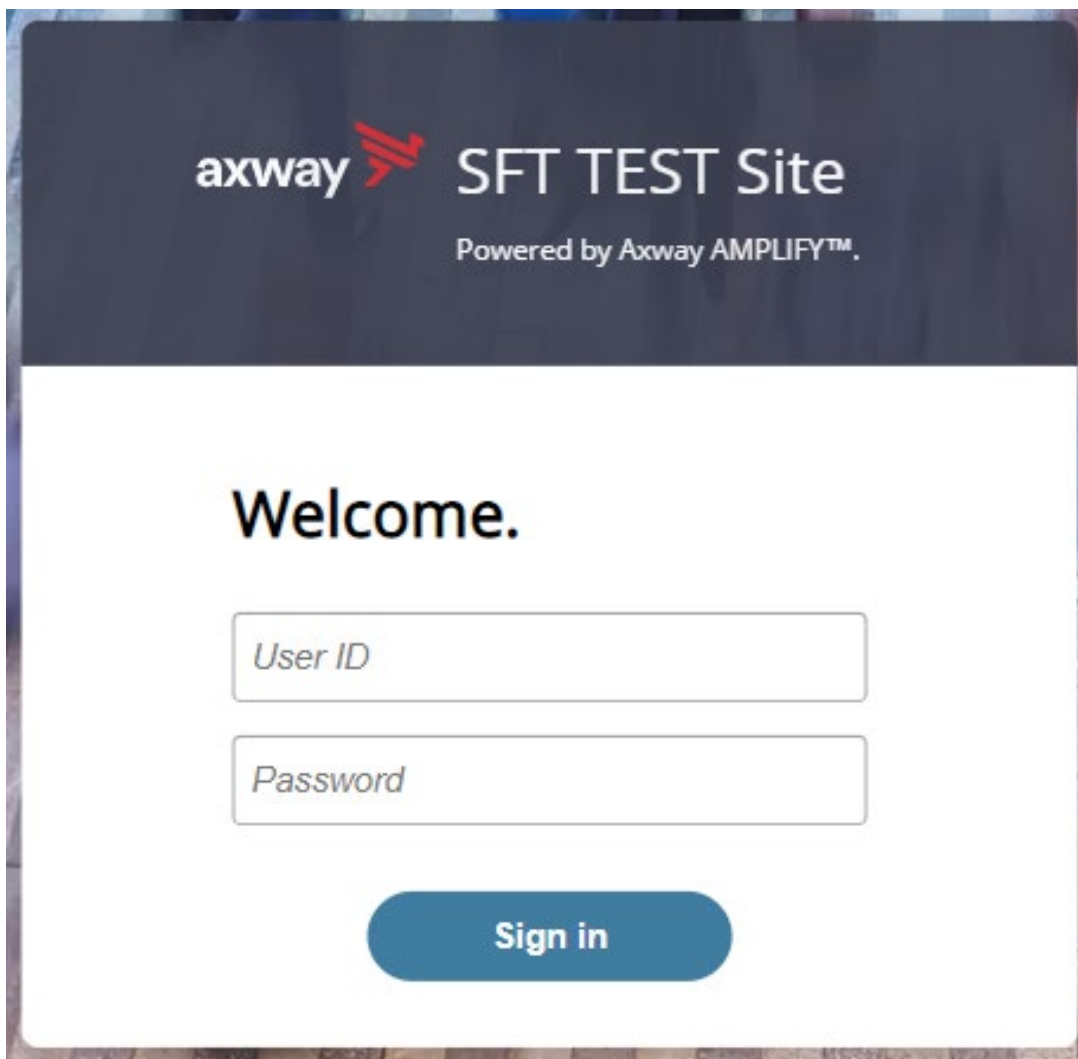
Before you can log in to ST Web Client and open a session, you need:

- 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.

axway SFT TEST Site
Powered by Axway AMPLIFY™

Reset password

Old Password:

New Password:

Confirm password:

*Password must have at least 10 characters total.
Password must have at least 2 alpha character(s).
Password must have at least 2 numeric character(s).
Password must have at least 2 special character(s).
Password must be different than the last 0 recently used passwords.*

Save

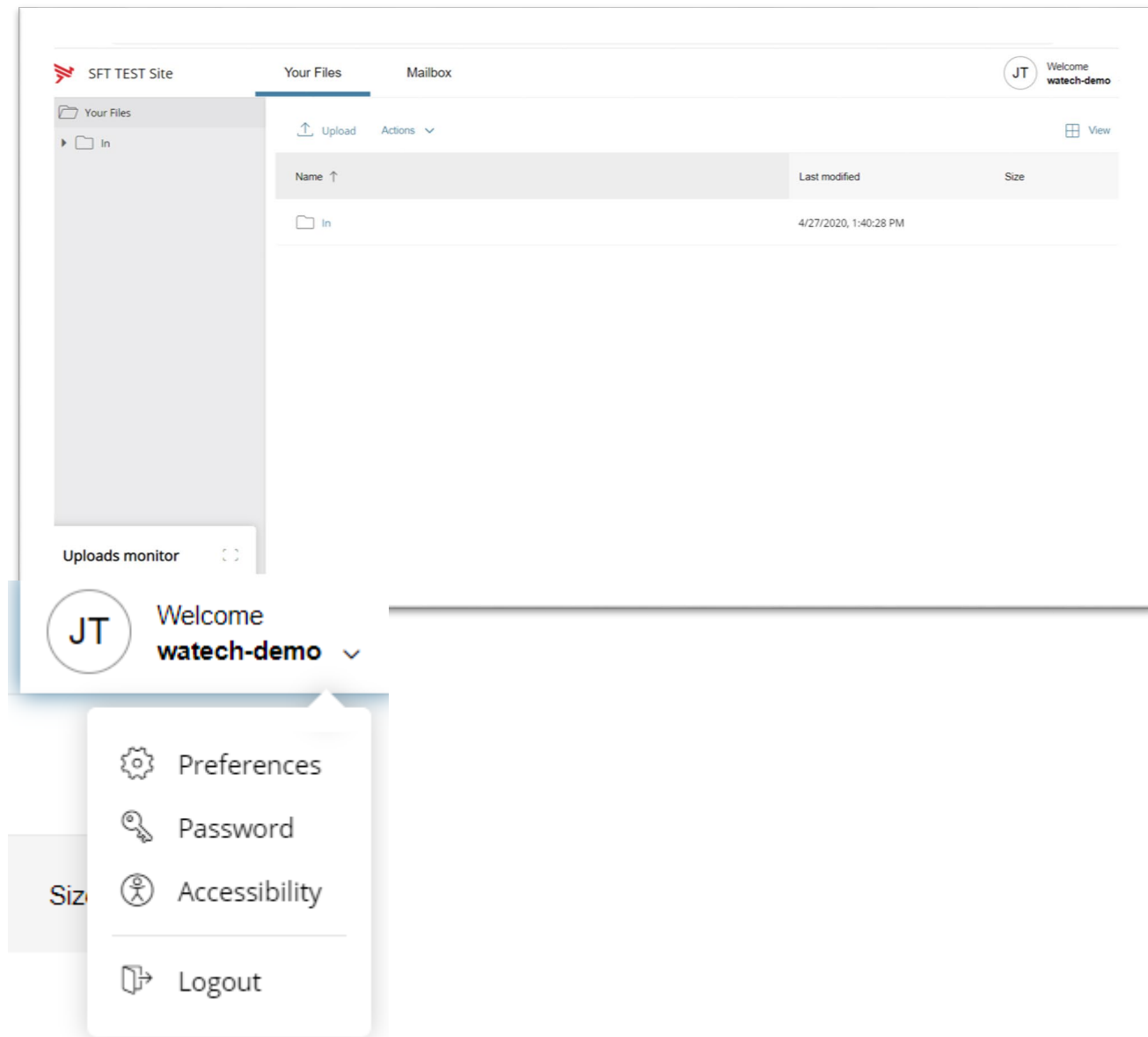
Change password page is displayed as above.

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

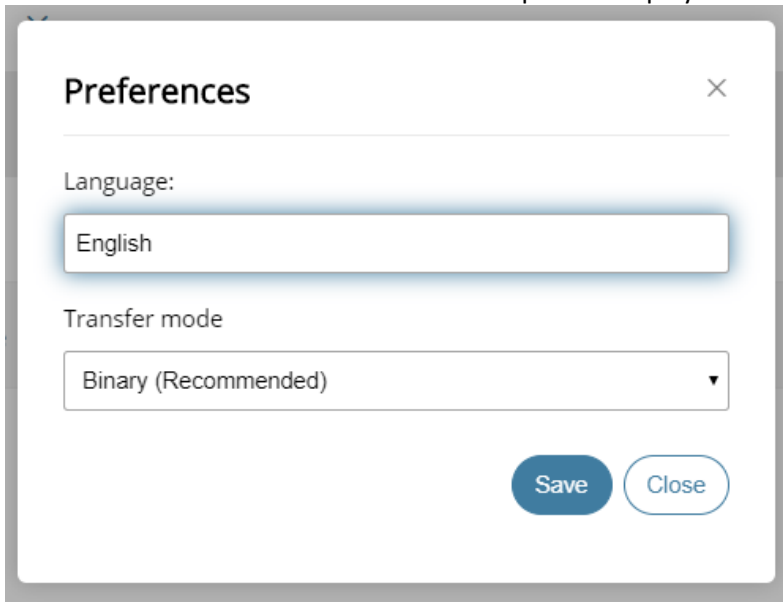
Using the Welcome menu (drop down menu on the upper right corner of page), you can access the tools to manage your user profile as well as logout.

- 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.



The screenshot shows a 'Preferences' dialog box with a close button (X) in the top right corner. Below the title bar, there are two sections: 'Language:' with a text input field containing 'English', and 'Transfer mode' with a dropdown menu showing 'Binary (Recommended)'. At the bottom right, there are two buttons: 'Save' (a blue rounded rectangle) and 'Close' (a white rounded rectangle with a blue border).

Select a Transfer mode

The recommended and default Transfer mode is

Binary

but in rare cases the

ASCII

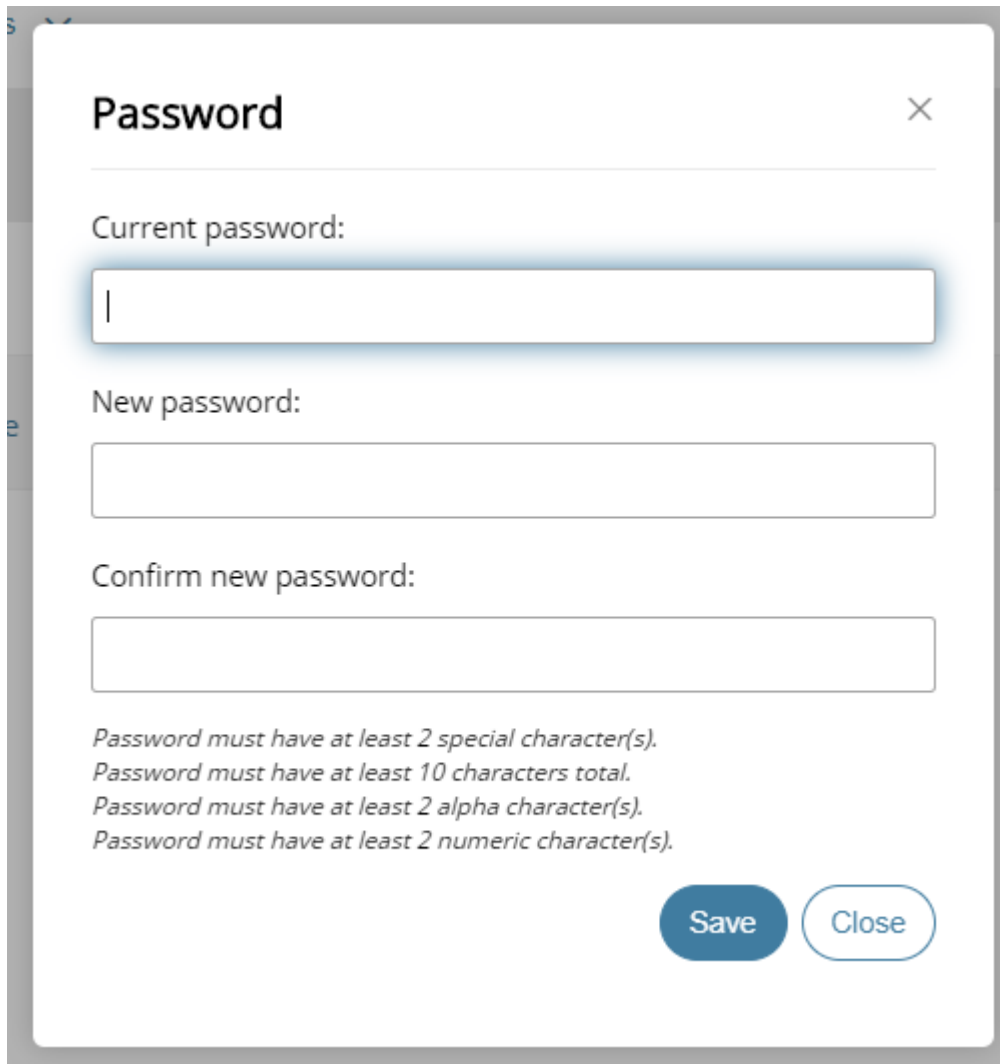
mode may be required for XML, HTML, or TXT files.

Click **Save**.

Change your password

Select the **Welcome** drop-down.

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



The screenshot shows a 'Password' dialog box with a close button (X) in the top right corner. It contains three input fields: 'Current password:', 'New password:', and 'Confirm new password:'. Below the fields are four lines of password requirements: 'Password must have at least 2 special character(s).', 'Password must have at least 10 characters total.', 'Password must have at least 2 alpha character(s).', and 'Password must have at least 2 numeric character(s)'. At the bottom right, there are two buttons: 'Save' (a solid blue button) and 'Close' (a white button with a blue border).

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

Upload files

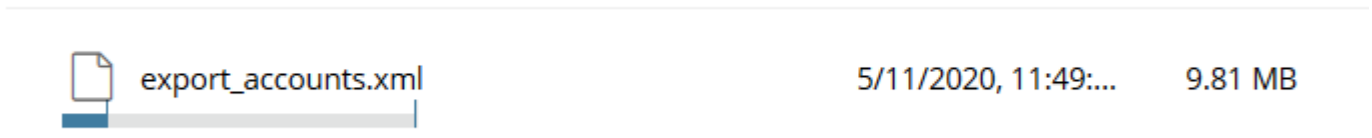
To upload files to ST Web Client you click the **Upload** button.

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

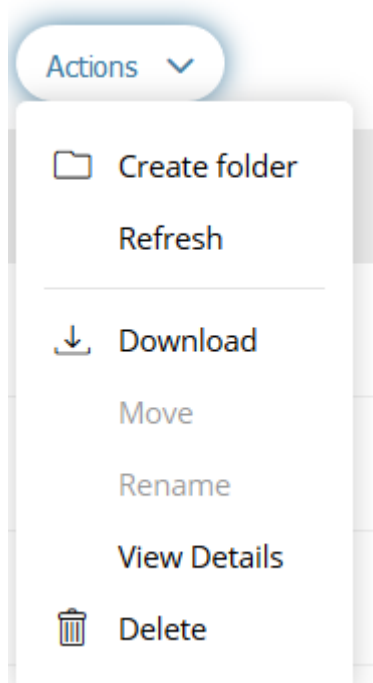
Select the file or files to upload. Use the **Ctrl** or **Shift** keys to select multiple files.

Click **Open**.


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



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

To 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

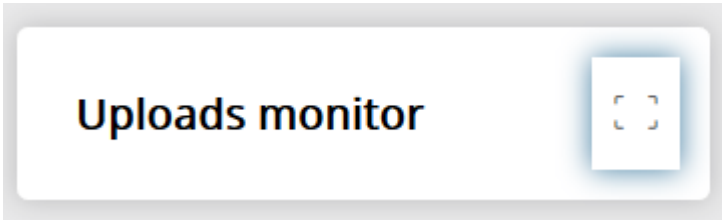
To delete a file or folder:

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

Uploads monitor Page



Monitor uploads

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

Uploads monitor ⌵

⏸ Pause
▶ Resume
■ Cancel
🗑 Remove
All statuses ▾

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.

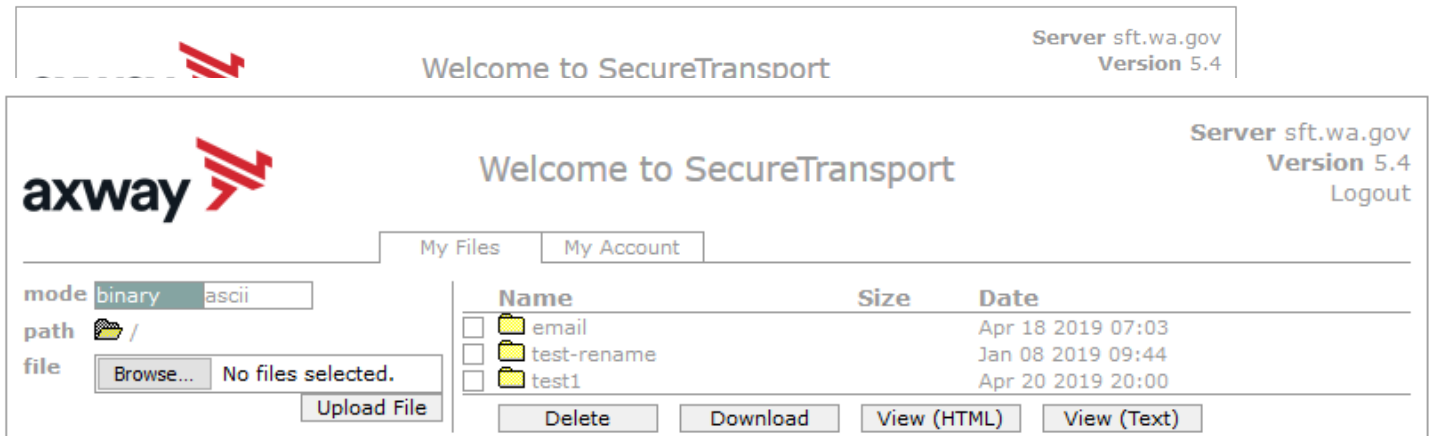
Click **Remove**.

Appendix B – SFT Client Options (Partial List)

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.

Enhanced Browser Client

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

ST Web Client Your Files PA Welcome pass-demo

Upload Actions

Name ↑	Last modified	Size
email	4/18/2019, 7:03:00 AM	
test-rename	1/8/2019, 9:44:00 AM	
test1	4/20/2019, 8:00:00 PM	
cts-folder-test-1.txt	5/1/2019, 12:25:00 PM	613 bytes

Uploads monitor

Upload a file by selecting “Upload” tab

Upload Actions

Name ↑

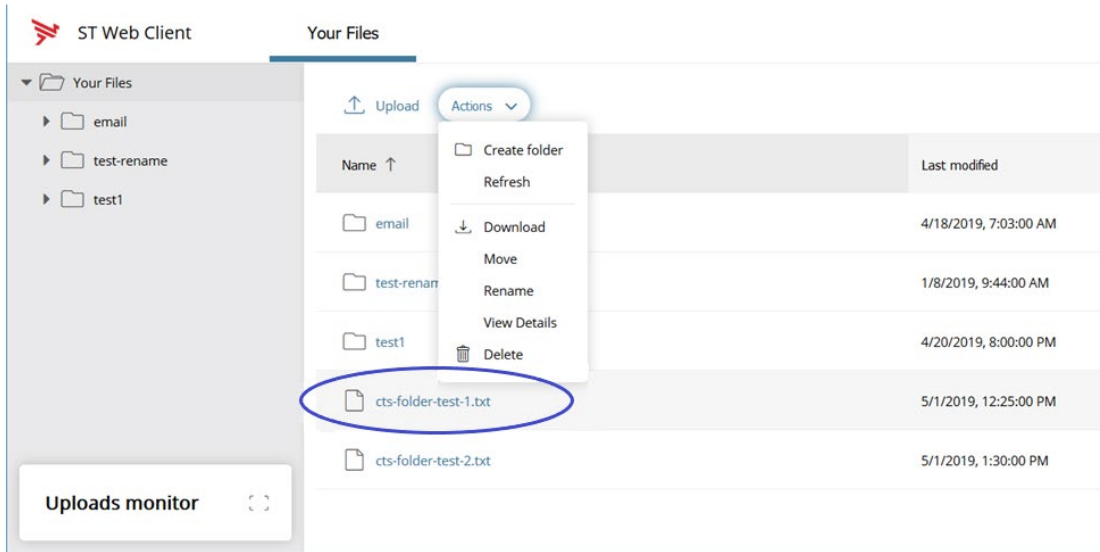
Your local folders will be displayed (It defaults to your last location)

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-

Session

File protocol:
SFTP

Host name: sft.wa.gov Port number: 22

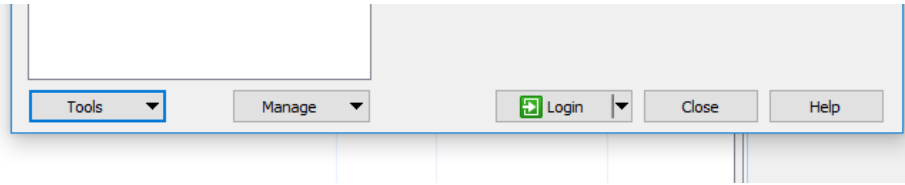
User name: Password:

Save Advanced...

Login Close Help

WinSCP – With Basic setup information and requirements – cont’d

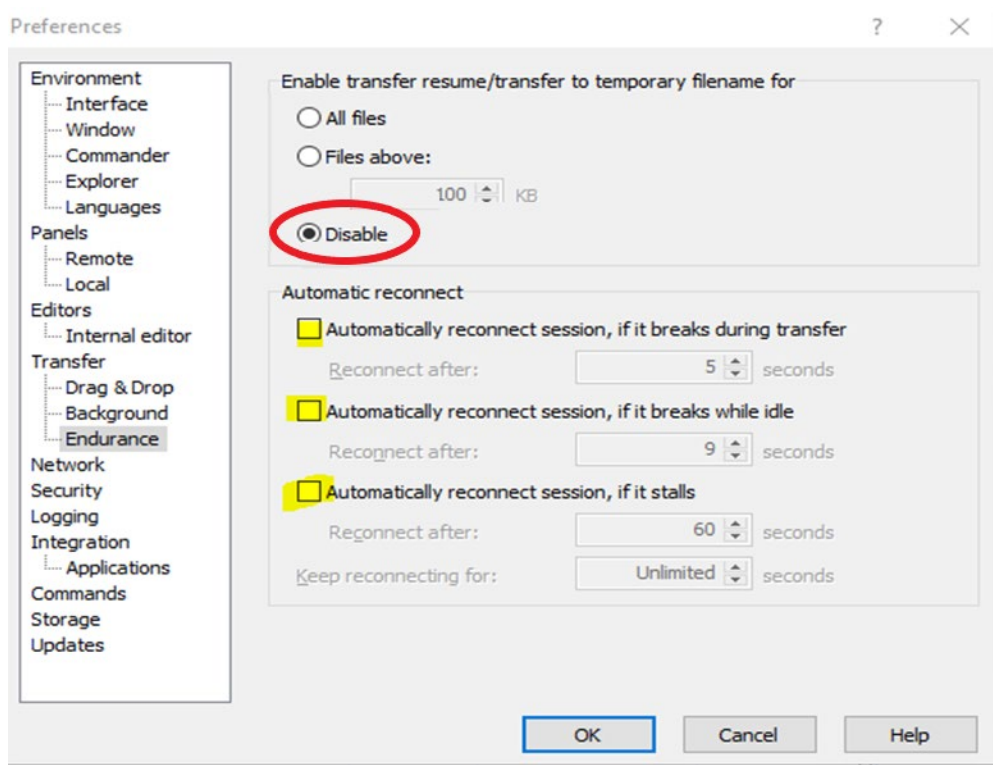
Setting requirement to work with SFT. Need to Disable



On the right hand corner of the Login pop up, select the “Tools” tab

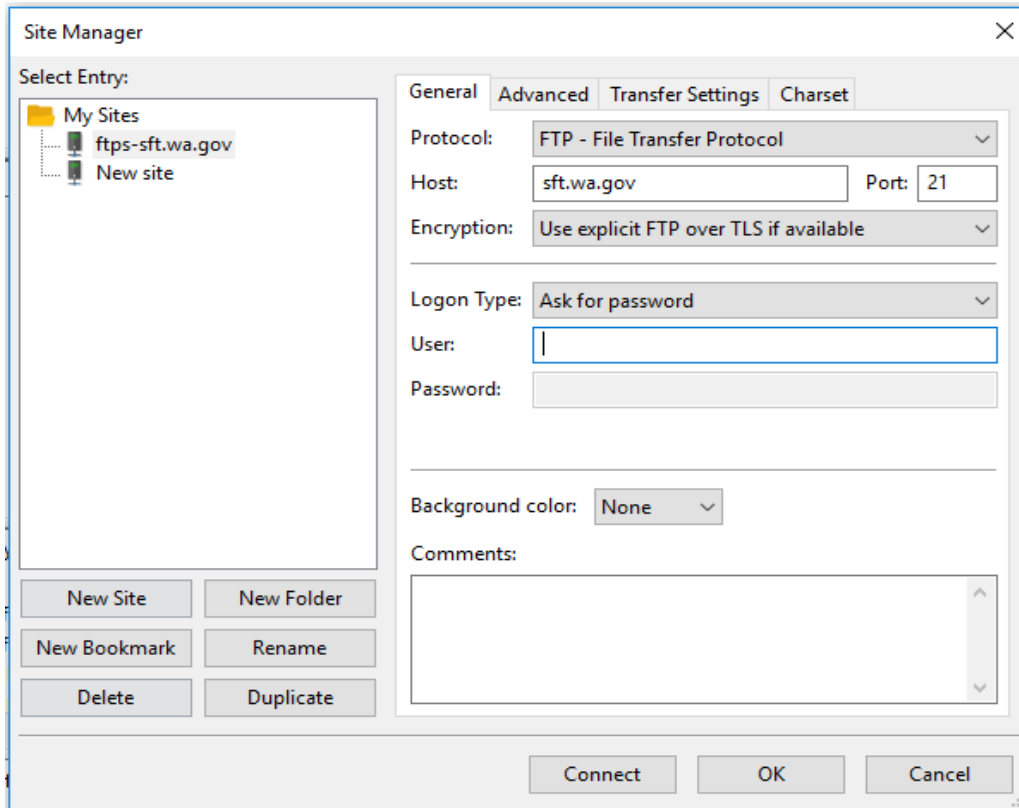
Click on “Endurance” tab and disable the resume feature circled in red.

The yellow highlight is your choice of operation.

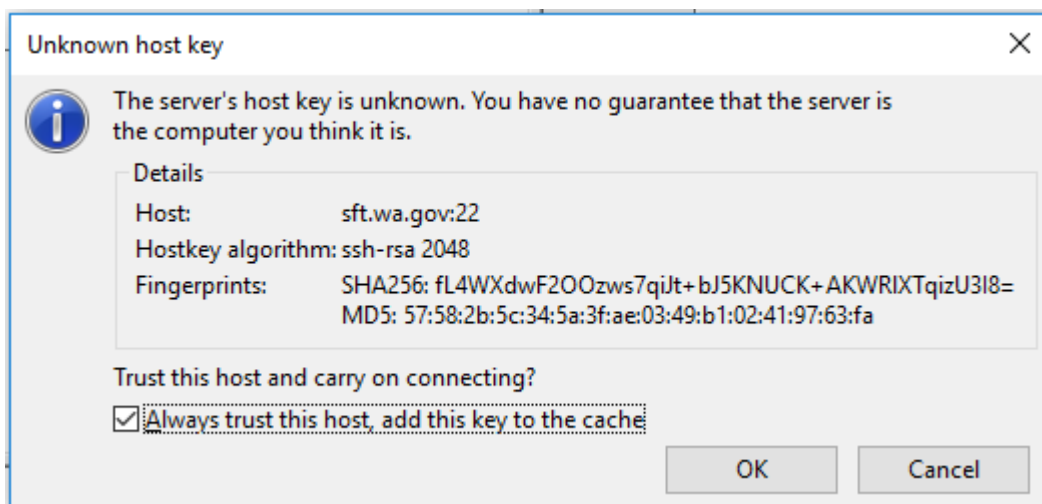


FileZilla- Basic information

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

<u>Software</u>	<u>Versions</u>	<u>Protocols</u>
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