

Washington State Health Care Authority

# Carrier Data Submission Guide

Drug Price Transparency – RCW 43.71C

Version 2.0

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## About

In 2019, the Washington State Legislature passed a law ([Chapter 43.71C Revised Code of Washington](#)) which created 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 drug cost and price data to HCA. HCA will use the data to create annual reports that demonstrate the overall impact drug costs, rebates, and other discounts have on health care premiums.

You may visit HCA website for more information about the Drug Price Transparency program.

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

HCA developed this submission guide with input from stakeholders, which allowed stakeholders to review and comment on the draft data submission guide, prior to publishing the final guide. 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

### Compliance Questions or General Program Questions

For compliance questions or general questions about the Drug Price Transparency program, not related to technical data submissions, please contact the program staff by sending an email to:

[drugtransparency@hca.wa.gov](mailto:drugtransparency@hca.wa.gov)

### Technical Support

For technical assistance related to questions about data definitions, formatting, or the data submission process, please contact the technical support staff by sending an email to:

[HCADPTTechSupport@hca.wa.gov](mailto:HCADPTTechSupport@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", "O" or an "N" 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 Washington Administrative Code 182-526-0010.

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

"Current year" means the calendar year 2020.

"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 that identifies the required data to be reported under RCW 43.71C, and provides instructions for submitting this data to the authority, including guidance on required format.

"Generic Drug" means a product whose national drug code number has either a First Data Bank "Generic Product Flag" of "1", or has a MediSpan Multi-Source Indicator of "Y" on the date the claim was adjudicated. A drug product that has a First Data Bank Generic Product Flag of "0", "2", or "3" or has a MediSpan Multi-Source Indicator of "M", "O" or an "N", and is submitted with a DAW code "5" on the date the claim was adjudicated shall be considered a Generic Drug. Covered Entity shall not change the Generic Product Flag for any given paid claim.

"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, specialty, 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 2019.

"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. This includes, but is 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 (WAC)" 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 for this reporting period.

Report Type	Submission Due Date	Submission Information
Cost and Utilization Report	December 1, 2021	A carrier must submit to the authority all data specified in RCW 43.71C.020(1) through 43.71C.020(3) and 43.71C.020(8), following the guidelines set forth in this submission guide.
	October 1 <sup>st</sup> , 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.
Premium Impact Report	December 1, 2021	A carrier must submit to the authority all data specified in RCW 43.71C.020(4) through 43.71C.020(6), following the guidelines set forth in this submission guide.
	October 1 <sup>st</sup> , 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.
Specialty Drug List	December 1, 2021	A carrier must submit to the authority all data specified in RCW 43.71C.020(7), following the guidelines set forth in this submission guide.
	October 1 <sup>st</sup> , 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.

## How to Register

In order to submit data to HCA, you must first complete the registration process and receive credentials for 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 to be added to the system. Once your registration is processed, you will receive a user ID and password from HCA to access the SFT service to submit data to HCA.

<https://www.hca.wa.gov/assets/billers-and-providers/13-0051-drug-price-transparency-submitter-registration.pdf>

Please email [DrugTransparency@hca.wa.gov](mailto:DrugTransparency@hca.wa.gov) for any questions or concerns about the form and the registration process.

## 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). The SFT credentials will be provided to you by HCA. This will allow you 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. These limits include (but are not limited to) attempting to upload a file greater than 30GB and uploading or downloading more than 50,000 files a 24-hour period. It is unlikely that you will ever trigger these protections, as the size and frequency of the submissions required for this program will seldom approach these limits. However, accidentally exceeding them could result in termination of your SFT credentials. If you suspect that your SFT credentials are no longer working, please contact the DPT program staff.

## Submission Specifications

### Data Validation

Every submitted file undergoes technical and program validation to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCAs reporting software. The technical validation process is automated and applied shortly after submission to ensure that the data meet all of the technical rules described in the Table Specifications. These primarily cover verification of data types (number vs. string) and formats (2021-01-01 vs. 01/01/2021). The program validation process is performed by program staff after submission, and includes more robust checks of the data for validity.

These validations may result in the rejection of your file submission. In the case of technical validation failure, HCA will send you an email to the email address registered for your organization. The email provides an error log detailing the reasons for rejection. In the case of a program 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 corrections, or you may submit your questions to [HCADPTTechSupport@hca.wa.gov](mailto:HCADPTTechSupport@hca.wa.gov) for assistance.

If your submission passes the technical validation, you will receive a confirmation email at the registered email address for your organization. If you do not receive an email notification of either success or failure within 72 hours of submitting your report, please contact DPT program staff at [drugtransparency@hca.wa.gov](mailto:drugtransparency@hca.wa.gov) to confirm that your submission was received and processed.

### Resubmissions

#### Failed Technical or Program Validations

In the event that your submission is rejected, you have 10 days after you receive the initial rejection notice to make necessary corrections and resubmit. You may [request an extension](#) of the due date subject to HCA approval. If you fail to comply with reporting requirements after receiving a rejection notice, the authority may assess a fine as allowed under WAC 182-51-1300.

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\_20212001.csv’, and received a rejection, after making corrections you should resubmit the file ‘carrier\_specialty\_drug\_list\_C12345\_20212001.csv’ with the same name as it was originally submitted under, even if the date of resubmission is a different date.

#### Corrective Submissions

In the event that you find an error in your approved submission you will need to fill out the [Resubmission](#) form which can be found on our [website](#) prior to resubmitting your report. You will need to let HCA know which report you will be resubmitting and the specific reasons why you request to resubmit. HCA will review your request and approve or deny your request within 5 business days.

## 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. We recommend using Microsoft Excel 2016 or earlier for the submission guide templates. Using Microsoft Excel 2019 or Microsoft 365 can cause formatting issues when saving as a CSV file and result in errors.

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

## Data Specifications

**Nullable:** All fields are required, unless otherwise indicated in the table specification. A field that is not required, 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, December 1, 2021 would be recorded as “2021-12-01”.

**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 data as required in RCW 43.71C.020(1) through 43.71C.020(3) and 43.71C.020(8) to determine the 25 drugs (defined by Drug Name):

- Most frequently prescribed;
- Most costliest based on total plan spending;
- With the highest year over year increase in WAC, and percentage increase; and
- Most frequently prescribed for which the plan received a rebate.

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 as this will result in your submission being rejected.

**File naming schema:** carrier\_cost\_utilization\_{ID}\_{YYYYMMDD}.csv

Example: carrier\_cost\_utilization\_C12345\_20212001.csv (**Please use the submission due date not the date the report was prepared**)



The submission of this report for this reporting year is due on December 1, 2021, and should include data effective for 2020.

Specification	Description
<b>Name: Washington DPT Number</b> 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.
<b>Name: Health Carrier Name</b> Type: String Max Length: 80 characters Format: ABCDE	Name of health carrier submitting data for its health plan lines of business.
<b>Name: Line of Business</b> Type: Choice Choices: <b>Large Group</b> <b>Small Group</b> <b>Individual</b> <b>ERISA</b> <b>Medicaid</b> <b>Medicare</b> <b>Other</b>	The Line of Business you are reporting on. Possible values are: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, or Other.
<b>Name: Year</b> Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020	Current year for which the aggregate data is reported.
<b>Name: Member-Months</b> Type: Numeric Format: 99999999 Max Length: 8 digits	Total number of member-months in the line of business for the year being reported. This number should be the same for all records submitted for each line of business.
<b>Name: NDC</b> Type: Numeric Format: 000000000000 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.  <b>NOTE: The NDC field must be eleven digits long and maintain leading zeros.</b>
<b>Name: Drug Name</b> Type: String Max Length: 100 characters Format: ABCDE	Name of the drug for the NDC reported. Only include ingredient name.  For example, if the NDC has a Drug Product Name of "fluoxetine HCL 20 mg tablets", then this field should be reported as "fluoxetine". All drug product names with "fluoxetine" in its name should be reported as a single Drug Name in this field. Combination drug product names should be reported individually as its own Drug Name instead of by each ingredient.  <b>NOTE: Special characters, hyphens, symbols, or slashes are allowed.</b>

<b>Name: Drug Product Name</b> Type: String Max Length: 100 characters Format: ABCDE	Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC.  For example, "fluoxetine HCL 20 mg tablets" is acceptable.
<b>Name: Label Name</b> Type: String Max Length: 80 characters Format: ABCDE	Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR" are acceptable.
<b>Name: Drug Type</b> Type: Choice Choices: S, N, I	Drug Type is one of following values:  <b>Single Source (S)</b> – 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. <b>Non-Innovator Multiple-Source (N)</b> – Drugs that have an FDA Abbreviated New Drug Application (ANDA). <b>Innovator Multiple-Source (I)</b> – Drugs have an NDA and no longer have patent exclusivity.
<b>Name: Specialty Indicator</b> Type: Choice Choices: Y, N	Indicates if NDC is on the health plan's specialty drug list for each line of business.

**Name: Utilization Rank**

Type: Numeric

Format: 99

Max Length: 2 digits

Rule: only values 1 through 25 are accepted

**Nullable**

Rank of top 25 most frequently prescribed prescription drugs (aggregated by Drug Name not individual NDC) as defined by the most days' supply for each line of business in the current year. Drug Names with the highest utilization should be ranked with "1" to denote the highest utilization for the reported Line of Business for the reporting year. Drug Names with decreasing utilization should be ranked with decreasing values until the 25<sup>th</sup> Drug Name is reported with "25". Multiple NDCs with the same Drug Name are expected to be reported with the same Utilization Rank value to reflect the total amount of drug products with the same ingredient.

If the NDC is not one of the top 25 most frequently prescribed prescription drugs by Drug Name, then leave the field "blank" (e.g., an empty string, do not report '0' or 'null').

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.

**Correct Example (Drug name has same utilization rank):**

Drug Name	Drug Product Name	NDC	Utilization Rank
Fluoxetine	Fluoxetine 20 mg	12345678901	1
Fluoxetine	Fluoxetine 25 mg	12345678910	1
Fluoxetine	Fluoxetine 50 mg	12345678905	1

**Incorrect Example (Drug name has multiple utilization ranks):**

Drug Name	Drug Product Name	NDC	Utilization Rank
Fluoxetine	Fluoxetine 20 mg	12345678901	1
Fluoxetine	Fluoxetine 25 mg	12345678910	2
Fluoxetine	Fluoxetine 50 mg	12345678905	3

**Name: Rebate Rank**

Type: Numeric

Format: 99

Max Length: 2 digits

Rule: only values 1 through 25 are accepted

**Nullable**

Rank of top 25 prescription drugs (aggregated by Drug Name not individual NDC) as defined by the most rebate dollars retained for each line of business in the current year. Drug Names with the highest rebate dollars retained should be ranked with “1” to denote the highest utilization for the reported Line of Business for the reporting year. Drug Names with decreasing rebate should be ranked with decreasing values until the 25<sup>th</sup> Drug Name is reported with “25”. Multiple NDCs with the same Drug Name are expected to be reported with the same Rebate Rank value to reflect the rebates received for drug products with the same ingredient.

If the NDC is not one of the top 25 prescription drugs by rebate received, then leave the field “blank” (e.g., an empty string, do not report ‘0’ or ‘null’).

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.

**Correct Example (Drug name has same rebate rank):**

Drug Name	Drug Product Name	NDC	Rebate Rank
Fluoxetine	Fluoxetine 20 mg	12345678901	1
Fluoxetine	Fluoxetine 25 mg	12345678910	1
Fluoxetine	Fluoxetine 50 mg	12345678905	1

**Incorrect Example (Drug name has multiple rebate ranks):**

Drug Name	Drug Product Name	NDC	Rebate Rank
Fluoxetine	Fluoxetine 20 mg	12345678901	1
Fluoxetine	Fluoxetine 25 mg	12345678910	2
Fluoxetine	Fluoxetine 50 mg	12345678905	3

**Name: WAC Increase Rank**

Type: Numeric

Format: 99

Max Length: 2 digits

Rule: only values 1 through 25 are acceptable

**Nullable**

Rank of top 25 prescription drugs (aggregated by NDC-9) as defined by 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 line of business, expressed as a percentage where “1” indicates the greatest increase in WAC and “25” indicates the 25<sup>th</sup> greatest increase in WAC. WAC increase is defined as WAC on December 31<sup>st</sup> of the reporting year minus WAC on December 31<sup>st</sup>, of the prior year, divided by WAC on December 31<sup>st</sup> of the prior year.

For example: (WAC December 31, 2020 – WAC December 31, 2019)/WAC December 31, 2019.

If the NDC is not one of the top 25 drugs with a WAC Increase by NDC, then leave the field “blank” (e.g., an empty string, do not report ‘0’ or ‘null’).

**Correct Example (Each NDC-9 has an individual WAC Increase Rank):**

Drug Name	Drug Product Name	NDC	WAC Increase Rank
Fluoxetine	Fluoxetine 20 mg	12345678901	1
Fluoxetine	Fluoxetine 25 mg	56785678910	2
Fluoxetine	Fluoxetine 50 mg	98765678905	3

**Incorrect Example (Each NDC-9 has an multiple WAC Increase Rank):**

Drug Name	Drug Product Name	NDC	WAC Increase Rank
Fluoxetine	Fluoxetine 20 mg	12345678901	1
Fluoxetine	Fluoxetine 25 mg	56785678910	1
Fluoxetine	Fluoxetine 50 mg	98765678905	1

**Name: WAC Increase Rank Percent**

Type: Numeric

Format: 99999.99

Max Length: 7 digits

Rule: required if the prescription drug is reported as one of the top 25 for WAC Increase Rank

**Nullable**

The wholesale acquisition cost as of December 31<sup>st</sup> of the current year, minus wholesale acquisition cost on December 31<sup>st</sup> of the prior year, divided by the wholesale acquisition cost on December 31<sup>st</sup> 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.

Report values for NDCs that were ranked in the top 25 for WAC Increase Rank data field. For all other drugs that are not in the top 25, leave the field “blank” (e.g., an empty string, do not report ‘0’ or ‘null’).

**NOTE: Do not include the percent sign (%).**

**Name: Costliest Rank**

Type: Numeric

Format: 99

Max Length: 2 digits

Rule: only values 1 through 25 are accepted

Nullable

Rank of the 25 most costliest prescription drugs (aggregated by Drug Name not individual NDC) as defined by total plan spending for each line of business, including dispensing fees, net of any rebates, and excluding penalties or incentives to the pharmacy, in the current year where “1” indicates the most costliest and “25” is the 25<sup>th</sup> most costliest prescription drug. Multiple NDCs are expected to be reported with the same Costliest Rank value to reflect the total amount of drug products with the same ingredient.

Highest amount of cost reported in the current year would qualify as the top for costliest 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.

**Correct Example (Drug name has same Costliest Rank):**

Drug Name	Drug Product Name	NDC	Costliest Rank
Fluoxetine	Fluoxetine 20 mg	12345678901	1
Fluoxetine	Fluoxetine 25 mg	12345678910	1
Fluoxetine	Fluoxetine 50 mg	12345678905	1

**Incorrect Example (Drug name has same Costliest Rank):**

Drug Name	Drug Product Name	NDC	Costliest Rank
Fluoxetine	Fluoxetine 20 mg	12345678901	1
Fluoxetine	Fluoxetine 25 mg	12345678910	2
Fluoxetine	Fluoxetine 50 mg	12345678905	3

**Name: Top 25 Plan Spending**

Type: Numeric

Format: 9999999999999999.99

Max Length: 17 digits

Total amount paid to the pharmacy, by line of business, including any member cost-shares, for all paid claims, for each NDCs within the top 25 most Costliest Rank, aggregated by Drug 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.

**NOTE: Do not include the dollar sign (\$) or commas.**

**Correct Example (Individual NDCs have individual spending values) :**

Drug Name	Drug Product Name	NDC	Top 25 Plan Spending
Fluoxetine	Fluoxetine 20 mg	12345678901	200000
Fluoxetine	Fluoxetine 25 mg	12345678910	125000
Fluoxetine	Fluoxetine 50 mg	12345678905	175000

**Incorrect Example (Individual NDCs have aggregate spending values):**

Drug Name	Drug Product Name	NDC	Top 25 Plan Spending
Fluoxetine	Fluoxetine 20 mg	12345678901	500000
Fluoxetine	Fluoxetine 25 mg	12345678910	500000
Fluoxetine	Fluoxetine 50 mg	12345678905	500000

**Name: Top 25 Plan Spending Percent**

Type: Numeric

Format: 99999.99

Max Length: 7 digits

Top 25 plan spending for each drug (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.

**NOTE: Do not include the percent sign (%).**

**Correct Example (Individual NDCs have individual percent values):**

Drug Name	Drug Product Name	NDC	Top 25 Plan Spending Percent
Fluoxetine	Fluoxetine 20 mg	12345678901	4.08
Fluoxetine	Fluoxetine 25 mg	12345678910	2.55
Fluoxetine	Fluoxetine 50 mg	12345678905	3.57

**Incorrect Example (Individual NDCs have aggregate percent values):**

Drug Name	Drug Product Name	NDC	Top 25 Plan Spending Percent
Fluoxetine	Fluoxetine 20 mg	12345678901	10.21
Fluoxetine	Fluoxetine 25 mg	12345678910	10.21
Fluoxetine	Fluoxetine 50 mg	12345678905	10.21

**Name: General Comments**

Type: String

Max Length: 5000 characters

Format: ABCDE

**Nullable**

Any additional information you would like to submit or provide to explain your responses.

## 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\_20211001.csv **(Please use the submission due date not the date the report was prepared)**

The submission of this report for this reporting year is due on December 1, 2021, and should include data effective for 2020.

## Specification

### Description

<b>Name: Washington DPT Number</b> Type: String Max Length: 6 characters Format: ABCDE	<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>
<b>Name: Health Carrier Name</b> Type: String Max Length: 80 characters Format: ABCDE	<p>Name of health carrier submitting data for its health plan lines of business.</p>
<b>Name: Line of Business</b> Type: Choice Choices: <b>Large Group</b> <b>Small Group</b> <b>Individual</b> <b>ERISA</b> <b>Medicaid</b> <b>Medicare</b> <b>Other</b>	<p>The Line of Business you are reporting on. Possible values are: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, or Other.</p>
<b>Name: Year</b> Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020	<p>Current year for which the aggregate data is reported.</p>
<b>Name: Other Premium Contributors Prior</b> Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits	<p>Amount of monthly premium per member, attributable to covered services, excluding prescription drugs, in the prior reporting year expressed with USD.</p> <p><b>NOTE: Do not include the dollar sign (\$) or commas.</b></p>
<b>Name: Other Premium Contributors Current</b> Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits	<p>Amount of monthly premium per member, attributable to covered services, excluding prescription drugs, in the current reporting year, expressed in USD.</p> <p><b>NOTE: Do not include the dollar sign (\$) or commas.</b></p>
<b>Name: Other Premium Contributors Change</b> Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits	<p>Total change in monthly premium per member from prior plan year to current plan year, expressed in USD.</p> <p><b>NOTE: Do not include the dollar sign (\$) or commas.</b></p>



<b>Name: Other Premium Contributors Percent</b> Type: Numeric Format: 99999.99 Max Length: 7 digits	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.  For example, the $((\text{Other Premium Contributors Current} - \text{Premium Contributors Prior}) / \text{Premium Contributors Prior})$ , expressed as a percentage.  <b>NOTE: Do not include the percent sign (%).</b>
<b>Name: Premium Drugs Prior</b> Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to prescription drugs, from prior plan year, expressed in USD.  Includes all prescription drugs.  <b>NOTE: Do not include the dollar sign (\$) or commas.</b>
<b>Name: Premium Drugs Current</b> Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to prescription drugs, for the current plan year, expressed in USD.  Includes all prescription drugs.  <b>NOTE: Do not include the dollar sign (\$) or commas.</b>
<b>Name: Premium Drugs Change</b> Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits	The change in monthly premium per member, from prior plan year to current plan year, expressed in USD.  <b>NOTE: Do not include the dollar sign (\$) or commas.</b>
<b>Name: Premium Drugs Change Percent</b> Type: Numeric Format: 99999.99 Max Length: 7 digits	Percent change in Premium Drugs over current year. Defined as: Premium Drugs Current minus Premium Drugs Prior, divided by Premium Drugs Prior, expressed as a percentage.  For example, the $((\text{Premium Drugs Current} - \text{Premium Drugs Prior}) / \text{Premium Drugs Prior})$ , expressed as a percentage.  <b>NOTE: Do not include the percent sign (%).</b>
<b>Name: Premium Brand Prior</b> Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to Brand-name Prescription Drugs, in the prior plan year, expressed in USD.  Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs.  <b>NOTE: Do not include the dollar sign (\$) or commas.</b>
<b>Name: Premium Brand Current</b> Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to Brand-name Prescription Drugs, in the current plan year, expressed in USD.  Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs.  <b>NOTE: Do not include the dollar sign (\$) or commas.</b>

<b>Name: Premium Brand Change</b> Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	<p>The change in premium per member, attributable to Brand prescription drugs, from prior plan year to current plan year, expressed in USD. Defined as the difference between Premium Brand Current and Premium Brand Prior, expressed in USD.</p> <p>Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs.</p> <p><b>NOTE: Do not include the dollar sign (\$) or commas.</b></p>
<b>Name: Premium Brand Change Percent</b> Type: Numeric Format: 99999.99 Max Length: 7 digits	<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 <math>((\text{Premium Brand Current} - \text{Premium Brand Prior}) / \text{Premium Brand Prior})</math>, expressed as a percentage.</p> <p><b>NOTE: Do not include the percent sign (%).</b></p>
<b>Name: Premium Generic Prior</b> Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	<p>Amount of monthly premium per member, attributable to Generic Prescription Drugs, in the current plan year, expressed in USD.</p> <p>Generic drugs are non-innovator drugs. Exclude specialty prescription drugs.</p> <p><b>NOTE: Do not include the dollar sign (\$) or commas.</b></p>
<b>Name: Premium Generic Current</b> Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	<p>Amount of monthly premium per member, attributable to Generic Prescription Drugs, in the current plan year, expressed in USD.</p> <p>Generic drugs are non-innovator drugs. Exclude specialty prescription drugs.</p> <p><b>NOTE: Do not include the dollar sign (\$) or commas.</b></p>
<b>Name: Premium Generic Change</b> Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	<p>The change in monthly premium per member, attributable to Brand prescription drugs, from prior plan year to current plan year, expressed in USD. Defined as the difference between Premium Generic Current and Premium Generic Prior, expressed in USD.</p> <p>Generic drugs are non-innovator drugs. Exclude specialty prescription drugs.</p> <p><b>NOTE: Do not include the dollar sign (\$) or commas.</b></p>
<b>Name: Premium Generic Change Percent</b> Type: Numeric Format: 99999.99 Max Length: 7 digits	<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 <math>((\text{Premium Generic Current} - \text{Premium Generic Prior}) / \text{Premium Generic Prior})</math>, expressed as a percentage.</p> <p><b>NOTE: Do not include the percent sign (%).</b></p>

<b>Name: Premium Specialty Prior</b> Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to specialty Prescription Drugs, in the prior plan year, expressed in USD.  Specialty drugs should be defined as per line of business specialty drug list submitted as a separate report.  <b>NOTE: Do not include the dollar sign (\$) or commas.</b>
<b>Name: Premium Specialty Current</b> Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to specialty Prescription Drugs, in the current plan year, expressed in USD.  Specialty drugs should be defined as per line of business specialty drug list submitted as a separate report.  <b>NOTE: Do not include the dollar sign (\$) or commas.</b>
<b>Name: Premium Specialty Change</b> Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Dollar Amount Premium Specialty Change in PMPM over prior year.  Specialty drugs should be defined as per line of business specialty drug list submitted as a separate report.  <b>NOTE: Do not include the dollar sign (\$) or commas.</b>
<b>Name: Premium Specialty Change Percent</b> Type: Numeric Format: 99999.99 Max Length: 7 digits	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.  For example, the ((Premium Specialty Current – Premium Specialty Prior)/ Premium Specialty Prior), expressed as a percentage.  <b>NOTE: Do not include the percent sign(%).</b>
<b>Name: General Comments</b> Type: String Max Length: 5000 characters Format: ABCDE <b>Nullable</b>	Any additional information you would like to submit or provide to explain your responses.

## 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\_20211001.csv **(Please use the submission due date not the date the report was prepared)**

The submission of this report for this reporting year is due on December 1, 2021, and should include data effective for 2020.

Specification	Description
<b>Name: Washington DPT Number</b> 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.
<b>Name: Health Carrier Name</b> Type: String Max Length: 80 characters Format: ABCDE	Name of health carrier submitting data for its health plan lines of business.
<b>Name: Line of Business</b> Type: Choice Choices: <b>Large Group</b> <b>Small Group</b> <b>Individual</b> <b>ERISA</b> <b>Medicaid</b> <b>Medicare</b> <b>Other</b>	The Line of Business you are reporting on. Possible values are: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, or Other.
<b>Name: Year</b> Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020	Current year for which the aggregate data is reported.
<b>Name: Drug Name</b> Type: String Max Length: 80 characters Format: ABCDE	Name of the drug for the NDC reported. Only include ingredient name.  For example, if the NDC has a Drug Product Name of "fluoxetine HCL 20 mg tablets", then this field should be reported as "fluoxetine". All drug product names with "fluoxetine" in it's name should be reported as a single Drug Name in this field. Combination drug product names should be reported individually as its own Drug Name instead of by each ingredient.  <b>NOTE: Special characters, hyphens, symbols or slashes are allowed.</b>
<b>Name: Drug Product Name</b> Type: String Max Length: 100 characters Format: ABCDE	Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC. For example, "fluoxetine HCL 20 mg tablets" is acceptable.
<b>Name: Label Name</b> Type: String Max Length: 100 characters Format: ABCDE	Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR" are acceptable.

<p><b>Name: Drug Type</b>  Type: Choice  Choices: S, N ,I</p>	<p>Drug Type is one of following values:</p> <p><b>Single Source (S)</b> – Drugs that have 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><b>Non-Innovator Multiple-Source (N)</b> – Drugs that have an FDA Abbreviated New Drug Application (ANDA).</p> <p><b>Innovator Multiple-Source (I)</b> – Drugs that have an NDA and no longer have patent exclusivity.</p>
<p><b>Name: General Comments</b>  Type: String  Max Length: 5000 characters  Format: ABCDE  <b>Nullable</b></p>	<p>Any additional information you would like to submit or provide to explain your responses.</p>

## Appendix A – ST Web Client User Guideline

### Prerequisites

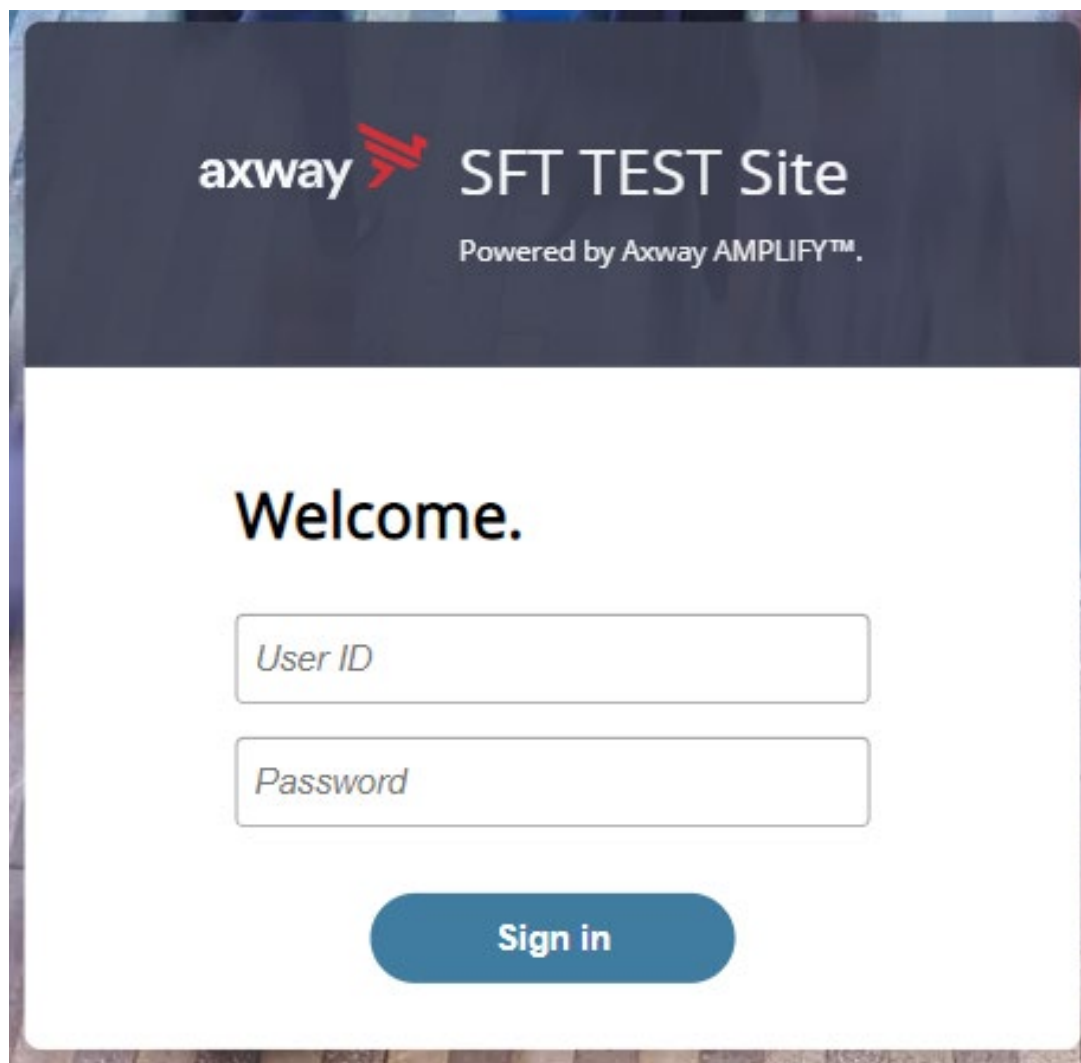
Before you can log in to ST Web Client and open a session, you need:


- 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.



**axway**  **SFT TEST Site**

Powered by Axway AMPLIFY™.

**Welcome.**

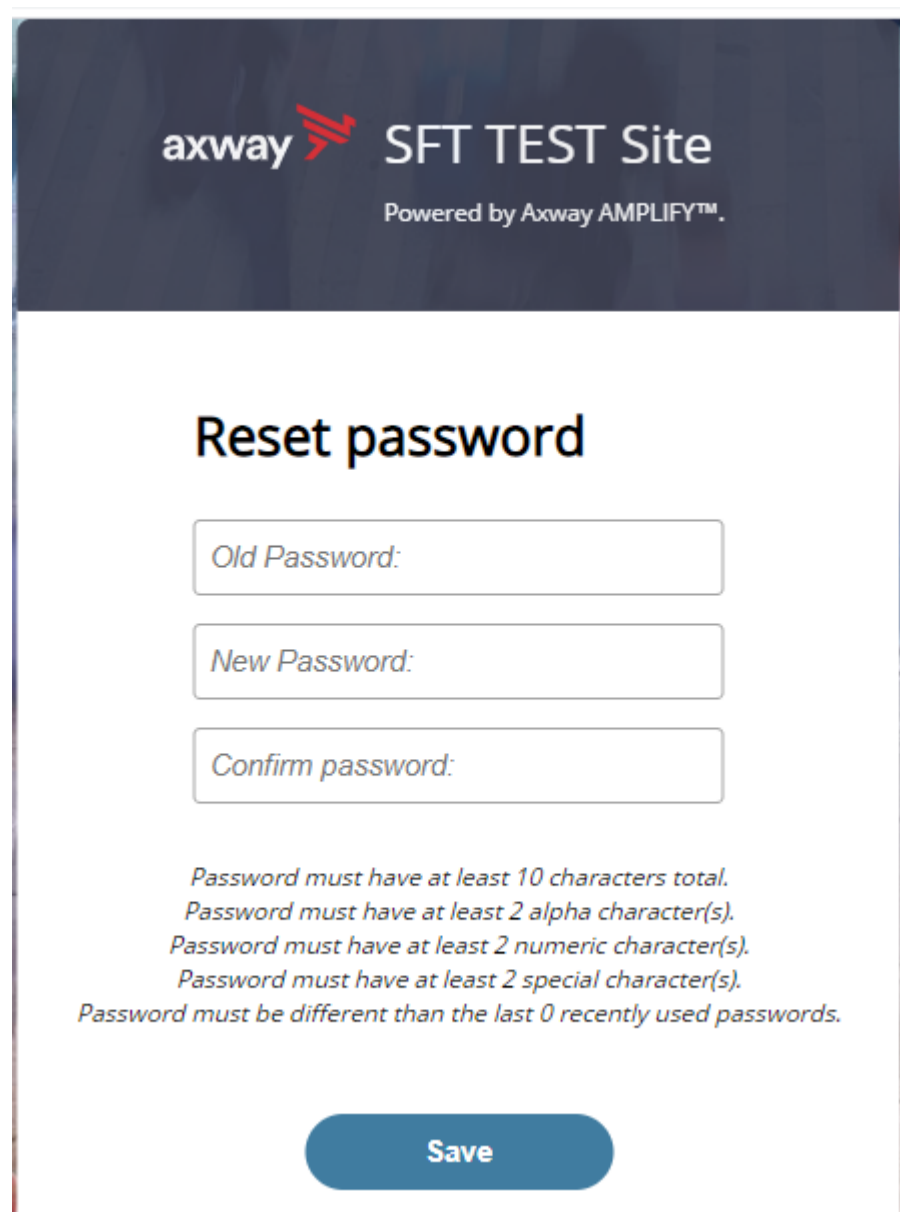
User ID

Password

**Sign in**

Upon signing in you may be requested to reset your password.

This required when a temporary password was given to you.



The screenshot shows a web page titled "axway SFT TEST Site" with the subtitle "Powered by Axway AMPLIFY™". The main heading is "Reset password". Below this are three input fields labeled "Old Password:", "New Password:", and "Confirm password:". Under the input fields, there are five lines of password requirements: "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).", and "Password must be different than the last 0 recently used passwords.". At the bottom is a blue "Save" button.

Change password page is displayed as above.

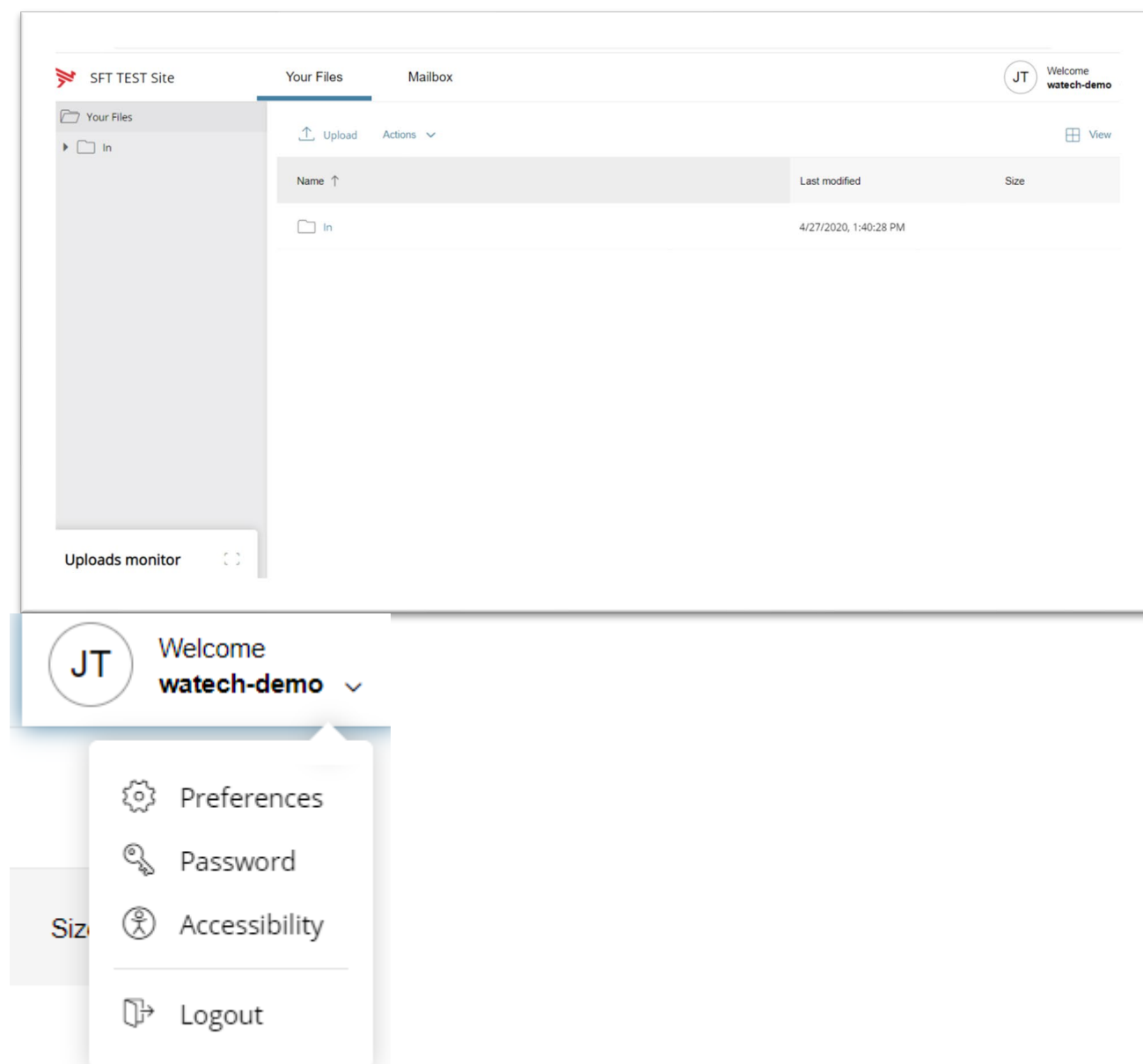
If you attempt to sign in and you receive a message that indicates you must reset your password, follow these steps:

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

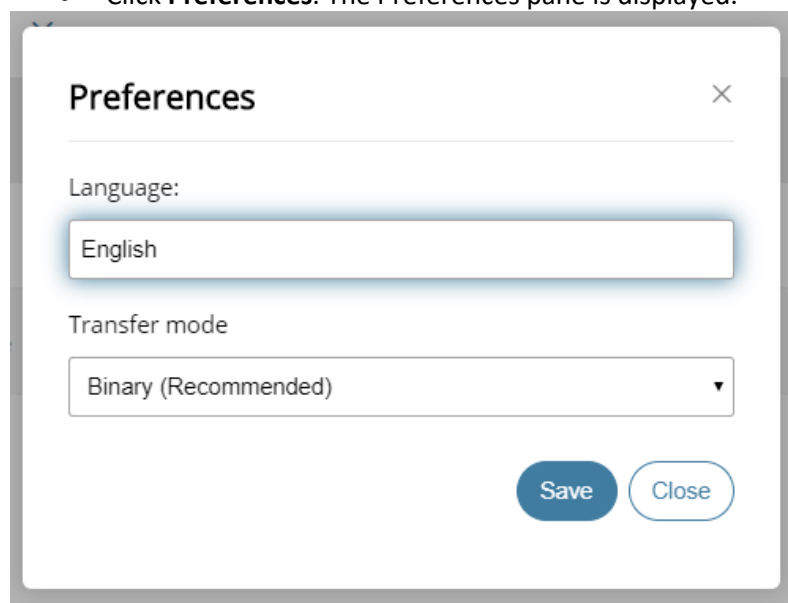
Using the Welcome menu (drop down menu on the upper right corner of page), you can access the tools to manage your user profile as well as logout.

- 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.

A screenshot of a 'Preferences' dialog box. The dialog has a title bar with 'Preferences' and a close button (X). Inside, 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' (blue) and 'Close' (white with blue border).

## Select a Transfer mode

The recommended and default Transfer mode is

**Binary**

but in rare cases the

**ASCII**

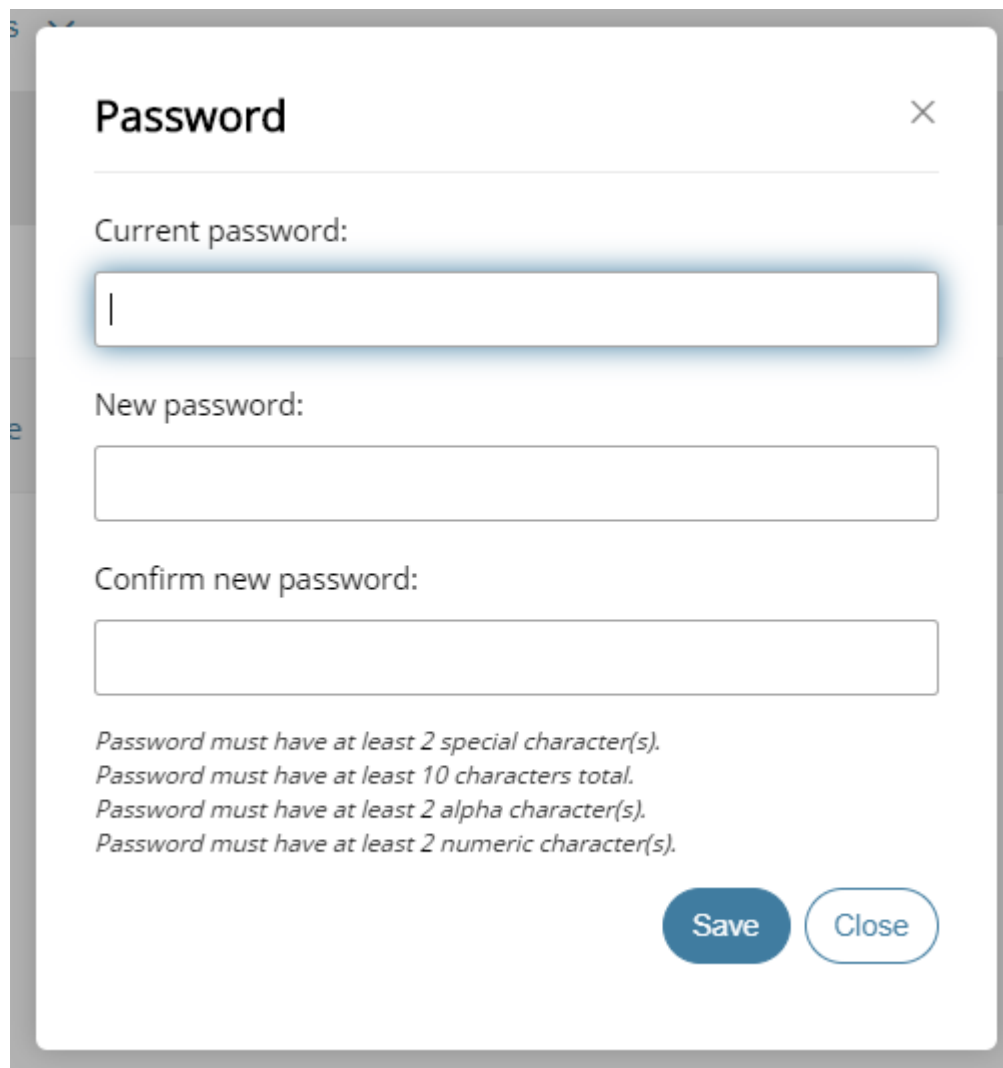
mode may be required for XML, HTML, or TXT files.

Click **Save**.

## Change your password

Select the **Welcome** drop-down.

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



**Password** ×

Current password:

New password:

Confirm new password:

*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).*  
*Password must have at least 2 numeric character(s).*

**Save** **Close**

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**.

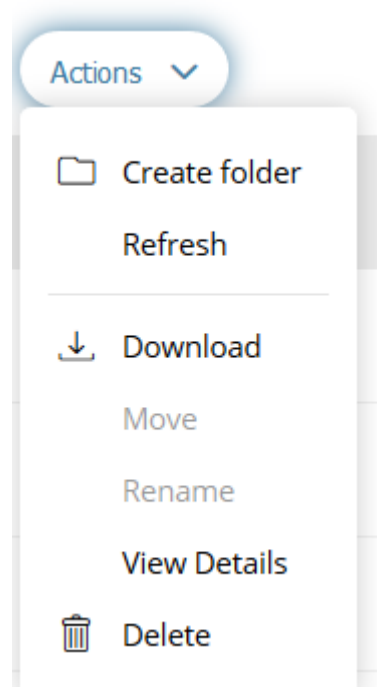
Select the file or files to upload. Use the **Ctrl** or **Shift** keys to select multiple files.

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.

## 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

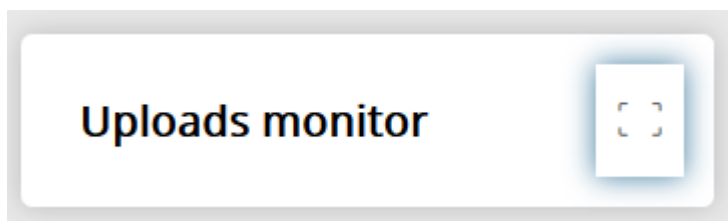
To delete a file or folder:

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.

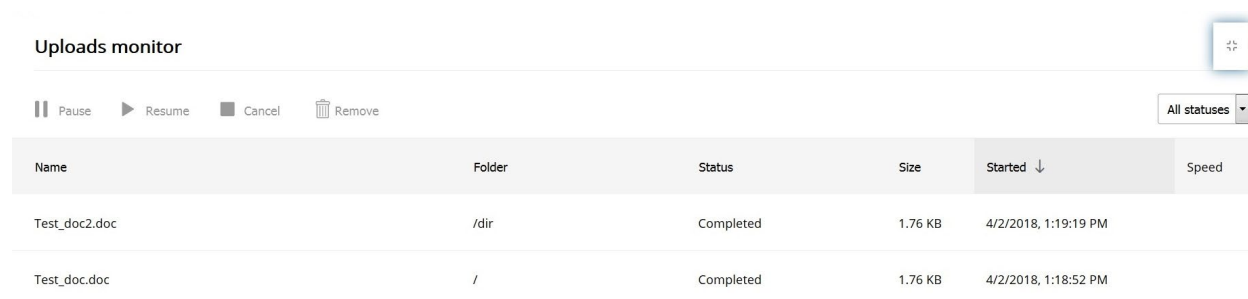
Click **Delete** to confirm.

## Uploads monitor Page



## Monitor uploads

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

The image shows the "Uploads monitor" pane. At the top, there is a title bar with the text "Uploads monitor" and a close button. Below the title bar, there is a toolbar with icons for Pause, Resume, Cancel, and Remove, and a dropdown menu labeled "All statuses". The main area of the pane contains a table with the following data:

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

Server sft.wa.gov  
Version 5.4

Welcome to SecureTransport

axway

Server sft.wa.gov  
Version 5.4  
Logout

My Files My Account

mode binary ascii

path /

file Browse... No files selected.

Upload File

Name	Size	Date
<input type="checkbox"/> email		Apr 18 2019 07:03
<input type="checkbox"/> test-rename		Jan 08 2019 09:44
<input type="checkbox"/> test1		Apr 20 2019 20:00

Delete Download View (HTML) View (Text)

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 ↑
--------

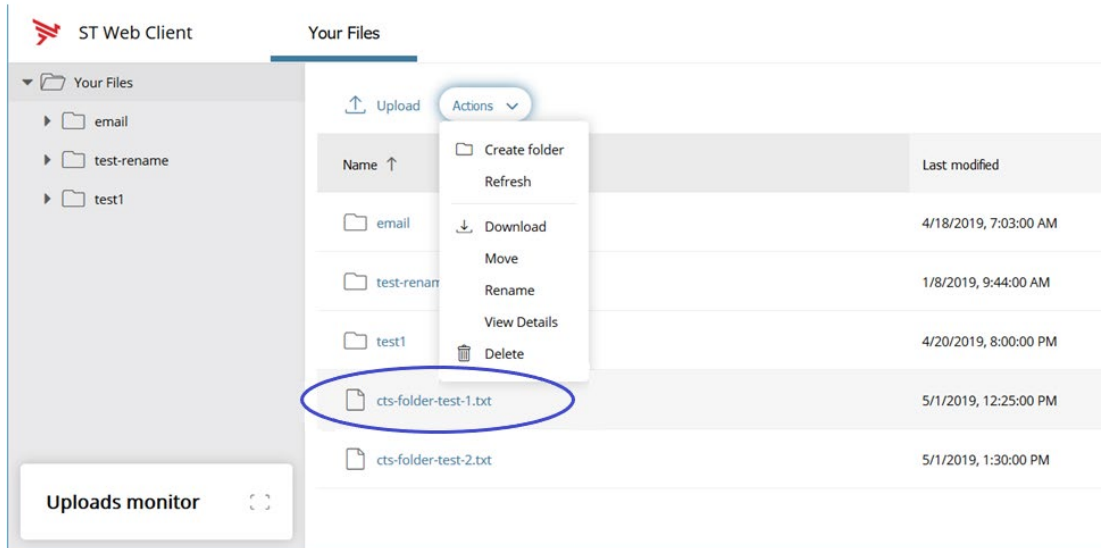
Your local folders will be displayed (It defaults to your last location)

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”

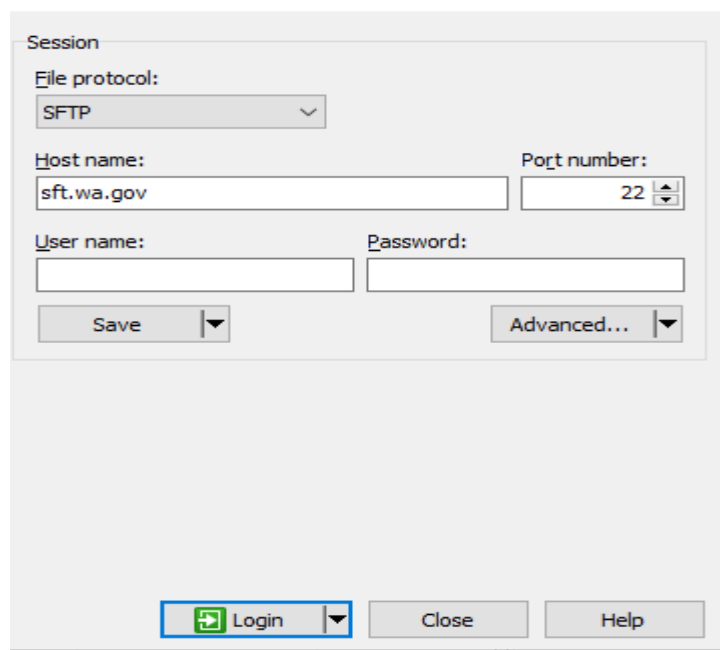


## Optional Clients

WaTech **does not support** any third party client or provide technical support.

## WinSCP – With Basic setup information and requirements

### URL and Port requirements-

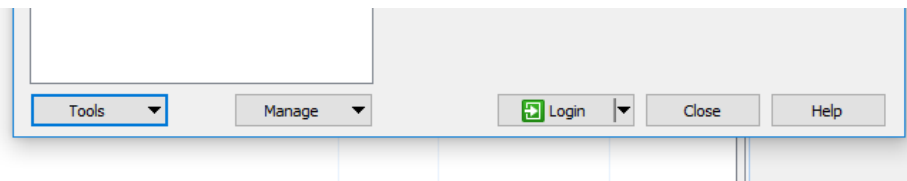


The image shows the WinSCP Session dialog box. It has a title bar labeled "Session". Inside, there are several fields and buttons:

- File protocol:** A dropdown menu currently showing "SFTP".
- Host name:** A text input field containing "sft.wa.gov".
- Port number:** A spinner box currently set to "22".
- User name:** An empty text input field.
- Password:** An empty text input field.
- Buttons:** Below the input fields are two buttons: "Save" and "Advanced...".
- Footer:** At the bottom of the dialog are three buttons: "Login" (with a green icon), "Close", and "Help".

## WinSCP – With Basic setup information and requirements – cont'd

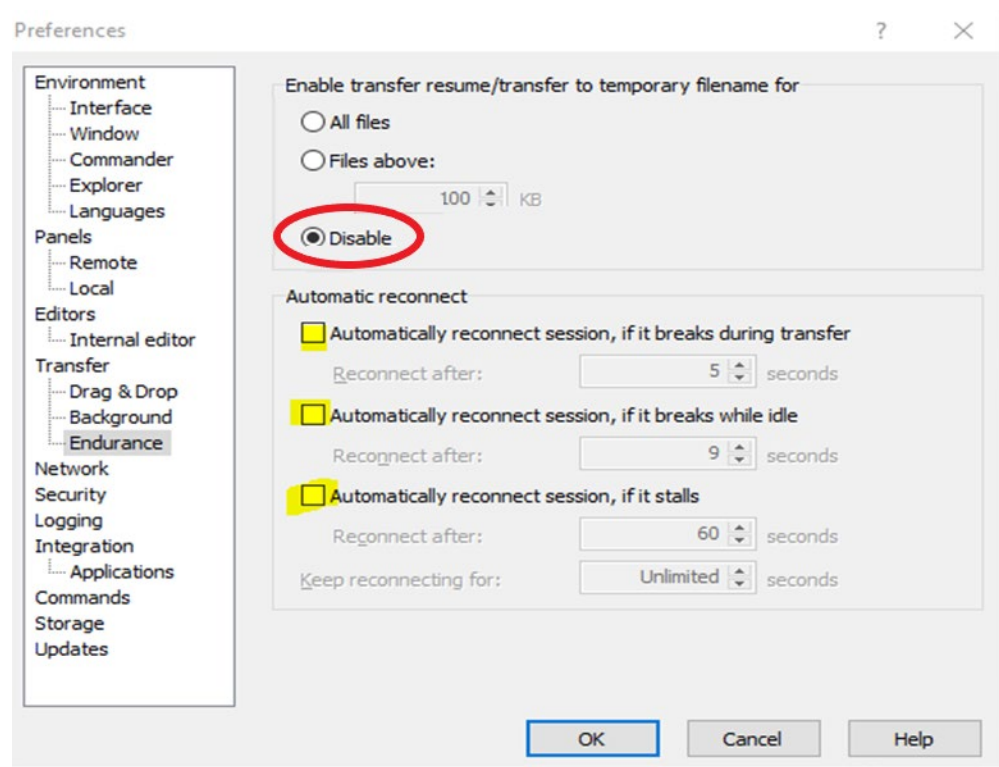
Setting requirement to work with SFT. Need to Disable



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

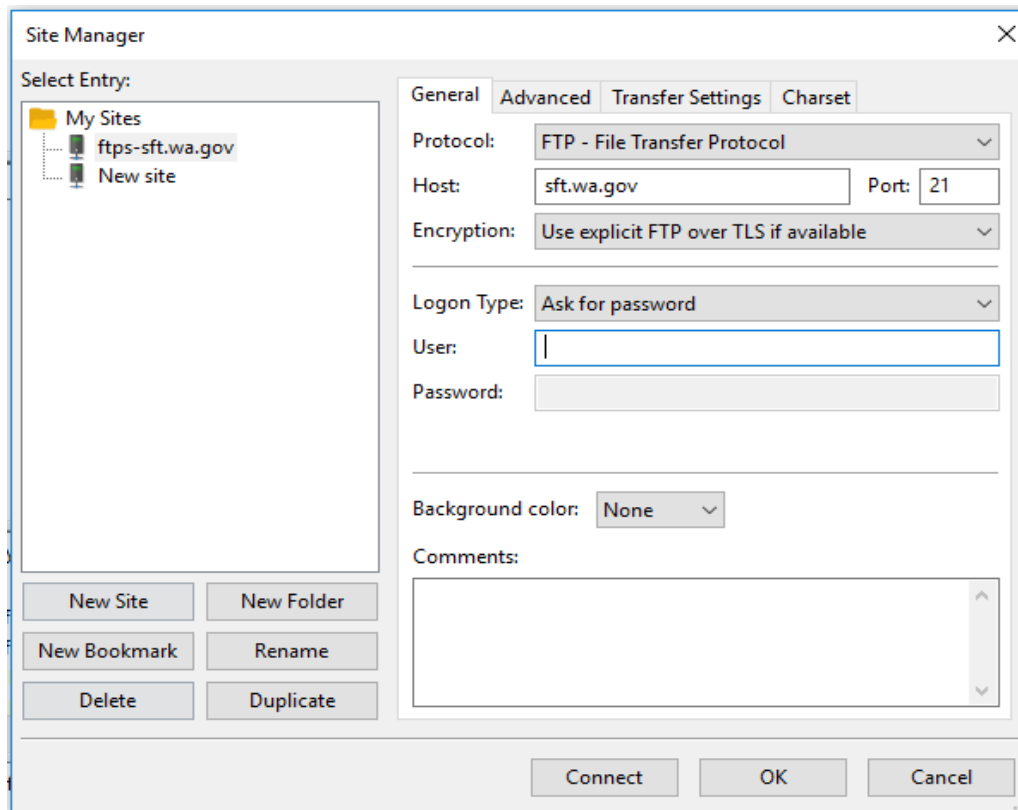
Click on “Endurance” tab and disable the resume feature circled in red.

The yellow highlight is your choice of operation.

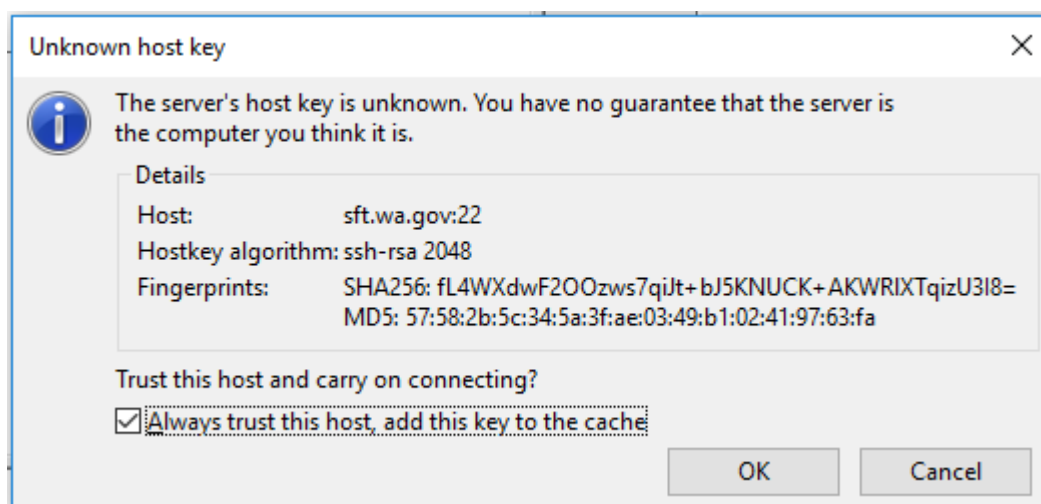


## FileZilla - Basic information

### 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