

Washington State Health Care Authority

Pharmacy Services Administrative Organization Data Submission Guide

Drug Price Transparency – RCW 43.71C

Version 3.0

Effective Date: 10/1/2022

Contents

About.....	3
Contacts.....	3
Compliance Questions or General Program Questions.....	3
Technical Support.....	3
Definitions	4
Submission Schedule.....	5
How to Register	5
How to Submit.....	5
Submission Specifications	6
Data Validation	6
Resubmissions	6
Table Specifications.....	7
Pharmacy Contracted Rates	7
Pharmacy Year-Over-Year Rate Change.....	11
PBM Contracted Rates	15
PBM Year-Over-Year Rate Change	18
Appendix A – ST Web Client User Guideline	23
Prerequisites.....	23
Sign in with your password	24
Main page in ST Web Client	26
Welcome menu	26
Set preferences.....	27
Select a Transfer mode.....	27
Change your password	28
Upload files.....	29
Actions Drop Down Menu	29
Download files.....	29
To create folders.....	30
Uploads monitor Page.....	31
Monitor uploads.....	31
Information Displayed	31
Filter uploads displayed.....	31
Resume uploads	32
Remove display entries	32

Appendix B – SFT Client Options (Partial List) 33

WaTech supported clients..... 33

 Default browser client..... 33

 Upload a file by selecting “Browse” tab..... 33

 Download a file..... 33

 Enhanced Browser Client 34

 Upload a file by selecting “Upload” tab 34

 Download a file by 35

 Optional Clients 35

 WinSCP – With Basic setup information and requirements 35

 Other client information 38

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 for 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

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

Definitions

"Authority" means the Health Care Authority.

"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 year 2021.

"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.

"Pharmacy benefit manager" means the same as in RCW [19.340.010](#).

"Pharmacy services administrative organization" means an entity that:

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

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

"Prior year" means calendar year 2020.

"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
Pharmacy Contracted Rates	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021.
Pharmacy YOY Rate Change	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021.
PBM Contracted Rates	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021.
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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 offered 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 for any questions or concerns about the form and the registration process.

How to Submit

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 in 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

Data validation is a two-step process and at any time submissions may be rejected. If rejected, reports need to be resubmitted within 10 days.

Step 1 Technical validation - If your submission passes, you will receive a confirmation email at the registered email address for your organization. If your submission is rejected, you will receive an email with an error log attached describing why your file was rejected. 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 to confirm that your submission was received and processed.

Step 2 Program validation – An analyst will validate information submitted in ensure it meets program requirements. You will receive an approval email or a rejection email. This email will be sent to the email provided when you registered. If your report is rejected, you will need to resubmit within 10 days. Please note that the program validation process can take approximately 90 days to complete before you receive a response from us.

Each submitted file undergoes technical and program validations to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCA's reporting software. The technical validation process is automated and applied shortly after submission to ensure that the data meets 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 technical validation and includes additional checks of the files to complete the data validation process.

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 for assistance.

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 'psao_pharmacy_contract_rate_2020_S12345_20211201.csv' and received a rejection, after making corrections you should resubmit the file 'psao_pharmacy_contract_rate_2020_S12345_20211201.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. In the event your resubmission is rejected during technical or program validation, you would be subject to the 10-day limit for correcting rejected resubmissions.

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 may 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

Pharmacy Contracted Rates

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

Files submitted for PSAO pharmacy contracted rates report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due date.

In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace “psao_pharmacy_contracted_rates” with your organizations name as this will result in your submission being rejected.

File naming schema: psao_pharmacy_contracted_rates_{YYYY}_{ID}_{YYYYMMDD}.csv

- **Example:** psao_pharmacy_contracted_rates__2021_S12345_20221001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD

The submission of this report is due on October 1, 2022, and should include data effective for 2021.

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>Example:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Entity Type</th> <th>Washington DPT Number</th> </tr> </thead> <tbody> <tr> <td>Carrier</td> <td>C12345</td> </tr> <tr> <td>Manufacturer</td> <td>M12345</td> </tr> <tr> <td>PSAO</td> <td>S12345</td> </tr> <tr> <td>PBM</td> <td>P12345</td> </tr> </tbody> </table>	Entity Type	Washington DPT Number	Carrier	C12345	Manufacturer	M12345	PSAO	S12345	PBM	P12345
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Carrier	C12345										
Manufacturer	M12345										
PSAO	S12345										
PBM	P12345										
<p>Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of pharmacy services administrative organization.</p>										
<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020</p>	<p>Current year for which the aggregate data is reported.</p>										
<p>Name: Pharmacy Chain Code Location Classification Type: Choice Choices: R, M, O</p>	<p>Network Descriptor for location has one of the following values:</p> <p>R = Rural M = Metro O = Other – Describe in General Comments field.</p>										
<p>Name: Pharmacy Chain Code Type Classification Type: Choice Choices: G, C, I, O</p>	<p>Network Descriptor for type has one of the following values:</p> <p>G = Grocery C = Chain I = Independent O = Other – Describe in General Comments field.</p>										
<p>Name: Number of Pharmacies Type: Numeric Format: 9999999 Max Length: 7 digits</p>	<p>Number of pharmacies contracted with the PSAO during the current year.</p>										
<p>Name: Administrative Fee Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>Ongoing administrative fee PSAO charges the pharmacy for participating in the PSAO.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>										

<p>Name: Administrative Fee - Basis Type: String Max Length: 50 characters Format: ABCDE</p>	<p>The basis for which the fee is accessed. This field should clarify any relevant information about the administrative fee, such as its frequency (e.g., each year, each month, per paid claim, per transaction, etc.).</p>
<p>Name: Administrative Fees Description Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>The description of how administrative fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.</p>
<p>Name: Escrow Fees Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>The total dollar amounts the PSAO charges pharmacies and places in escrow to cover recouped funds from a PBM audit in the current year.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Escrow Fees Description Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>The description of how escrow fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.</p>
<p>Name: Initial Fee Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>Total dollar amount the PSAO charges the pharmacy to join the PSAO.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Initial Fees Description Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>The description of how initial fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.</p>
<p>Name: Credentialing Fees Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>Total dollar amount the PSAO charges the pharmacy related to any credentialing.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Credentialing Fees Description Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>Interval between credentialing cycles for which the PSAO assesses any credentialing fee.</p>
<p>Name: Credentialing Frequency Type: String Max Length: 50 characters Format: ABCDE</p>	<p>The description of how credentialing fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.</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>Example: 00012345678</p>

Name: Drug Name
Type: String
Max Length: 100 characters
Format: ABCDE

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

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

NDC	Drug Name	Drug Product Name	Label Name
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Product Name
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.

NDC	Drug Name	Drug Product Name	Label Name
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL

Name: Label Name
Type: String
Max Length: 100 characters
Format: ABCDE

Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR" are acceptable.

NDC	Drug Name	Drug Product Name	Label Name
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL

Name: Drug Type
Type: Choice
Choices: S, N, I

Drug Type is one of following values:

Single Source (S) – Drugs that having an FDA New Drug Application (NDA), or biologics having a Biologics License Application (BLA), and there are no generic alternatives available on the market.

Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA).

Innovator Multiple-Source (I) – Drugs that have an NDA and no longer have patent exclusivity.

Name: Unit of Measure
Type: Choice
Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA

Unit of Measure for Reimbursement Rate defined as one of the following values:

AHF: Anti-hemophilia factor

CAP: Capsule

SUP: Suppository

GM: Gram

ML: Milliliter

TAB: Tablet

TDP: Transdermal patch

EA: Each

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.
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Pharmacy Year-Over-Year Rate Change

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

Files submitted for PSAO pharmacy year-over-year rate change report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due date.

In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace “psao_pharmacy_yoy_rate_change” with your organizations name as this will result in your submission being rejected.

File naming schema: psao_pharmacy_yoy_rate_change_{YYYY}_{ID}_{YYYYMMDD}.csv

- **Example:** psao_pharmacy_yoy_rate_change_2021_S12345_20221001.csv
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The submission of this report is due on October 1, 2022, and should include data effective for 2021.

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<p>Name: Drug Product Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>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.</p> <table border="1" data-bbox="613 1570 1482 1682"> <thead> <tr> <th>NDC</th> <th>Drug Name</th> <th>Drug Product Name</th> <th>Label Name</th> </tr> </thead> <tbody> <tr> <td>00000000000</td> <td>FLUOEXTINE</td> <td>FLUOEXTINE HCL 20 MG TABLETS</td> <td>FLUOEXTINE HCL</td> </tr> </tbody> </table>	NDC	Drug Name	Drug Product Name	Label Name	00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL
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<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 that 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 that have an NDA and no longer have patent exclusivity.</p>
<p>Name: Unit of Measure Type: Choice Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA</p>	<p>Unit of Measure for Reimbursement Rate defined as one of the following values:</p> <p>AHF: Anti-hemophilia factor CAP: Capsule SUP: Suppository GM: Gram ML: Milliliter TAB: Tablet TDP: Transdermal patch EA: Each</p>
<p>Name: WAC - Current Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than 0</p>	<p>The wholesale acquisition cost per unit of measure prior to the increase.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 drugs (as defined by Drug Name) by highest aggregate reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p>
<p>Name: Reimbursement Rate Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>Reimbursement rate of reported drug.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Reimbursement Rate Current Type: Numeric Format: 999999999.99 Max Length: 11 digits Rule: greater than 0</p>	<p>Contracted reimbursement rate in the current year.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Reimbursement Rate Prior Type: Numeric Format: 999999999.99 Max Length: 11 digits Rule: greater than 0 Nullable</p>	<p>Contracted reimbursement rate in the prior year.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>

<p>Name: Largest Increase in Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 drugs (Drug Name) by largest increase in reimbursement rate from the prior year to the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p>
<p>Name: Largest Increase Reimbursement Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Nullable</p>	<p>Largest increase in reimbursement rate (RR) expressed as a percent. The reimbursement rate as of December 31st of the current year, minus reimbursement rate as of December 31st of the prior year, divided by the reimbursement rate as of December 31st of the prior year, expressed as a percentage.</p> <p>For example, the ((RR December 31, 2020 – RR on December 31, 2019)/RR on December 31, 2019), expressed as a percentage. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> $\left[\frac{(\text{RR December 31, 2020} - \text{RR December 31, 2019})}{\text{RR December 31, 2019}} \right] \times 100$ <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Largest Increase Reimbursement Dollar Type: Numeric Format: 999999999.99 Max Length: 11 digits Nullable</p>	<p>Largest increase in reimbursement, expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Largest Decrease in Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 drugs (as defined by Drug Name) by largest decrease in reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Largest Decrease Reimbursement Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Nullable</p>	<p>Largest decrease in reimbursement expressed as a percent. The reimbursement rate as of December 31st of the current year, minus reimbursement rate as of December 31st of the prior year, divided by the reimbursement rate as of December 31st of the prior year, expressed as a percentage.</p> <p>For example, the ((RR December 31, 2021 – RR on December 31, 2020)/RR on December 31, 2020), expressed as a percentage. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> $\left[\frac{(\text{RR December 31, 2021} - \text{RR December 31, 2020})}{\text{RR December 31, 2020}} \right] \times 100$ <p>NOTE: Do not include any special characters (\$) or commas.</p>

<p>Name: Largest Decrease Reimbursement Dollar Type: Numeric Format: 999999999.99 Max Length: 11 digits Nullable</p>	<p>Largest decrease in reimbursement expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: General Comments Type: String Max Length: 5000 characters Format: ABCDE Nullable</p>	<p>Any additional information you would like to submit or provide to explain your responses.</p>

PBM Contracted Rates

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

Files submitted for PSAO PBM contracted rates report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due date.

In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace “psao_pbm_contracted_rates” with your organizations name, as this will result in your submission being rejected.

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

- **Example:** psao_pbm_contracted_rates_2021_S12345_20221001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD.

The submission of this report is due on October 1, 2022 and should include data effective for 2021.

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>Example:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Entity Type</th> <th style="text-align: left;">Washington DPT Number</th> </tr> </thead> <tbody> <tr> <td>Carrier</td> <td>C12345</td> </tr> <tr> <td>Manufacturer</td> <td>M12345</td> </tr> <tr> <td>PSAO</td> <td>S12345</td> </tr> <tr> <td>PBM</td> <td>P12345</td> </tr> </tbody> </table>	Entity Type	Washington DPT Number	Carrier	C12345	Manufacturer	M12345	PSAO	S12345	PBM	P12345
Entity Type	Washington DPT Number										
Carrier	C12345										
Manufacturer	M12345										
PSAO	S12345										
PBM	P12345										

<p>Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE</p>	Name of pharmacy services administrative organization.
<p>Name: Year 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>Name: PBM Name Type: String Max Length: 80 characters Format: ABCDE</p>	Name of PBM for which the contracted rates are being reported.
<p>Name: PBM IIN Number Type: Numeric Format: 000000 Max Length: 6 digits</p>	Issuer Identification Number, used for adjudicating prescription drug claims as assigned by the PBM. Also called BIN number.
<p>Name: Contract Expiration Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100</p>	Date for which contract with PBM for the reported reimbursement rates is scheduled to expire.
<p>Name: PBM Network Name Type: String Max Length: 80 characters Format: ABCDE</p>	Name of pharmacy network (or chain code) for which the data is submitted
<p>Name: PBM Network ID Type: String Max Length: 80 characters Format: ABCDE Nullable</p>	Identification number of pharmacy network (or chain code) that PBM assigns to specific networks of pharmacies
<p>Name: Pharmacy Chain Code Location Classification Type: Choice Choices: R, M, O</p>	<p>Network Descriptor for location has one of the following values:</p> <p>R = Rural M = Metro O = Other – Describe in General Comments field.</p>
<p>Name: Pharmacy Chain Code Type Classification Type: Choice Choices: G, C, I, O</p>	<p>Network Descriptor for type has one of the following values:</p> <p>G = Grocery C = Chain I = Independent O = Other – Describe in General Comments field.</p>

Name: NDC
 Type: Numeric
 Format: 00000000000
 Max Length: 11 digits
 Min Length: 11 digits

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

NOTE: The NDC field must be eleven digits long and maintain leading zeros.

Example: 00012345678

Name: Drug Name
 Type: String
 Max Length: 100 characters
 Format: ABCDE

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

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

NDC	Drug Name	Drug Product Name	Label Name
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Product Name
 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.

NDC	Drug Name	Drug Product Name	Label Name
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL

Name: Label Name
 Type: String
 Max Length: 100 characters
 Format: ABCDE

Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR" are acceptable.

NDC	Drug Name	Drug Product Name	Label Name
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL

Name: Drug Type
 Type: Choice
 Choices: S, N, I

Drug Type is one of following values:

Single Source (S) – Drugs that having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market.

Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market.

Innovator Multiple-Source (I) – Drugs that have an NDA and no longer have patent exclusivity.

<p>Name: Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 drugs (as defined by Drug Name) by highest reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p>
<p>Name: Reimbursement Rate Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>Reimbursement rate of the reported drug.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Unit of Measure Type: Choice Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA</p>	<p>Unit of Measure for Reimbursement Rate defined as one of the following values:</p> <p>AHF: Anti-hemophilia factor CAP: Capsule SUP: Suppository GM: Gram ML: Milliliter TAB: Tablet TDP: Transdermal patch EA: Each</p>
<p>Name: General Comments Type: String Max Length: 5000 characters Format: ABCDE Nullable</p>	<p>Any additional information you would like to submit or provide to explain your responses.</p>

PBM Year-Over-Year Rate Change

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

Files submitted for PSAO PBM year-over-year rate change report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due date.

In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace “psao_pbm_yoy_rate_change” with your organizations name, as this will result in your submission being rejected.

File naming schema: psao_pbm_yoy_rate_change_{YYYY}_{ID}_{YYYYMMDD}.csv

- **Example:** Example: psao_pbm_yoy_rate_change_2021_S12345_20221001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD

The submission of this report is due on October 1, 2022 and should include data effective for 2021.

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>Example:</p> <table border="1"> <thead> <tr> <th>Entity Type</th> <th>Washington DPT Number</th> </tr> </thead> <tbody> <tr> <td>Carrier</td> <td>C12345</td> </tr> <tr> <td>Manufacturer</td> <td>M12345</td> </tr> <tr> <td>PSAO</td> <td>S12345</td> </tr> <tr> <td>PBM</td> <td>P12345</td> </tr> </tbody> </table>	Entity Type	Washington DPT Number	Carrier	C12345	Manufacturer	M12345	PSAO	S12345	PBM	P12345
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<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020</p>	<p>Current year for which the aggregate data is reported.</p>										
<p>Name: PBM Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of PBM for which the contracted rates are being reported.</p>										
<p>Name: PBM IIN Number Type: Numeric Format: 000000 Max Length: 6 digits</p>	<p>Issuer Identification Number, used for adjudicating prescription drug claims as assigned by the PBM. Also called BIN number.</p>										
<p>Name: Contract Expiration Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100</p>	<p>Date for which contract with PBM for the reported reimbursement rates is scheduled to expire.</p>										
<p>Name: PBM Network Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of pharmacy network (or chain code) for which the data is submitted.</p>										
<p>Name: PBM Network ID Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Identification number of pharmacy network (or chain code).</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>Example: 00012345678</p>								
<p>Name: Drug Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of the drug for the NDC reported. Only include ingredient name.</p> <p>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.</p> <table border="1" data-bbox="607 716 1469 827"> <thead> <tr> <th>NDC</th> <th>Drug Name</th> <th>Drug Product Name</th> <th>Label Name</th> </tr> </thead> <tbody> <tr> <td>00000000000</td> <td>FLUOEXTINE</td> <td>FLUOEXTINE HCL 20 MG TABLETS</td> <td>FLUOEXTINE HCL</td> </tr> </tbody> </table> <p>NOTE: Special characters, hyphens, symbols, or slashes are allowed.</p>	NDC	Drug Name	Drug Product Name	Label Name	00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL
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<p>Name: Drug Type Type: Choice Choices: S, N, I</p>	<p>Drug Type defines whether the drug is a single source (S), non-innovator multiple-source (N) or an innovator multiple-source (I).</p> <p>Single Source (S) – Drugs that having an FDA New Drug Application (NDA), 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), and generic alternatives exist on the market.</p> <p>Innovator Multiple-Source (I) – Drugs that have an NDA and no longer have patent exclusivity.</p>								

<p>Name: Unit of Measure Type: Choice Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA</p>	<p>U Unit of Measure for Reimbursement Rate defined as one of the following values: AHF: Anti-hemophilia factor CAP: Capsule SUP: Suppository GM: Gram ML: Milliliter TAB: Tablet TDP: Transdermal patch EA: Each</p>
<p>Name: WAC - Current Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than 0</p>	<p>The wholesale acquisition cost per unit of measure prior to the increase. NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Reimbursement Rate Current Type: Numeric Format: 999999999.99 Max Length: 11 digits Rule: greater than 0</p>	<p>Contracted reimbursement rate in the current year. NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Reimbursement Rate Prior Type: Numeric Format: 999999999.99 Max Length: 11 digits Rule: greater than 0 Nullable</p>	<p>Contracted reimbursement rate in the prior year. NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Largest Increase in Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 drugs (as defined by Drug Name) by largest increase in reimbursement rate from the prior year to the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p>
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<p>Name: Largest Increase Reimbursement Dollar Type: Numeric Format: 999999999.99 Max Length: 11 digits Nullable</p>	<p>Largest increase in reimbursement, expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
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<p>Name: General Comments Type: String Max Length: 5000 characters Format: ABCDE Nullable</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

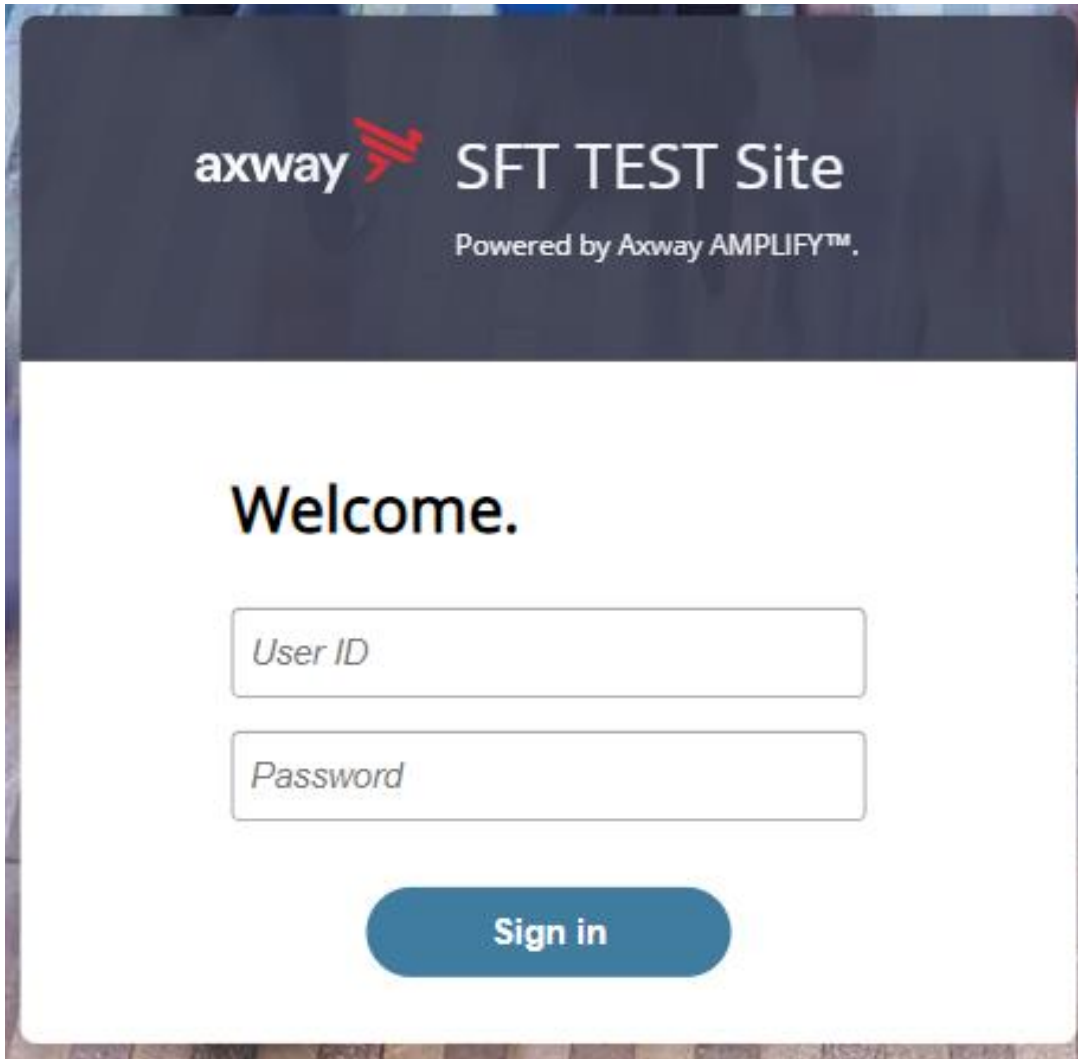
Before you can log in to ST Web Client and open a session, you need:


- 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 username 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.

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

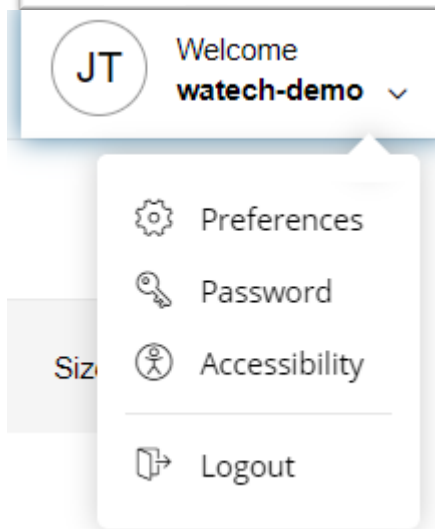
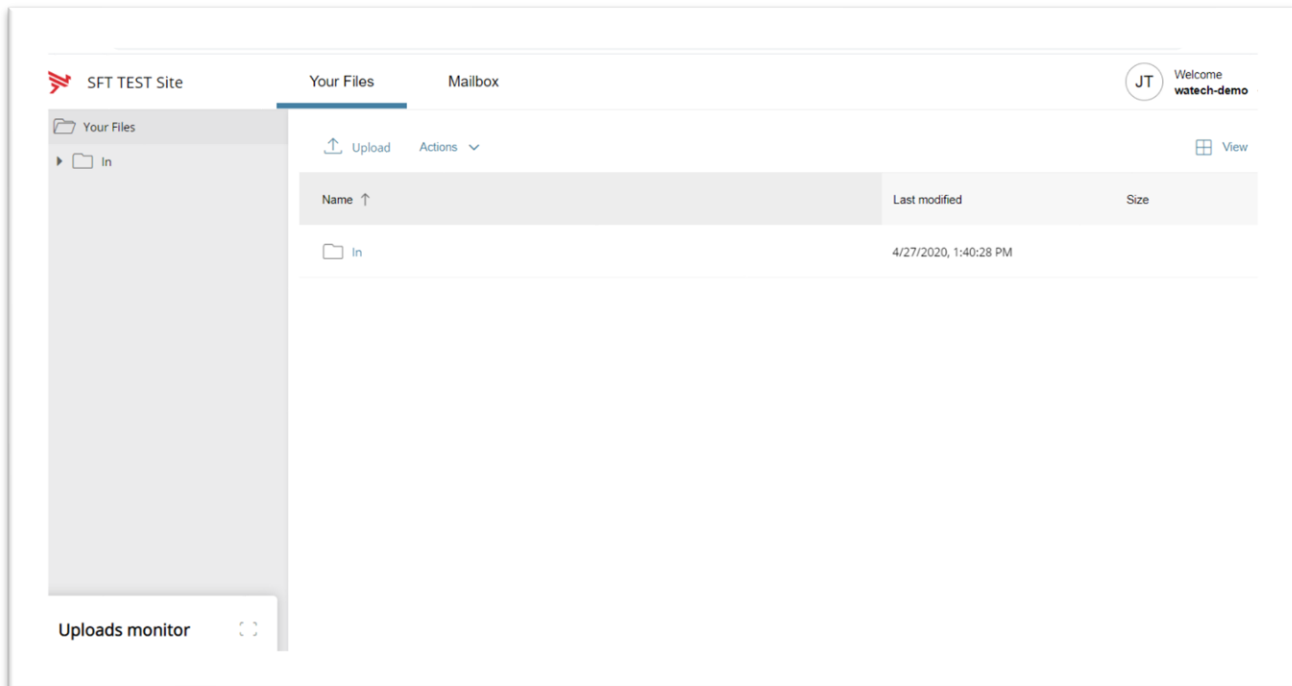
Change password page is displayed as above.

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

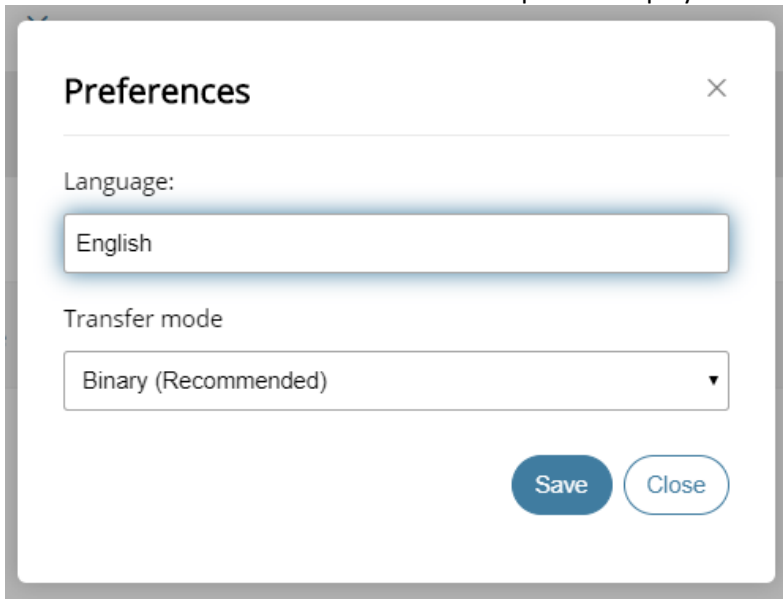
Using the Welcome menu (drop down menu on the upper right corner of page), you can access the tools to manage your user profile as well as logout.

- 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 settings:

- Language:** A text input field containing the word 'English'.
- Transfer mode:** A dropdown menu with 'Binary (Recommended)' selected and a downward arrow on the right.

At the bottom right of the dialog, there are two buttons: a blue 'Save' button and a white 'Close' button with a blue border.

Select a Transfer mode

The recommended and default Transfer mode is

Binary

but in rare cases the

ASCII

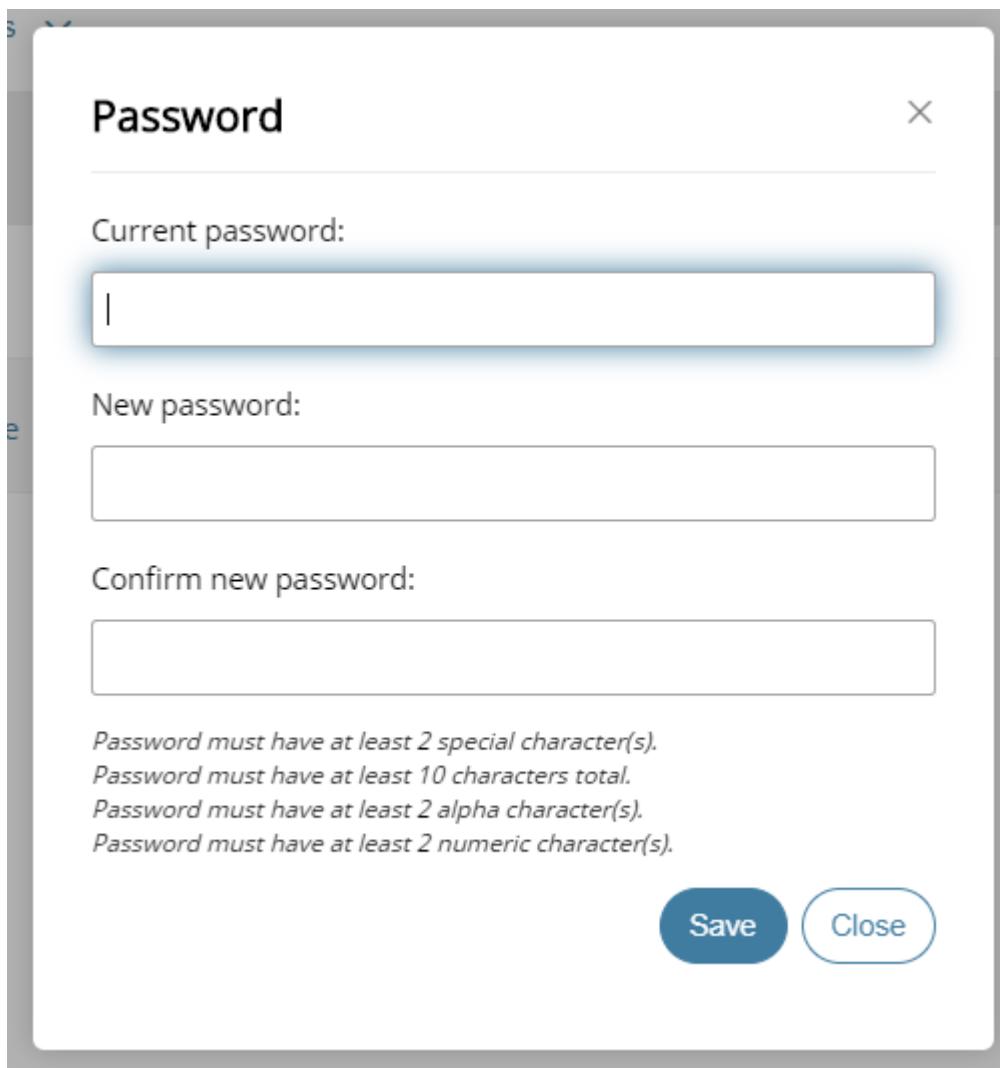
mode may be required for XML, HTML, or TXT files.

Click **Save**.

Change your password

Select the **Welcome** drop-down.

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



The screenshot shows a modal dialog box titled "Password" with a close button (X) in the top right corner. The dialog contains three input fields: "Current password:", "New password:", and "Confirm new password:". Below the input fields, there 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 of the dialog, 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

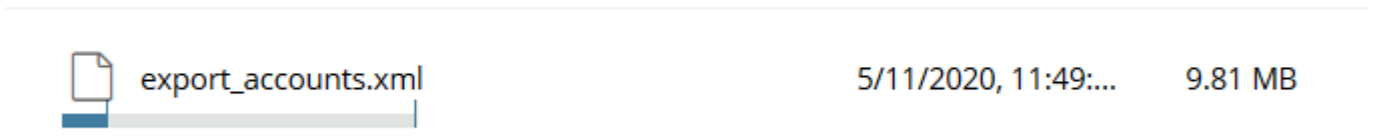
To upload files to ST Web Client you click the **Upload** button.

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

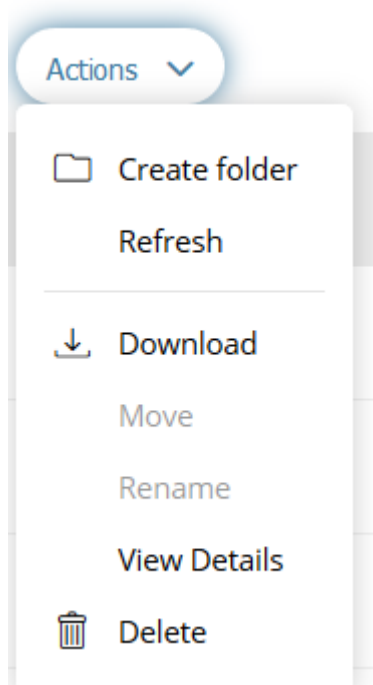
Select the file or files to upload. Use the **Ctrl** or **Shift** keys to select multiple files.

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

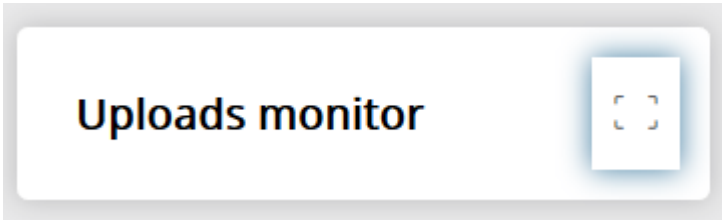
To delete a file or folder:

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.

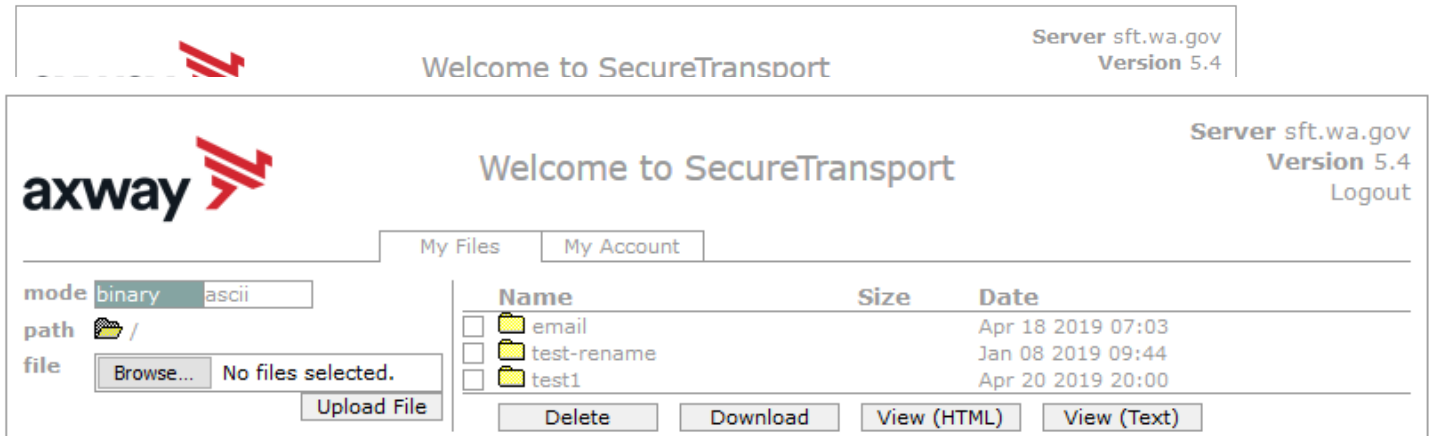
Click **Remove**.

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 ↑

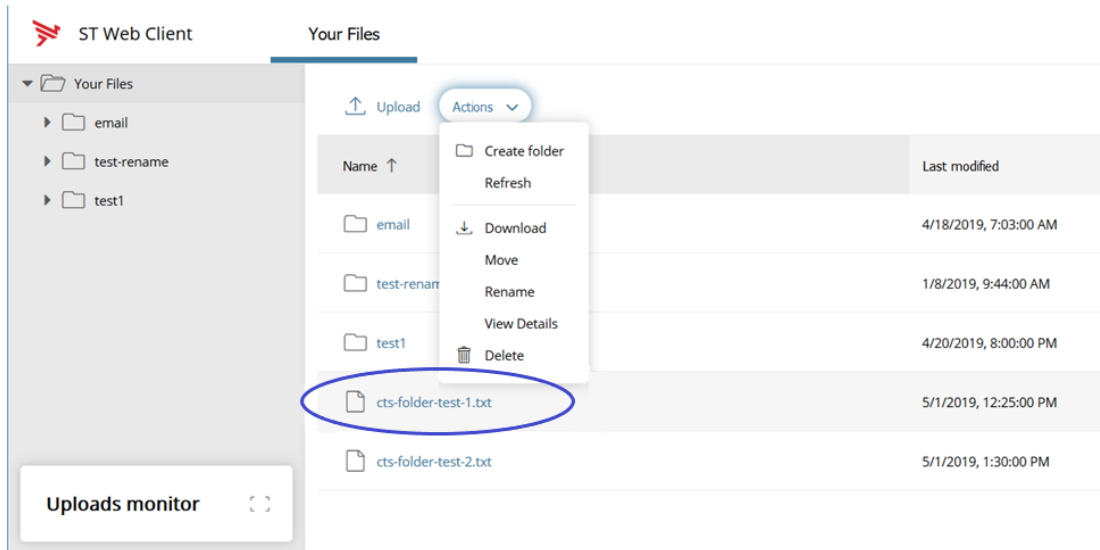
Your local folders will be displayed (It defaults to your last location)

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”

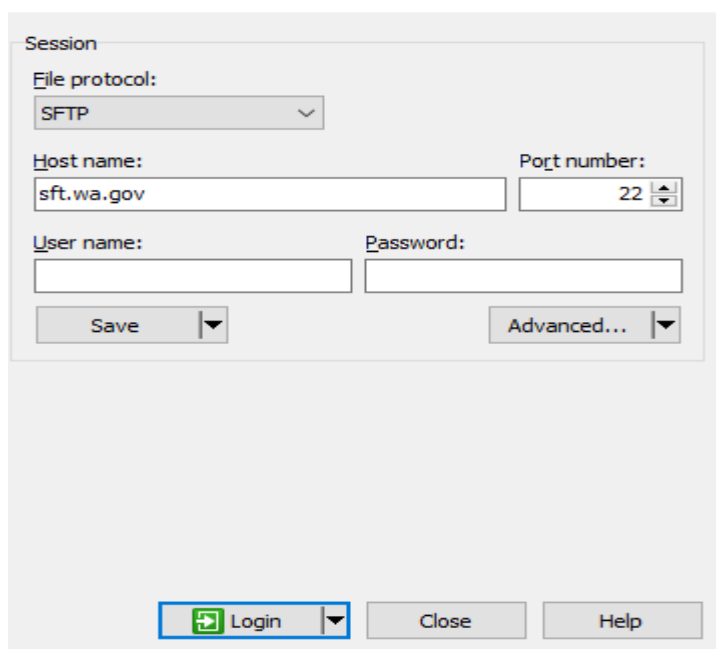


Optional Clients

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

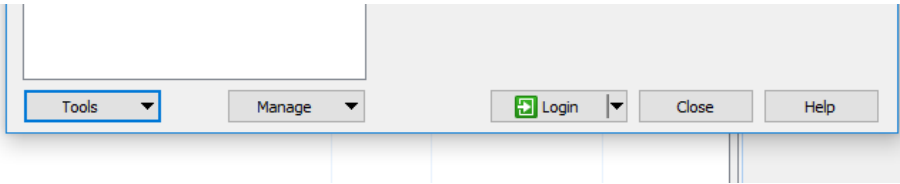
WinSCP – With Basic setup information and requirements

URL and Port requirements-



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

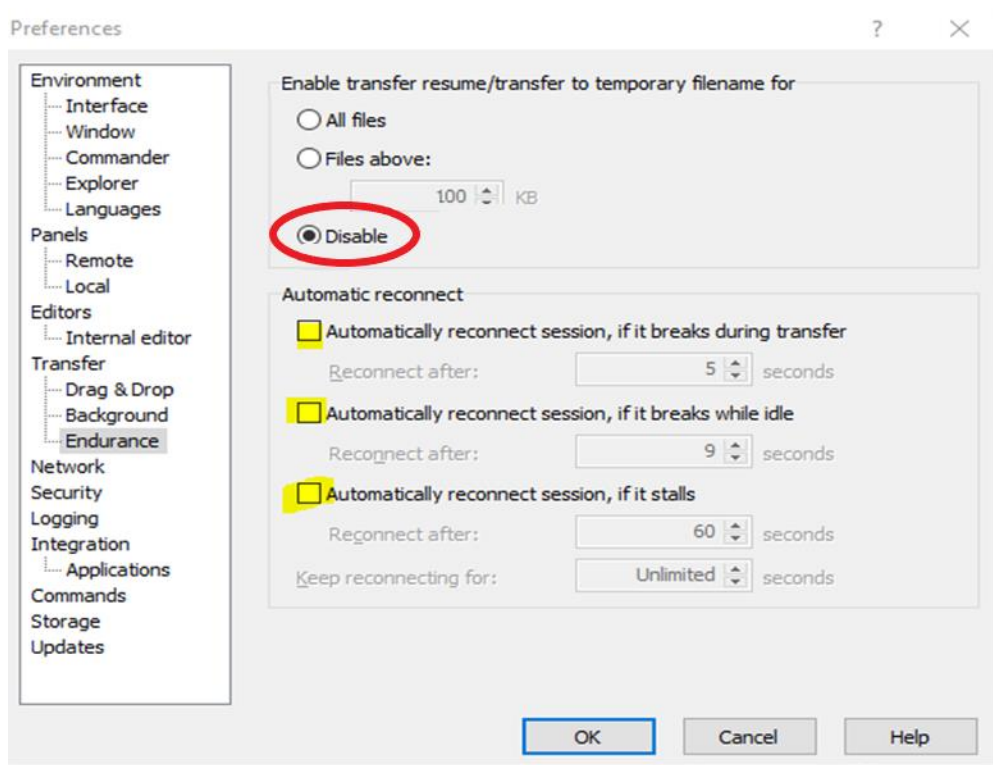
Setting requirement to work with SFT. Need to Disable



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

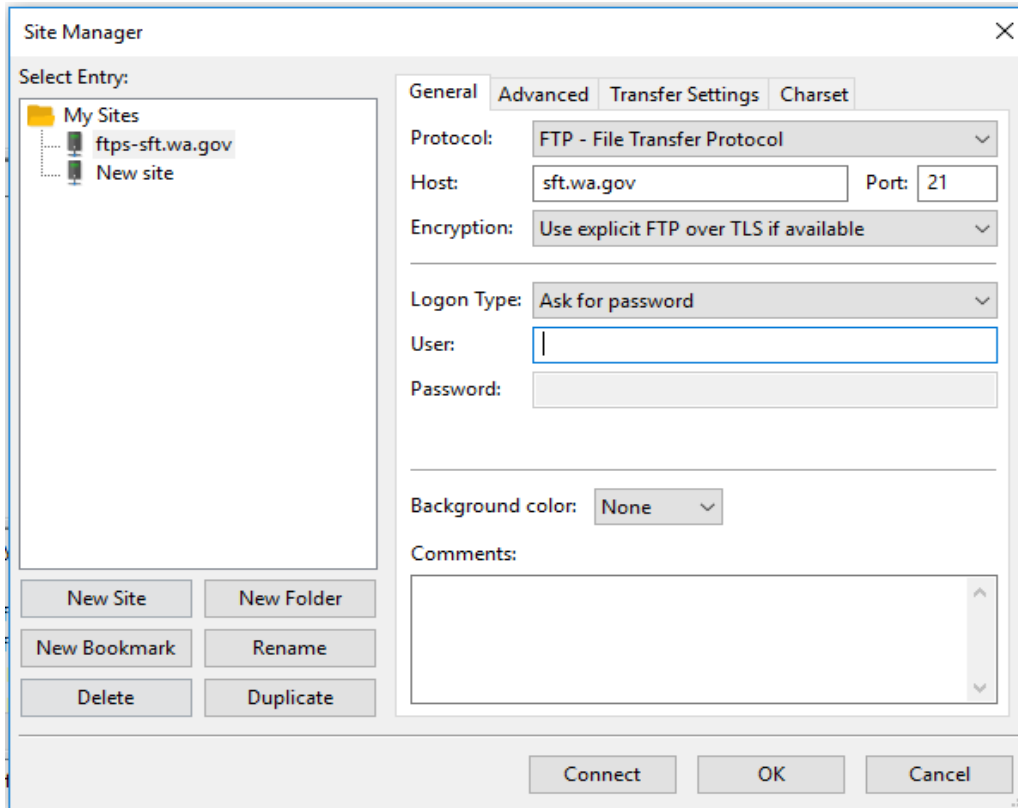
Click on “Endurance” tab and disable the resume feature circled in red.

The yellow highlight is your choice of operation.

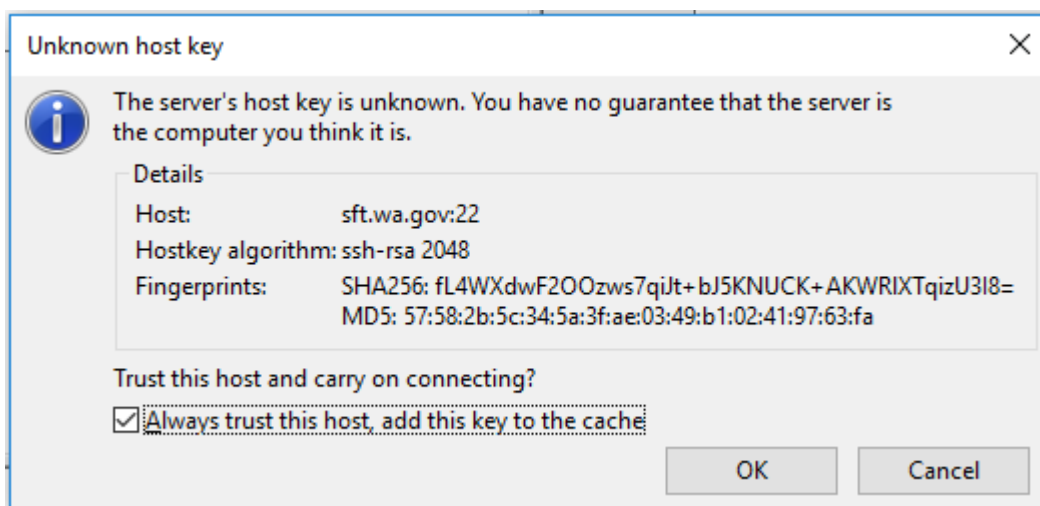


FileZilla- Basic information

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