Washington State Health Care Authority

Carrier Data Submission Guide - Draft

Drug Price Transparency – RCW 43.71C
Version 4.0
Effective Date: 10/01/2023

Contents

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

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.

"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 2022.

"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 2021.

"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	October 1, Annually	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.
Premium Impact Report	October 1st, Annually	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.
Specialty Drug List	October 1st, Annually	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.

How to Register and Submit

You must sign up for a Secure Access Washington Account (SAW). The email address used for this SAW account must match the DPT primary or secondary contact email address. Please note you are only allowed 2 (two) contacts. This is a change from the previous system.

> SAW Instructions
>
> Portal Instructions (also listed at the end of this document)

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 - You will receive immediate confirmation whether your submission passed or failed Technical Validation. If your submission passed Technical Validation a message indicating your submission was successfully uploaded will appear on the screen. If your submission failed, you would see an error log noting a list of all errors that must be corrected. All errors must be corrected prior to clicking the submit button. 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.

If you need help understanding your error log, the **Data Submission FAQ** clarifies the meaning of the errors and provides guidance on corrections, or you may submit your questions to HCADPTTechSupport@hca.wa.gov for assistance.

Failed Program Validations

In the event that your submission is rejected, you have 10-days after you receive the initial rejection notice to make the 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_2021_C12345_20232001.csv'and received a rejection, after making corrections you should resubmit the file 'carrier_specialty_drug_list_2021_C12345_20232001.csv' with the same name as it was originally submitted under, even if the date of resubmission is a different date.

Correcting Previously Approved 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 on the portal 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

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 Washingotn DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting period, 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 "carrier_cost_utilization" with your organizations name as this will result in your submission being rejected.

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

- **Example:** carrier_cost_utilization_2022_C12345_20231001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD.

The submission of this report for this reporting year is due on October 1, 2023, and should include data effective for 2022.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g. 12345. **Example:** Entity Type — Washington DPT Number Carrier — C12345 Manufacturer — M12345 PSAO — S12345 PBM — P12345
Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE	Name of health carrier submitting data for its health plan lines of business.

Name: Line of Business Type: Choice Choices: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, Other	The Line of Business you are reporting on. Possible values are: • Large Group • Small Group • Individual • ERISA • Medicaid • Medicare • Other
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2022	Current year for which the aggregate data is reported.
Name: Member-Months 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. **Note: member-months should be consistent throughout reports e.g. the member-months value reported in the Cost Utilization report should be the same in the Premium Impact report or vice versa.**
Name: NDC Type: Numeric Format: 00000000000 Max Length: 11 digits Min Length: 11 digits	A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product. **Example:** 00012345678 **NOTE: The NDC field must be eleven digits long and maintain leading zeros.**

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:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

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:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

Name: Label Name Type: String Max Length: 100 characters Format: ABCDE	Proprietary or legal name as marketed by the manufacturer. For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

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: Specialty Indicator Type: Choice Choices: Y, N	Indicates if NDC is on the health plan's specialty drug list for each line of business. Choices are: • Y = Yes • N = No
Name: Total Number of Prescriptions Filled Type: Numeric Format: String Max Length: 50 digits	Total number of prescriptions filled for reporting year.
Name: Total Cost of Prescriptions Filled Type: Numeric Format: String Max Length: 50 digits	Total Cost of prescriptions filled for reporting year.

Name: Utilization Rank	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 25th 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.

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 25th 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):

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

Incorrect Example (Drug Name has multiple utilization ranks):

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

Name: Expenditures for Top 25 Most Prescribed Drugs Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Of the top 25 most frequently prescribed drugs provide the expenditures by drug.

NDC	Drug Name	Utilization Rank	Expenditures for Top 25 Most Prescribed Drugs
00000000000	Fluoxetine	1	
00000000000	Lisinopril	2	
00000000000	Metformin	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 rebate retained for the reported Line of Business for the reporting year. Drug Names with decreasing rebate should be ranked with decreasing values until the 25th 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):

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

Incorrect Example (Drug Name has multiple rebate ranks):

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

Name: Rebate Collected for Top 25 Most Prescribed Drugs	Of the top 25 most frequently prescribed drugs provide the rebate collected by drug.

Name: Rebate Collected for Top 25 Most Prescribed Drugs
Type: Numeric
Format: 999999999999999.99
Max Length: 17 digits

Of the top 25 most frequently prescribed drugs provide the rebate collected by drug.

NDC	Drug Name	Utilization Rank	Rebate Collected for Top 25 Most Prescribed Drugs
00000000000	Fluoxetine	1	
00000000000	Lisinopril	2	
00000000000	Metformin	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 25th greatest increase in WAC. WAC increase is defined as WAC on December 31st of the reporting year minus WAC on December 31st, of the prior year, divided by WAC on December 31st 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):

NDC	Drug Name	Drug Product Name	Label Name	WAC Increase Rank
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	1
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	1
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	1

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

NDC	Drug Name	Drug Product Name	Label Name	WAC Increase Rank
12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	1
12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	2
12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	3

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 31st of the current year, minus wholesale acquisition cost on December 31st of the prior year, divided by the wholesale acquisition cost on December 31st of the prior year, expressed as a percentage. For example, the ((WAC on December 31, 2020 – WAC on December 31, 2019)/WAC on December 31, 2020), 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 25th 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):**

Correct Example (Drug Name has same Costliest Rank):

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

Incorrect Example (Drug Name has multiple Costliest Ranks):

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

Name: **Top 25 Plan Spending**	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.

Type: Numeric
Format: 99999999999999.99
Max Length: 17 digits
Rule: Required if Costliest Rank is populated
Nullable

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

Correct Example (Individual NDCs have individual Top 25 Spending values):

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

Incorrect Example (Individual NDCs have aggregate Top 25 Spending values):

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

| Name: Top 25 Plan Spending Percent | 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. |

Name: Top 25 Plan Spending Percent
Type: Numeric
Format: 99999.99
Max Length: 7 digits
Rule: Required if Costliest Rank is populated
Nullable

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 Top 25 Plan Spending Percent values):

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

Incorrect Example (Individual NDCs have aggregate Top 25 Plan Spending Percent values):

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

Note: Do not include hard returns.

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 following schema:
- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting period, 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 "carrier_premium_impact" with your organizations name, this will result in your submission being rejected.

> **File naming schema:** carrier_premium_impact_{YYYY}_{ID}_{YYYYMMDD}.csv
> - **Example:** carrier_premium_impact_2021_C12345_20231001.csv
> - Please use the submission due date not the date the report was prepared for YYYYMMDD.

The submission of this report for this reporting year is due on October 1, 2023, and should include data effective for 2022.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g. 12345. **Example:** <table><tr><th>Entity Type</th><th>Washington DPT Number</th></tr><tr><td>Carrier</td><td>C12345</td></tr><tr><td>Manufacturer</td><td>M12345</td></tr><tr><td>PSAO</td><td>S12345</td></tr><tr><td>PBM</td><td>P12345</td></tr></table>
Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE	Name of health carrier submitting data for its health plan lines of business.
Name: Line of Business Type: Choice Choices: **Large Group, Small Group, Indvididual, ERISA, Medicaid, Medicare, Other**	The Line of Business you are reporting on. Possible values are: - Large Group - Small Group - Individual - ERISA - Medicaid - Medicare - Other
Name: Member-Months 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. **Note: member-months should be consistent throughout reports e.g. the member-months value reported in the Cost Utilization report should be the same in the Premium Impact report or vice versa.**
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2022	Current year for which the aggregate data is reported.

Name: Other Premium Contributors Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to covered services, excluding prescription drugs, in the prior reporting year expressed with USD. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Other Premium Contributors Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to covered services, excluding prescription drugs, in the current reporting year, expressed in USD. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Other Premium Contributors Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Total change in monthly premium per member from prior plan year to current plan year, expressed in USD. $Other\ Premium\ Contributors\ Current\ -\ Other\ Premium\ Contributors\ Prior$ **NOTE: Do not include the dollar sign ($) or commas.**
Name: Other Premium Contributors Percent 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 ((Other Premium Contributors Current − Other Premium Contributors Prior)/ Other Premium Contributors Prior), expressed as a percentage. $$\left[\frac{(Other\ Premium\ Contributors\ Current - Other\ Premium\ Contributors\ Prior)}{Other\ Premium\ Contributors\ Prior}\right] \times 100$$ **NOTE: Do not include the percent sign (%).**
Name: Premium Drugs Prior Type: Numeric Format: 999999999999999.99 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. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Drugs Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to prescription drugs, for the current plan year, expressed in USD. Includes all prescription drugs. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Drugs Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	The change in monthly premium per member, from prior plan year to current plan year, expressed in USD. $Premium\ Drugs\ Current\ -\ Premium\ Drugs\ Prior$ **NOTE: Do not include the dollar sign ($) or commas.**

Name: Premium Drugs Change Percent 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 ((Premium Drugs Current – Premium Drugs Prior)/ Premium Drugs Prior), expressed as a percentage. $$\left[\frac{(\text{Premium Drugs Current} - \text{Premium Drugs Prior})}{\text{Premium Drugs Prior}}\right] \times 100$$ **NOTE: Do not include the percent sign (%).**
Name: Premium Brand Prior Type: Numeric Format: 999999999999999.99 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. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Brand Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to Brand-name Prescription Drugs, in the current plan year, expressed in USD. Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Brand Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	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. Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs. $$\text{Premium Brand Current} - \text{Premium Brand Prior}$$ **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Brand Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits	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. For example, the ((Premium Brand Current – Premium Brand Prior)/ Premium Brand Prior), expressed as a percentage. $$\left[\frac{(\text{Premium Brand Current} - \text{Premium Brand Prior})}{\text{Premium Brand Prior}}\right] \times 100$$ **NOTE: Do not include the percent sign (%).**

Name: Premium Generic Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to Generic Prescription Drugs, in the current plan year, expressed in USD. Generic drugs are non-innovator drugs. Exclude specialty prescription drugs. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Generic Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to Generic Prescription Drugs, in the current plan year, expressed in USD. Generic drugs are non-innovator drugs. Exclude specialty prescription drugs. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Generic Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	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. Generic drugs are non-innovator drugs. Exclude specialty prescription drugs. $$\text{Premium Generic Current} - \text{Premium Generic Prior}$$ **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Generic Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits	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. For example, the ((Premium Generic Current – Premium Generic Prior)/ Premium Generic Prior), expressed as a percentage. $$\left[\frac{(\text{Premium Generic Current} - \text{Premium Generic Prior})}{\text{Premium Generic Prior}}\right] \times 100$$ **NOTE: Do not include the percent sign (%).**
Name: Premium Specialty Prior 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. **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Specialty Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Amount of monthly premium per member, attributable to specialty Prescription Drugs, in the current plan year, expressed in USD. Specialty drugs should be defined as per line of business specialty drug list submitted as a separate report. **NOTE: Do not include the dollar sign ($) or commas.**

Name: Premium Specialty Change 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. $$\text{Premium Specialty Current} - \text{Premium Specialty Prior}$$ **NOTE: Do not include the dollar sign ($) or commas.**
Name: Premium Specialty Change Percent 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. $$\left[\frac{(\text{Premium Specialty Current} - \text{Premium Specialty Prior})}{\text{Premium Specialty Prior}} \right] \times 100$$ **NOTE: Do not include the percent sign(%).**
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. **Note: Do not include hard returns.**

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:
- here ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting period, 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 "carrier_specialty_drug_list" with your organizations name, this will result in your submission being rejected.

> **File naming schema:** carrier_specialty_drug_list_{YYYY}_{ID}_{YYYYMMDD}.csv
> - **Example:** carrier_specialty_drug_list_2021_C12345_20231001.csv
> - Please use the submission due date not the date the report was prepared for YYYYMMDD.

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Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g. 12345. **Example:** <table><tr><td>**Entity Type**</td><td>**Washington DPT Number**</td></tr><tr><td>Carrier</td><td>C12345</td></tr><tr><td>Manufacturer</td><td>M12345</td></tr><tr><td>PSAO</td><td>S12345</td></tr><tr><td>PBM</td><td>P12345</td></tr></table>
Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE	Name of health carrier submitting data for its health plan lines of business.
Name: Line of Business Type: Choice Choices: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, Other	The Line of Business you are reporting on. Possible values are: • Large Group • Small Group • Individual • ERISA • Medicaid • Medicare • Other
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2022	Current year for which the aggregate data is reported.
Name: NDC Type: Numeric Format: 00000000000 Max Length: 11 digits Min Length: 11 digits	A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product. **Example:** 00012345678 **NOTE: The NDC field must be eleven digits long and maintain leading zeros.**

Name: **Drug Name** Type: String Max Length: 80 characters Format: ABCDE	Name of the drug for the NDC reported. Only include ingredient name. For example:

NDC	**Drug Name**	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

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:

NDC	Drug Name	**Drug Product Name**	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

Name: Label Name Type: String Max Length: 100 characters Format: ABCDE	Proprietary or legal name as marketed by manufacturer. For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

Name: Drug Type Type: Choice Choices: S, N ,I	Drug Type is one of following values: **Single Source (S)** – 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. **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: 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. **Note: Do not include hard returns.**

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.

Step 1.

All entities will go to the following external portal link

https://support.hca.wa.gov/

Step 2.

Click on "Public"

Login with your current SAW login in credentials. If you don't have a SAW account please click on "SIGN UP!"

Step 3.

Click on "Make a request".

You will now have access to all of your entities' SAW accounts.

Step 4.

First time registering – you will see "DPT Entity Registration" only

Important:

Primary and secondary contact emails must be for an individual and not a group or shared email.

Once registration is completed your entity will be assigned a unique HCA ID.

Once you have registered you will have the additional options of:

- DPT Registration Correction
  - Update contact information
- DPT Template Submission
  - Submit reports
- DPT Re-submission/Extension
  - Request an extension for your submission
  - Request permission to resubmit a report that has previously been submitted (these reports have previously been accepted for both Technical Validation and Program Validation).

Update contact information click on "DPT Registration Correction Form"

You must know your Tax ID number.

You have the option of updating one or all of the following:

- Organization address
- Primary contact information
- Secondary contact information

Click on the first box you would like to update. When finished with that section click on the next section you would like to update.

Important!

You must click "Submit" when complete.

DPT Template Submission

Organization Type

- Carrier
- Manufacturer
- PBM
- PSAO

Organization Name – Entity name will appear, click on it.

Template – Entity must choose which report they are uploading.

Reporting year – Entity must choose which year they are reporting for.

Click

⊕ Required - Upload

You will navigate to your report.

You will receive immediate feedback on errors, and may resubmit at anytime once you have corrected those errors.

row 1 col 15 (WAC Increase Rank Percent): Percent value is too large

You will also receive feedback stating "File successfully validated".

Important!

You must click "Submit" once you receive the file successfully validated in order for the report to be accepted into the Enterprise Data Warehouse (EDW).

DPT Re-submission/Extension

DPT Re-submission form is used when an entity finds an error in a report that has previously been submitted. This report has been accepted by HCA DPT for both technical and program validations. The entity is requested to resubmit this report.

Extension form is used when an entity will not be able to meet the due date of their required reports and is requesting additional time.

You first will need to choose the "Action".

- Resubmit
- Extension

Important!

You must click "Submit" in order to submit your request.