Washington State Health Care Authority

Pharmacy Benefit Manager Data Submission Guide

Drug Price Transparency – RCW 43.71C
Version 3.0
Effective Date 3/1/2023

Contents

About

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

You may visit the 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 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 data related 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

Office of Insurance Commissioner (OIC)

The Drug Price Transparency program is a separate state program independent from the OIC. All rules and regulations pertaining to the Drug Price Transparency program must be followed as described in this Data Submission Guide and in Chapter 182.51, regardless of the entity's status with OIC.

Medicaid and Medicare

"Medicaid" means a health plan as administered under Title XIX or Title XXI of the Social Security Act, including any managed care plans operated under contract with a state agency. Medicaid plans should not be reported.

"Medicare" means a health plan as administered under Title XVIII of the Social Security Act, including any managed care plans operated under contract with the Centers for Medicare and Medicaid Services (CMS). Medicare plans are not required to report.

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 "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 reporting period, calendar 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 identifies the data required under RCW 43.71C, and provides instructions for submitting this data to the authority, including guidance on required format.

"Generic Drug" means product that based on the Drug Pricing Reference. Specifically, Generic Drug means a product whose national drug code number, depending on the applicable Drug Pricing Reference, has a First Data Bank "Generic Product Flag of "1" on the date the claim was adjudicated, and the MediSpan Multi-Source Indicator for the Covered Drug is a "Y". A drug product that 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" and is submitted with a DAW code "5" on the date the claim was adjudicated shall be considered a Generic Drug.

"Health care provider," "health plan," "health carrier," and "carrier" mean the same as in RCW 48.43.005.

"Introduced to market" means marketed in Washington State.

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

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

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

"Prior Year" means previous reporting period, 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

To be considered in compliance with the DPT program, all required submissions listed in the table below must be submitted on time.

Report Type	Submission Due Date	Submission Information
PBM Appeals	March 1, Annually	A PBM must submit to the authority all data specified in RCW 43.71C.030(1)(g), following the guidelines set forth in this submission guide for the current year.
PBM Formulary	March 1, Annually	A PBM must submit to the authority all data specified in RCW 43.71C.030(1)(a) through (e), following the guidelines set forth in this submission guide for the current year.
PBM Ownership	March 1, Annually	A PBM must submit to the authority all data specified in RCW 43.71C.030(1)(f), following the guidelines set forth in this submission guide for the current year.

How to Register

In order to submit data to HCA, you must first complete the registration process and receive credentials 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 email the DPT technical team at HCADPTTechSupport@hca.wa.gov .

Submission Specifications

Data Validation

Data validation is a two-step process and at any time submissions may be rejected. Each submitted file undergoes technical and program validation 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 Specification. These primarily cover verification of data types (number vs. string) and formats (2023-01-01 vs. 01/01/2023). 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 your report is rejected during Technical or Program validation, you will need to resubmit a corrected report within 10 business days of receipt of the rejection notice.

Step 1   Technical validation – You will receive a confirmation email at the registered email address for your organization notifying you whether your submission passed or failed Technical Validation. If your submission failed you will receive a rejection notice, along an error log describing why your submission failed technical validation. 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 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 business 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 'pbm_appeals_ 2021_P12345_20230301.csv', and received a rejection, after making corrections you should resubmit the file 'pbm_appeals_ 2021_P12345_20230301.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 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 must 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 validation, you would be subject to the 30 business day limit for correcting rejected resubmissions. If it is for program validation you would be subject to the 10 business 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 must leave that field blank. Do NOT provide the value as "NULL", or otherwise provide a special indicator of a null value. In all other cases, providing a blank value will result in a rejection by the automated validation.

Date Formats: Unless otherwise specified, all dates should be reported in ISO-8601 format with hyphens between years, months and days: "YYYY-MM-DD". For example, December 1, 2022, would be recorded as "2022-12-01".

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

PBM Appeals

This report contains all of the data fields necessary to comply with reporting the outcomes of all appeals associated with RCW 19.340.100(3).

Files submitted for PBM Appeals report should be named using the following schema, where ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. When naming your report, omit the brackets around ID and YYYYMMDD. 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 "pbm" with your organization's name; this will result in your submission being rejected.

File naming schema: `pbm_appeals_{YYYY}_{ID}_{YYYYMMDD}.csv`
Example: `pbm_appeals_2021_P12345_20230301.csv` (**Please use the submission due date, not the date the report was prepared**)

The submission of this report for this reporting year is due on March 1, 2023 and should include data for calendar year 2021.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g., 12345. **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: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data.
Name: PBM IIN Number Type: Numeric Format: 000000 Max Length: 6 digits	Issuer identification number, used for adjudicating prescription drug claims. Also called BIN number. (This field should be repeated for each NDC included in the report)
Name: Year Type: Numeric Format: 0000 Max Length: 4 digits Min Length: 4 digits Rule: 2021	Current year for which the aggregate data is reported.
Name: PBM Appeals Type: Choice Choices: Y, N Rule: if Y, then all remaining fields are required	Did your organization receive any appeal filed pursuant to RCW 19.340.100(3) in the year reported? This applies to both first and second level appeals. If "Yes", then complete all required fields. If "No", then the fields may be left null. **Choice:** Y N

Name: Pharmacy Name Type: String Max Length: 80 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	Name of pharmacy chain or pharmacy services administrative organization or independent pharmacy.
Name: Number of Pharmacies in Washington Type: Numeric Format: 99999 Max Length: 5 digits Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	Number of retail outlets in the pharmacy chain listed in the "Pharmacy Name" field located in Washington.
Name: Appeals ID Type: String Max Length: 30 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	ID number of appeal as assigned by PBM. This should include both first and second level appeals.
Name: Appeals Description Type: String Max Length: 5000 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	A narrative description of the appeal by the pharmacy chain or contractor
Name: NDC Type: Numeric Format: 00000000000 Max Length: 11 digits Min Length: 11 digits Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	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 Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	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
Rule: Required if "PBM Appeals" field is "Y", Nullable if "N" | 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
Rule: Required if "PBM Appeals" field is "Y", Nullable if "N" | Proprietary or legal name as labeled 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: Appeal Outcome Type: Choice Choices: A, D, O Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	Select "A" if appeal approved; select "D" if appeal denied; select "O" if other outcome was determined (e.g., pharmacy cancelled the appeal). A=Approved D=Denied O=Other (please describe in detail in the General Comments field)
Name: OIC Action Type: Choice Choices: Y, N Rule: Required if "PBM Appeals" field is "Y", Nullable if "N"	Select "Y" if appeal escalated to OIC; select "N" if appeal was not escalated.
Name: OIC Action Description Type: String Max Length: 5000 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y" and "OIC Action" field is "Y", Nullable if "N"	Description of any action from the commissioner such as directing the pharmacy benefit manager to make an adjustment to the disputed claim, deny the pharmacy appeal, or take other actions deemed fair and equitable.
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.

PBM Formulary

This report contains all of the data fields necessary to comply with reporting all data specified in RCW 43.71C.030(1)(a) through (e).

Files submitted for PBM Formulary report should be named using the following schema, where ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder

for the submission date. When naming your report, omit the brackets around ID and YYYYMMDD. 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 "pbm" with your organizations name, this will result in your submission being rejected.

> **File naming schema:** pbm_formulary_{YYYY}_{ID}_{YYYYMMDD}.csv
> Example: pbm_formulary_2021_P12345_20230301.csv (**Please use the submission due date, not the date the report was prepared)**

The submission of this report for this reporting year is due on March 1, 2023 and should include data for calendar year 2021.

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

Entity Type	Washington DPT Number
Carrier	C12345
Manufacturer	M12345
PSAO	S12345
PBM	P12345

|
Name: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data.
Name: PBM Formulary Name Type: String Max Length: 80 characters Format: ABCDE	Name of formulary offered by your PBM to health carriers or health plans for which data is being submitted. (This field should be repeated for each NDC included in the report)
Name: PBM IIN Number Type: Numeric Format: 000000 Max Length: 6 digits	Issuer identification number, used for adjudicating prescription drug claims. Also called BIN number. (This field should be repeated for each NDC included in the report)
Name: PBM Rx Group Number Type: String Max Length: 20 characters Format: ABCDE **Nullable**	Unique ID number assigned to the individual health plans managed by PBM if applicable. (This field should be repeated for each NDC included in the report)
Name: PBM PCN Number Type: String Max Length: 10 characters Format: ABCDE	Processor control number used for adjudicating prescription drug claims. (This field should be repeated for each NDC included in the report)

Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2021	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.
Name: Manufacturer Name Type: String Max Length: 80 characters Format: ABCDE	Trademark name of entity who markets the drug.
Name: Labeler Code Type: Numeric Format: 00000 Max Length: 5 digits	Labeler code as assigned by Food and Drug Administration (FDA). These 5 digits should match the first 5 digits of all submitted NDCs in this report.
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, 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: Basis for Negotiated Price Type: Choice Choices: AWP, MAC, NADACB, NADACG, WAC, U&C, GAD, Vaccine, Other	The pricing benchmark used to determine the negotiated price guarantees. Examples: AWP, MAC, NADACB, NADACG, WAC, U&C, GAD, Vaccine, and Other. If Other is selected, please describe the basis in the General Comments field for this row. AWP: Average Wholesale Price MAC: Maximum Allowable Cost NADACB: National Average Drug Acquisition Cost – Brand Drug NADACG: National Average Drug Acquisition Cost – Generic Drug WAC: Wholesale Acquisition Cost U&C: Usual and Customary GAD: Gross Amount Due (Pharmacy Submitted) Vaccine: Vaccine and Administration (describe in the General Comments field) Other: None of the above (must describe in general comments field)
Name: Percentage for Negotiated Price Type: Numeric Format: 999999999.99999 Max Length: 14 digits	The negotiated percentage of the pricing benchmark used to determine the reimbursement rates. For example, if the basis for negotiated price is "AWP – 18%", then in the previous field, select "AWP" and enter "-18.0"in this field. Both positive and negative values are accepted. **NOTE: Do not include the percent sign or commas**.
Name: Average Cost Per Claim Type: Numeric Format: 999999999.99999 Max Length: 14 digits	The average paid amount for all paid claims for this NDC. Please enter this field as calculated: The Gross Pharmacy Paid Amount divided by all paid claims for this NDC. This field should be a dollar value representing the 'paid ingredient cost per claim' for the year reported. $$Average\ Cost\ Per\ Claim\ = \frac{Gross\ Pharamcy\ Paid\ Amount}{All\ Paid\ Claims\ for\ NDC}$$
Name: Basis for Negotiated Admin Fee Type: Choice Choices: Per Claim, PMPM, PSPM, Other	The negotiated administrative fee the PBM charges the health plan to administer the benefit. Examples: Per Claim, Per Member Per Month (PMPM), Per Subscriber Per Month (PSPM), Other. If Other is selected, please describe the basis in the General Comments field for this row. Per Claim: Admin fee charged per claim PMPM: Per Member Per Month PSPM: Per Subscriber Per Month Other: None of the above
Name: Amount for Negotiated Admin Fee Type: Numeric Format: 999999999.99999 Max Length: 14 digits	The negotiated price for administrative fees paid to the PBMs by the health plans to manage their pharmacy benefit.

Name: Gross Pharmacy Allowed Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Sum of the reimbursement amounts for each drug the pharmacy benefit manager paid to pharmacies and any copays, coinsurance, and deductible paid by the member. **NOTE: Do not include the dollar sign or commas.**
Name: Gross Pharmacy Paid Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	Sum of the reimbursement amounts for each drug the pharmacy benefit manager paid to pharmacies. **NOTE: Do not include the dollar sign or commas.**
Name: Member Cost Share Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	The total out of pocket expenditure for members within the health plan including copays, coinsurance, and deductible. **NOTE: Do not include the dollar sign or commas.**
Name: Net Reimbursed Amount Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total amount PBM paid to pharmacies for paid claims of this NDC in the reporting period. This is the total amount the provider received after all direct and indirect administrative and other fees are assessed. $$\begin{aligned}\textit{Net Reimbursed Amount} \\ = \text{Gross Pharamcy Allowed Amount} \\ - (\text{Direct Fees} + \text{Indirect Fees} + \text{Other Fees})\end{aligned}$$ **NOTE: Do not include the dollar sign or commas.**
Name: Direct Fees Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total amount that is paid by the pharmacy to the PBM for all direct administrative fees assessed by the PBM. These fees are specific to the NDC being reported, and this includes but is not limited to: fees related to the adjudication of a claim including the receipt and processing, and any adjustments related to claims for this NDC **NOTE: Do not include the dollar sign or commas.**
Name: Direct Fees Description Type: String Max Length: 5000 characters Format: ABCDE	A narrative description of all direct fees reported in the above field.
Name: Indirect Fees Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total amount that is paid by the pharmacy to the PBM for all indirect administrative fees assessed by the PBM. Since these fees are not directly tied to any claims, these fees must be totaled and divided by the total number of claims being reported for that NDC. This includes but is not limited to clawbacks, adjustments, performance penalties, credentialing, participation, certification, accreditation, or enrollment in a network including, development or management of claims processing services, or payments or charges related to quality of care. **NOTE: Do not include the dollar sign or commas.**
Name: Indirect Fees Description Type: String Max Length: 5000 characters Format: ABCDE	A narrative description of all indirect fees reported in the above field.

Name: Other Fees Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total amount that is paid by the pharmacy to the PBM for all other fees assessed by the PBM not accounted for in direct or indirect fields above. **NOTE: Do not include the dollar sign or commas.**
Name: Other Fees Description Type: String Max Length: 5000 characters Format: ABCDE	A narrative description of all other fees reported in the above field.
Name: Spread Price Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits	The difference between the sum of the total dollar amount, the health plan paid the pharmacy benefit manager and the total Gross Pharmacy Paid Amount for each drug on the PBMs formulary that was retained by the PBM or PBMs subcontractor. A positive value indicates the sum of the total dollar amount the health plan paid is greater than the total gross pharmacy paid amount. A positive value is retained by the PBM. A negative value indicates the sum of the total dollar amount the health plan paid is less than the total gross pharmacy paid amount. A negative value is paid by the PBM. Positive and negative values are accepted. **NOTE: Do not include the dollar sign or commas.**
Name: Rebates Received Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Total rebate received by PBM or its subcontractor for utilization for all units of the NDC for the reporting period. **NOTE: Do not include the dollar sign or commas. If no rebates received for this NDC, then enter 0. Null values are not accepted.**
Name: Total WAC Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: greater than or equal to 0	The sum of the wholesale acquisition cost for all paid claims with this NDC during the Year of the report. **NOTE: Do not include the dollar sign or commas.**
Name: Reimbursement Percentage Discount Type: Numeric Format: 99999.99 Max Length: 7 digits	Please enter this field as calculated: [(Total WAC – Gross Pharmacy Allowed Amount)/Total WAC] *100 $$ReimbursementPercentageDiscount = \left[\frac{(\text{Total WAC} - \text{Gross Pharamcy Allowed Amount})}{\text{Total WAC}} \right] \times 100$$

Name: Rebate Percentage Discount Type: Numeric Format: 99999.99 Max Length: 7 digits	Please enter this field as calculated: [(Total WAC – Rebate Received)/Total WAC)] *100 $$RebatePercentageDiscount = \left[\frac{(\text{Total WAC} - \text{Rebates Received})}{Total\ WAC}\right] \times 100$$ **NOTE: Do not include the percent sign.**
Name: Rebate Retained Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total rebate retained by PBM or its subcontractor. Amount of rebate received for utilization for all units of the NDC minus the amount of rebate distributed to health plans for the reporting period. **NOTE: Do not include the dollar sign or commas.**
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.

PBM Ownership

This report contains all of the data fields necessary to comply with reporting ownership interests by the PBM in any pharmacy or health plan or by any pharmacy or health plan in the PBM.

Files submitted for PBM Ownership report should be named using the following schema, where ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. When naming your report, omit the brackets around ID and YYYYMMDD. 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 "pbm" with your organizations name, this will result in your submission being rejected.

> **File naming schema:** pbm_ownership_{YYYY}_{ID}_{YYYYMMDD}.csv
> Example: pbm_ownership_2021_P12345_20230301.csv (**Please use the submission due date, not the date the report was prepared)**

The submission of this report for this reporting year is due on March 1, 2023 and should include data for calendar year 2021.

Specification	Description

Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g., 12345. **Example:** | Entity Type	Washington DPT Number
Carrier	C12345
Manufacturer	M12345
PSAO	S12345
PBM	P12345	
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2021	Current year for which the aggregate data is reported.
Name: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data.
Name: Ownership Entity Name Type: String Max Length: 5000 characters Format: ABCDE	The name of the entity which the pharmacy benefit manager has ownership interest in.
Name: Ownership Entity Type Type: Choice Choices: PBM, Pharmacy, Health Plan, Other	The type of business which the pharmacy benefit manager has ownership interest in: PBM Pharmacy Health Plan Other
Name: Ownership Interest Description Type: String Max Length: 5000 characters Format: ABCDE	Description of any additional disclosure details or clarifications.
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.

Appendix A – ST Web Client User Guideline

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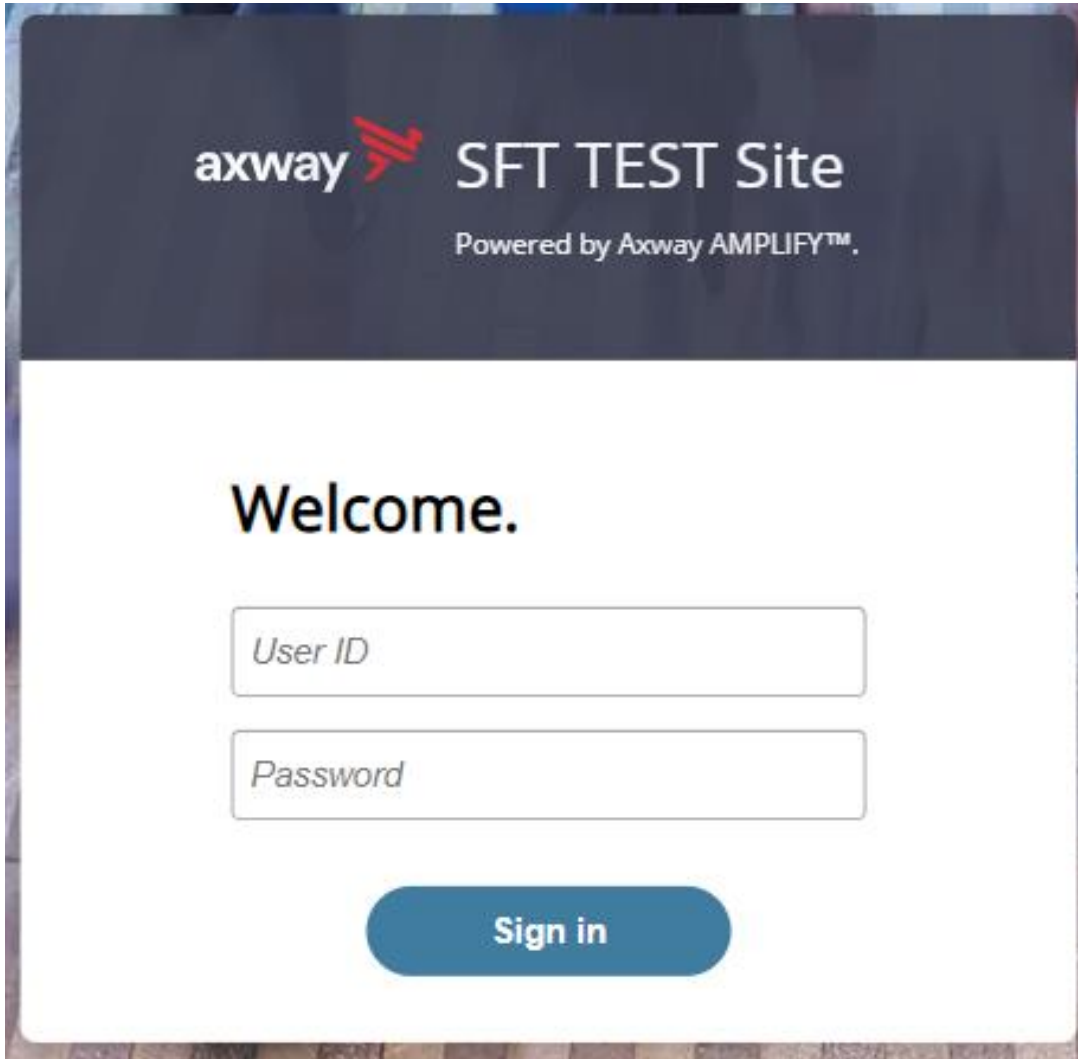
Before you can log in to ST Web Client and open a session, you need:

- 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.

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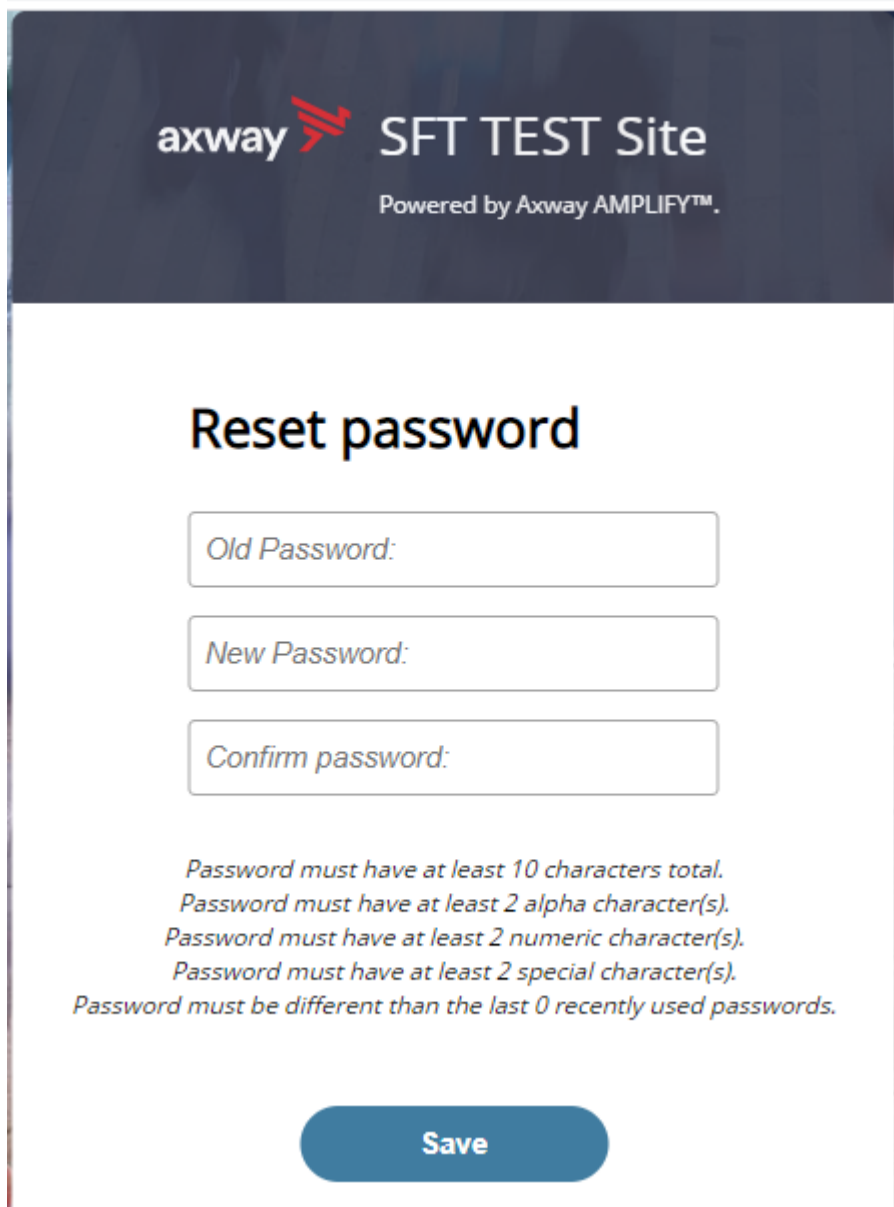
1. Open a supported browser. Use this URL for Production Site - https://sft.wa.gov
2. Enter the connection URL and press enter. This Sign in page should be displayed.

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

This required when a temporary password was given to you.

Change password page is displayed as above.

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

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

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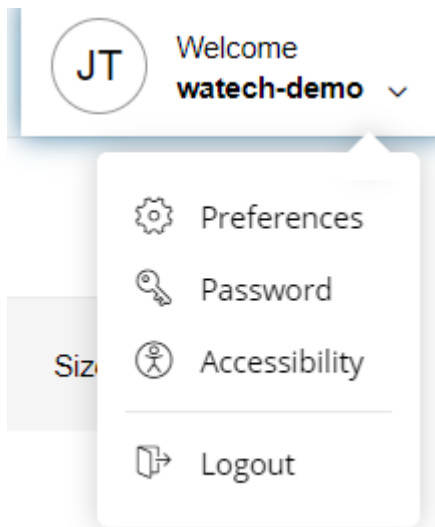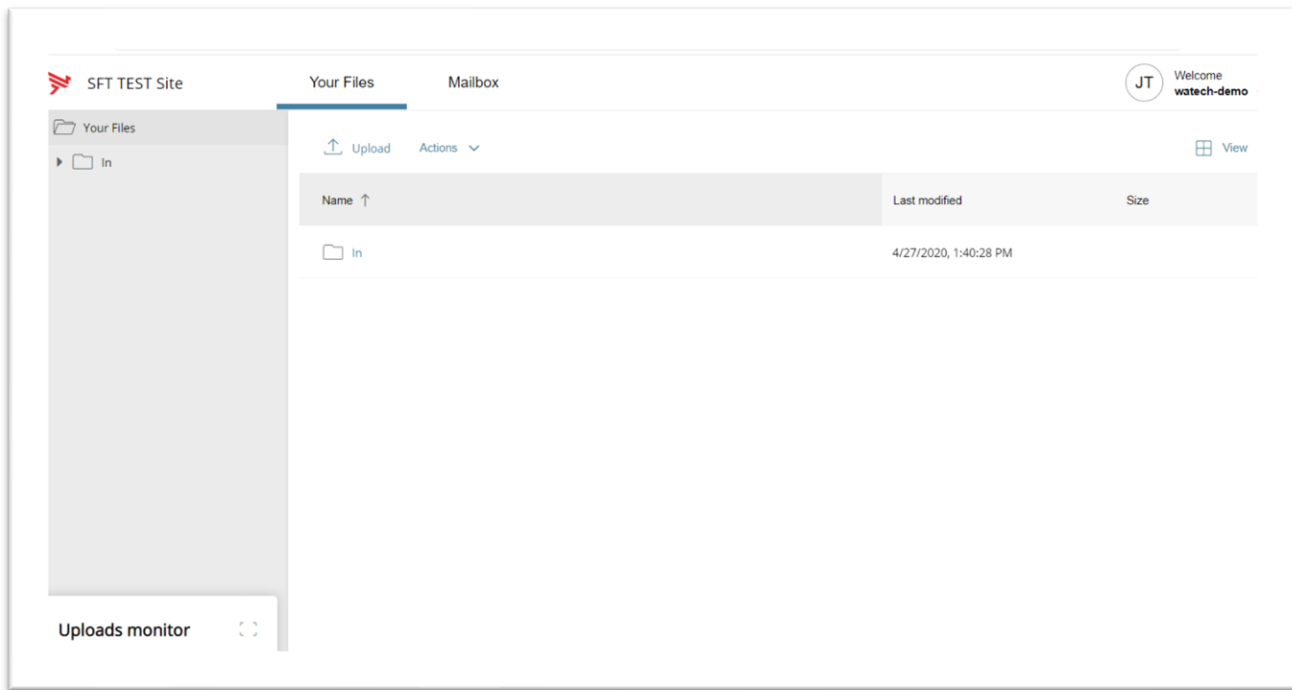
Welcome menu
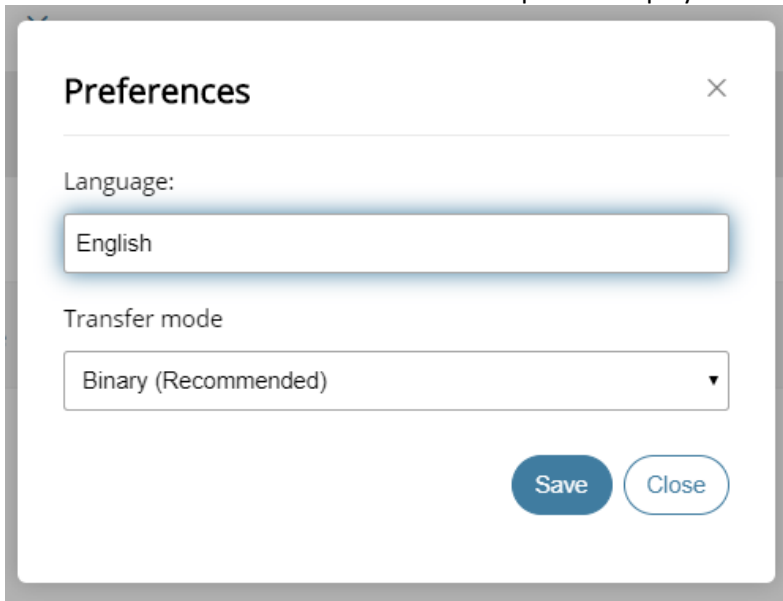
Using the Welcome menu (drop down menu on the upper right corner of page), you can access the tools to manage your user profile as well as logout.

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

Set preferences

To set a preference:

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

Select a Transfer mode

The recommended and default Transfer mode is

Binary

but in rare cases the

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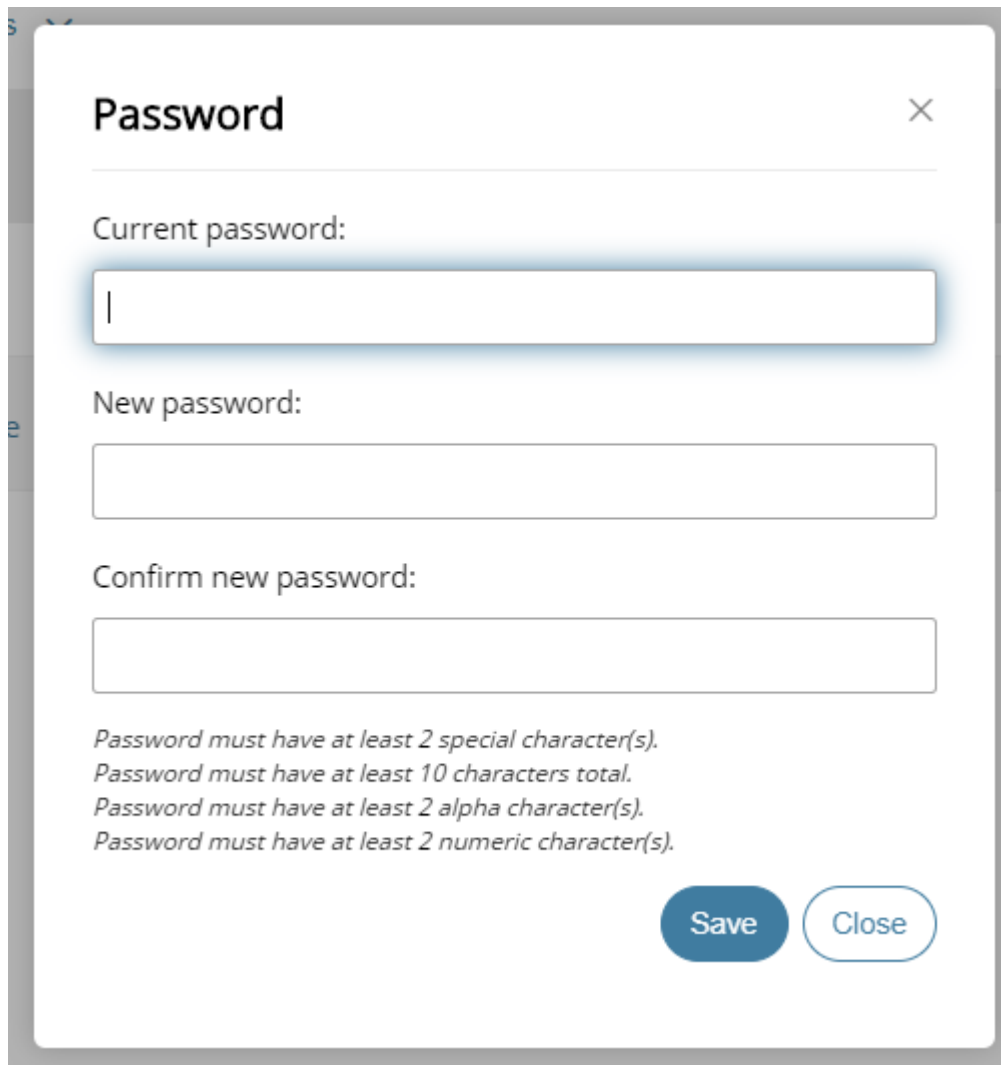
mode may be required for XML, HTML, or TXT files.

Click **Save**.

Change your password

Select the **Welcome** drop-down.

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

Password   ✕

Current password:

| |

New password:

Confirm new password:

Password must have at least 2 special character(s).
Password must have at least 10 characters total.
Password must have at least 2 alpha character(s).
Password must have at least 2 numeric character(s).

Save   Close

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

Upload files

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

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

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

Click **Open**.

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

Actions Drop Down Menu
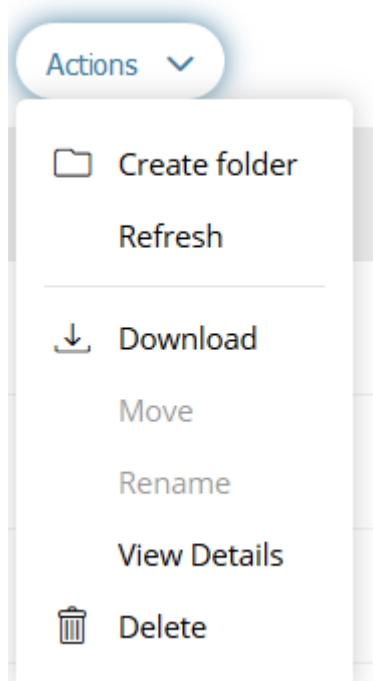
Download files

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
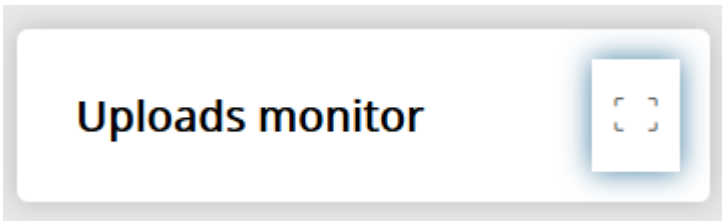
Monitor uploads

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

Information Displayed

The current status of the file uploads

The progress of each upload if in upload processing

Name of file uploaded/uploading

Folder placement of File

Size of File

Start time & date of Upload

Filter uploads displayed

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

All statuses

Running

Completed

Paused

Canceled

Failed

Pause uploads

To pause an upload:

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

Click **Pause**.

Resume uploads

To resume an upload:

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

Click **Resume**.

Cancel uploads

To cancel an upload:

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

Click **Cancel**.

Remove display entries

To cancel an upload:

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

Click **Remove**.

SFT Client Options – Partial List of

WaTech supported clients

Default browser client

Here is the screen after successful login-

Upload a file by selecting "Browse" tab

Select a file and hit the "Open" tab

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

Select the "Upload File" tab

The file name will be displayed.

Download a file

Check the box to left of your file to download.

Select the "Download" tab

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

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:

Upload a file by selecting "Upload" tab

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

Select a file and hit the "Open" tab and this completes the operation of upload. You will get some information on the screen in regard 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"
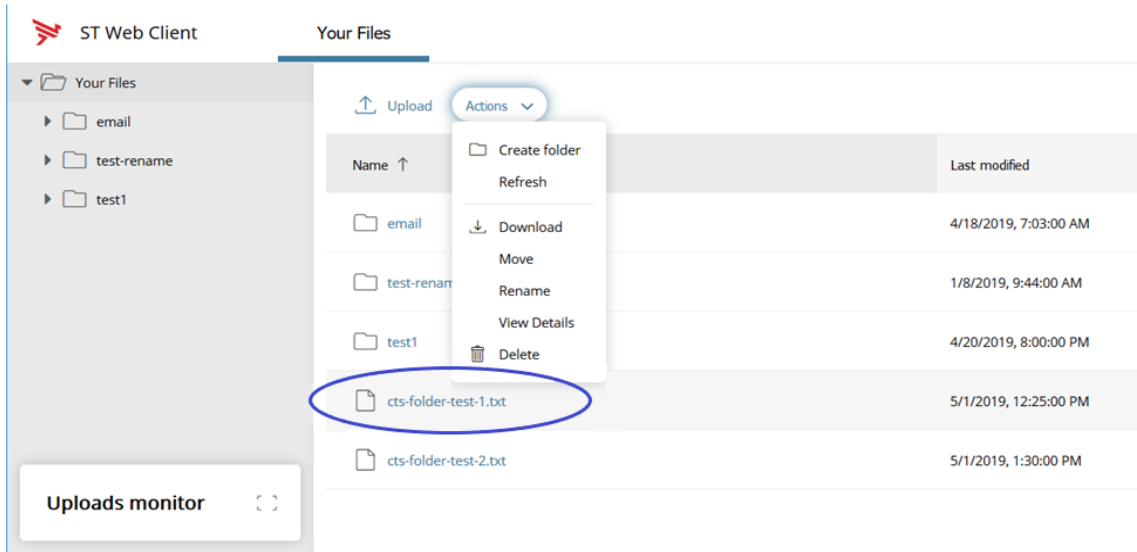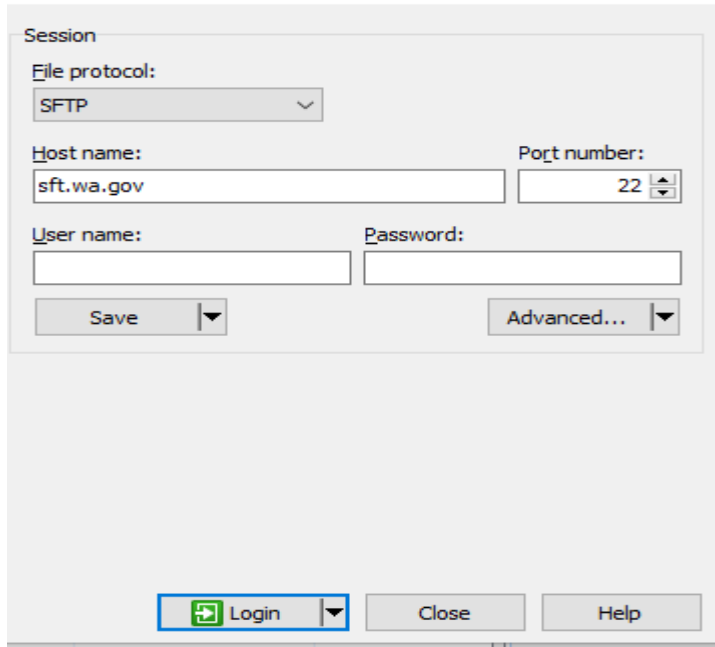
Optional Clients

WaTech **does not support** any third party client or provide technical support.
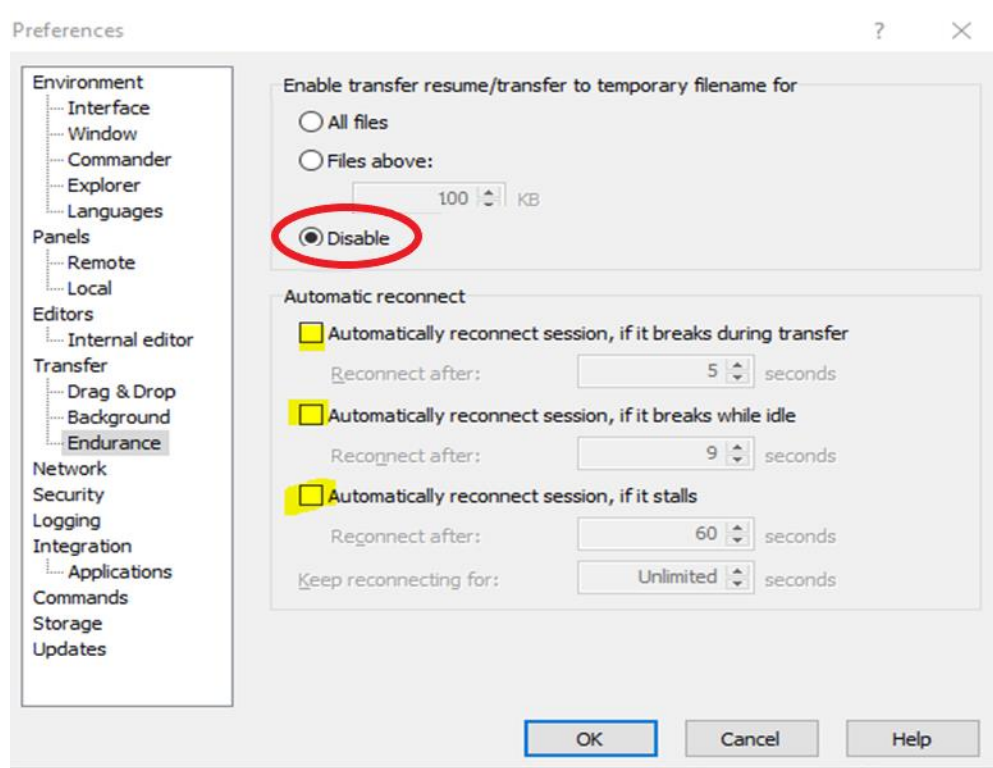
URL and Port requirements-

Setting requirement to work with SFT. Need to Disable
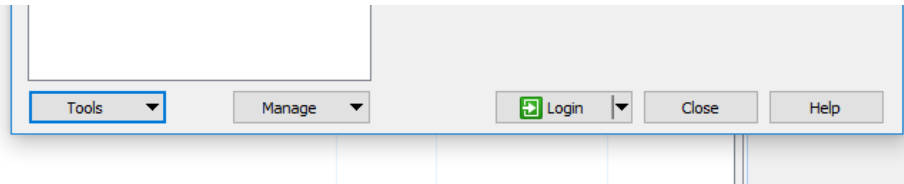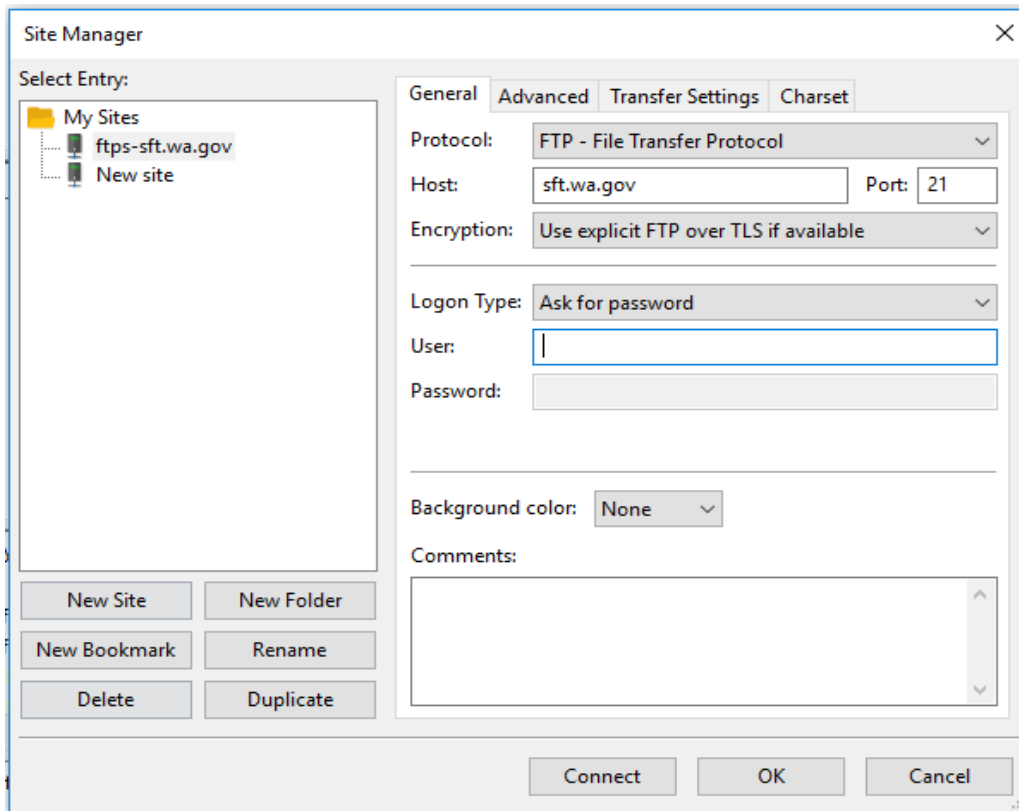

On the right-hand corner of the Login pop up, select the "Tools" tab

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

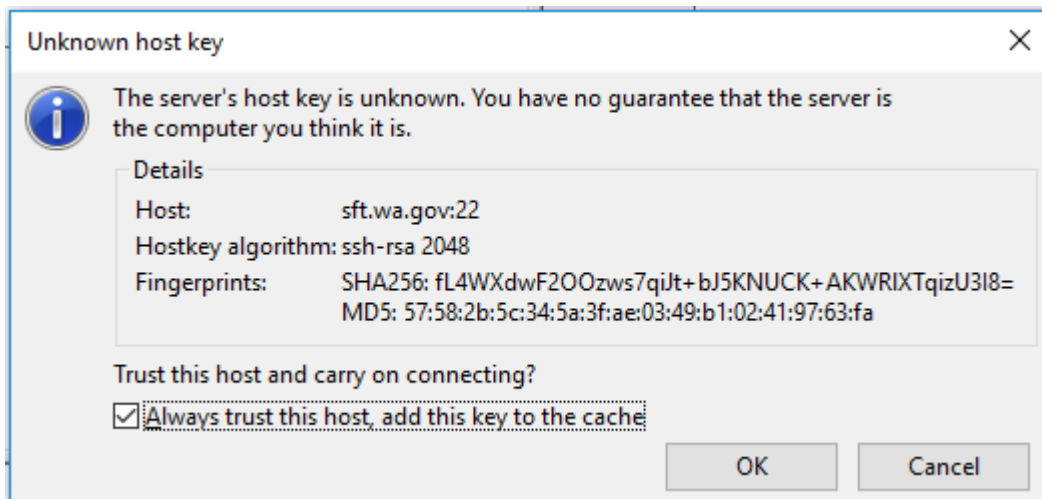The yellow highlight is your choice of operation.

Using FTPS

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

Other client information

General

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

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

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

List of certified client software by the vendor for file exchange

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