Washington State Health Care Authority

PBM Data Submission Guide

Drug Price Transparency – RCW 43.71C
Version 0.1
10/14/2020

Contents

About

In 2019, the Washington State Legislature passed a law ([Chapter 43.71C RCW](#)) which creates the Drug Price Transparency (DPT) program at Health Care Authority (HCA). The law requires issuers of health insurance, pharmacy benefit managers (PBMs), manufacturers, and pharmacy service administrative organizations (PSAOs), to submit data on drug costs and pricing to HCA, for the agency to create annual reports for the public and legislature synthesizing the data to demonstrate the overall impact that drug costs, rebates, and other discounts have on health care premiums.

You may visit HCA website for more information.

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

HCA developed this submission guide with input from stakeholders. This included a process which allowed for stakeholder review and comment on drafts of data definitions. HCA has final approval authority over the data submission guides and all subsequent changes.

For recent updates about the Drug Price Transparency (DPT) program, please see the link below:

https://www.hca.wa.gov/billers-providers-partners/prescription-drug-cost-transparency-update

Contacts

For any questions about the Drug Price Transparency program, please contact the program staff by sending an email:

drugtransparency@hca.wa.gov

Compliance

For information regarding compliance with the Drug Price Transparency program, please contact program staff by sending an email to:

drugtransparency@hca.wa.gov.

Definitions

"Authority" means the health care authority.

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

"Calendar days" means the same as in WAC 182-526-0010.

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

"Current year" means calendar year 2019, for plan year 2019 and means calendar year 2018, for plan year 2018.

"Data" means all data provided to the authority under RCW 43.71C.020 through 43.71C.080 and any analysis prepared by the authority.

"Data submission guide" means the document identifies the data required under RCW 43.71C, and provides instructions for submitting this data to the authority, including guidance on required format for reporting, for each reporting entity.

"Generic Drug" means product that based on the Drug Pricing Reference. Specifically, Generic Drug means a product a product whose national drug code number, depending on the applicable Drug Pricing Reference, has a First Data Bank "Generic Product Flag of "1" on the date the claim was adjudicated, and the MediSpan Multi-Source Indicator for the Covered Drug is a "Y" on the date dispensed. 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" (co-branded product), "O" (originator brand) or an "N" (single source brand) for the Covered Product 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 calendar year 2018, for plan year 2019 and means calendar year 2017, for plan year 2018.

"Rebate" means negotiated price concessions, discounts, however characterized, that accrue directly or indirectly to a reporting entity in connection with utilization of prescription drugs by reporting entity members including, but not limited to, rebates, administrative fees, market share rebates, price protection rebates, performance-based price concessions, volume-related rebates, other credits, and any other negotiated price concessions or discounts that are reasonably anticipated to be passed through to a reporting entity during a coverage year, and any other form of price concession prearranged with a covered manufacturer, dispensing pharmacy, pharmacy benefit manager, rebate aggregator, group purchasing organization, or other party which are paid to a reporting entity and are directly attributable to the utilization of certain drugs by reporting entity members.

"Reporting entity" means carriers, covered manufacturers, health carriers, health plans, pharmacy benefit managers, and pharmacy services administrative organizations, which are required to or voluntarily submit data according to chapter 43.71C RCW.

"Wholesale acquisition cost" means, with respect to a prescription drug, the manufacturer's list price for the drug to wholesalers or direct purchasers in the United States, excluding any discounts, rebates, or reductions in price, for the most recent month for which the information is available, as reported in wholesale acquisition cost guides or other publications of prescription drug pricing.

Submission Schedule

The table below describes the schedule of submissions that are required for you to be in compliance with the DPT program. This includes both the initial submission at the start of the program, in March of 2021, and ongoing submissions on an annual basis.

Report Type	Submission Due Date	Submission Information
PBM Appeals	March 1, 2021	PBM must submit to the authority all data specified in RCW 43.71C.030(1), following the guidelines set forth in this submission guide for calendar years 2019 and 2020.
	March 1st, Annually	A carrier must submit to the authority all data specified in RCW 43.71C.030(1), following the guidelines set forth in this submission guide for the current year.
PBM Carriers	March 1, 2021	PBM must submit to the authority all data specified in RCW 43.71C.030(1), following the guidelines set forth in this submission guide for calendar years 2019 and 2020.
	March 1st, Annually	PBM must submit to the authority all data specified in RCW 43.71C.030(1), following the guidelines set forth in this submission guide for the current year.
PBM Drug Benefit Plan	March 1, 2021	PBM must submit to the authority all data specified in RCW 43.71C.030(1), following the guidelines set forth in this submission guide for calendar years 2019 and 2020.
	March 1st, Annually	PBM must submit to the authority all data specified in RCW 43.71C.030(1), following the guidelines set forth in this submission guide for the current year.
PBM Drug Manufacturers	March 1, 2021	PBM must submit to the authority all data specified in RCW 43.71C.030(1), following the guidelines set forth in this submission guide for calendar years 2019 and 2020.
	March 1st, Annually	PBM must submit to the authority all data specified in RCW 43.71C.030(1), following the guidelines set forth in this submission guide for the current year.
PBM Ownership	March 1, 2021	PBM must submit to the authority all data specified in RCW 43.71C.030(1), following the guidelines set forth in this submission guide for calendar years 2019 and 2020.
	March 1st, Annually	PBM must submit to the authority all data specified in RCW 43.71C.030(1), following the guidelines set forth in this submission guide for the current year.
PBM Pharmacies	March 1, 2021	PBM must submit to the authority all data specified in RCW 43.71C.030(1), following the guidelines set forth in this submission guide for calendar years 2019 and 2020.
	March 1st, Annually	PBM must submit to the authority all data specified in RCW 43.71C.030(1), following the guidelines set forth in this submission guide for the current year.

How to Register

In order to submit data to HCA, you must first complete the registration process and receive credentials to submit data through the Secure File Transfer (SFT) service offering hosted by Washington Technology Solutions (WATECH).

To register, you must complete and submit the registration form to HCA. You can access the form at the link below. Once you've completed the required information in the form, click the "Submit" button to generate an email. Registering thirty days in advance of a reporting due date for this program is strongly encouraged, in order to ensure ample time for you to be added to the system and given the ability to submit files by October 16, 2020.

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

The form must be filled out completely. Incomplete submissions can cause delays in the registration process. Please see the contact email for any questions or concerns about the form and the registration process.

Once your registration is processed, you will be contacted by IT staff from HCA to establish your credentials to submit data to HCA.

How to Submit

To submit files for the Drug Price Transparency program, you will need to use the Secure File Transfer (SFT) service offering hosted by Washington Technology Solutions (WATECH), using the credentials provided to you by HCA. This will provide you with access to a personalized folder for your organization, where you can upload your submissions.

For more details on the process of connecting to SFT, and the tools that can be used to do so, please see "Appendix A – ST Web Client User Guideline" and "Appendix B – SFT Client Options (Partial List)".

There are checks in place to protect the SFT service which may result in the rejection of your submission, without notice. It is unlikely that you will ever trigger these protections, as the size and frequency of the submissions required for this program will never approach these limits. However, accidentally exceeding them could result in termination of your SFT credentials. These limits include (but are not limited to); any file uploaded above 30GB and an upload or download of 50,000 files or above in a 24-hour period. If you suspect that your SFT credentials are no longer working, please contact the DPT program staff.

Resubmissions

In the event that your submission is rejected, HCA will issue you a warning notice describing the reason your submission was rejected. Within 30 days after you receive the warning notice, you will need to resubmit the file after you have made the necessary corrections or request an extension of the due date. If you fail to comply with reporting requirements after receiving a warning notice, the authority may assess a fine.

To ensure that you receive credit for a resubmission, you should use the same YYYYMMDD value in the file name as you did in your first submission. For example, if you submitted the file `my_file_A12345_20201001.csv`, and received a rejection, after making corrections you should resubmit the file with the same name as it was originally submitted under, even if the date of resubmission is January 1, 2021.

Submission Specifications

Data Validation

Every submitted file is checked by automated and manual processes to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCAs reporting software. The automated processes are applied shortly after submission and ensure that the data meet all of the technical rules described in the Table Specifications. These primarily cover checks of data types (number vs. string) and formats (2020-01-01 vs. 01/01/2020). The manual processes are performed by program staff after submission, and include more robust checks of the data for validity.

These validations may result in the rejection of your file submission. In the case of an automatic validation failure, the system will send an automated email to the email address registered for your organization. The automated email provides details on the reason for rejection. In the case of a manual validation failure, program staff will send an email explaining the reason for the rejection. In both cases, you will be required to resubmit your file after making the appropriate corrections.

If your submission passes the automated validation, you will receive an email confirming this at the registered email address for your organization. If you do not receive an automated notification of either success or failure within 72 hours, please contact DPT program staff at drugtransparency@hca.wa.gov for confirmation that your submission was received, and processed.

File Specifications

All files submitted must be text files with comma-separated values (CSV). The text should be encoded using the UTF-8 standard. Line endings in UNIX ("\n") or Windows ("\r\n") format are both acceptable. The header row must be included in every file. For detailed technical guidance, see the Library of Congress CSV Definition.

Appropriately formatted files can also be generated via Microsoft Excel by saving a spreadsheet in CSV format. This will remove many of the features included in Excel, such as formatting, formulas, and "sheets", so you may want to save a copy in Excel format for your own reference in the future.

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

Data Specifications

Null Values: if you do not have any data to provide for a field, leave the field "blank" (e.g. an empty string). Do not provide the value as "NULL", or otherwise provide a special indicator of a null value.

All fields are required, unless otherwise indicated in the table specification. If a field is not required, that will be indicated with the word "Nullable" in the specification. In those cases, you can provide a blank value. In all other cases, providing a blank value will result in a rejection by the automated validation.

Date Formats: unless otherwise specified, all dates should be reported in ISO-8601 format with hyphens between years, months and days: "YYYY-MM-DD". For example, Nov. 1st, 2020 would be recorded as "2020-11-01".

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 ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected.

File naming schema: `pbm_appeals_{ID}_{YYYYMMDD}.csv`

Files submitted for PBM appeals should be named using the following schema and saved as a CSV file before you upload to your SFT account:

- Do not insert your own PBM name. ONLY change ID and Date.
- Remove {} in the file name
- ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number) and is 6 characters in length
- YYYYMMDD is a placeholder for the submission date.
- The correct format of the date is required when submitting. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected.

Example: `pbm_appeals_P12345_20201005.csv`

The first submission of this report is due on March 1st, 2021, and should include data effective for 2019 and 2020.

Follow up submissions are due on an annual basis by Mar. 1st, and should cover the entire previous calendar year. Please see the Submission Schedule for more detail.

Specific	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE Min Length: 6 characters	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.
Name: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data.

Name: Pharmacy Benefit Manager ID Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the carrier for which we can identify them. **EIN:** Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number
Name: PBM ID Type Type: Choice Choices: EIN,UBI,DUNS	**The type of ID that was submitted in the carrier ID number field.** **EIN**: Federal US Tax ID number **DUNS**: Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI**: Washington State Unique Business ID number
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.
Name: PBM Rx Group Number Type: String Max Length: 20 characters Format: ABCDE	Unique ID number assigned to the individual health plans managed by PBM
Name: PBM PCN Number Type: String Max Length: 10 characters Format: ABCDE	Processor control number used for adjudicating prescription drug claims
Name: Year/Quarter Type: Numeric Format: 00000 Max Length: 5 digits Min Length: 5 digits	Year and quarter for which the aggregate data is reported
Name: Pharmacy Name Type: String Max Length: 80 characters Format: ABCDE	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	Number of retail outlets in Washington State
Name: Appeals ID Type: String Max Length: 30 characters Format: ABCDE	ID number of appeal as assigned by PBM

Name: Appeals Description Type: String Max Length: 5000 characters Format: ABCDE	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 Unique	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 (e.g. 12345678910).
Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE	Drug name including the salt form if any, without any other modifying elements, to be used as a grouper. For example, "fluoxetine" and "fluoxetine HCL" is acceptable. "Fluoxetine DR," "fluoxetine 20 mg tablets" are unacceptable for this field.
Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE	Drug name, may include salt form, dosage form, strength, and any other information. For example, "fluoxetine 20 mg tablets" is acceptable. "fluoxetine", "fluoxetine HCL", "fluoxetine DR, are unacceptable for this field
Name: Label Name Type: String Max Length: 80 characters Format: ABCDE	Drug name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR, are acceptable.
Name: PBM Reimbursement Amount Per Unit Type: String Max Length: 100 characters Format: ABCDE	MAC price by PBM for NDC being appealed
Name: Reimbursement Unit of Measure Type: Choice Choices: AHF,CAP,SUP,GM,ML,TAB,TDP,EA	Unit of Measure for WAC (prior to acquisition) defined as one of the following values: **AHF:** Anti-hemophilia factor **CAP:** Capsule **SUP:** Suppository **GM:** Gram **ML:** Milliliter **TAB:** Tablet **TDP:** Transdermal patch **EA:** Each
Name: Pharmacy Invoice Price Per Unit **Type: String** **Max Length: 100 characters** **Format: ABCDE**	Invoiced price by pharmacy for NDC being appealed

Name: Appeal Outcome (binary) Type: Choice Choices: A,D	Select "A" if appeal approved; select "D" if appeal denied.
Name: Denial Reason Type: String Max Length: 5000 characters Format: ABCDE	The reason for the denial and the national drug code of a drug that has been purchased by other network pharmacies located in Washington at a price that is equal to or less than the predetermined reimbursement cost for the multisource generic drug. A pharmacy with fifteen or more retail outlets, within the state of Washington, under its corporate umbrella may submit information to the commissioner about an appeal under subsection (3) of this section for purposes of information collection and analysis.
Name: Reasonable Adjustment Type: String Max Length: 80 characters Format: ABCDE	If an appeal is upheld, the reasonable adjustment pharmacy benefit manager made to the pharmacy
Name: OIC Action Type: Choice Choices: Y,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	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

This report contains all of the data fields necessary to comply with reporting the negotiated prices health plans pay of prescription drugs and the terms of patient cost-shares with those health plans.

Files submitted for PBM Carriers report should be named using the following schema, where ID is the ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected.

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

Files submitted for PBM carriers should be named using the following schema and saved as a CSV file before you upload to your SFT account:

- Do not insert your own PBM name. ONLY change ID and Date.
- Remove {} in the file name
- ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number) and is 6 characters in length
- YYYYMMDD is a placeholder for the submission date.
- The correct format of the date is required when submitting. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected.

Example: pbm_carriers_P12345_20201005.csv

The first submission of this report is due on March 1st, 2021, and should include data effective for 2019 and 2020.

Follow up submissions are due on an annual basis by Mar. 1st, and should cover the entire previous calendar year. Please see the Submission Schedule for more detail.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE Min Length: 6 characters	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.
Name: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data.
Name: Pharmacy Benefit Manager ID Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the carrier for which we can identify them. **EIN:** Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number

Name: PBM ID Type Type: Choice Choices: EIN,UBI,DUNS	**The type of ID that was submitted in the carrier ID number field.** **EIN**: Federal US Tax ID number **DUNS**: Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI**: Washington State Unique Business ID number
Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE	Name of health carrier submitting data for its health plans
Name: Carrier Line of Business Type: String Max Length: 80 characters Format: ABCDE	Insert the Line of Business you are reporting on: Large Group Small Group Individual
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.
Name: PBM Rx Group Number Type: String Max Length: 20 characters Format: ABCDE	Unique ID number assigned to the individual health plans managed by PBM
Name: PBM PCN Number Type: String Max Length: 10 characters Format: ABCDE	Processor control number used for adjudicating prescription drug claims
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018	Year for which the aggregate data is reported
Name: NDC Type: Numeric Format: 00000000000 Max Length: 11 digits Min Length: 11 digits Unique	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 (e.g. 12345678910).
Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE	Drug name including the salt form if any, without any other modifying elements, to be used as a grouper. For example, "fluoxetine" and "fluoxetine HCL" is acceptable. "Fluoxetine DR," "fluoxetine 20 mg tablets" are unacceptable for this field.

Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE	Drug name, may include salt form, dosage form, strength, and any other information. For example, "fluoxetine 20 mg tablets" is acceptable. "fluoxetine", "fluoxetine HCL", "fluoxetine DR, are unacceptable for this field
Name: Label Name Type: String Max Length: 80 characters Format: ABCDE	Drug name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR, are acceptable.
Name: Negotiated Price Type: Numeric Format: 999999999.99999 Max Length: 14 digits	The negotiated rate that the PBM would charge the plan for paid claims for this NDC. Example AWP - 18%, if the drug is on a list of drugs for which predetermined reimbursement costs have been established, such as a maximum allowable cost (MAC) or maximum allowable cost list or any other benchmark prices utilized by the pharmacy benefit manager to determine multisource generic drug reimbursement amounts, the specific MAC rate for that health plan for that NDC.

This report contains all of the data fields necessary to comply with reporting the amount, terms, and conditions relating to copayments, reimbursement options, and other payments or fees associated with a prescription drug benefit plan.

Files submitted for PBM Drug Benefit Plan report should be named using the following schema, where ID is the ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected.

> **File naming schema:** pbm_drug_benefit_plan_{ID}_{YYYYMMDD}.csv

Files submitted for PBM carriers should be named using the following schema and saved as a CSV file before you upload to your SFT account:

- Do not insert your own PBM name. ONLY change ID and Date.
- Remove {} in the file name
- ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number) and is 6 characters in length
- YYYYMMDD is a placeholder for the submission date.
- The correct format of the date is required when submitting. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected.

Example: pbm_carriers_P12345_20201005.csv

The first submission of this report is due on March 1st, 2021, and should include data effective for 2019 and 2020.

Follow up submissions are due on an annual basis by Mar. 1st, and should cover the entire previous calendar year. Please see the Submission Schedule for more detail.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE Min Length: 6 characters	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.
Name: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data.
Name: Pharmacy Benefit Manager ID Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the carrier for which we can identify them. **EIN:** Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number

Name: PBM ID Type Type: Choice Choices: EIN,UBI,DUNS	**The type of ID that was submitted in the carrier ID number field.** **EIN**: Federal US Tax ID number **DUNS**: Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI**: Washington State Unique Business ID number
Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE	Name of health carrier submitting data for its health plans
Name: Carrier Line of Business Type: String Max Length: 80 characters Format: ABCDE	Insert the Line of Business you are reporting on: Large Group Small Group Individual
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.
Name: PBM Rx Group Number Type: String Max Length: 20 characters Format: ABCDE	Unique ID number assigned to the individual health plans managed by PBM
Name: PBM PCN Number Type: String Max Length: 10 characters Format: ABCDE	Processor control number used for adjudicating prescription drug claims
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018	Year for which the aggregate data is reported
Name: Copayment Amounts Type: String Max Length: 5000 characters Format: ABCDE	Specific copayment amounts for each formulary or preferred drug list tier in the Prescription drug benefit plan. For example Tier 1 = $10 copay; Tier 2 = $50 copay; Tier 3 = $100 copay; Specialty Tier = $200 copay.
Name: Copayment Conditions Type: String Max Length: 5000 characters Format: ABCDE	Any conditions on minimum or maximum copayment or coinsurance amounts. For example if the cost of the drug is less than the copayment does the prescription drug benefit plan require the member pay the full copayment or just the cost of the drug? Is there is a percentage coinsurance is there a maximum? For example Tier 1 = 10% up to $10 per month.

Name: Other Type: String Max Length: 5000 characters Format: ABCDE	Other reimbursement options, payments, or fees associated with a prescription drug benefit plan.

This report contains all of the data fields necessary to comply with reporting all rebates and discounts received by manufacturers and the amount retained by the PBM.

File naming schema: `pbm_manufacturers_{ID}_{YYYYMMDD}.csv`

Files submitted for PBM carriers should be named using the following schema and saved as a CSV file before you upload to your SFT account:

- Do not insert your own PBM name. ONLY change ID and Date.
- Remove {} in the file name
- ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number) and is 6 characters in length
- YYYYMMDD is a placeholder for the submission date.
- The correct format of the date is required when submitting. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected.

Example: `pbm_manufacturers_P12345_20201005.csv`

The first submission of this report is due on March 1st, 2021, and should include data effective for 2019 and 2020.

Follow up submissions are due on an annual basis by Mar. 1st, and should cover the entire previous calendar year. Please see the Submission Schedule for more detail.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE Min Length: 6 characters	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.
Name: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data.
Name: Pharmacy Benefit Manager ID Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the carrier for which we can identify them. **EIN:** Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number
Name: PBM ID Type Type: Choice Choices: EIN,UBI,DUNS	**The type of ID that was submitted in the carrier ID number field.** **EIN**: Federal US Tax ID number **DUNS**: Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI**: Washington State Unique Business ID number

Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018	Year for which the aggregate data is reported
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 Unique	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 (e.g. 12345678910).
Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE	Drug name including the salt form if any, without any other modifying elements, to be used as a grouper. For example, "fluoxetine" and "fluoxetine HCL" is acceptable. "Fluoxetine DR," "fluoxetine 20 mg tablets" are unacceptable for this field.
Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE	Drug name, may include salt form, dosage form, strength, and any other information. For example, "fluoxetine 20 mg tablets" is acceptable. "fluoxetine", "fluoxetine HCL", "fluoxetine DR, are unacceptable for this field
Name: Label Name Type: String Max Length: 80 characters Format: ABCDE	Drug name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR, are acceptable.

Name: Rebates Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	"Rebate" means retrospective payments or discounts, including promotional or volume-related refunds, incentives or other credits however characterized, pre-arranged with covered manufacturer for certain Prescription Drugs, which are paid to a submitter, and are directly attributable to the utilization of certain drugs by submitters or their members, including Administrative fees and software or data fees paid by covered manufacturer to submitters. "Rebate" includes all rebates, discounts, payments or benefits (however characterized) generated by a submitter's Prescription Drug Claims, or derived from any other payment or benefit for the dispensing of Prescription Drugs or classes or brands of drugs within a health plan or arising out of any relationships a submitter has with covered manufacturers, including but not limited to rebate sharing, market share allowances, educational allowances, gifts, promotions, or any other form of revenue whatsoever
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.
Name: Total Paid Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total amount paid for claims for this NDC
Name: Percentage Discount Type: Numeric Format: 99999.99 Max Length: 7 digits	[(Total WAC - Total Paid)/Total WAC)]*100
Name: Total Paid Amount Net Rebate Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total Paid Amount subtracting 24-Month Rebate Collected, for all paid claims for the NDC in the quarter reported.
Name: Rebate Invoiced Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total rebate invoiced to manufacturer. Amount of rebate submitted on invoice for utilization for all units of the NDC for the reporting period.
Name: Rebate Collected Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total rebate retained by PBM. Amount of rebate recieved for utilization for all units of the NDC minus the amount of rebate distributed to health plans for the reporting period.
Name: Rebate Distributed Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total rebate distributed to health plans to date from the manufacturer for paid units of the NDC for the reporting period.

Name: Rebate Retained Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total rebate distributed to health plans to date from the manufacturer for paid units of the NDC for the reporting period.

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.

File naming schema: `pbm_ownership_{ID}_{YYYYMMDD}.csv`

Files submitted for PBM carriers should be named using the following schema and saved as a CSV file before you upload to your SFT account:

- Do not insert your own PBM name. ONLY change ID and Date.
- Remove {} in the file name
- ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number) and is 6 characters in length
- YYYYMMDD is a placeholder for the submission date.
- The correct format of the date is required when submitting. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected.

Example: `pbm_ownership_P12345_20201005.csv`

The first submission of this report is due on March 1st, 2021, and should include data effective for 2019 and 2020.

Follow up submissions are due on an annual basis by Mar. 1st, and should cover the entire previous calendar year. Please see the Submission Schedule for more detail.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE Min Length: 6 characters	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.
Name: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data.
Name: Pharmacy Benefit Manager ID Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the carrier for which we can identify them. **EIN:** Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number
Name: PBM ID Type Type: Choice Choices: EIN,UBI,DUNS	**The type of ID that was submitted in the carrier ID number field.** **EIN**: Federal US Tax ID number **DUNS**: Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI**: Washington State Unique Business ID number

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.
Name: PBM Rx Group Number Type: String Max Length: 20 characters Format: ABCDE	Unique ID number assigned to the individual health plans managed by PBM
Name: PBM PCN Number Type: String Max Length: 10 characters Format: ABCDE	Processor control number used for adjudicating prescription drug claims
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: EIN,UBI,DUNS	The type of business which the pharmacy benefit manager has ownership interest in: PBM Pharmacy Health Plan Other
Name: Ownership Entity ID Number Type: String Max Length: 5000 characters Format: ABCDE	ID number submitted by the PBM for which we can identify them. EIN: Federal US Tax ID number DUNS: Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet UBI: Washington State Unique Business ID number
Name: Ownership Entity ID Type Type: String Max Length: 5000 characters Format: ABCDE	The type of ID that was submitted in the carrier ID number field. **EIN**: Federal US Tax ID number **DUNS**: Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI**: Washington State Unique Business ID number
Name: Ownership Relationship Type: String Max Length: 5000 characters Format: ABCDE	A narrative explanation of the ownership relationship, including but not limited to: who owns who, percent ownership, and date of acquisition.
Name: Ownership Interests Percent Type: Numeric Format: 999.99 Max Length: 5 digits	Percent ownership of PBM, pharmacy or health plan. No ownership is 0.

Name: Ownership Interest Description	Narrative description of ownership interest being reported including but not limited to percent ownership, date of investment acquisition
Type: String Max Length: 5000 characters Format: ABCDE	

This report contains all of the data fields necessary to comply with reporting total reimbursement amounts for each drug the pharmacy benefit manager pays retail pharmacies.

File naming schema: `pbm_pharmacies_{ID}_{YYYYMMDD}.csv`

Files submitted for PBM carriers should be named using the following schema and saved as a CSV file before you upload to your SFT account:

- Do not insert your own PBM name. ONLY change ID and Date.
- Remove {} in the file name
- ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number) and is 6 characters in length
- YYYYMMDD is a placeholder for the submission date.
- The correct format of the date is required when submitting. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected.

Example: `pbm_pharmacies_P12345_20201005.csv`

The first submission of this report is due on March 1st, 2021, and should include data effective for 2019 and 2020.

Follow up submissions are due on an annual basis by Mar. 1st, and should cover the entire previous calendar year. Please see the Submission Schedule for more detail.

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE Min Length: 6 characters	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.
Name: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data.
Name: Pharmacy Benefit Manager ID Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the carrier for which we can identify them. **EIN:** Federal US Tax ID number **DUNS:** Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI:** Washington State Unique Business ID number
Name: PBM ID Type Type: Choice Choices: EIN,UBI,DUNS	**The type of ID that was submitted in the carrier ID number field.** **EIN**: Federal US Tax ID number **DUNS**: Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet **UBI**: Washington State Unique Business ID number

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.
Name: PBM Rx Group Number Type: String Max Length: 20 characters Format: ABCDE	Unique ID number assigned to the individual health plans managed by PBM
Name: PBM PCN Number Type: String Max Length: 10 characters Format: ABCDE	Processor control number used for adjudicating prescription drug claims
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018	Year for which the aggregate data is reported
Name: NDC Type: Numeric Format: 00000000000 Max Length: 11 digits Min Length: 11 digits Unique	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 (e.g. 12345678910).
Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE	Drug name including the salt form if any, without any other modifying elements, to be used as a grouper. For example, "fluoxetine" and "fluoxetine HCL" is acceptable. "Fluoxetine DR," "fluoxetine 20 mg tablets" are unacceptable for this field.
Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE	Drug name, may include salt form, dosage form, strength, and any other information. For example, "fluoxetine 20 mg tablets" is acceptable. "fluoxetine", "fluoxetine HCL", "fluoxetine DR, are unacceptable for this field
Name: Label Name Type: String Max Length: 80 characters Format: ABCDE	Drug name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR, are acceptable.
Name: Net Reimbursed Amount Type: Numeric Format: 999999999.99999 Max Length: 14 digits	Total amount that is paid by the PBM and its members to the pharmacy for paid claims of the NDC in the reporting period. This is the total amount the provider received after all direct and indirect administrative and other fees are assessed.

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.
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.
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.
Name: Other Fees Description Type: String Max Length: 5000 characters Format: ABCDE	A narrative description of all other fees reported in the above field.

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:
  - o Microsoft Internet Explorer 11
  - o Microsoft Edge - latest version
  - o Mozilla Firefox - latest version
  - o Apple Safari - latest version
  - o Google Chrome - latest version
- A connection URL to paste into your browser: https://sft.wa.gov or https://sft-test.wa.gov
- A user name and password. This information is provided to you by State of Washington business partner. You must enter this information on the Log in page.

Sign in with your password

To sign into ST Web Client:

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

Upon signing in you may be requested to reset your password

This required when a temporary password was given to you.

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**.
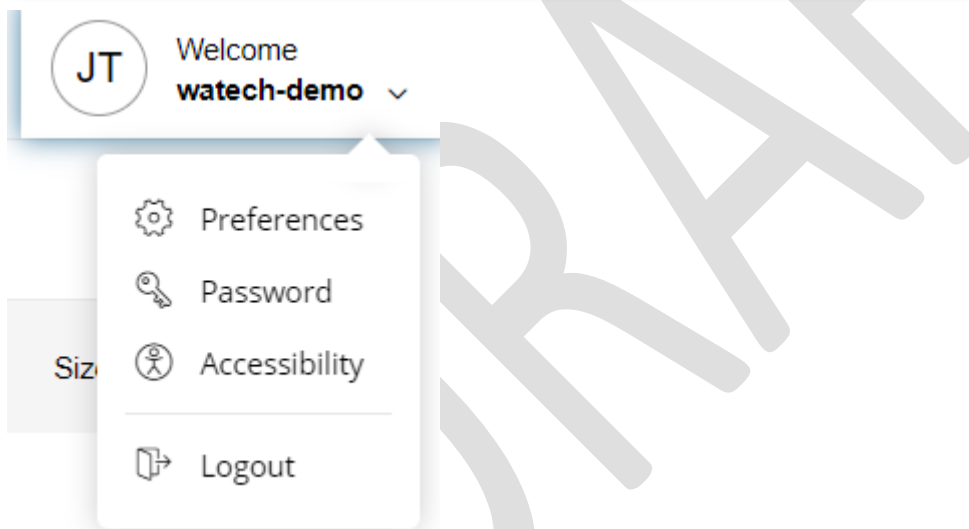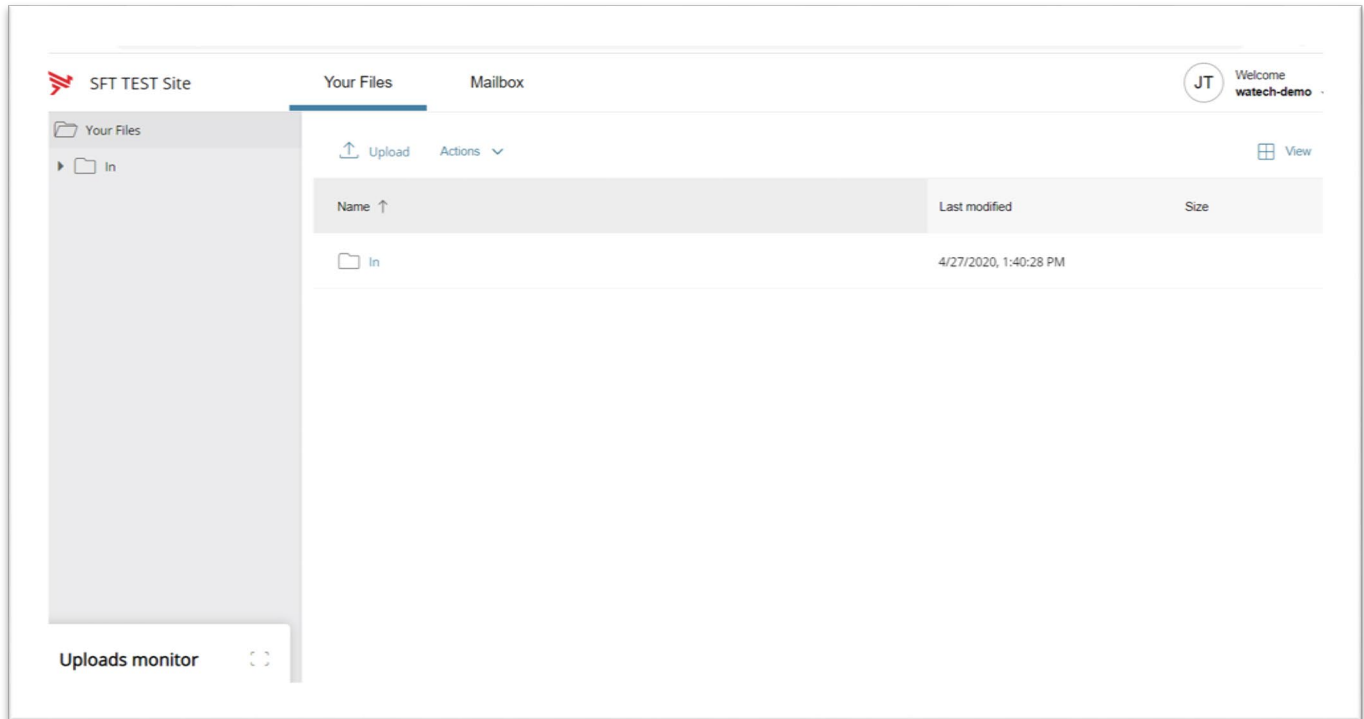
This page is displayed after successful login.

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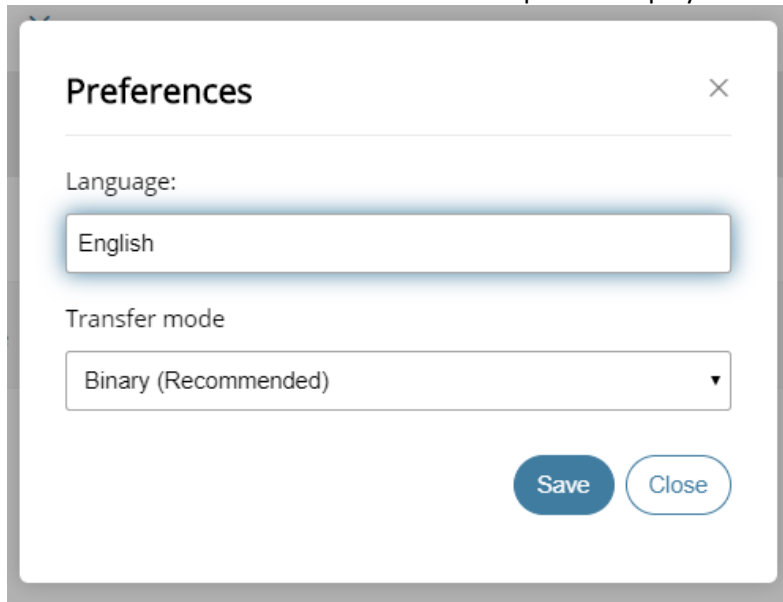
Using the Welcome menu (drop down menu on the upper right corner of page), you can access the tools to manage your user profile as well as logout.

- 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.

Preferences   ✕

Language:

| English |

Transfer mode

| Binary (Recommended)   ▾ |

(Save) (Close)

Select a Transfer mode

The recommended and default Transfer mode is

Binary

but in rare cases the

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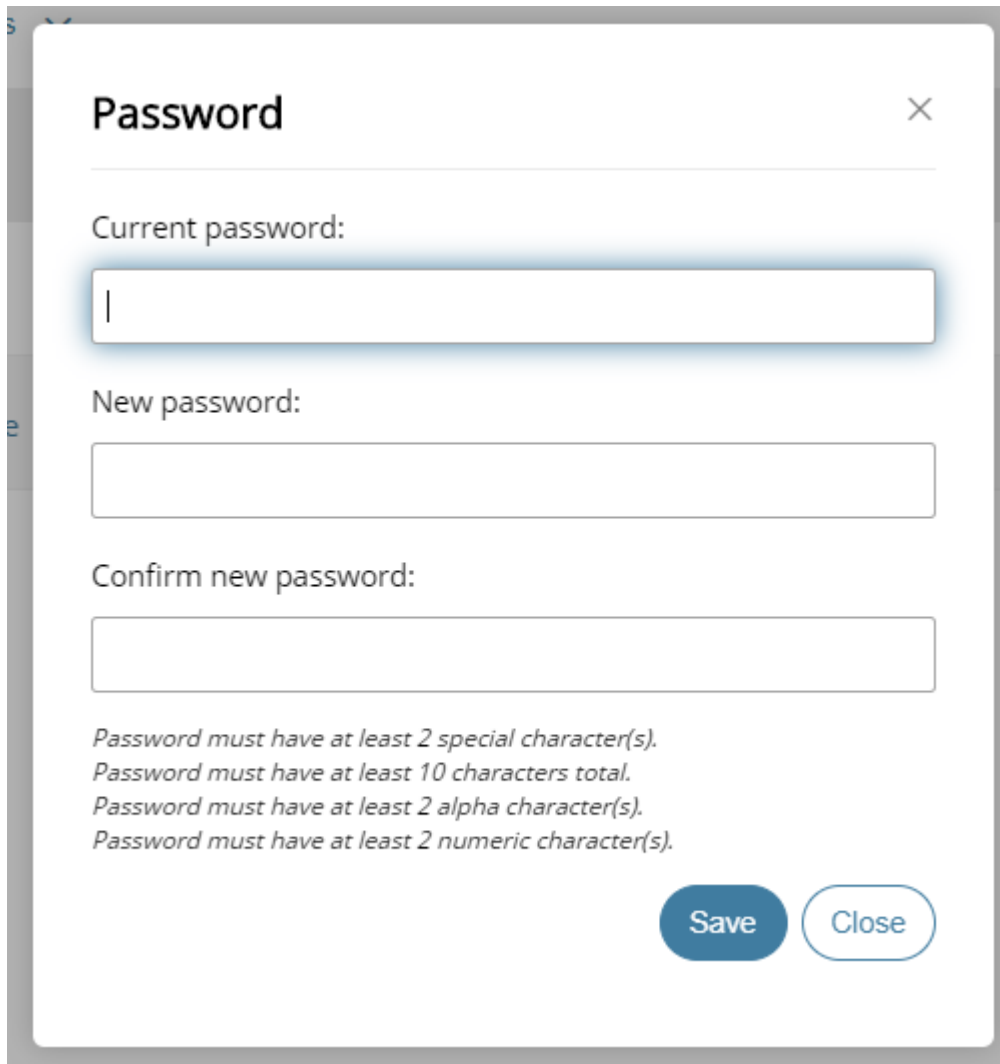
mode may be required for XML, HTML, or TXT files.

Click **Save**.

Select the **Welcome** drop-down.

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

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.
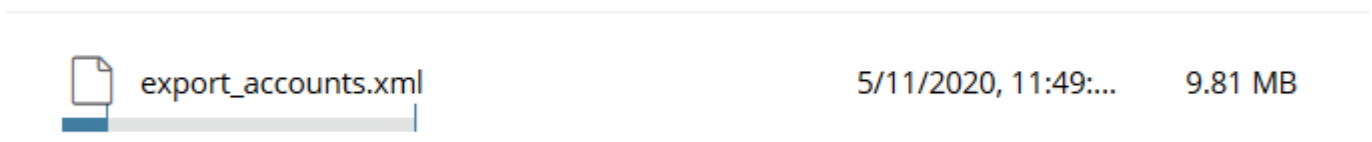
Actions Drop Down Menu
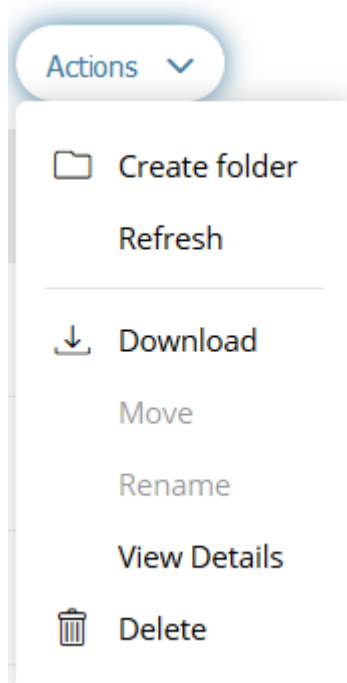
Download files

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
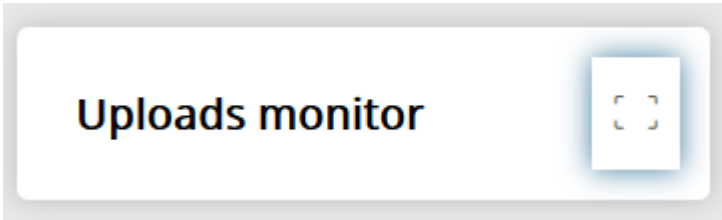
Monitor uploads

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

Name	Folder	Status	Size	Started ↓	Speed
Test_doc2.doc	/dir	Completed	1.76 KB	4/2/2018, 1:19:19 PM	
Test_doc.doc	/	Completed	1.76 KB	4/2/2018, 1:18:52 PM	

Information Displayed

The current status of the file uploads

The progress of each upload if in upload processing

Name of file uploaded/uploading

Folder placement of File

Size of File

Start time & date of Upload

Filter uploads displayed

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

All statuses

Running

Completed

Paused

Canceled

Failed

Pause uploads

To pause an upload:

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

Click **Pause**.

Resume uploads

To resume an upload:

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

Click **Resume**.

Cancel uploads

To cancel an upload:

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

Click **Cancel**.

Remove display entries

To cancel an upload:

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

Click **Remove**.

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 regards to the file transfer.

Download a file by

On the screen highlight the file you want to download.

Click on "Actions" drop down will appear, select "Download"
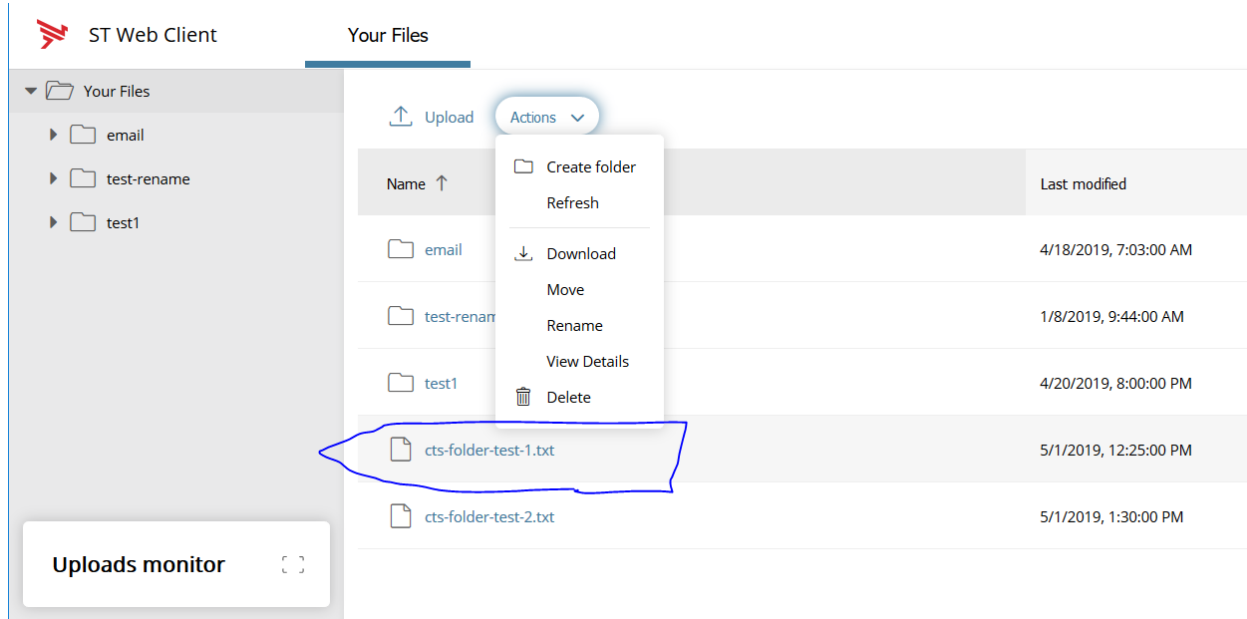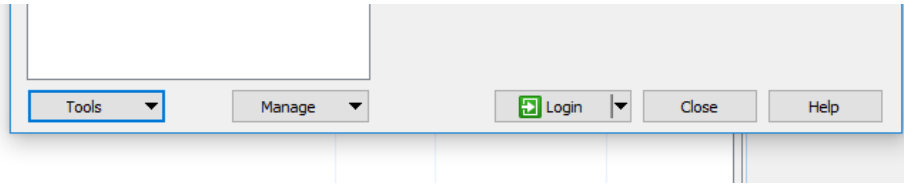

Optional Clients
WaTech **does not support** any third party client or provide technical support.

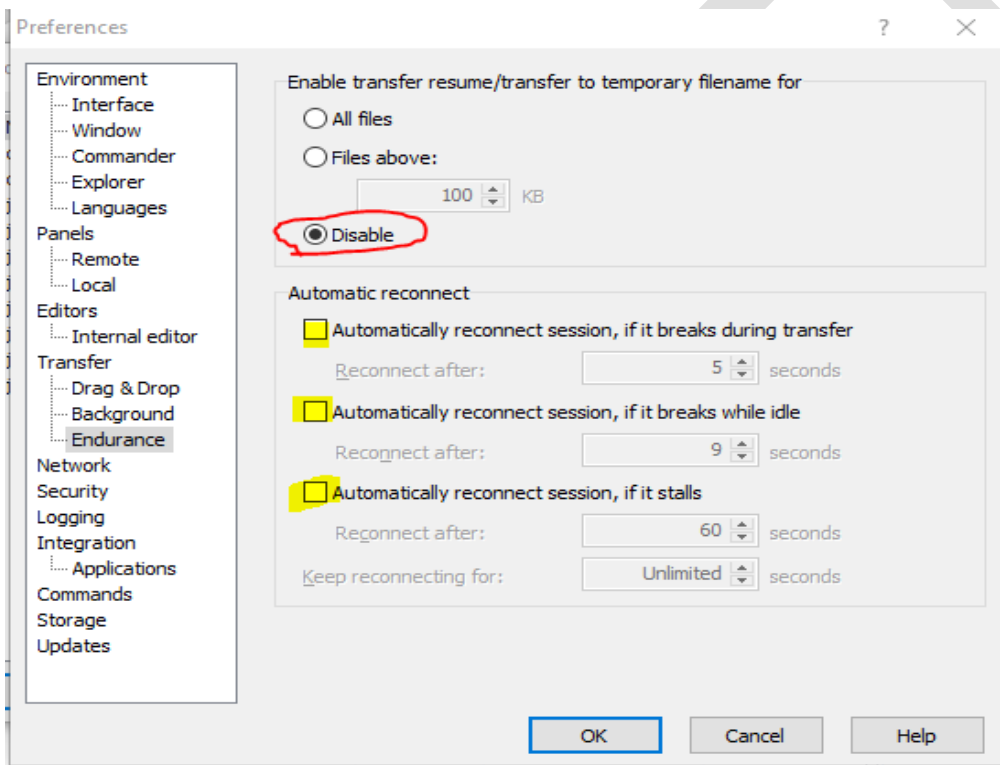## WinSCP – With Basic setup information and requirements
URL and Port requirements-

Setting requirement to work with SFT. Need to Disable

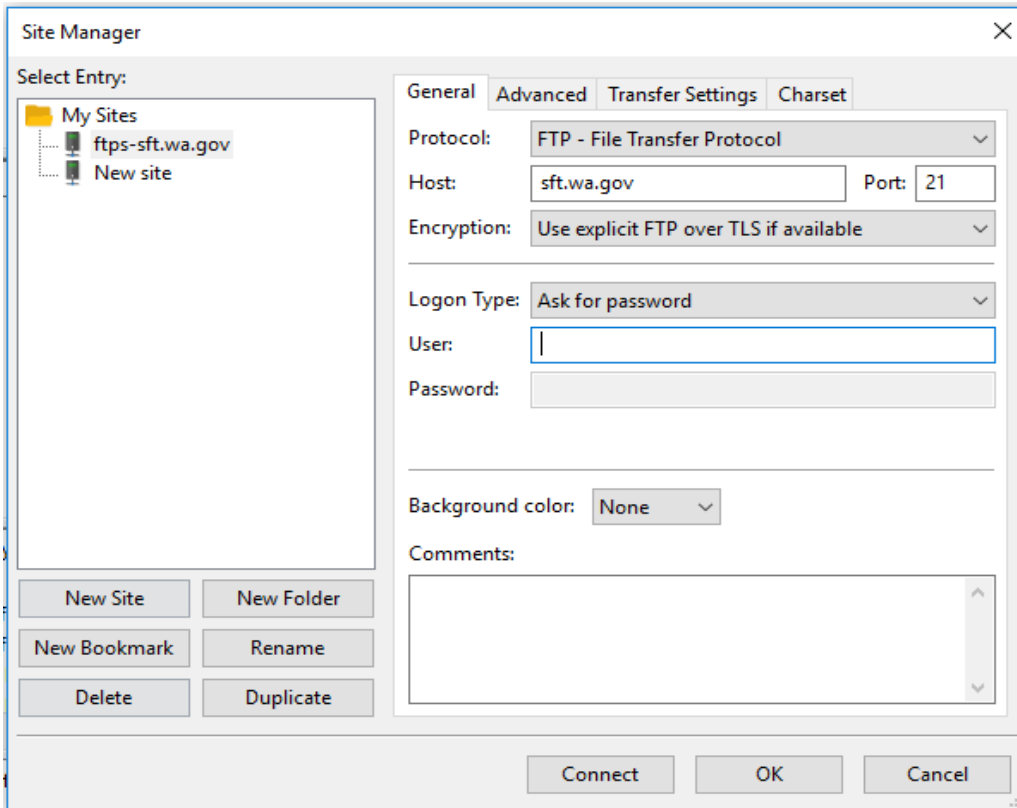On the right hand corner of the Login pop up, select the "Tools" tab

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

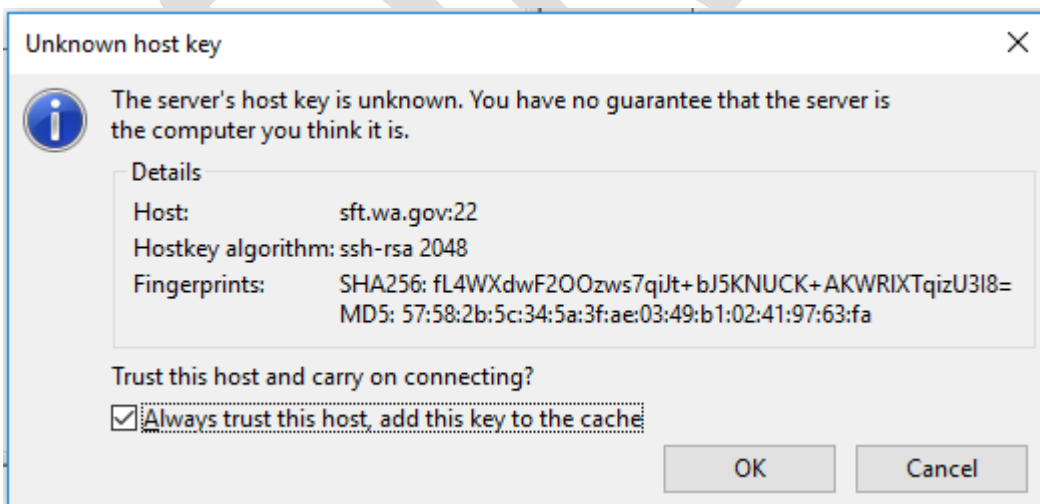The yellow highlight is your choice of operation.

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