Washington State Health Care Authority

Data Submission Guide

Drug Price Transparency - E2SHB 1224
Version 0.10
7/1/2020

Contents

About

In 2019, the Washington State Legislature passed a law ([Chapter 43.71C RCW](#)) which creates an annual report on how prescription drugs affect health care costs. The law requires issuers of health insurance, pharmacy benefit managers (PBMs), pharmaceutical manufacturers, and pharmacy service administrative organizations (PSAOs), to submit data on drug pricing to the Health Care Authority (HCA).

You may visit the 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 and the data definitions within each report with input from stakeholders. This included a process which allowed for stakeholder review and comment on drafts of data definitions and the submission guide. The HCA has final approval authority over the data submission guides, data definitions, and all subsequent changes.

For recent updates about the program, please see the link below:

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

Compliance

For information regarding compliance with the Drug Price Transparency program, please see Chapter 182-51 WAC, which is effective Oct. 16th, 2020.

Submission Schedule

Manufactures

Report Type	Submission Due Date	Description
Covered Drugs (qualifying price increases)	October 1, 2020	Data for each covered drug as it existed on July 28, 2019 through December 31, 2020.
	November 30th, Annually	Data for each covered drug introduced to market or with a qualifying price increase with an effective date January 1st through January 31st of the next calendar year
	December 31st, Annually	Data for each covered drug introduced to market or with a qualifying price increase with an effective date February 1st through February 29th of the next calendar year.
	January 31st, Annually	Data for each covered drug introduced to market or with a qualifying price increase with an effective date Mach 1st through March 31st of the same calendar year.
	February 28th, Annually	Data for each covered drug introduced to market or with a qualifying price increase with an effective date April 1st through April 30th of the same calendar year.

	March 31st, Annually	Data for each covered drug introduced to market or with a qualifying price increase with an effective date May 1st through May 31st of the same calendar year.
	April 30th, Annually	Data for each covered drug introduced to market or with a qualifying price increase with an effective date June 1st through June 30th of the same calendar year.
	May 31st, Annually	Data for each covered drug introduced to market or with a qualifying price increase with an effective date July 1st through July 31st of the same calendar year.
	June 30th, Annually	Data for each covered drug introduced to market or with a qualifying price increase with an effective date August 1st through August 31st of the same calendar year.
	July 31st, Annually	Data for each covered drug introduced to market or with a qualifying price increase with an effective date September 1st through September 30th of the same calendar year.
	August 31st, Annually	Data for each covered drug introduced to market or with a qualifying price increase with an effective date October 1st through October 31st of the same calendar year.
	September 30th, Annually	Data for each covered drug introduced to market or with a qualifying price increase with an effective date November 1st through November 30th of the same calendar year.
	October 31st	Data for each covered drug introduced to market or with a qualifying price increase with an effective date December 1st through December 31st of the same calendar year.
New Drug Application (notice from FDA that drug will be reviewed by deadline)	October 1, 2020	Data for all new drug applications or biological license applications submitted to the FDA October 1, 2019 through September 30, 2020.
	November 30th, Annually	Data for all new drug applications or biologic license applications for which the manufacturer has received an FDA approval date of January 1st through January 31st of the next calendar year.
	December 31st, Annually	Data for all new drug applications or biologic license applications for which the manufacturer has received an FDA approval date of February 1st through February 29th of the next calendar year
	January 31st, Annually	Data for all new drug applications or biologic license applications for which the manufacturer has received an FDA approval date of March 1st through March 31st in the same calendar year.

	February 28th, Annually	Data for all new drug applications or biologic license applications for which the manufacturer has received an FDA approval date of April 1st through April 30th in the same calendar year.
	March 31st, Annually	Data for all new drug applications or biologic license applications for which the manufacturer has received an FDA approval date of May 1st through May 31st in the same calendar year.
	April 30th, Annually	Data for all new drug applications or biologic license applications for which the manufacturer has received an FDA approval date of June 1st through June 30th in the same calendar year.
	May 31st, Annually	Data for all new drug applications or biologic license applications for which the manufacturer has received an FDA approval date of July 1st through July 31st in the same calendar year.
	June 30th, Annually	Data for all new drug applications or biologic license applications for which the manufacturer has received an FDA approval date of August 1st through August 31st in the same calendar year.
	July 31st, Annually	Data for all new drug applications or biologic license applications for which the manufacturer has received an FDA approval date of September 1st through September 30th in the same year.
	August 31st, Annually	Data for all new drug applications or biologic license applications for which the manufacturer has received an FDA approval date of October 1st through October 31st in the same year.
	September 30th, Annually	Data for all new drug applications or biologic license applications for which the manufacturer has received an FDA approval date of November 1st through November 30th in the same year.
	October 31st, Annually	Data for all new drug applications or biologic license applications for which the manufacturer has received an FDA approval date of December 1st through December 31st in the same year

Carriers

Report Type	Submission Due Date	Initial Submission
Cost and Utilization Report	October 1st, 2020	Data for calendar years 2018 and 2019.
	October 1st, Annually	Data for the previous two calendar years.
Premium Impact Report	October 1st, 2020	Data for calendar years 2018 and 2019.
	October 1st, Annually	Data for the previous two calendar years.
Specialty Drug List	October 1st, 2020	Data for calendar years 2018 and 2019.

	October 1st, Annually	Data for the previous two calendar years.

PSAO

Report Type	Submission Due Date	Initial Submission
Pharmacy Contracted Rates	October 1st, 2020	Data for calendar years 2018 and 2019.
	October 1st, Annually	Data for the previous two calendar years.
PBM Contracted Rates	October 1st, 2020	Data for calendar years 2018 and 2019.
	October 1st, Annually	Data for the previous two calendar years.
PBM YOY Rate Change	October 1st, 2020	Data for calendar years 2018 and 2019.
	October 1st, Annually	Data for the previous two calendar years.

PBM

Report Type	Submission Due Date	Initial Submission
TBD	March 1st, 2021	Data for calendar years 2018 and 2019.
	March 1st Annually	Data for the previous two calendar years.
TBD	March 1st, 2021	Data for calendar years 2018 and 2019.
	March 1st Annually	Data for the previous two calendar years.
TBD	March 1st, 2021	Data for calendar years 2018 and 2019.
	March 1st, Annually	Data for the previous two calendar years.

Contacts

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

drugtransparency@hca.wa.gov

How to Register

In order to submit data to the HCA, you first need to submit a registration form. 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 and send to HCA. Initial registration for this program is strongly encouraged by August 1st, 2020, in order to ensure ample time for you to be added to the system and given the ability to submit files by October 1st, 2020.

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.

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

Once your registration is processed, you will be contacted by our IT staff to establish credentials to submit data to the HCA. You will also receive an HCA assigned Drug Price Transparency ID number that is required on your submissions.

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 the 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 numerous protections in place to protect this service, which may result in the rejection of your submission without notice. The size and frequency of data requested for this program will never approach these limits, but 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 more in a 24-hour period.

Resubmissions

In the event that your submission is rejected, you will need to resubmit the entire file after you have made the necessary corrections. As part of your resubmission, to ensure that you receive credit for submitting during the correct reporting period, 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 using the same file name as before, even if the date is now Jan. 1st 2021.

Submission Specifications

Data Validation

Every submitted file is checked by automated and manual processes to ensure that the data meet our expectations. The automated processes are applied shortly after submission and ensure that the data meet all of the technical requirements laid out in the Table Specifications. These primarily cover checks of data types and formats. 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 registered email address for your organization, which 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 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 additional guidance, see the Library of Congress CSV Definition.

Appropriately formatted files can 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
Drug Manufacturers

Covered Drug Report

Template Link

This report contains all of the data fields necessary to comply with the notification of a price increase and covered drug as described in RCW 43.71C.050 and 43.71C.070.Files submitted for manufacturer covered drugs should be named using the following schema, where ID is the manufacturer ID assigned to you by the 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.

```
manufacturer_covered_drugs_{ID}_{YYYYMMDD}.csv
```

The first submission of this report is due on October 1st, 2020, and should include data for any covered drug effective between July 28th 2019 and Dec. 31st 2020.

Follow up submissions are due on a monthly basis two months in advance of the effective price increase. Please see the Submission Schedule for more detail.

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.
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: Manufacturer ID Number **Type: Numeric** **Format: 000000000** **Max Length: 9 digits**	ID number submitted by the manufacturer 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: Manufacturer ID Type **Type: Choice** **Choices: EIN,UBI,DUNS**	The type of ID that was submitted in the manufacturer 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: NDC **Type: Numeric** **Format: 00000000000** **Max 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 (e.g. 12345678910)

Min Length: 11 digits **Unique**	
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: Drug Type **Type: Choice** **Choices: S,N,I**	Drug Type is one of following values: **Single Source (S)** – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market. **Non-Innovator Multiple-Source (N)** – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market. **Innovator Multiple-Source (I)** – Drugs which have an NDA and no longer have patent exclusivity.
Name: Unit of Measure **Type: Choice** **Choices: AHF,CAP,SUP,GM,ML,TAB,TDP,EA**	Unit of Measure for Wholesale Acquisition Cost (WAC) 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: WAC - Current **Type: Numeric** **Format: 999999999.99999** **Max Length: 14 digits** **Rule: greater than 0**	The wholesale acquisition cost per unit of measure on the date of the submission (60 days prior to the WAC increase). If the drug price is increasing in the future, this should be the lesser of the two amounts.
Name: WAC Effective Date **Type: Date** **Format: YYYY-MM-DD** **Min Year: 1900** **Max Year: 2100**	Effective date of the wholesale acquisition cost increase for the drug product.
Name: WAC Increase **Type: Numeric** **Format: 999999999.99999** **Max Length: 14 digits**	Amount of wholesale acquisition cost increase per unit of measure for the drug product. Express this as a dollar amount up to 5 decimal places. WAC decreases may be represented with negative values.
Name: WAC - New **Type: Numeric** **Format: 999999999.99999**	The new wholesale acquisition cost (WAC) per unit of measure resulting from the increase. Future WAC increase.

Max Length: 14 digits **Rule: greater than 0**	
Name: Existing Manufacturer Drug **Type: Choice** **Format: Y,N**	If the drug has been manufactured by the manufacturer for the previous 5 years, then a schedule of the WAC must be reported.
Name: WAC - 1 Year Prior **Type: Numeric** **Format: 999999999.99999** **Max Length: 14 digits** **Rule: If "Existing Manufacturer Drug" is Y, then must be completed**	Wholesale acquisition cost per unit of measure 12 months prior to WAC Effective Date
Name: WAC - 2 Year Prior **Type: Numeric** **Format: 999999999.99999** **Max Length: 14 digits** **Rule: If "Existing Manufacturer Drug" is Y, then must be completed**	Wholesale acquisition cost per unit of measure 24 months prior to WAC Effective Date
Name: WAC - 3 Year Prior **Type: Numeric** **Format: 999999999.99999** **Max Length: 14 digits** **Rule: If "Existing Manufacturer Drug" is Y, then must be completed**	Wholesale acquisition cost per unit of measure 36 months prior to WAC Effective Date
Name: WAC - 4 Year Prior **Type: Numeric** **Format: 999999999.99999** **Max Length: 14 digits** **Rule: If "Existing Manufacturer Drug" is Y, then must be completed**	Wholesale acquisition cost per unit of measure 48 months prior to WAC Effective Date
Name: WAC - 5 Year Prior **Type: Numeric** **Format: 999999999.99999** **Max Length: 14 digits** **Rule: If "Existing Manufacturer Drug" is Y, then must be completed**	Wholesale acquisition cost per unit of measure 60 months prior to WAC Effective Date.
Name: Supported WAC Increase **Type: Choice** **Choices: Y,N**	Indicator for supported WAC increase. Manufacturer must use this field as 'yes' or 'no' to indicate if the drug meets the WAC price increase as defined in RCW 43.71C.
Name: Change/Improvement Description **Type: String** **Max Length: 5000 characters** **Format: ABCDE** **Rule: value is populated when column "Supported WAC Increase" is equal to Y**	A narrative description of any change or improvement in the drug that necessitates the WAC increase.
Name: Financial Factors **Type: String** **Max Length: 5000 characters** **Format: ABCDE** **Rule: value is populated when column "Supported WAC Increase" is equal to Y**	A narrative description of the specific financial factors used to make the decision to set or increase the wholesale acquisition cost and to decide on the amount of the increase.

Name: Non-financial factors **Type: String** **Max Length: 5000 characters** **Format: ABCDE** **Rule: value is populated when column** **"Supported WAC Increase" is equal to Y**	A narrative description of the specific non-financial factors including clinical and operational factors and strategies used to make the decision to set or increase the wholesale acquisition cost and to decide the amount of the increase.
Name: Patent Expiration Date - Final **Type: Date** **Format: YYYY-MM-DD** **Min Year: 1900** **Max Year: 2100** **Nullable**	The date when all patents on the drug product will expire. Patents owned by the manufacturer i.e. originator or the inventor. Blanks are acceptable.
Name: Patent Number - Recent **Type: String** **Max Length: 8 characters** **Format: ABCDE** **Nullable**	The patent number for the last patent to expire on the drug product.
Name: Patent Expiration Date - Initial **Type: Date** **Format: YYYY-MM-DD** **Min Year: 1900** **Max Year: 2100** **Nullable**	The patent expiration date for first patent on the drug product.
Name: Patent Number - Initial **Type: String** **Max Length: 8 characters** **Format: ABCDE** **Nullable**	The patent number for the first patent on the drug product.
Name: Number of Patents **Type: Numeric** **Format: 99999** **Max Length: 5 digits** **Nullable**	Total number of patents for drug product.
Name: Market Entry Date **Type: Date** **Format: YYYY-MM-DD** **Min Year: 1900** **Max Year: 2100**	The date the drug was made available for purchase in Washington state.
Name: WAC - Market Entry **Type: Numeric** **Format: 999999999.99999** **Max Length: 14 digits** **Rule: greater than 0**	The wholesale acquisition cost per unit of measure for the drug product on the Market Entry Date.
Name: Manufacturing Costs **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits**	The total cost to produce the number of units manufactured in calendar year prior to the WAC Effective Date. For example if the WAC Effective Date is March 1, 2020 report the total cost to manufacture the drug product in calendar year 2019.
Name: Reporting Period (Manufacturing) **Type: Date** **Format: YYYY**	The most recent Calendar year being used to report for annual manufacturing costs above.

Min Year: 1900 **Max Year: 2100**	
Name: Marketing and Advertising Costs **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits**	Amount spent on marketing and advertising in the calendar year prior to the WAC Effective Date, including but not limited to direct to consumer marketing (television, radio print, digital, etc.), salaries for sales representatives, salaries for medical liaisons, hosted CE events and provider education, nurse ambassador lines, patient assistance programs including staff to enroll patients in program, copay cards, staff to enroll members in copay card programs, compassionate care and provider detailing. For example if the WAC Effective Date is March 1, 2020 report the total marketing and advertising costs in calendar year 2019.
Name: Reporting Period (Marketing and Advertising) **Type: Date** **Format: YYYY** **Min Year: 1900** **Max Year: 2100**	The most recent Calendar year period being used to report for annual marketing and advertising costs above.
Name: Clinical Trials Costs **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits**	Total costs for all clinical trials for all products listed on the NDA license.
Name: Research and Development Cost **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits**	Total expenditure on research and development prior to Market Entry Date.
Name: Regulation Costs **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits**	Total amount of costs for all United States regulations, including FDA approval
Name: Acquired from Previous Manufacturer **Type: Choice** **Max Length: Y,N**	Was the drug acquired from a previous manufacturer in the previous 5 years as defined in RCW 43.71C.050(4)?
Name: Previous Owner's Name **Type: String** **Max Length: 80 characters** **Format: ABCDE** **Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y**	The legal name of entity who sold the covered drug to the manufacturer.
Name: Previous Manufacturer ID **Type: Numeric** **Format: 00000** **Max Length: 5 digits** **Rule: value is populated when column "Acquired from Previous Manufacturer" is equal to Y**	If the drug product was purchased from another manufacturer, repacker, or private label distributor, the labeler code as assigned by Food and Drug Administration (FDA). If previous owner does not have a labeler ID fill with 5 zeros.
Name: Previous NDC **Type: Numeric** **Format: 00000000000** **Max Length: 11 digits** **Min Length: 11 digits** **Rule: value is populated when column "**	The NDC that was used by the original or previous manufacturer. For new drug products that do not have a previous NDC fill with eleven zeros.

Acquired from Previous Manufacturer" is equal to Y	
Name: Acquisition Cost **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits** **Rule: value is populated when column "** **Acquired from Previous Manufacturer" is equal to Y**	If the drug product was not developed by the manufacturer, the price of acquisition of the drug.
Name: Drug Acquisition Type **Type: String** **Max Length: 5000 characters** **Format: ABCDE** **Rule: value is populated when column "** **Acquired from Previous Manufacturer" is equal to Y**	Statement explaining whether the acquisition of the drug was a single drug purchase, manufacturer purchase, or other agreement, or other comments related to the acquisition of the drug product.
Name: Acquisition Date **Type: Date** **Format: YYYY-MM-DD** **Min Year: 1900** **Max Year: 2100** **Rule: value is populated when column "** **Acquired from Previous Manufacturer" is equal to Y**	If the drug product was not developed by the manufacturer, the date the manufacturer acquired the drug.
Name: WAC - Acquisition **Type: Numeric** **Format: 999999999.99999** **Max Length: 14 digits** **Rule: value is populated when column "** **Acquired from Previous Manufacturer" is equal to Y**	The wholesale acquisition cost per unit of measure for the drug product on the acquisition date.
Name: WAC - Prior to Acquisition **Type: Numeric** **Format: 999999999.99999** **Max Length: 14 digits** **Rule: value is populated when column "** **Acquired from Previous Manufacturer" is equal to Y**	The wholesale acquisition cost per unit of measure for the drug product 12 months prior to the acquisition date.
Name: Currency of Acquisition **Type: String** **Max Length: 50 characters** **Format: ABCDE** **Rule: value is populated when column "** **Acquired from Previous Manufacturer" is equal to Y**	The country of acquisition and type currency used to acquire the drug e.g. USD, EUR, GBP, CAD, JPY, AUD, INR, CNY, MXN, etc.
Name: Units Sold - 1 Year Prior **Type: Numeric** **Format: 999999999999999999.99** **Max Length: 21 digits** **Rule: greater than or equal to 0**	Number of units sold in the calendar year prior to WAC Effective Date. For example if the WAC Effective Date is March 1, 2020 report the total units sold in calendar year 2019.

Name: Revenue - 1 Year Prior Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	The total revenue the manufacturer collected for the total Units Sold in the calendar year prior to the WAC Effective date for sale of the drug product in the United States. For example if the WAC Effective Date is March 1, 2020 report the total revenue the manufacturer collected in calendar year 2019.
Name: Reporting Period (Total Sales) Type: Date Format: YYYY Min Year: 1900 Max Year: 2100	The calendar year being used to report for annual sales above
Name: Financial Assistance Program Costs - 1 Year Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Financial assistance programs includes but is not limited to: coupons for uninsured, compassionate use, patient assistance, charity care, donated drug product, etc. Total cost of all financial assistance programs associated with the drug product for the calendar year prior to the WAC Effective Date. For example if the WAC Effective Date is March 1, 2020 report the total amount spent on financial assistance programs in calendar year 2019.
Name: Annual Assistance Programs Amount (Year 1) Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Annual amount of costs paid on and financial assistance through assistance programs associated with the NDC defined by the reporting period below
Name: Rebates - Year 1 Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Total amount of rebates paid out associated with the NDC in the calendar year prior to the WAC Effective Date. For example if the WAC Effective Date is March 1, 2020 report the total amount of rebates paid to any entity in calendar year 2019.
Name: Cost Share Assistance - Year 1 Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Total amount of money paid toward lowering an insured individual's out of pocket expenditure for the drug product in the calendar year prior to the WAC Effective Date. For example if the WAC Effective Date is March 1, 2020 report the total amount spent on cost share assistance in calendar year 2019.
Name: Other Financial Assistance Amount Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Total amount of rebates paid out associated with the NDC in the calendar year prior to the WAC Effective Date. For example if the WAC Effective Date is March 1, 2020 report the total amount of rebates paid to any entity in calendar year 2019.

New Drug Application

Template Link

This report contains all of the data fields necessary to comply with reporting a New Drug Application to HCA

RCW 43.71C.060.

Files submitted for manufacturer new drugs should be named using the following schema, where ID is the manufacturer ID assigned to you by the 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.

```
manufacturer_new_drugs_{ID}_{YYYYMMDD}.csv
```

The first submission of this report is due on October 1st, 2020, and should include data for any covered drug effective between July 28th 2019 and Dec. 31st 2020.

Follow up submissions are due on a monthly basis two months after receiving the FDA approval date as defined in the Prescription Drug User Fee Act. Please see the Submission Schedule for more detail.

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.
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)
Name: Manufacturer ID Number Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the manufacturer 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: Manufacturer ID Type Type: Choice Choices: EIN,UBI,DUNS	The type of ID that was submitted in the manufacturer 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: NDC Type: Numeric Format: 00000000000 Max Length: 11 digits Min Length: 11 digits Nullable 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
Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE	Drug name including salt form, 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	Drug name as marketed by manufacturer. For example, "Prozac", "fluoxetine HCL", "fluoxetine DR, are acceptable.

Max Length: 80 characters **Format: ABCDE**	
Name: Drug Type **Type: Choice** **Choices: S,N,I**	Drug Type is one of following values: **Single Source (S)** – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market. **Non-Innovator Multiple-Source (N)** – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market. **Innovator Multiple-Source (I)** – Drugs which have an NDA and no longer have patent exclusivity.
Name: Application Type **Type: Choice** **Choices: ANDA,BLA,NDA**	Application Type is one of following values: **New Drug Application (NDA)** – Drug is a pipeline drug and was submitted as a New Drug Application to the FDA. **Abbreviated New Drug Application (ANDA)** - application is for a generic drug alternative **Biologics License Application (BLA)** – Drugs is a pipeline drug and was submitted as a Biologics License Application to the FDA.
Name: Regulatory Pathway **Type: Choice** **Choices:** **505(b)(1),505(b)(2),351(a),351(k)**	Regulatory pathway for approval by the Food and Drug Administration. Acceptable values are 505(b)(1), 505(b)(2), 351(a), 351(k)
Name: Submission Type **Type: Choice** **Choices: CMC,EFF,LAB,ORG,REMS**	**ORG: Original application or a**n application for which the FDA has never issued an approval letter; **LAB: Labeling Supplement, a** supplemental application for labeling changes to an approved product as described under 21 CFR 314.70 and 21 CFR 601.12 that does not otherwise qualify as another type of supplement (e.g., Efficacy, CMC, REMS); **CMC:** A supplemental application for chemistry, manufacturing, and control (CMC) changes to an approved product as described under 21 CFR 314.70, 21 CFR 314.71, 21 CFR 314.72, and 21 CFR 601.12, including CMD supplements with corresponding label changes; **EFF: Efficacy Supplement, a** supplemental application for changes to an approved product, including but not limited to, a new indication, a new dosage regimen, a new dosage form, a new route of administration, a comparative efficacy claim naming another approved product, or a significant alteration in the patient population (e.g., a switch of marketing status from prescription to over-the-counter), or labeling or manufacturing changes requiring clinical data for approval. **REMS:** A supplemental application proposing a new Risk Evaluation and Mitigation strategy (REMS) or modifications (major and minor) to an approved REMS;
Name: Application Number **Type: Numeric** **Format: 000000** **Max Length: 6 digits** **Min Length: 6 digits**	The application number assigned by the Food and Drug Administration. For application numbers less than 6 digits, the application number should be preceded using zeros.
Name: Application Supplement **Number** **Type: Numeric** **Format: 0000** **Max Length: 4 digits** **Min Length: 4 digits**	The supplemental application number assigned by the Food and Drug Administration. For application numbers less than 4 digits, the supplemental application number should be preceded using zeros.
Name: Proposed Indication **Type: String** **Max Length: 5000 characters** **Format: ABCDE**	The proposed indication or indications submitted on the application to the FDA. Use the SNOMED CT disease term listed on the application. Use a semi-colon to separate multiple indications.
Name: Combination Product **Type: Choice** **Choices: 0,1,2,3,4,5,6,7,8,9**	Indicate if the product proposed within the submission is a combination product (e.g. drug-device, drug-biological product, drug-device-biological product, se 21 CFR 3.2(e)). 0 = Not a combination Product 1 = Convenience Kit or Co-Package 2 = Prefilled Drug Delivery Device/System

	3= Prefilled Biologic Delivery Device/System 4 = Device Coated/Impregnated/Otherwise Combined with a drug 5 = Device Coated or otherwise combined with a biologic 6 = Drug/Biologic Combination 7 = Separate products requiring cross labeling 8 = Possible combination based on cross labeling of separate products 9 = Other type of combination product
Name: Area of Study **Type: String** **Max Length: 5000 characters** **Format: ABCDE**	A list of all diseases, conditions, and therapeutic areas being studied for this drug and whether the chemical drug has received an indication in the FDA approved labeling for use in these diseases, conditions, or therapeutic areas.
Name: Route of Administration **Type: String** **Max Length: 5000 characters** **Format: ABCDE**	A list of every route of administration being studied for this drug, including any differences between immediate-release and extended-release formulations
Name: Clinical Comparator **Type: String** **Max Length: 5000 characters** **Format: ABCDE**	All clinical comparators including dosage regimen being used for which to evaluate the comparative differences in safety, efficacy, effectiveness, costs, value, or any other outcomes in clinical trials
Name: PDUFA Date **Type: Date** **Format: YYYY-MM-DD** **Min Year: 1900** **Max Year: 2100**	Prescription Drug User Fee Act (PDUFA) date assigned by the FDA
Name: Rare Disease Indication **Type: Choice** **Choices: Y,N**	Indicator of whether the FDA assigned the drug as being defined as a treatment for a rare disease.
Name: Orphan Drug Status **Type: Choice** **Choices: Y,N**	Indicator of whether the FDA assigned the drug as having an Orphan designation
Name: Orphan Designation Number **Type: Numeric** **Format: 000000** **Max Length: 6 digits** **Min Length: 6 digits**	Orphan designation number assigned by the FDA. For Orphan Designation numbers less than 6 digits, the supplemental application number should be preceded using zeros.
Name: Pediatric Indication **Type: Choice** **Choices: Y,N**	Indicator of whether the indication is for use in individuals under 18 years of age.
Name: Fast Track Status **Type: Choice** **Choices: Y,N**	Indicator of whether the FDA assigned the drug as having fast track status
Name: Breakthrough Therapy Status **Type: Choice** **Choices: Y,N**	Indicator of whether the FDA assigned the drug as having breakthrough therapy status
Name: Accelerated Approval Status **Type: Choice** **Choices: Y,N**	Indicator of whether the FDA assigned the drug as having accelerated approval status
Name: Priority Review Status **Type: Choice** **Choices: Y,N**	Indicator of whether the FDA assigned the drug as having priority review status

Name: New Molecular Entity Status **Type: Choice** **Choices: Y,N**	Indicator of whether the FDA assigned the drug as having new molecular entity status

Health Carriers

Cost Utilization

Template Link

This report contains all of the data fields necessary to comply with reporting the cost and utilization to determine the top 25 drugs (defined by chemical names) by frequently prescribed, costliest, increase in WAC, and frequently prescribed with rebate. RCW 43.71C.020

Files submitted for carrier cost utilization report should be named using the following schema, where ID is the manufacturer ID assigned to you by the 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.

<div align="center">

`carrier_cost_utilization_{ID}_{YYYYMMDD}.csv`

</div>

The first submission of this report is due on October 1st, 2020, and should include data effective for 2018 and 2019.

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

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.
Name: Health Carrier Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Name of health carrier submitting data for its health plans
Name: Carrier ID Number **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: Carrier 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 Plan Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Name of health plan offered by health carrier for which data is being submitted. Submit as separate files.
Name: Health Plan ID **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Medical group number for health plan. Data must be submitted for each Health Plan ID administered by the health carrier. Submit as separate files.

Name: OIC ID Number **Type: Numeric** **Format: 000000** **Max Length: 6 digits**	State ID number as assigned by OIC. This number should match the number that was provided on the registration form.
Name: IIN Number **Type: Numeric** **Format: 000000** **Max Length: 6 digits**	Issuer identification number, used for adjudicating prescription drug claims as assigned by the carrier's PBM. Also called BIN number.
Name: Rx Group Number **Type: String** **Max Length: 20 characters** **Format: ABCDE**	Unique ID number assigned to the individual health plan to identify members enrolled in that plan as assigned by the carrier's PBM
Name: PCN Number **Type: String** **Max Length: 10 characters** **Format: ABCDE**	Processor control number used for adjudicating prescription drug claims as assigned by the carrier's PBM
Name: Year **Type: Numeric** **Format: 9999** **Max Length: 4 digits** **Min Length: 4 digits** **Rule: greater than 2018**	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 health plan for the year being reported
Name: Utilization Rank **Type: Numeric** **Format: 99** **Max Length: 2 digits** **Rule: less than or equal to 25**	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by utilization as defined by day's supplies for a health plan in the previous calendar year. If not one of the top 25 drugs by chemical name for this rank, then enter 0. Highest amount of days' supply reported in the year would qualify as the top for utilization rank. This includes all paid claims in the quarter regardless of provider network status.
Name: Costliest Rank **Type: Numeric** **Format: 99** **Max Length: 2 digits** **Rule: less than or equal to 25**	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by total allowed amount for a health plan, net of any rebates and discounts, in the previous calendar year. If not one of the top 25 drugs by chemical name for this rank, then enter 0.Total claim cost including ingredient dispensing fees but not any penalties on pharmacies.
Name: WAC increase Rank **Type: Numeric** **Format: 99** **Max Length: 2 digits** **Rule: less than or equal to 25**	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by increase in WAC for a health plan in the previous calendar year. If not one of the top 25 drugs by chemical name for this rank, then enter 0.
Name: Rebate Rank **Type: Numeric** **Format: 99** **Max Length: 2 digits** **Rule: less than or equal to 25**	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by utilization as defined by total rebate amount invoiced for a health plan where rebates were collected during in the previous calendar year. If not one of the top 25 drugs by chemical name for this rank, then enter 0.
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
Name: Chemical/Biochemical/Blood Product Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Drug name, including salt form, 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.

Specification	Description
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: Drug Type **Type: Choice** **Choices: S,N,I**	Drug Type is one of following values: **Single Source (S)** – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market. **Non-Innovator Multiple-Source (N)** – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market. **Innovator Multiple-Source (I)** – Drugs which have an NDA and no longer have patent exclusivity.
Name: Specialty Indicator **Type: Choice** **Choices: Y,N**	Indicates if the health plan considers the NDC to be a specialty drug.

Premium Impact

Template Link

This report contains all of the data fields necessary to comply with reporting the impact of brand, generic, and specialty drugs on health plan premiums: RCW 43.71C.020(4), 43.71C.020(5), 43.71C.020(6)

Files submitted for carrier premium impact report should be named using the following schema, where ID is the manufacturer ID assigned to you by the 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.

```
carrier_premium_impact_{ID}_{YYYYMMDD}.csv
```

The first submission of this report is due on October 1st, 2020, and should include data effective for 2018 and 2019.

Follow up submissions are due on an annual basis by Oct. 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**	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.
Name: Health Carrier Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Name of health carrier submitting data for its health plans

Name: Carrier ID Number **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: Carrier 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 Plan Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Name of health plan offered by health carrier for which data is being submitted. Submit each health plan report as separate files.
Name: Health Plan ID **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Medical group number for health plan. Data must be submitted for each Health Plan ID administered by the health carrier. Submit as separate files.
Name: OIC ID Number **Type: Numeric** **Format: 000000** **Max Length: 6 digits**	State ID number as assigned by OIC
Name: IIN Number **Type: Numeric** **Format: 000000** **Max Length: 6 digits**	Issuer identification number, used for adjudicating prescription drug claims. Also called BIN number.
Name: Rx Group Number **Type: String** **Max Length: 20 characters** **Format: ABCDE**	Unique ID number assigned to the individual health plan to identify members enrolled in that plan
Name: 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 2018**	Year for which the aggregate data is reported
Name: Monthly Premium Charged Current **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits**	Total monthly premium charged for the enrollment (including contributions paid by employer, member, or other subsidies).

Name: Monthly Premium Charged Prior **Type:** Numeric **Format:** 999999999999999.99 **Max Length:** 17 digits	Total monthly premium charged for the enrollment (including contributions paid by employer, member, or other subsidies) for the prior plan year.
Name: Total Change in PMPM **Type:** Numeric **Format:** 999999999999999.99 **Max Length:** 17 digits	Total change in monthly premium charged from prior plan year to current plan year
Name: Total Change in PMPM (Percent) **Type:** Numeric **Format:** 99999.99 **Max Length:** 7 digits	Percent change in monthly premium charged from prior plan year to current plan year
Name: Premium Drugs Current **Type:** Numeric **Format:** 999999999999999.99 **Max Length:** 17 digits	Amount of monthly premium attributable to prescription drugs expressed with USD.
Name: Premium Drugs Current (Percent) **Type:** Numeric **Format:** 99999.99 **Max Length:** 7 digits	Percent of monthly premium attributable to prescription drugs for current plan year.
Name: Premium Drugs Prior **Type:** Numeric **Format:** 999999999999999.99 **Max Length:** 17 digits	Amount of monthly premium attributable to prescription drugs from prior plan year expressed with USD.
Name: Premium Drugs Prior (Percent) **Type:** Numeric **Format:** 99999.99 **Max Length:** 7 digits	Percent of monthly premium attributable to prescription drugs for prior plan year
Name: Premium Brand **Type:** Numeric **Format:** 999999999999999.99 **Max Length:** 17 digits	Total Premium per Month Attributable to Brand-name Prescription Drugs. Brand-name drugs should be innovator single-source or innovator multi-source drugs.
Name: Premium Brand Change **Type:** Numeric **Format:** 999999999999999.99 **Max Length:** 17 digits	Dollar Amount Premium Brand Change in PMPM over previous calendar year
Name: Premium Brand Change (Percent) **Type:** Numeric **Format:** 99999.99 **Max Length:** 7 digits	Percent Premium Brand Change in PMPM over previous calendar year

Name: Premium Generic **Type: Numeric** **Format: 99999999999999.99** **Max Length: 17 digits**	Total Premium per Month Attributable to Generic Prescription Drugs. Generic drugs are non-innovator drugs.
Name: Premium Generic **Change** **Type: Numeric** **Format: 99999999999999.99** **Max Length: 17 digits**	Dollar Amount Premium Generic Change in PMPM over previous calendar year
Name: Premium Generic **Change (Percent)** **Type: Numeric** **Format: 99999.99** **Max Length: 7 digits**	Percent Premium Generic Change in PMPM over previous calendar year
Name: Premium Specialty **Type: Numeric** **Format: 99999999999999.99** **Max Length: 17 digits**	Total Premium per Month Attributable to Specialty Prescription Drugs. Specialty drugs should be defined as per your definition of specialty drugs and be consistent with the specialty drug list submitted as a separate report.
Name: Premium Specialty **Change** **Type: Numeric** **Format: 99999999999999.99** **Max Length: 17 digits**	Dollar Amount Premium Specialty Change in PMPM over previous calendar year
Name: Premium Specialty **Change (Percent)** **Type: Numeric** **Format: 99999.99** **Max Length: 7 digits**	Percent Premium Specialty Change in PMPM over previous calendar year

Specialty Drug List
Template Link

This report contains all of the data fields necessary to comply with reporting the list of specialty drugs covered by a health plan: RCW 43.71C.020(7)

Files submitted for carrier specialty drug list report should be named using the following schema, where ID is the manufacturer ID assigned to you by the 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.

```
carrier_specialty_drug_list_{ID}_{YYYYMMDD}.csv
```

The first submission of this report is due on October 1st, 2020, and should include data effective for 2018 and 2019.

Follow up submissions are due on an annual basis by Oct. 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**	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.
Name: Health Carrier Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Name of health carrier submitting data for its health plans
Name: Carrier ID Number **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: Carrier 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 Plan Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Name of health plan offered by health carrier for which data is being submitted. Submit as separate files.
Name: Health Plan ID **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Medical group number for health plan. Data must be submitted for each Health Plan ID administered by the health carrier. Submit as separate files
Name: OIC ID Number **Type: Numeric** **Format: 000000** **Max Length: 6 digits**	State ID number as assigned by OIC
Name: IIN Number **Type: Numeric** **Format: 000000** **Max Length: 6 digits**	Issuer identification number, used for adjudicating prescription drug claims. Also called BIN number.
Name: Rx Group Number **Type: String** **Max Length: 20 characters** **Format: ABCDE**	Unique ID number assigned to the individual health plan to identify members enrolled in that plan
Name: PCN Number **Type: String** **Max Length: 10 characters** **Format: ABCDE**	Processor control number used for adjudicating prescription drug claims
Name: NDC **Type: Numeric**	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

Format: **00000000000** **Max Length: 11 digits** **Min Length: 11 digits**	
Name: Chemical Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Drug name including salt form, 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: Drug Type **Type: Choice** **Choices: S,N,I**	Drug Type is one of following values: **Single Source (S)** – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market. **Non-Innovator Multiple-Source (N)** – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market. **Innovator Multiple-Source (I)** – Drugs which have an NDA and no longer have patent exclusivity.

Pharmacy Service Administrative Organizations
(PSAOs)

Pharmacy Contracted Rates
Template Link

This report shows the contracted rates between the PSAO and the pharmacy.

Files submitted for PSAO pharmacy contracted rates report should be named using the following schema, where ID is the manufacturer ID assigned to you by the 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.

```
psao_pharmacy_contracted_rates_{ID}_{YYYYMMDD}.csv
```

The first submission of this report is due on October 1st, 2020, and should include data effective for 2018 and 2019.

Follow up submissions are due on an annual basis by Oct. 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**	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.

Max Length: 6 characters Format: ABCDE	
Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE	Name of pharmacy services administrative organization
Name: PSAO ID Number Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the carrier for which we can identify them.
Name: PSAO ID Type Type: Choice Choices: EIN,UBI,DUNS	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: Pharmacy Chain Code Location Classification Type: Choice Choices: R,M,O	Network Descriptor for location has one of the following values: R = Rural M = Metro O = Other
Name: Pharmacy Chain Code Type Classification Type: Choice Choices: G,C,O	Network Descriptor for type has one of the following values: G = Grocery C = Chain O = Other
Name: Number of Pharmacies Type: Numeric Format: 9999999 Max Length: 7 digits	Number of pharmacies contracted with the PSAO during the previous calendar year.
Name: Administrative Fee Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	Ongoing administrative fee PSAO charges the pharmacy for participating in the PSAO.
Name: Administrative Fee - Basis Type: String Max Length: 50 characters Format: ABCDE	The basis for which the fee is accessed. Yearly, Daily, Per paid claim, per transaction, etc.
Name: Administrative Fees Description Type: String Format: ABCDE Max Length: 5000 digits	The description of how administrative fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business
Name: Escrow Fees Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0	The total dollar amount the PSAO charges pharmacies and places in escrow to cover recouped funds from a PBM audit in the previous calendar year
Name: Escrow Fees Description Type: String Format: ABCDE	The description of how escrow fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business

Max Length: 5000 digits	
Name: Initial Fee **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits** **Rule: greater than or equal to 0**	Total dollar amount PSAO charges pharmacy to join the PSAO.
Name: Initial Fees Description **Type: String** **Format: ABCDE** **Max Length: 5000 digits**	The description of how initial fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business
Name: Credentialing Fees **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits** **Rule: greater than or equal to 0**	Total dollar amount PSAO charges pharmacy related to any credentialing.
Name: Credentialing Frequency **Type: String** **Max Length: 50 characters** **Format: ABCDE**	Interval between credentialing cycles for which PSAO assesses any credentialing fee.
Name: Credentialing Fees Description **Type: String** **Format: ABCDE** **Max Length: 5000 digits**	The description of how credentialing fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business
Name: Reimbursement Rank **Type: Numeric** **Format: 99** **Max Length: 2 digits** **Rule: less than or equal to 25**	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by highest reimbursement rate in the previous calendar year. If not one of the top 25 drugs by chemical name for this rank, then leave blank.
Name: Reimbursement Rate **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits** **Rule: greater than or equal to 0**	Reimbursement rate of reported drug.
Name: Unit of Measure **Type: Choice** **Choices: AHF,CAP,SUP,GM,ML,TAB,TDP,EA**	Unit of Measure for Reimbursement Rate defined as one of the following values: **AHF**: Anti-hemophilia factor **CAP**: Capsule **SUP**: Suppository **GM**: Gram **ML**: Milliliter **TAB**: Tablet **TDP**: Transdermal patch **EA**: Each
Name: 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
Name: Chemical/Biochemical/Blood Product Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Drug name without any other modifying elements, to be used as a grouper. For example, "fluoxetine" is acceptable. "fluoxetine HCL", "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: Drug Type Type: Choice Choices: S,N,I	Drug Type is one of following values: **Single Source (S)** – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market. **Non-Innovator Multiple-Source (N)** – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market. **Innovator Multiple-Source (I)** – Drugs which have an NDA and no longer have patent exclusivity.

PBM Contracted Rates

Template Link

This report shows the contracted rates between a PSAO and the PBM.

Files submitted for PSAO PBM contracted rates report should be named using the following schema, where ID is the manufacturer ID assigned to you by the 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.

    psao_pbm_contracted_rates_{ID}_{YYYYMMDD}.csv

The first submission of this report is due on October 1st, 2020, and should include data effective for 2018 and 2019.

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

Specifications	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.
Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE	Name of pharmacy services administrative organization
Name: PSAO ID Number 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: PSAO ID Type Type: Choice Choices: EIN,UBI,DUNS	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 Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Name of PBM for which the PSAO network being reported has contracted rates with
Name: PBM ID **Type: String** **Max Length: 80 characters** **Format: ABCDE** **Nullable**	Identification number of PBM being reported (to be added by WA DPT team to link to other PBM reports, or using OIC number)
Name: Contract Expiration Date **Type: Date** **Format: YYYY-MM-DD** **Min Year: 1900** **Max Year: 2100**	Date for which contract with PBM for the reported reimbursement rates is scheduled to expire.
Name: PBM Network Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Name of pharmacy network (or chain code) for which the data is submitted
Name: PBM Network ID **Type: String** **Max Length: 80 characters** **Format: ABCDE** **Nullable**	Identification number of pharmacy network (or chain code) that PBM assigns to specific networks of pharmacies
Name: Pharmacy Chain Code Location Classification **Type: Choice** **Choices: R,M,O**	Network Descriptor for location has one of the following values: R = Rural M = Metro O = Other
Name: Pharmacy Chain Code Type Classification **Type: Choice** **Choices: G,C,O**	Network Descriptor for type has one of the following values: G = Grocery C = Chain O = Other
Name: Reimbursement Rank **Type: Numeric** **Format: 99** **Max Length: 2 digits** **Rule: less than or equal to 25**	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by highest reimbursement rate in the previous calendar year. If not one of the top 25 drugs by chemical name for this rank, then leave blank..
Name: Reimbursement Rate **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits** **Rule: greater than or equal to 0**	Reimbursement rate of the reported drug.
Name: Unit of Measure **Type: Choice** **Choices:** **AHF,CAP,SUP,GM,ML,TAB,TDP,EA**	Unit of Measure for Reimbursement Rate defined as one of the following values: **AHF**: Anti-hemophilia factor **CAP**: Capsule **SUP**: Suppository **GM**: Gram **ML**: Milliliter **TAB**: Tablet **TDP**: Transdermal patch **EA**: Each
Name: NDC **Type: Numeric** **Format: 00000000000**	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

Max Length: 11 digits **Min Length: 11 digits**	
Name: **Chemical/Biochemical/Blood** **Product Name** **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Drug name without any other modifying elements, to be used as a grouper. For example, "fluoxetine" is acceptable. "fluoxetine HCL", "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: Drug Type **Type: Choice** **Choices: S,N,I**	Drug Type is one of following values: **Single Source (S)** – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market. **Non-Innovator Multiple-Source (N)** – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market. **Innovator Multiple-Source (I)** – Drugs which have an NDA and no longer have patent exclusivity.

PBM Year-Over-Year Rate Change

Template Link

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

Files submitted for PSAO PBM year-over-year rate change report should be named using the following schema, where ID is the manufacturer ID assigned to you by the 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.

```
psao_pbm_yoy_rate_change_{ID}_{YYYYMMDD}.csv
```

The first submission of this report is due on October 1st, 2020, and should include data effective for 2018 and 2019.

Follow up submissions are due on an annual basis by Oct. 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**	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.
Name: PSAO Name **Type: String**	Name of pharmacy services administrative organization

Max Length: 80 characters Format: ABCDE	
Name: PSAO ID Number **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: PSAO ID Type **Type: Choice** **Choices: EIN,UBI,DUNS**	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 Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Name of PBM for which the PSAO network being reported has contracted rates with
Name: PBM ID **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Identification number of PBM being reported (to be added by WA DPT team to link to other PBM reports, or using OIC number)
Name: Contract Expiration Date **Type: Date** **Format: YYYY-MM-DD** **Min Year: 1900** **Max Year: 2100**	Date for which contract with PBM for the reported reimbursement rates is scheduled to expire.
Name: PBM Network Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Name of pharmacy network (or chain code) for which the data is submitted
Name: PBM Network ID **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Identification number of pharmacy network (or chain code)
Name: **Chemical/Biochemical/Blood** **Product Name** **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Drug name including salt form, without any other modifying elements, to be used as a grouper. License type List of the active ingredients.
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 and that has been converted to an 11-digit format consisting of five digits in the first segment, four digits in the second segment, and two digits in the third segment.
Name: Ingredient Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Drug name, may include salt form, dosage form, strength, and any other information
Name: Label Name **Type: String** **Max Length: 80 characters** **Format: ABCDE**	Drug name as marketed by manufacturer

Name: Drug Type **Type: Choice** **Choices: S,N,I**	Drug Type defines whether the drug is a single source (S), non-innovator multiple-source (N) or an innovator multiple-source (I). **Single Source (S)** – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market. **Non-Innovator Multiple-Source (N)** – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market. **Innovator Multiple-Source (I)** – Drugs which have an NDA and no longer have patent exclusivity.
Name: Unit of Measure **Type: Choice** **Choices:** **AHF,CAP,SUP,GM,ML,TAB,TDP,EA**	Unit of Measure for WAC 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: WAC - Current **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits** **Rule: greater than 0**	The wholesale acquisition cost per unit of measure prior to the increase.
Name: Contracted Rate Current **Type: Numeric** **Format: 999999999.99** **Max Length: 11 digits** **Rule: greater than 0**	Contracted rate in the current calendar year.
Name: Contracted Rate Previous **Type: Numeric** **Format: 999999999.99** **Max Length: 11 digits** **Rule: greater than 0**	Contracted rate in the previous calendar year.
Name: Reimbursement rank (1-25) **Type: Numeric** **Format: 99** **Max Length: 2 digits** **Rule: less than or equal to 25**	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by highest reimbursement rate in the previous calendar year. If not one of the top 25 drugs by chemical name for this rank, then leave blank..
Name: Reimbursement Rate **Type: Numeric** **Format: 999999999999999.99** **Max Length: 17 digits** **Rule: greater than or equal to 0**	Reimbursement rate of the reported drug.
Name: Unit of Measure **Type: Choice** **Choices: AHF,CAP,SUP,GM,ML,TAB,TDP,EA**	Unit of Measure for Reimbursement Rate defined as one of the following values: **AHF**: Anti-hemophilia factor **CAP**: Capsule **SUP**: Suppository **GM**: Gram **ML**: Milliliter **TAB**: Tablet **TDP**: Transdermal patch **EA**: Each
Name: Reimbursement Percent **Type: Numeric**	Highest reimbursement expressed as a percent.

| Format: 99999.99 | |
| Max Length: 7 digits | |

Name: Reimbursement Dollar	Highest reimbursement expressed as a dollar.
Type: Numeric	
Format: 999999999.99	
Max Length: 11 digits	
Rule: greater than 0	
Name: Largest Increase in Reimbursement rank (1-25)	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by largest increase in reimbursement rate in the previous calendar year. If not one of the top 25 drugs by chemical name for this rank, then leave blank..
Type: Numeric	
Format: 99	
Max Length: 2 digits	
Rule: less than or equal to 25	
Name: Reimbursement Rate	Reimbursement rate of the reported drug.
Type: Numeric	
Format: 999999999999999.99	
Max Length: 17 digits	
Rule: greater than or equal to 0	
Name: Unit of Measure	Unit of Measure for Reimbursement Rate defined as one of the following values:
Type: Choice	
Choices:	**AHF**: Anti-hemophilia factor
AHF,CAP,SUP,GM,ML,TAB,TDP,EA	**CAP**: Capsule
	SUP: Suppository
	GM: Gram
	ML: Milliliter
	TAB: Tablet
	TDP: Transdermal patch
	EA: Each
Name: Largest Increase Reimbursement Percent	Largest increase in reimbursement expressed as a percent.
Type: Numeric	
Format: 99999.99	
Max Length: 7 digits	
Name: Largest Increase Reimbursement Dollar	Largest increase in reimbursement expressed as a dollar.
Type: Numeric	
Format: 999999999.99	
Max Length: 11 digits	
Rule: greater than 0	
Name: Largest Decrease in Reimbursement rank (1-25)	Rank of top 25 drugs (as defined by Chemical/Biochemical/Blood Product Name) by largest decrease in reimbursement rate in the previous calendar year. If not one of the top 25 drugs by chemical name for this rank, then leave blank..
Type: Numeric	
Format: 99	
Max Length: 2 digits	
Rule: less than or equal to 25	
Name: Reimbursement Rate	Reimbursement rate of the reported drug.
Type: Numeric	
Format: 999999999999999.99	
Max Length: 17 digits	
Rule: greater than or equal to 0	

	Unit of Measure for Reimbursement Rate defined as one of the following values:
Name: Unit of Measure **Type: Choice** **Choices:** **AHF,CAP,SUP,GM,ML,TAB,TDP,EA**	**AHF**: Anti-hemophilia factor **CAP**: Capsule **SUP**: Suppository **GM**: Gram **ML**: Milliliter **TAB**: Tablet **TDP**: Transdermal patch **EA**: Each
Name: Largest Decrease **Reimbursement Percent** **Type: Numeric** **Format: 99999.99** **Max Length: 7 digits**	Largest decrease in reimbursement expressed as a percent.
Name: Largest Decrease **Reimbursement Dollar** **Type: Numeric** **Format: 999999999.99** **Max Length: 11 digits** **Rule: greater than 0**	Largest decrease in reimbursement expressed as a dollar.

Appendix A – ST Web Client User Guideline

Prerequisites

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

- A high-speed Internet connection
- A supported Internet browser:
- Microsoft Internet Explorer 11
- Microsoft Edge - latest version
- Mozilla Firefox - latest version
- Apple Safari - latest version
- Google Chrome - latest version
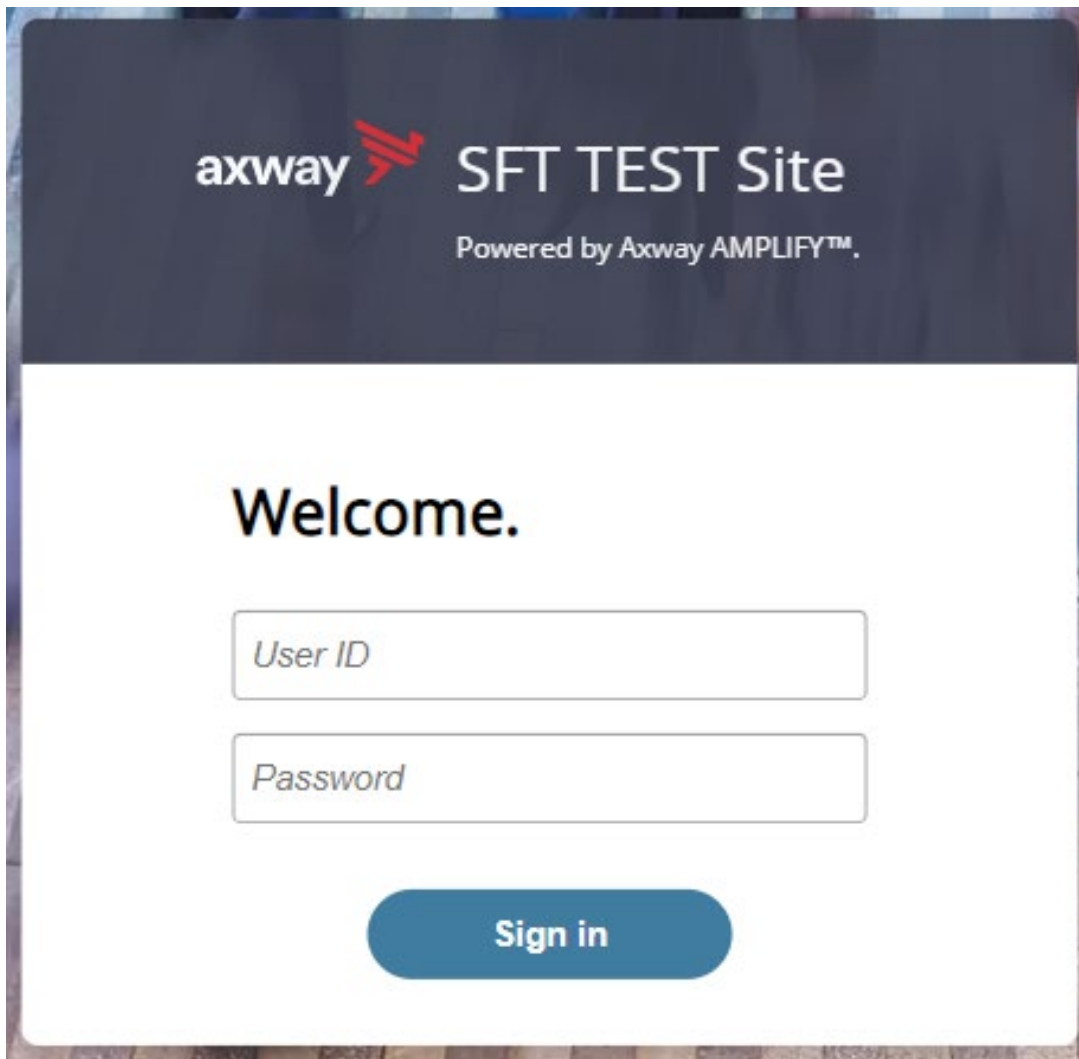
A connection URL to paste into your browser: https://sft.wa.gov or https://sft-test.wa.gov

A user name and password. This information is provided to you by State of Washington business partner. You must enter this information on the Log in page.

Sign in with your password

To sign into ST Web Client:

1. Open a supported browser. Use this URL for Production Site - https://sft.wa.gov
2. Enter the connection URL and press enter. This Sign in page should be displayed.
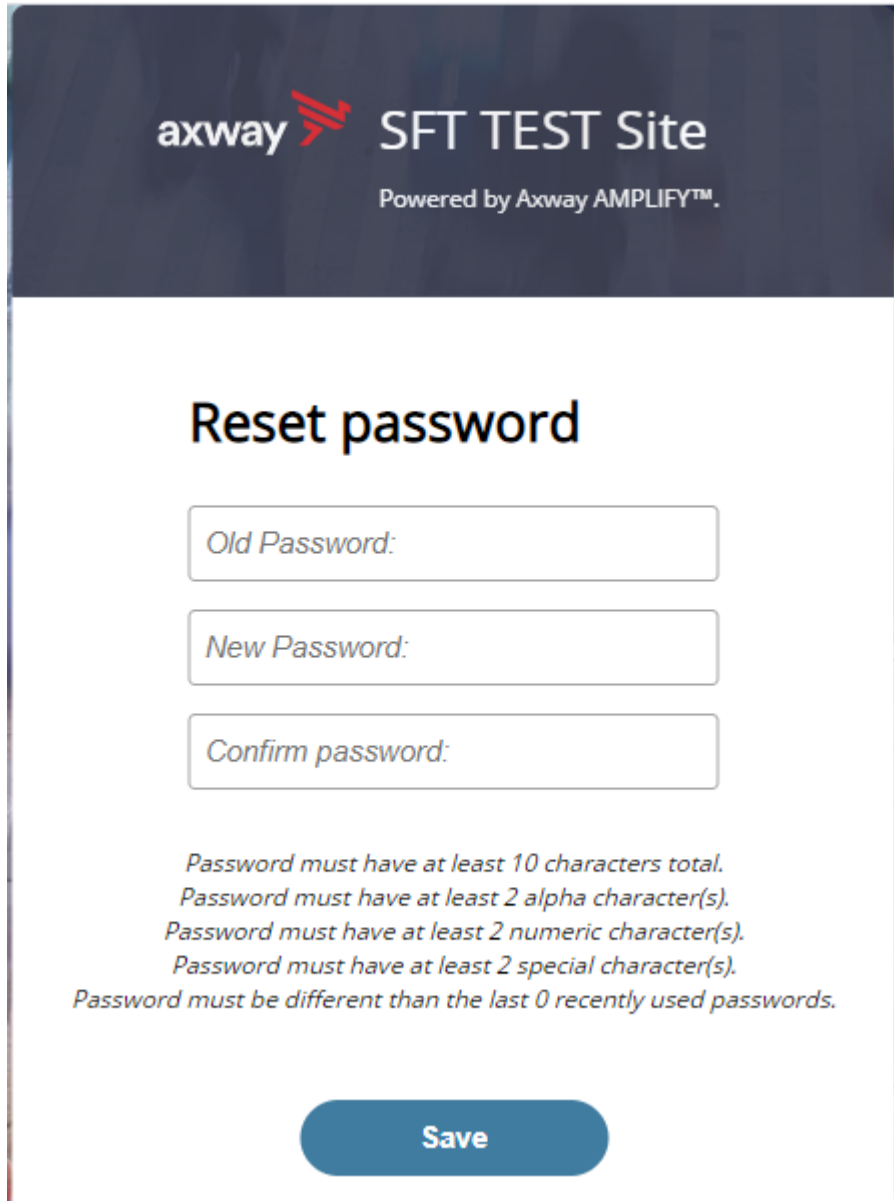
Upon signing in you may be requested to reset your password

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**.

Main page in ST Web Client

This page is displayed after successful login.
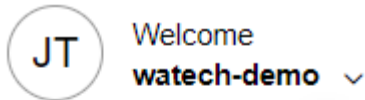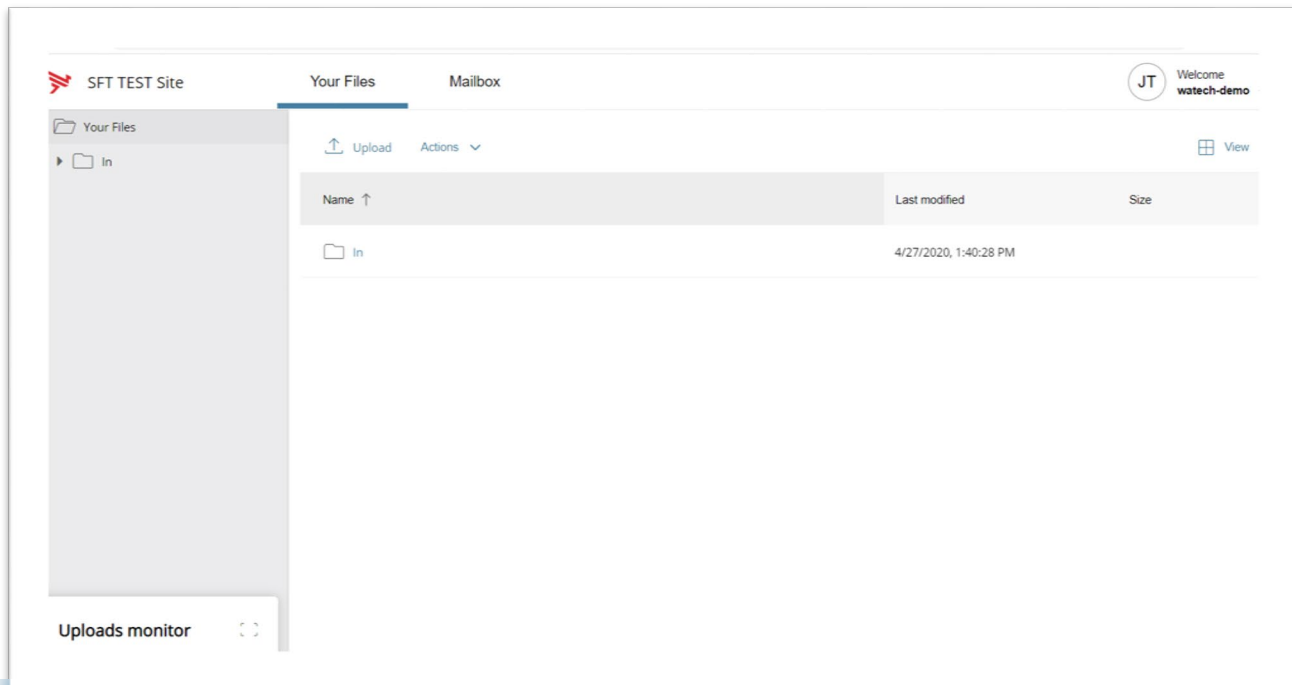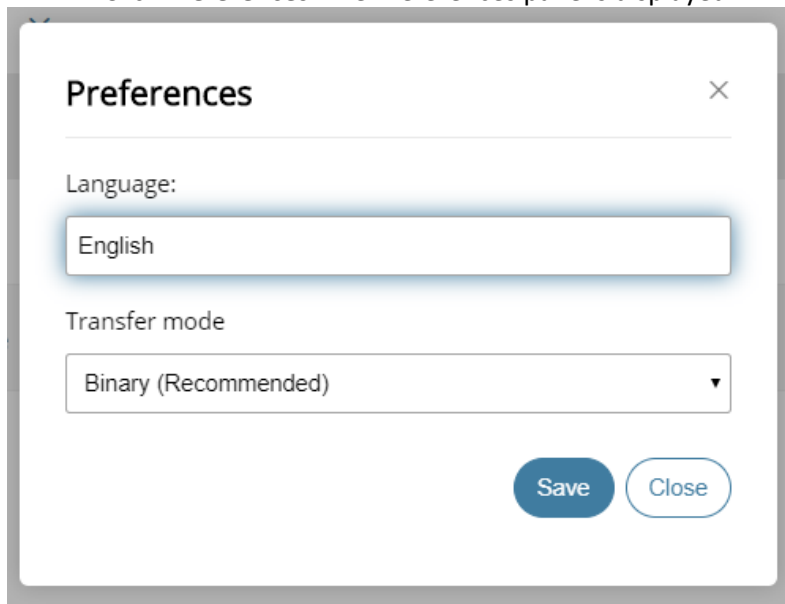
Welcome menu

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

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

Set preferences

To set a preference:

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

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.

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

Upload files

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

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

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

Click **Open**.

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

📄	export_accounts.xml	5/11/2020, 11:49:...	9.81 MB
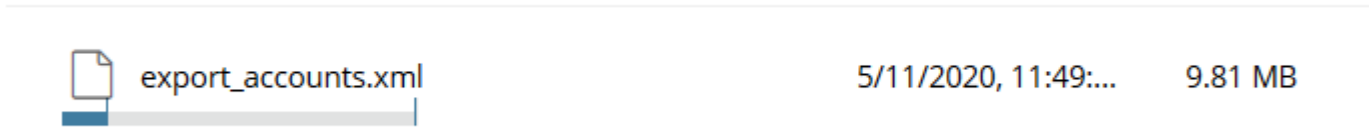
Actions Drop Down Menu
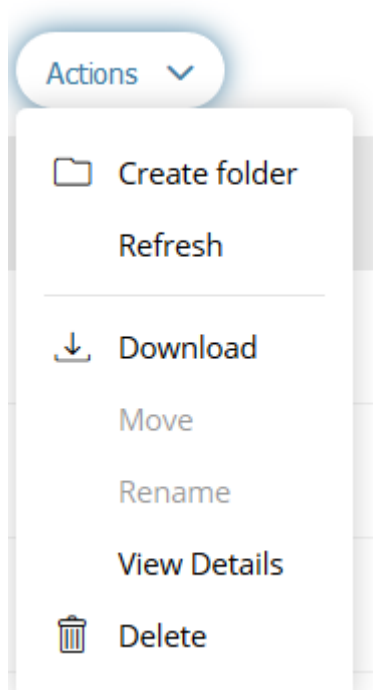
Download files

To download files from ST Web Client you click to the left of this icon on your files pane. Use the **Ctrl** or **Shift** keys to select multiple files.

Click Action dropdown and select Download.

A popup will ask you to "Open" or "Save File". Note: Ensure data accuracy and completeness of data download utilize the "Save File" choice.

Create folders

To create a folder:

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
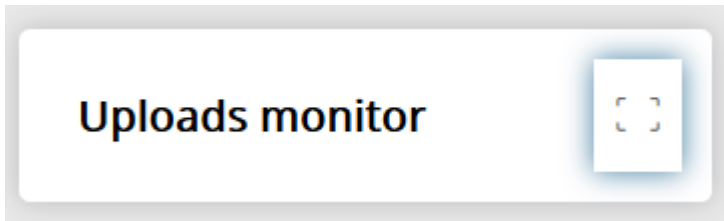
Monitor uploads

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

Click **Pause**.

Resume uploads

To resume an upload:

Select the 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.

WaTech supported clients- cont.

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:
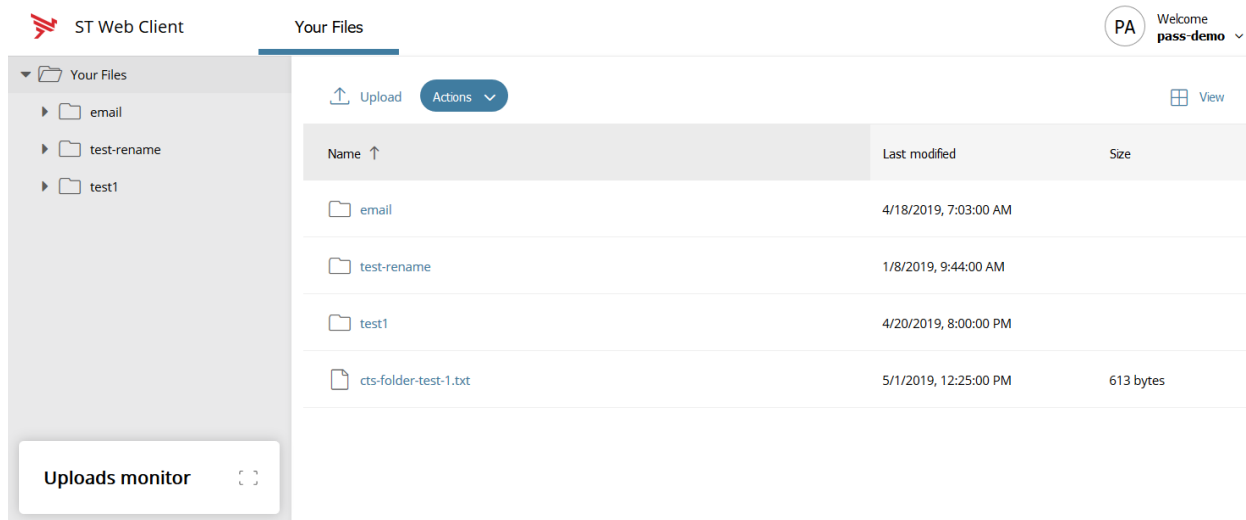
Upload a file by selecting "Upload" tab
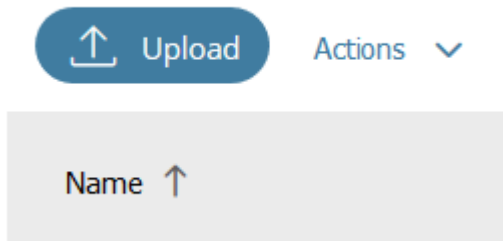
Your local folders will be displayed (It defaults to your last location)

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.

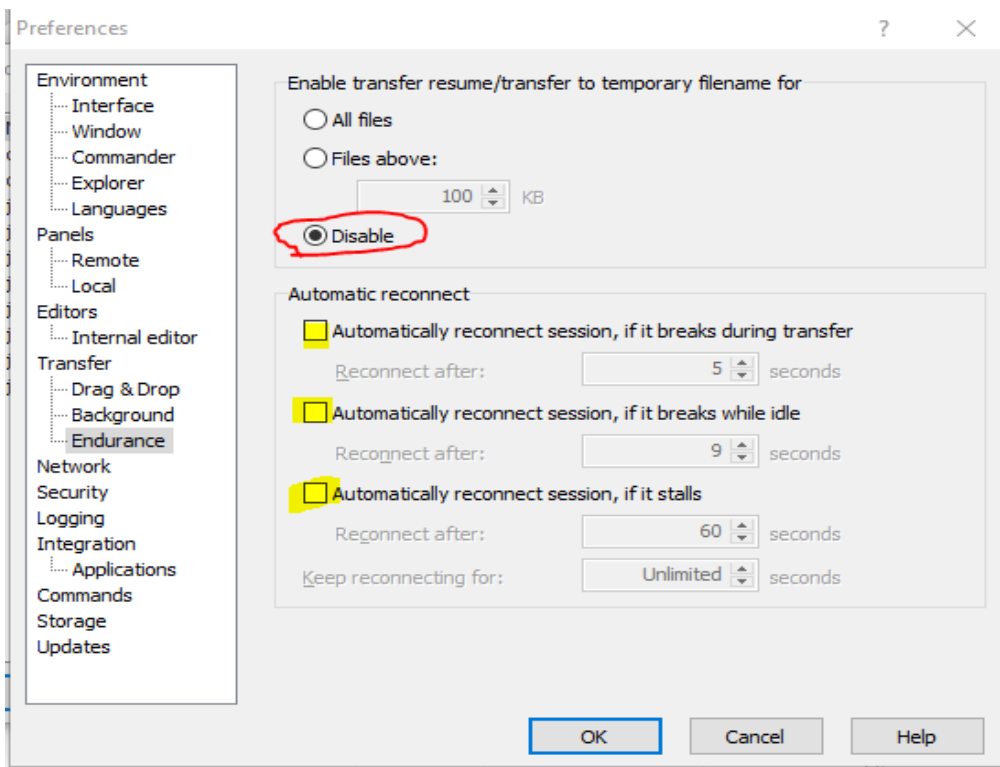<u>WinSCP – With Basic setup information and requirements</u>

URL and Port requirements-

Setting requirement to work with SFT. Need to Disable
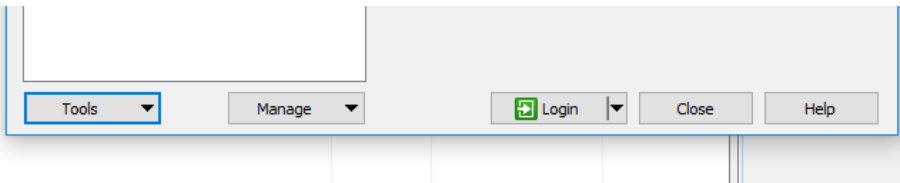
On the right hand corner of the Login pop up, select the "Tools" tab
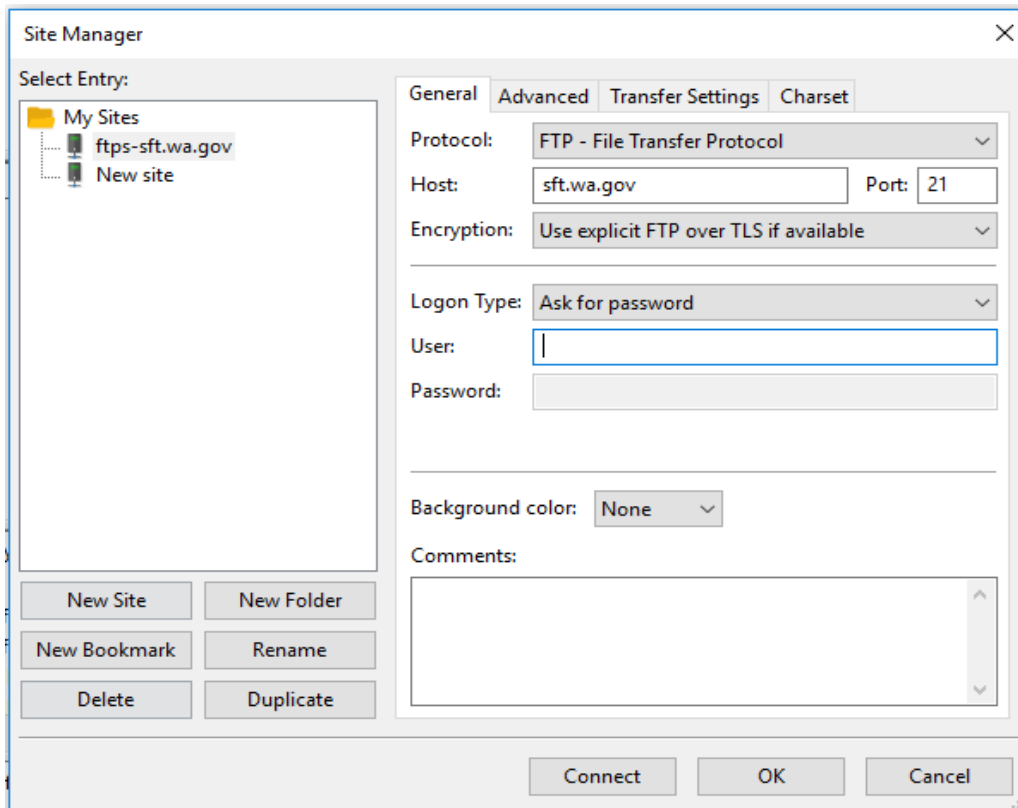
Click on "Endurance" tab and disable the resume feature circled in red.

The yellow highlight is your choice of operation.
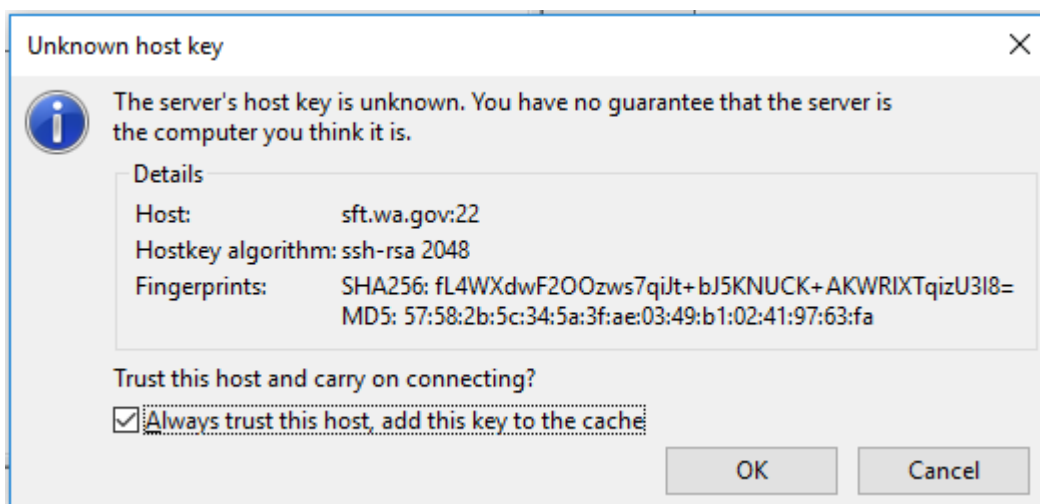
FileZilla- Basic information

Using FTPS-

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

<u>Other client information</u>-

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