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About

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

You may visit the HCA website for more information about the Drug Price Transparency Program.

HCA developed this submission guide with input from stakeholders, which allowed for stakeholders to review and comment on the draft submission guide, prior to publishing the final guide. HCA has final approval authority over the data submission guides and all subsequent changes.

For recent updates about the Drug Price Transparency (DPT) program, please see the link below:
https://www.hca.wa.gov/billers-providers-partners/prescription-drug-cost-transparency-update

Contacts

Compliance Questions or General Program Questions

For compliance questions or general questions about the Drug Price Transparency program, not related to technical data submissions, please contact the program staff by sending an email to:
drugtransparency@hca.wa.gov

Technical Support

For technical data related questions about data definitions, formatting, or the data submission process, please contact the technical support staff by sending an email to:
HCADPTTechSupport@hca.wa.gov
Definitions

"Authority" means the Health Care Authority.

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

"Calendar days" means the same as in Washington Administrative Code 182-526-0010.

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

“Current year” means calendar year 2020.

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

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

“Generic Drug” means product that based on the Drug Pricing Reference. Specifically, Generic Drug means a product 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”, “O” or an “N” and is submitted with a DAW code “5” on the date the claim was adjudicated shall be considered a Generic Drug.

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

"Introduced to market" means marketed in Washington State.

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

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

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

“Prior Year” means calendar year 2019.

"Rebate" means negotiated price concessions, discounts, however characterized, that accrue directly or indirectly to a reporting entity in connection with utilization of prescription drugs by reporting entity members. This includes, but is not limited to, rebates, administrative fees, market share rebates, price protection rebates, performance-based price concessions, volume-related rebates, other credits, and any other negotiated price concessions or discounts that are reasonably anticipated to be passed through to a reporting entity during a coverage year, and any other form of price concession prearranged with a covered manufacturer, dispensing pharmacy, pharmacy benefit manager, rebate aggregator, group purchasing organization, or other party which are paid to a reporting entity and are directly attributable to the utilization of certain drugs by reporting entity members.
"Reporting entity" means carriers, covered manufacturers, health carriers, health plans, pharmacy benefit managers, and pharmacy services administrative organizations, which are required to or voluntarily submit data according to chapter 43.71C RCW.

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

Submission Schedule
The table below describes the schedule of submissions that are required for you to be in compliance with the DPT program.

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

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

To register, you must complete and submit the registration form to HCA. You can access the form at the link below. Once you've completed the required information in the form, click the “Submit” button to generate an email. Registering thirty days in advance of a reporting due date for this program is strongly encouraged, in order to ensure ample time to be added to the system. Once your registration is processed, you will receive a user ID and password from HCA to access the SFT service to submit data to HCA.


Please email drugtransparency@hca.wa.gov for any questions or concerns about the form and the registration process.

How to Submit
The SFT credentials will be provided to you by HCA. This will allow you access to a personalized folder for your organization, where you can upload your submissions.

For more details on the process of connecting to SFT, and the tools that can be used to do so, please see “Appendix A – ST Web Client User Guideline” and “Appendix B – SFT Client Options (Partial List)”.
There are checks in place to protect the SFT service which may result in the rejection of your submission, without notice. These limits include (but are not limited to) attempting to upload a file greater than 30GB and uploading or downloading more than 50,000 files in a 24-hour period. It is unlikely that you will ever trigger these protections, as the size and frequency of the submissions required for this program will seldom approach these limits. However, accidentally exceeding them could result in termination of your SFT credentials. If you suspect that your SFT credentials are no longer working, please contact the DPT program staff.

Submission Specifications

Data Validation

Data validation is a two-step process and at any time submissions may be rejected. Each submitted file undergoes technical and program validation to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCA’s reporting software. The technical validation process is automated and applied shortly after submission to ensure that the data meets all of the technical rules described in the Table Specification. These primarily cover verification of data types (number vs. string) and formats (2021-01-01 vs. 01/01/2021). The program validation process is performed by program staff after technical validation and includes additional checks of the files to complete the data validation process.

If your report is rejected during Technical or Program validation, you will need to resubmit a corrected report within 10 business days of receipt of the rejection notice.

Step 1  Technical validation – You will receive a confirmation email at the registered email address for your organization notifying you whether your submission passed or failed Technical Validation. If your submission failed you will receive a rejection notice, along an error log describing why your submission failed technical validation. If you do not receive an email notification of either success or failure within 72 hours of submitting your report, please contact DPT program staff at drugtransparency@hca.wa.gov to confirm that your submission was received and processed.

Step 2  Program validation – You will receive a confirmation email at the registered email address for your organization notifying you whether your submission passed or failed Program Validation. If your submission failed you will receive a rejection notice, along with an error log describing why your submission failed program validation.

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

Resubmissions

Failed Technical or Program Validations

In the event that your submission is rejected, you have 10 business days after you receive the initial rejection notice to make the necessary corrections and resubmit. You may request an extension of the due date subject to HCA approval. If you fail to comply with reporting requirements after receiving a rejection notice, the authority may assess a fine as allowed under WAC 182-51-1300.

To ensure that you receive credit for a resubmission, you should use the same YYYYMMDD value in the file name as you did in your first submission.
For example, if you submitted the file ‘pbm_appeals_P12345_20210301.csv’, and received a rejection, after making corrections you should resubmit the file ‘pbm_appeals_P12345_20210301.csv’ with the same name as it was originally submitted under, even if the date of resubmission is a different date.

Correcting Previously Approved Submissions

In the event that you find an error in your approved submission, you will need to fill out the Resubmission form which can be found on our website prior to resubmitting your report. You will need to let HCA know which report you will be resubmitting and the specific reasons why you request to resubmit. HCA will review your request and approve or deny your request within 5 business days. In the event your resubmission is rejected during validation, you would be subject to the 10 business day limit for correcting rejected resubmissions.

File Specifications

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

Appropriately formatted files can also be generated via Microsoft Excel by saving a spreadsheet in CSV format. This will remove many of the features included in Excel, such as formatting, formulas, and “sheets”, so you may want to save a copy in Excel format for your own reference in the future. We recommend using Microsoft Excel 2016 or earlier for the submission guide templates. Using Microsoft Excel 2019 or Microsoft 365 can cause formatting issues when saving as a CSV file and result in errors.

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

Data Specifications

**Nullable:** All fields are required, unless otherwise indicated in the table specification. A field that is not required, will be indicated with the word “Nullable” in the specification. In those cases, you must leave that field blank. Do NOT provide the value as “NULL”, or otherwise provide a special indicator of a null value. In all other cases, providing a blank value will result in a rejection by the automated validation.

**Date Formats:** Unless otherwise specified, all dates should be reported in ISO-8601 format with hyphens between years, months and days: “YYYY-MM-DD”. For example, December 1, 2021, would be recorded as “2021-12-01”.

**Important note about Excel version:** We recommend using Microsoft Excel 2016 or earlier for the submission guide templates. Using Microsoft Excel 2019 can cause formatting issues when saving as a CSV file and result in the file being rejected.

**Table Specifications**

**PBM Appeals**

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

Files submitted for PBM Appeals report should be named using the following schema, where ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. When naming your report, omit the brackets around ID and YYYYMMDD. In the case of a
resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace “pbm” with your organization’s name; this will result in your submission being rejected.

File naming schema: pbm_appeals_{ID}_{YYYYMMDD}.csv
Example: pbm_appeals_P12345_20220301.csv (Please use the submission due date, not the date the report was prepared)

The submission of this report for this reporting year is due on March 1, 2022 and should include data for calendar year 2020.

<table>
<thead>
<tr>
<th>Specification</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Name:** Washington DPT Number | WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.  
This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X’s are numeric digits e.g., 12345. |
<p>| Type                           | String                                                                      |
| Max Length                     | 6 characters                                                                |
| Format                         | ABCDE                                                                       |
| <strong>Name:</strong> Pharmacy Benefit Manager | Name of the pharmacy benefit manager submitting data.                      |
| Type                           | String                                                                      |
| Max Length                     | 80 characters                                                               |
| Format                         | ABCDE                                                                       |
| <strong>Name:</strong> PBM IIN Number       | Issuer identification number, used for adjudicating prescription drug claims. Also called BIN number. (This field should be repeated for each NDC included in the report) |
| Type                           | Numeric                                                                    |
| Format                         | 000000                                                                     |
| Max Length                     | 6 digits                                                                   |
| <strong>Name:</strong> Year                 | Current year for which the aggregate data is reported.                    |
| Type                           | Numeric                                                                    |
| Format                         | 0000                                                                       |
| Max Length                     | 4 digits                                                                   |
| Min Length                     | 4 digits                                                                   |
| Rule                           | 2020                                                                       |
| <strong>Name:</strong> PBM Appeals          | Did your organization receive any appeal filed pursuant to RCW 19.340.100(3) in the year reported? This applies to both first and second level appeals. If “Yes”, then complete all required fields. If “No”, then the fields may be left null. |
| Type                           | Choice                                                                     |
| Choices                        | Y, N                                                                       |
| Rule                           | if Y, then all remaining fields are required                               |
| <strong>Name:</strong> Pharmacy Name        | Name of pharmacy chain or pharmacy services administrative organization or independent pharmacy. |
| Type                           | String                                                                     |
| Max Length                     | 80 characters                                                               |
| Format                         | ABCDE                                                                       |
| Rule                           | Required if “PBM Appeals” field is “Y”, Nullable if “N”                     |
| <strong>Name:</strong> Number of Pharmacies in Washington | Number of retail outlets in the pharmacy chain listed in the “Pharmacy Name” field located in Washington. |
| Type                           | Numeric                                                                    |
| Format                         | 99999                                                                      |
| Max Length                     | 5 digits                                                                   |
| Rule                           | Required if “PBM Appeals” field is “Y”, Nullable if “N”                     |</p>
<table>
<thead>
<tr>
<th>Name: Appeals ID</th>
<th>ID number of appeal as assigned by PBM. This should include both first and second level appeals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type: String</td>
<td></td>
</tr>
<tr>
<td>Max Length: 30 characters</td>
<td></td>
</tr>
<tr>
<td>Format: ABCDE</td>
<td></td>
</tr>
<tr>
<td>Rule: Required if “PBM Appeals” field is “Y”, Nullable if “N”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name: Appeals Description</th>
<th>A narrative description of the appeal by the pharmacy chain or contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type: String</td>
<td></td>
</tr>
<tr>
<td>Max Length: 5000 characters</td>
<td></td>
</tr>
<tr>
<td>Format: ABCDE</td>
<td></td>
</tr>
<tr>
<td>Rule: Required if “PBM Appeals” field is “Y”, Nullable if “N”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name: NDC</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type: Numeric</td>
<td></td>
</tr>
<tr>
<td>Format: 00000000000</td>
<td></td>
</tr>
<tr>
<td>Max Length: 11 digits</td>
<td></td>
</tr>
<tr>
<td>Min Length: 11 digits</td>
<td></td>
</tr>
<tr>
<td>Rule: Required if “PBM Appeals” field is “Y”, Nullable if “N”</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name: Drug Name</th>
<th>Name of the drug for the NDC reported. Only include ingredient name.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type: String</td>
<td></td>
</tr>
<tr>
<td>Max Length: 100 characters</td>
<td></td>
</tr>
<tr>
<td>Format: ABCDE</td>
<td></td>
</tr>
<tr>
<td>Rule: Required if “PBM Appeals” field is “Y”, Nullable if “N”</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Name: Drug Product Name</th>
<th>Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type: String</td>
<td></td>
</tr>
<tr>
<td>Max Length: 100 characters</td>
<td></td>
</tr>
<tr>
<td>Format: ABCDE</td>
<td></td>
</tr>
<tr>
<td>Rule: Required if “PBM Appeals” field is “Y”, Nullable if “N”</td>
<td></td>
</tr>
</tbody>
</table>

For example, "fluoxetine HCL 20 mg tablets" is acceptable.

<table>
<thead>
<tr>
<th>Name: Label Name</th>
<th>Proprietary or legal name as labeled by manufacturer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type: String</td>
<td></td>
</tr>
<tr>
<td>Max Length: 100 characters</td>
<td></td>
</tr>
<tr>
<td>Format: ABCDE</td>
<td></td>
</tr>
<tr>
<td>Rule: Required if “PBM Appeals” field is “Y”, Nullable if “N”</td>
<td></td>
</tr>
</tbody>
</table>

For example, "fluoxetine HCL", "fluoxetine DR" are acceptable.

<table>
<thead>
<tr>
<th>Name: Appeal Outcome</th>
<th>Select &quot;A&quot; if appeal approved; select &quot;D&quot; if appeal denied; select “O” if other outcome was determined (e.g., pharmacy cancelled the appeal).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type: Choice</td>
<td></td>
</tr>
<tr>
<td>Choices: A, D, O</td>
<td></td>
</tr>
<tr>
<td>Rule: Required if “PBM Appeals” field is “Y”, Nullable if “N”</td>
<td></td>
</tr>
</tbody>
</table>

A=Approved
D=Denied
O=Other (please describe in detail in the General Comments field)
Table: OIC Action
Name: OIC Action
Type: Choice
Choices: Y, N
Rule: Required if “PBM Appeals” field is “Y”, Nullable if “N”

Select "Y" if appeal escalated to OIC; select "N" if appeal was not escalated.

Table: OIC Action Description
Name: OIC Action Description
Type: String
Max Length: 5000 characters
Format: ABCDE
Rule: Required if “PBM Appeals” field is “Y” and “OIC Action” field is “Y”, Nullable if “N”

Description of any action from the commissioner such as directing the pharmacy benefit manager to make an adjustment to the disputed claim, deny the pharmacy appeal, or take other actions deemed fair and equitable.

Table: General Comments
Name: General Comments
Type: String
Max Length: 5000 characters
Format: ABCDE
Nullable

Any additional information you would like to submit or provide to explain your responses.

PBM Formulary

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

Files submitted for PBM Formulary report should be named using the following schema, where ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. When naming your report, omit the brackets around ID and YYYYMMDD. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace “pbm” with your organizations name, this will result in your submission being rejected.

File naming schema: pbm_formulary_{ID}_{YYYYMMDD}.csv
Example: pbm_formulary_P12345_20220301.csv (Please use the submission due date, not the date the report was prepared)

The submission of this report for this reporting year is due on March 1, 2022 and should include data for calendar year 2020.

<table>
<thead>
<tr>
<th>Specification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Washington DPT Number</td>
<td>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X’s are numeric digits e.g., 12345.</td>
</tr>
<tr>
<td>Type: String</td>
<td>Max Length: 6 characters</td>
</tr>
<tr>
<td>Format: ABCDE</td>
<td></td>
</tr>
</tbody>
</table>
| Name: Pharmacy Benefit Manager | Type: String  
Max Length: 80 characters  
Format: ABCDE | Name of the pharmacy benefit manager submitting data. |
| Name: PBM Formulary Name | Type: String  
Max Length: 80 characters  
Format: ABCDE | Name of formulary offered by your PBM to health carriers or health plans for which data is being submitted. (This field should be repeated for each NDC included in the report) |
| Name: PBM IIN Number | Type: Numeric  
Format: 000000  
Max Length: 6 digits | Issuer identification number, used for adjudicating prescription drug claims. Also called BIN number. (This field should be repeated for each NDC included in the report) |
| Name: PBM Rx Group Number | Type: String  
Max Length: 20 characters  
Format: ABCDE  
Nullable | Unique ID number assigned to the individual health plans managed by PBM if applicable. (This field should be repeated for each NDC included in the report) |
| Name: PBM PCN Number | Type: String  
Max Length: 10 characters  
Format: ABCDE | Processor control number used for adjudicating prescription drug claims. (This field should be repeated for each NDC included in the report) |
| Name: Year | Type: Numeric  
Format: 9999  
Max Length: 4 digits  
Min Length: 4 digits  
Rule: 2020 | Current year for which the aggregate data is reported. |
| Name: Member-Months | Type: Numeric  
Format: 99999999  
Max Length: 8 digits | Total number of member-months in the line of business for the year being reported. This number should be the same for all records submitted for each line of business. |
| Name: Manufacturer Name | Type: String  
Max Length: 80 characters  
Format: ABCDE | Trademark name of entity who markets the drug. |
| Name: Labeler Code | Type: Numeric  
Format: 00000  
Max Length: 5 digits | Labeler code as assigned by Food and Drug Administration (FDA) These 5 digits should match the first 5 digits of all submitted NDCs in this report. |
| Name: NDC | Type: Numeric  
Format: 00000000000  
Max Length: 11 digits  
Min Length: 11 digits | A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product.  
NOTE: The NDC field must be eleven digits long and maintain leading zeros. |
**Name: Drug Name**  
Type: String  
Max Length: 100 characters  
Format: ABCDE  
Name of the drug for the NDC reported. Only include ingredient name.  
For example, if the NDC has a Drug Product Name of "fluoxetine HCL 20 mg tablets", then this field should be reported as “fluoxetine”. All drug product names with “fluoxetine” in its name should be reported as a single Drug Name in this field. Combination drug product names should be reported individually as its own Drug Name instead of by each ingredient.  
**NOTE:** Special characters, hyphens, symbols, or slashes are allowed.

**Name: Drug Product Name**  
Type: String  
Max Length: 100 characters  
Format: ABCDE  
Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC.  
For example, "fluoxetine HCL 20 mg tablets" is acceptable.

**Name: Label Name**  
Type: String  
Max Length: 100 characters  
Format: ABCDE  
Proprietary or legal name as marketed by manufacturer.  
For example, "fluoxetine HCL", "fluoxetine DR” are acceptable.

**Name: Basis for Negotiated Price**  
Type: Choice  
Choices: AWP, MAC, NADACB, NADACG, WAC, U&C, GAD, Vaccine, Other  
The pricing benchmark used to determine the negotiated price guarantees.  
Examples: AWP, MAC, NADACB, NADACG, WAC, U&C, GAD, Vaccine, and Other. If Other is selected, please describe the basis in the General Comments field for this row.  
AWP: Average Wholesale Price  
MAC: Maximum Allowable Cost  
NADACB: National Average Drug Acquisition Cost – Brand Drug  
NADACG: National Average Drug Acquisition Cost – Generic Drug  
WAC: Wholesale Acquisition Cost  
U&C: Usual and Customary  
GAD: Gross Amount Due (Pharmacy Submitted)  
Vaccine: Vaccine and Administration (describe in the General Comments field)  
Other: None of the above (must describe in general comments field)

**Name: Percentage for Negotiated Price**  
Type: Numeric  
Format: 999999999.99999  
Max Length: 14 digits  
The negotiated percentage of the pricing benchmark used to determine the reimbursement rates. For example, if the basis for negotiated price is “AWP – 18%”, then in the previous field, select “AWP” and enter “-18.0” in this field. Both positive and negative values are accepted.  
**NOTE:** Do not include the percent sign or commas.

**Name: Average Cost Per Claim**  
Type: Numeric  
Format: 999999999.99999  
Max Length: 14 digits  
The average paid amount for all paid claims for this NDC. Please enter this field as calculated: The Gross Pharmacy Paid Amount divided by all paid claims for this NDC. This field should be a dollar value representing the ‘paid ingredient cost per claim’ for the year reported.  
For example: (Total Paid Ingredient Costs) / (Total Paid Claims)
| Name: Basis for Negotiated Admin Fee | Type: Choice  
| Choices: Per Claim, PMPM, PSPM, Other | The negotiated administrative fee the PBM charges the health plan to administer the benefit. Examples: Per Claim, Per Member Per Month (PMPM), Per Subscriber Per Month (PSPM), Other. If Other is selected, please describe the basis in the General Comments field for this row.  
|  | Per Claim: Admin fee charged per claim  
|  | PMPM: Per Member Per Month  
|  | PSPM: Per Subscriber Per Month  
|  | Other: None of the above |
| Name: Amount for Negotiated Admin Fee | Type: Numeric  
| Format: 999999999.99999  
| Max Length: 14 digits | The negotiated price for administrative fees paid to the PBMs by the health plans to manage their pharmacy benefit. |
| Name: Gross Pharmacy Paid Amount | Type: Numeric  
| Format: 999999999999999.99  
| Max Length: 17 digits | Sum of the reimbursement amounts for each drug the pharmacy benefit manager paid to pharmacies.  
|  | **NOTE: Do not include the dollar sign or commas.** |
| Name: Net Reimbursed Amount | Type: Numeric  
| Format: 999999999.99999  
| Max Length: 14 digits | Total amount PBM paid to pharmacies for paid claims of this NDC in the reporting period. This is the total amount the provider received after all direct and indirect administrative and other fees are assessed.  
|  | **NOTE: Do not include the dollar sign or commas.** |
| Name: Direct Fees | Type: Numeric  
| Format: 999999999.99999  
| Max Length: 14 digits | Total amount that is paid by the pharmacy to the PBM for all direct administrative fees assessed by the PBM.  
|  | **NOTE: Do not include the dollar sign or commas.** |
| Name: Direct Fees Description | Type: String  
| Max Length: 5000 characters  
| Format: ABCDE | A narrative description of all direct fees reported in the above field. |
| Name: Indirect Fees | Type: Numeric  
| Format: 999999999.99999  
| Max Length: 14 digits | Total amount that is paid by the pharmacy to the PBM for all indirect administrative fees assessed by the PBM.  
|  | **NOTE: Do not include the dollar sign or commas.** |
| Name: Indirect Fees Description | Type: String  
| Max Length: 5000 characters  
| Format: ABCDE | A narrative description of all indirect fees reported in the above field. |
| Name: Other Fees | Type: Numeric  
| Format: 999999999.99999  
| Max Length: 14 digits | Total amount that is paid by the pharmacy to the PBM for all other fees assessed by the PBM not accounted for in direct or indirect fields above.  
|  | **NOTE: Do not include the dollar sign or commas.** |
| Name: Other Fees Description | Type: String  
| Max Length: 5000 characters  
| Format: ABCDE | A narrative description of all other fees reported in the above field. |
**Name: Spread Price Amount**  
Type: Numeric  
Format: 999999999999999.99  
Max Length: 17 digits  
The difference between the sum of the total dollar amount, the health plan paid the pharmacy benefit manager and the total Gross Pharmacy Paid Amount for each drug on the PBMs formulary that was retained by the PBM or PBMs subcontractor.

A positive value indicates the sum of the total dollar amount the health plan paid is greater than the total gross pharmacy paid amount and is retained by the PBM.  

**NOTE:** Do not include the dollar sign or commas.

**Name: Member Cost Share**  
Type: Numeric  
Format: 999999999999999.99  
Max Length: 17 digits  
Rule: greater than or equal to 0  
The total out of pocket expenditure for members within the health plan including copays, coinsurance, and deductible.  

**NOTE:** Do not include the dollar sign or commas.

**Name: Rebates Received**  
Type: Numeric  
Format: 999999999999999.99  
Max Length: 17 digits  
Rule: greater than or equal to 0  
Total rebate received by PBM or its subcontractor for utilization for all units of the NDC for the reporting period.  

**NOTE:** Do not include the dollar sign or commas. If no rebates received for this NDC, then enter 0. Null values are not accepted.

**Name: Total WAC**  
Type: Numeric  
Format: 999999999.9999  
Max Length: 14 digits  
Rule: greater than or equal to 0  
The sum of the wholesale acquisition cost for all paid claims with this NDC during the Year of the report.  

**NOTE:** Do not include the dollar sign or commas.

**Name: Reimbursement Percentage Discount**  
Type: Numeric  
Format: 99999.99  
Max Length: 7 digits  
Please enter this field as calculated: \( \frac{\text{Total WAC} - \text{Gross Pharmacy Paid Amount}}{\text{Total WAC}} \times 100 \)

**Name: Rebate Percentage Discount**  
Type: Numeric  
Format: 99999.99  
Max Length: 7 digits  
Please enter this field as calculated: \( \frac{\text{Total WAC} - \text{Rebate Received}}{\text{Total WAC}} \times 100 \)  

**NOTE:** Do not include the percent sign.

**Name: Rebate Retained**  
Type: Numeric  
Format: 999999999.9999  
Max Length: 14 digits  
Total rebate retained by PBM or its subcontractor. Amount of rebate received for utilization for all units of the NDC minus the amount of rebate distributed to health plans for the reporting period.  

**NOTE:** Do not include the dollar sign or commas.

**Name: General Comments**  
Type: String  
Max Length: 5000 characters  
Format: ABCDE  
Nullable  
Any additional information you would like to submit or provide to explain your responses.

---

**PBM Ownership**

This linked template contains all of the data fields necessary to comply with reporting ownership interests by the PBM in any pharmacy or health plan or by any pharmacy or health plan in the PBM.
Files submitted for PBM Ownership report should be named using the following schema, where ID is the PBM ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. When naming your report, omit the brackets around ID and YYYYMMDD. In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace “pbm” with your organizations name, this will result in your submission being rejected.

**File naming schema:** `pbm_ownership_{ID}_{YYYYMMDD}.csv`
Example: `pbm_ownership_P12345_20220301.csv` *(Please use the submission due date, not the date the report was prepared)*

The submission of this report for this reporting year is due on March 1, 2022 and should include data for calendar year 2020.

<table>
<thead>
<tr>
<th>Specification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name: Washington DPT Number</strong></td>
<td>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X’s are numeric digits e.g., 12345.</td>
</tr>
<tr>
<td><strong>Name: Pharmacy Benefit Manager</strong></td>
<td>Name of the pharmacy benefit manager submitting data.</td>
</tr>
<tr>
<td><strong>Name: Ownership Entity Name</strong></td>
<td>The name of the entity which the pharmacy benefit manager has ownership interest in.</td>
</tr>
<tr>
<td><strong>Name: Ownership Entity Type</strong></td>
<td>The type of business which the pharmacy benefit manager has ownership interest in: PBM, Pharmacy, Health Plan, Other</td>
</tr>
<tr>
<td><strong>Name: Ownership Interest Description</strong></td>
<td>Description of any additional disclosure details or clarifications.</td>
</tr>
<tr>
<td><strong>Name: General Comments</strong></td>
<td>Any additional information you would like to submit or provide to explain your responses.</td>
</tr>
</tbody>
</table>
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](https://sft.wa.gov) or [https://sft-test.wa.gov](https://sft-test.wa.gov)
- A username and password. This information is provided to you by State of Washington business partner. You must enter this information on the Log in page.
Sign in with your password

To sign into ST Web Client:

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

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.
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 pane]

**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_account.xml](image)

5/11/2020, 11:49...
9.81 MB

Actions Drop Down Menu

![Actions Drop Down Menu](image)

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
Monitor uploads
At the bottom of the “Your Files” pane, click **Uploads monitor**. The Uploads monitor pane is displayed:

### Information Displayed

The current status of the file uploads
The progress of each upload if in upload processing
Name of file uploaded/uploading
Folder placement of File
Size of File
Start time & date of Upload

### Filter uploads displayed

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

- All statuses
- Running
- Completed
- Paused
- Canceled
- Failed
**Pause uploads**

To pause an upload:
Select uploads you want to pause. Use the **Ctrl** key to select multiple uploads.
Click **Pause**.

**Resume uploads**

To resume an upload:
Select uploads that are paused that you want to resume. Use the **Ctrl** key to select multiple uploads.
Click **Resume**.

**Cancel uploads**

To cancel an upload:
Select the upload that is running that you want to cancel. Use the **Ctrl** key to select multiple uploads.
Click **Cancel**.

**Remove display entries**

To cancel an upload:
Select the upload that is running that you want to cancel. Use the **Ctrl** key to select multiple uploads.
Click **Remove**.
Appendix B – SFT Client Options (Partial List)

SFT Client Options – Partial List of

WaTech supported clients

Default browser client

Here is the screen after successful login-

Upload a file by selecting “Browse” tab

Select a file and hit the “Open” tab
The file will appear to the right of the Browse tab.
Select the “Upload File” tab
The file name will be displayed.

Download a file

Check the box to left of your file to download.
Select the “Download” tab
Please do not download a file by selecting the “View” tabs. As you may not get a complete file downloaded.
Enhanced Browser Client

After entering your credentials in the default client above, if your account is assigned the ST Web Client, this screen will appear:

Upload a file by selecting “Upload” tab

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

Select a file and hit the “Open” tab and this completes the operation of upload. You will get some information on the screen in regard to the file transfer.
Download a file by

On the screen highlight the file you want to download.
Click on “Actions” drop down will appear, select “Download”

Optional Clients

WaTech does not support any third party client or provide technical support.
WinSCP – With Basic setup information and requirements

URL and Port requirements-

![WinSCP configuration screen]

- **Elec protocol:** SFTP
- **Host name:** sftp.wa.gov
- **Port number:** 22
- **User name:** [enter username]
- **Password:** [enter password]
- **Save**
- **Advanced...**
- **Login**
- **Close**
- **Help**
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


List of certified client software by the vendor for file exchange

<table>
<thead>
<tr>
<th>Software</th>
<th>Versions</th>
<th>Protocols</th>
</tr>
</thead>
<tbody>
<tr>
<td>cURL</td>
<td>7.58.0</td>
<td>FTPS, HTTPS</td>
</tr>
<tr>
<td>CuteFTP Professional</td>
<td>9.2.0.8 (Windows)</td>
<td>FTPS</td>
</tr>
<tr>
<td>LFTP</td>
<td>4.8.3</td>
<td>FTPS</td>
</tr>
<tr>
<td>PSCP (PuTTY)</td>
<td>0.70</td>
<td>SSH</td>
</tr>
<tr>
<td>PSFTP (PuTTY SFTP)</td>
<td>0.70</td>
<td>SSH</td>
</tr>
<tr>
<td>SmartFTP Client</td>
<td>9.0.2558.0</td>
<td>FTPS</td>
</tr>
<tr>
<td>Tectia SSH Client</td>
<td>6.4.15</td>
<td>SSH</td>
</tr>
<tr>
<td>VanDyke SecureFX</td>
<td>8.3</td>
<td>SSH</td>
</tr>
<tr>
<td>WGET</td>
<td>1.13</td>
<td>FTPS, HTTPS</td>
</tr>
</tbody>
</table>