

Washington State Health Care Authority

Pharmacy Benefit Manager Data Submission Guide

Drug Price Transparency – RCW 43.71C

Version 1.2

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About

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

You may visit HCA website for more information.

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

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

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

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

Contacts

General Questions

For any 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 any technical data related questions, or any questions regarding the data submission process, please contact the technical support staff by sending an email to:

HCADPTTechSupport@hca.wa.gov

Compliance

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

drugtransparency@hca.wa.gov.

HCA has made revisions to the data submission guide based on feedback from pharmacy benefit managers, therefore we have extended the reporting deadline to June 30, 2021.

Definitions

"Authority" means the health care authority.

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

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

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

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

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

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

"Generic Drug" means product that based on the Drug Pricing Reference. Specifically, Generic Drug means a product a product whose national drug code number, depending on the applicable Drug Pricing Reference, has a First Data Bank "Generic Product Flag of "1" on the date the claim was adjudicated, and the MediSpan Multi-Source Indicator for the Covered Drug is a "Y" on the date dispensed. A drug product that has a First Data Bank Generic Product Flag of "0", "2", or "3" on the date the claim was adjudicated; or (b) has a MediSpan Multi-Source Indicator of "M" (co-branded product), "O" (originator brand) or an "N" (single source brand) for the Covered Product on the date the claim was adjudicated shall be considered a Generic Drug.

"Health care provider," "health plan," "health carrier," and "carrier" mean the same as in RCW [48.43.005](#).

"Introduced to market" means marketed in Washington State.

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

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

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

"Prior Year" means calendar year 2018, for plan year 2019 and means calendar year 2017, for plan year 2018.

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

aggregator, group purchasing organization, or other party which are paid to a reporting entity and are directly attributable to the utilization of certain drugs by reporting entity members.

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

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

Submission Schedule

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

Report Type	Submission Due Date	Submission Information
PBM Appeals	June 30, 2021	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 calendar years 2018 and 2019.
	March 1 st , Annually	A PBM must submit to the authority all data specified in RCW 43.71C.030(1)(g), following the guidelines set forth in this submission guide for the current year.
PBM Formulary	June 30, 2021	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 calendar years 2018 and 2019.
	March 1 st , Annually	A PBM must submit to the authority all data specified in RCW 43.71C.030(1)(a) through (e), following the guidelines set forth in this submission guide for the current year.
PBM Ownership	June 30, 2021	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 calendar years 2018 and 2019.
	March 1 st , Annually	A PBM must submit to the authority all data specified in RCW 43.71C.030(1)(f), following the guidelines set forth in this submission guide for the current year.

How to Register

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

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

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

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

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

How to Submit

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

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

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

Resubmissions

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

To ensure that you receive credit for a resubmission, you should use the same YYYYMMDD value in the file name as you did in your first submission. For example, if you submitted the file `pbm_appeals_P12345_20201001.csv`, and received a rejection, after making corrections you should resubmit the file with the same name as it was originally submitted under, even if the date of resubmission is January 1, 2021.

Submission Specifications

Data Validation

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

These validations may result in the rejection of your file submission. In the case of an automatic validation failure, the system will send an automated email to the email address registered for your organization. The automated email provides details on the reason for rejection. In the case of a manual validation failure, program staff will send an email explaining the reason for the rejection. In both cases, you will be required to resubmit your file after making the appropriate corrections. If you need help understanding your error log, the [Data Submission FAQ](#) clarifies the meaning of the error and provides guidance on how to correct the error.

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

File Specifications

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

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

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

Data Specifications

Nullable: 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 must leave that field blank, do not provide the value as “NULL”, or otherwise provide a special indicator of a null value, this will cause your submission to be rejected. 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”.

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 organizations name, this will result in your submission being rejected.

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

Example: pbm_appeals_P12345_20201208.csv

The first submission of this report is due on June 30, 2021 and should include data effective for 2018 and 2019.

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

Specification	Description
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE Min Length: 6 characters	WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. 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.
Name: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE	Name of the pharmacy benefit manager submitting data.
Name: Pharmacy Benefit Manager ID Type: Numeric Format: 000000000 Max Length: 9 digits	ID number submitted by the Pharmacy Benefit Manager 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

<p>Name: PBM ID Type Type: Choice Choices: EIN, UBI, DUNS</p>	<p>The type of ID that was submitted in the Pharmacy Benefit Manager ID number field.</p> <p>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</p>
<p>Name: Year Type: Numeric Format: 0000 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018</p>	<p>Year for which the aggregate data is reported</p>
<p>Name: PBM Appeals Type: Choice Choices: Y, N Rule: if Y, then all remaining fields are required.</p>	<p>Did your organization receive any appeal filed pursuant to RCW 19.340.100(3) in the year reported? If “Yes”, then complete all required fields. If “No”, then the fields may be left null. This applies to both first and second level appeals.</p>
<p>Name: Pharmacy Name Type: String Max Length: 80 characters Format: ABCDE Rule: Required if “PBM Appeals” field is “Y” Nullable if “N”</p>	<p>Name of pharmacy chain or pharmacy services administrative organization or independent pharmacy.</p>
<p>Name: Number of Pharmacies in Washington Type: Numeric Format: 99999 Max Length: 5 digits Rule: Required if “PBM Appeals” field is “Y” Nullable if “N”</p>	<p>Number of retail outlets in the pharmacy chain listed in the “Pharmacy Name” field located in Washington.</p>
<p>Name: Appeals ID Type: String Max Length: 30 characters Format: ABCDE Rule: Required if “PBM Appeals” field is “Y” Nullable if “N”</p>	<p>ID number of appeal as assigned by PBM. This should include both first and second level appeals.</p>
<p>Name: Appeals Description Type: String Max Length: 5000 characters Format: ABCDE Rule: Required if “PBM Appeals” field is “Y” Nullable if “N”</p>	<p>A narrative description of the appeal by the pharmacy chain or contractor</p>

<p>Name: NDC Type: Numeric Format: 000000000000 Max Length: 11 digits Min Length: 11 digits Rule: Required if “PBM Appeals” field is “Y” Nullable if “N”</p>	<p>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).</p>
<p>Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE Rule: Required if “PBM Appeals” field is “Y” Nullable if “N”</p>	<p>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.</p>
<p>Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE Rule: Required if “PBM Appeals” field is “Y” Nullable if “N”</p>	<p>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.</p>
<p>Name: Label Name Type: String Max Length: 80 characters Format: ABCDE Rule: Required if “PBM Appeals” field is “Y” Nullable if “N”</p>	<p>Drug name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR, are acceptable.</p>
<p>Name: Appeal Outcome Type: Choice Choices: A, D, O Rule: Required if “PBM Appeals” field is “Y” Nullable if “N”</p>	<p>Select "A" if appeal approved; select "D" if appeal denied; select “O” if other outcome was determined (e.g., pharmacy cancelled the appeal).</p>
<p>Name: OIC Action Type: Choice Choices: Y, N Rule: Required if “PBM Appeals” field is “Y” Nullable if “N”</p>	<p>Select "Y" if appeal escalated to OIC; select "N" if appeal was not escalated</p>
<p>Name: OIC Action Description Type: String Max Length: 5000 characters Format: ABCDE Rule: Required if “PBM Appeals” field is “Y” Nullable if “N”</p>	<p>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.</p>

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.
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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_20201208.csv`

The first submission of this report is due on June 30, 2021 and should include data effective for 2018 and 2019.

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

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

<p>Name: PBM Formulary Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>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)</p>
<p>Name: PBM IIN Number Type: Numeric Format: 000000 Max Length: 6 digits</p>	<p>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)</p>
<p>Name: PBM Rx Group Number Type: String Max Length: 20 characters Format: ABCDE Nullable</p>	<p>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)</p>
<p>Name: PBM PCN Number Type: String Max Length: 10 characters Format: ABCDE</p>	<p>Processor control number used for adjudicating prescription drug claims. (This field should be repeated for each NDC included in the report)</p>
<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018</p>	<p>Year for which the aggregate data is reported. (This field should be repeated for each NDC included in the report)</p>
<p>Name: Manufacturer Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Trademark name of entity who markets the drug</p>
<p>Name: Labeler Code Type: Numeric Format: 00000 Max Length: 5 digits</p>	<p>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.</p>
<p>Name: NDC Type: Numeric Format: 000000000000 Max Length: 11 digits Min Length: 11 digits</p>	<p>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).</p>
<p>Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>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.</p>
<p>Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>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</p>
<p>Name: Label Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Drug name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR, are acceptable.</p>

<p>Name: Basis for Negotiated Price Type: Choice Choices: AWP, MAC, NADAC, WAC, Other</p>	<p>The pricing benchmark used to determine the negotiated price guarantees. Examples: AWP, MAC, NADAC, WAC, Other. If Other is selected, please describe the basis in the General Comments field for this row.</p> <p>AWP: Average Wholesale Price MAC: Maximum Allowable Cost NADAC: National Average Drug Acquisition Cost WAC: Wholesale Acquisition Cost Other: None of the above</p>
<p>Name: Percentage for Negotiated Price Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>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.</p> <p>NOTE: Do not include the percent sign or commas</p>
<p>Name: Amount for Negotiated Price Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>The average of all paid ingredient costs using the Percentage for Negotiated Price and Basis for Negotiated Price as reported above. This field should be a dollar value representing the ‘paid ingredient cost per claim’ for the year reported.</p>
<p>Name: Basis for Negotiated Admin Fee Type: Choice Choices: Per Claim, PMPM, PSPM, Other</p>	<p>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.</p> <p>Per Claim: Admin fee charged per claim PMPM: Per Member Per Month PSPM: Per Subscriber Per Month Other: None of the above</p>
<p>Name: Amount for Negotiated Admin Fee Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>The negotiated price for administrative fees paid to the PBMs by the health plans to manage their pharmacy benefit.</p>
<p>Name: Gross Pharmacy Paid Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>Sum of the reimbursement amounts for each drug the pharmacy benefit manager paid to pharmacies.</p> <p>NOTE: Do not include the dollar sign or commas.</p>
<p>Name: Net Reimbursed Amount Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>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.</p> <p>NOTE: Do not include the dollar sign or commas.</p>
<p>Name: Direct Fees Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>Total amount that is paid by the pharmacy to the PBM for all direct administrative fees assessed by the PBM.</p> <p>NOTE: Do not include the dollar sign or commas.</p>
<p>Name: Direct Fees Description Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>A narrative description of all direct fees reported in the above field.</p>

<p>Name: Indirect Fees Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>Total amount that is paid by the pharmacy to the PBM for all indirect administrative fees assessed by the PBM.</p> <p>NOTE: Do not include the dollar sign or commas.</p>
<p>Name: Indirect Fees Description Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>A narrative description of all indirect fees reported in the above field.</p>
<p>Name: Other Fees Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>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.</p> <p>NOTE: Do not include the dollar sign or commas.</p>
<p>Name: Other Fees Description Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>A narrative description of all other fees reported in the above field.</p>
<p>Name: Spread Price Amount Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>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.</p> <p>NOTE: Do not include the dollar sign or commas.</p>
<p>Name: Member Cost Share Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>The total out of pocket expenditure for members within the health plan including copays, coinsurance, and deductible.</p> <p>NOTE: Do not include the dollar sign or commas.</p>
<p>Name: Rebates Received Type: Numeric Format: 99999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>Total rebate received by PBM or its subcontractor. Amount of rebate received for utilization for all units of the NDC for the reporting period.</p> <p>“Rebate” means retrospective payments or discounts, including promotional or volume-related refunds, incentives or other credits however characterized, pre-arranged with covered manufacturer for certain Prescription Drugs, which are paid to a submitter, and are directly attributable to the utilization of certain drugs by submitters or their members, including Administrative fees and software or data fees paid by covered manufacturer to submitters. “Rebate” includes all rebates, discounts, payments or benefits (however characterized) generated by a submitter’s Prescription Drug Claims, or derived from any other payment or benefit for the dispensing of Prescription Drugs or classes or brands of drugs within a health plan or arising out of any relationships a submitter has with covered manufacturers, including but not limited to rebate sharing, market share allowances, educational allowances, gifts, promotions, or any other form of revenue whatsoever</p> <p>NOTE: Do not include the dollar sign or commas. If no rebates received for this NDC, then enter 0. Null values are not accepted.</p>

<p>Name: Total WAC Type: Numeric Format: 999999999.99999 Max Length: 14 digits Rule: greater than or equal to 0</p>	<p>The sum of the wholesale acquisition cost for all paid claims with this NDC during the Year of the report.</p> <p>NOTE: Do not include the dollar sign or commas.</p>
<p>Name: Percentage Discount Type: Numeric Format: 99999.99 Max Length: 7 digits</p>	<p>Please enter this field as calculated: $[(\text{Total WAC} - \text{Rebate Received}) / \text{Total WAC}] * 100$</p> <p>NOTE: Do not include the percent sign.</p>
<p>Name: Rebate Retained Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p>	<p>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.</p> <p>NOTE: Do not include the dollar sign or commas.</p>
<p>Name: General Comments Type: String Max Length: 15000 characters Format: ABCDE Nullable</p>	<p>Any additional information you would like to submit or provide to explain your responses.</p>

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_20201208.csv`

The first submission of this report is due on June 30, 2021 and should include data effective for 2018 and 2019.

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

Specification	Description
<p>Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE Min Length: 6 characters</p>	<p>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.</p> <p>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>

<p>Name: Pharmacy Benefit Manager Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of the pharmacy benefit manager submitting data.</p>
<p>Name: Pharmacy Benefit Manager ID Type: Numeric Format: 000000000 Max Length: 9 digits</p>	<p>ID number submitted by the Pharmacy Benefit Manager for which we can identify them.</p> <p>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</p>
<p>Name: PBM ID Type Type: Choice Choices: EIN,UBI,DUNS</p>	<p>The type of ID that was submitted in the Pharmacy Benefit Manager ID number field.</p> <p>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</p>
<p>Name: Ownership Entity Name Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>The name of the entity which the pharmacy benefit manager has ownership interest in.</p>
<p>Name: Ownership Entity Type Type: Choice Choices: PBM, Pharmacy, Health Plan, Other</p>	<p>The type of business which the pharmacy benefit manager has ownership interest in:</p> <p>PBM Pharmacy Health Plan Other</p>
<p>Name: Ownership Entity ID Number Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>ID number submitted by the PBM for which we can identify the business which the pharmacy benefit manager has ownership interest in.</p> <p>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</p>
<p>Name: Ownership Entity ID Type Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>The type of ID that was submitted in the ownership entity ID number field.</p> <p>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</p>
<p>Name: Ownership Interest Description Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>Description of any additional disclosure details or clarifications.</p>

Name: General Comments

Type: String

Max Length: 5000 characters

Format: ABCDE

Nullable

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

Appendix A – ST Web Client User Guideline

Prerequisites

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

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

axway  SFT TEST Site

Powered by Axway AMPLIFY™.

Welcome.

[Sign in](#)

Upon signing in you may be requested to reset your password

This required when a temporary password was given to you.

axway SFT TEST Site
Powered by Axway AMPLIFY™

Reset password

Old Password:

New Password:

Confirm password:

*Password must have at least 10 characters total.
Password must have at least 2 alpha character(s).
Password must have at least 2 numeric character(s).
Password must have at least 2 special character(s).
Password must be different than the last 0 recently used passwords.*

Save

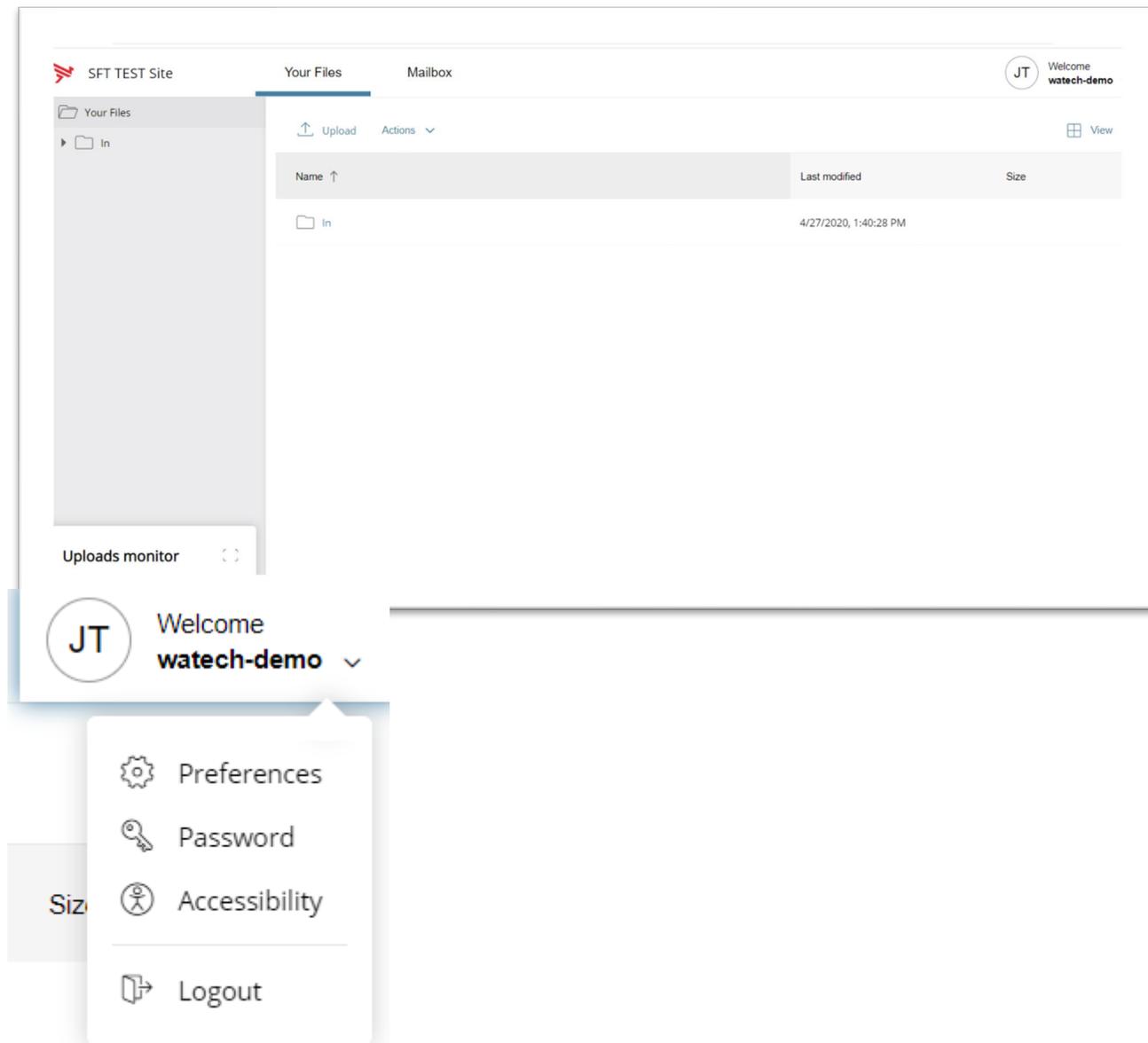
Change password page is displayed as above.

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

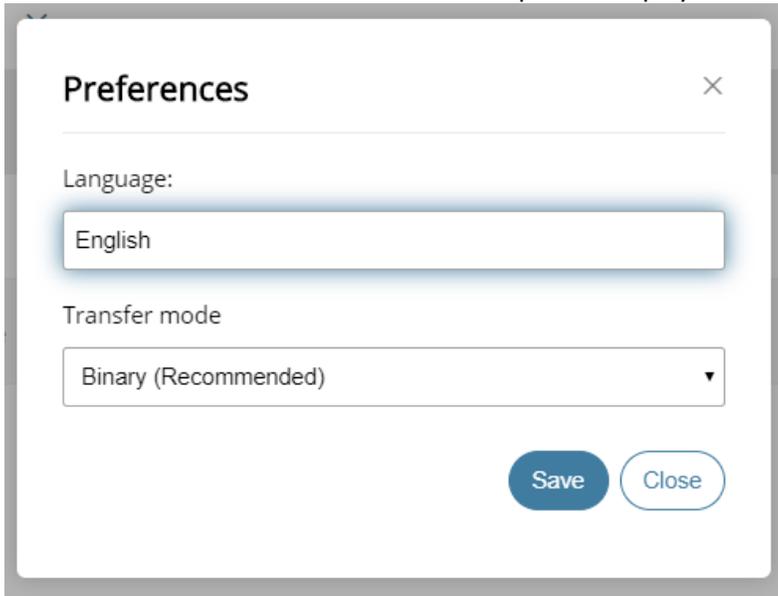
Using the Welcome menu (drop down menu on the upper right corner of page), you can access the tools to manage your user profile as well as logout.

- 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.



The screenshot shows a 'Preferences' dialog box with a close button (X) in the top right corner. Below the title bar, there are two sections. The first is 'Language:' followed by a text input field containing the word 'English'. The second is 'Transfer mode' followed by a dropdown menu with 'Binary (Recommended)' selected and a downward arrow. At the bottom right of the dialog are two buttons: 'Save' (a solid blue button) and 'Close' (a white button with a blue border).

Select a Transfer mode

The recommended and default Transfer mode is

Binary

but in rare cases the

ASCII

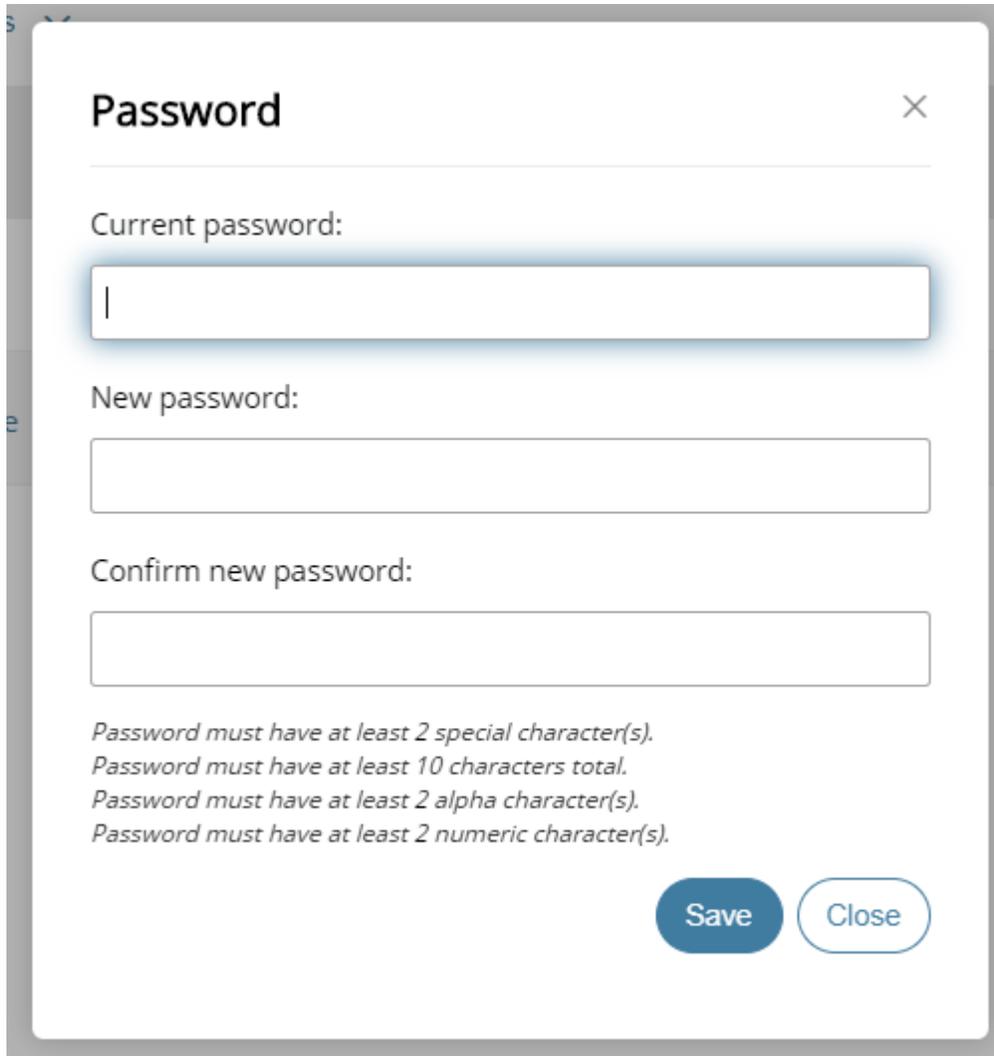
mode may be required for XML, HTML, or TXT files.

Click **Save**.

Change your password

Select the **Welcome** drop-down.

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



The screenshot shows a 'Password' dialog box with a close button (X) in the top right corner. It contains three input fields: 'Current password:', 'New password:', and 'Confirm new password:'. Below the input fields, there are four lines of password requirements: 'Password must have at least 2 special character(s).', 'Password must have at least 10 characters total.', 'Password must have at least 2 alpha character(s).', and 'Password must have at least 2 numeric character(s)'. At the bottom right, there are two buttons: 'Save' (a solid blue button) and 'Close' (a white button with a blue border).

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

Upload files

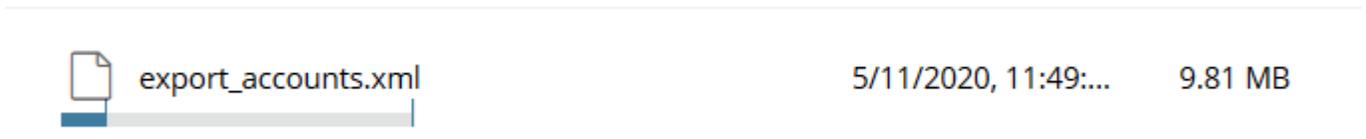
To upload files to ST Web Client you click the **Upload** button.

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

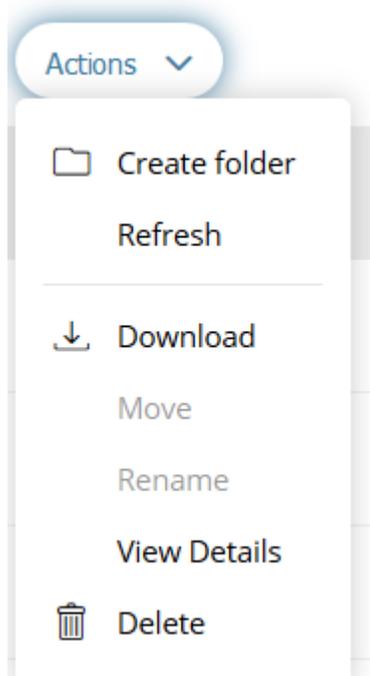
Select the file or files to upload. Use the **Ctrl** or **Shift** keys to select multiple files.

Click **Open**.

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



Actions Drop Down Menu



Download files

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

Click Action dropdown and select Download.

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

Create folders

To create folders

Select **Create folder** from the Actions Drop Down.

The Create folder pane opens.

Enter the folder name.

Click **Create**. The new folder is created and displayed on the “Your Files” pane and a message is displayed.

Delete files and folders

To delete a file or folder:

From the “Your Files” pane, select the file or folder to delete. Use the **Ctrl** key to select multiple files.

Select **Delete** from the Actions Drop Down menu. The delete confirmation pane opens.

Click **Delete** to confirm.

View file or folder details

You can view the following details of files and folders:

For files, the View Details pane lists Modified, Size, and Owner details.

For folders, the View Details pane lists Modified and Owner details.

To view file or folder details

From the “Your Files” pane, select a file or folder.

Select **View Details** from the Actions menu.

The View Details pane is displayed.

Click **OK**

Delete files and folders

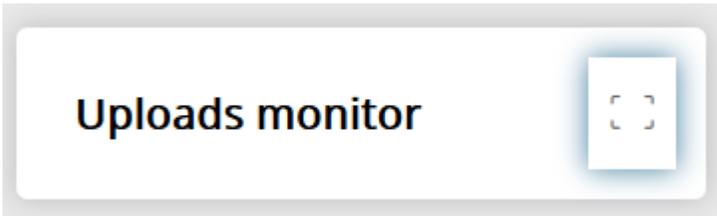
To delete a file or folder:

From the “Your Files” pane, select the file or folder to delete. Use the **Ctrl** key to select multiple files.

Select **Delete** from the Actions menu. The Delete confirmation pane opens.

Click **Delete** to confirm

Uploads monitor Page



Monitor uploads

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

Uploads monitor ⌵

⏸ Pause
▶ Resume
■ Cancel
🗑 Remove
All statuses ▾

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

Information Displayed

The current status of the file uploads

The progress of each upload if in upload processing

Name of file uploaded/uploading

Folder placement of File

Size of File

Start time & date of Upload

Filter uploads displayed

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

All statuses

Running

Completed

Paused

Canceled

Failed

Pause uploads

To pause an upload:

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

Click **Pause**.

Resume uploads

To resume an upload:

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

Click **Resume**.

Cancel uploads

To cancel an upload:

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

Click **Cancel**.

Remove display entries

To cancel an upload:

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

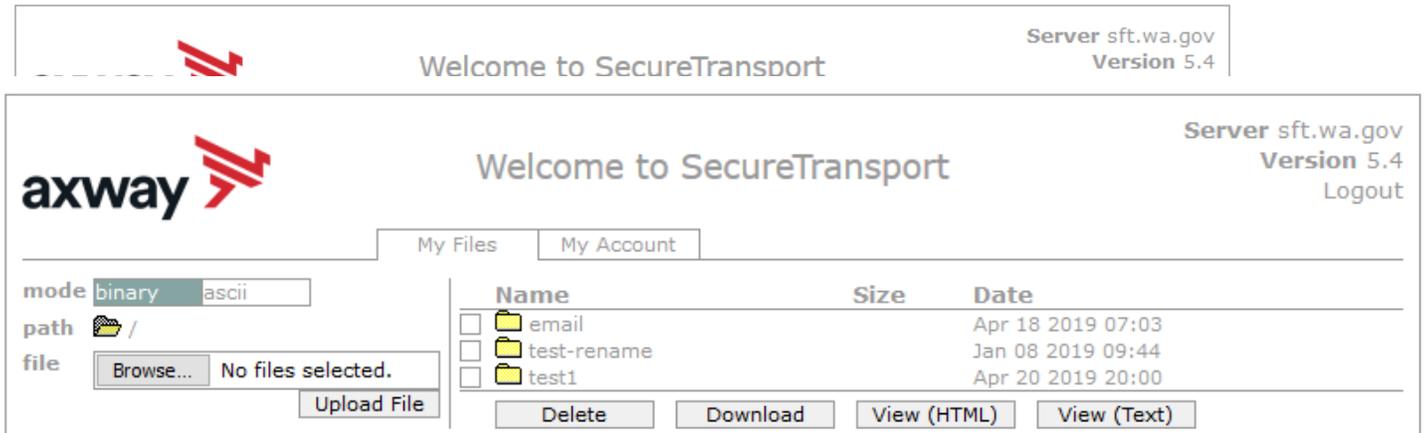
Click **Remove**.

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:

ST Web Client Your Files

PA Welcome pass-demo

Upload Actions View

Name ↑	Last modified	Size
email	4/18/2019, 7:03:00 AM	
test-rename	1/8/2019, 9:44:00 AM	
test1	4/20/2019, 8:00:00 PM	
cts-folder-test-1.txt	5/1/2019, 12:25:00 PM	613 bytes

Uploads monitor

Upload a file by selecting “Upload” tab

Upload Actions

Name ↑

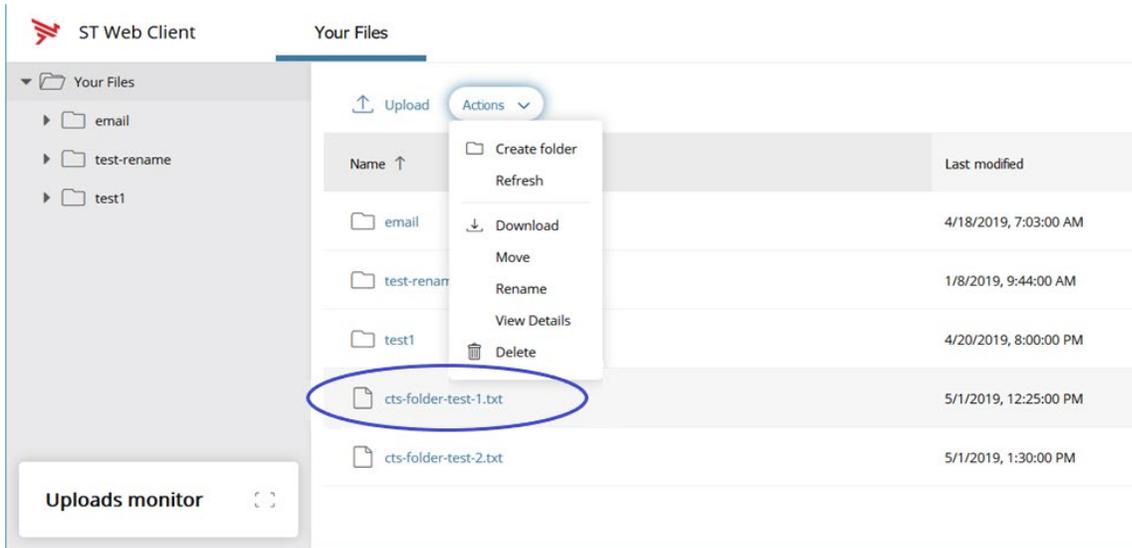
Your local folders will be displayed (It defaults to your last location)

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

Download a file by

On the screen highlight the file you want to download.

Click on “Actions” drop down will appear, select “Download”

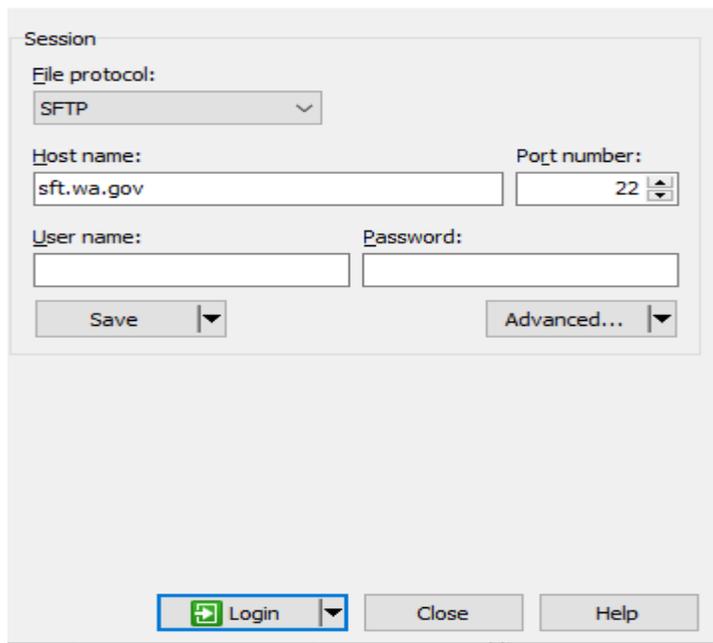


Optional Clients

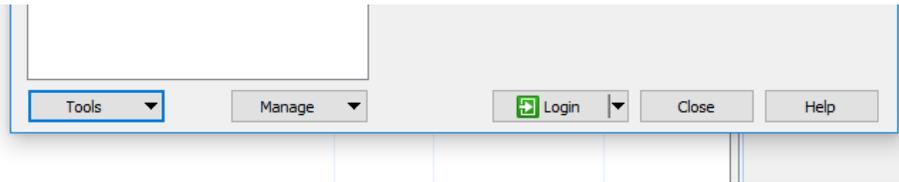
WaTech **does not support** any third party client or provide technical support.

WinSCP – With Basic setup information and requirements

URL and Port requirements-



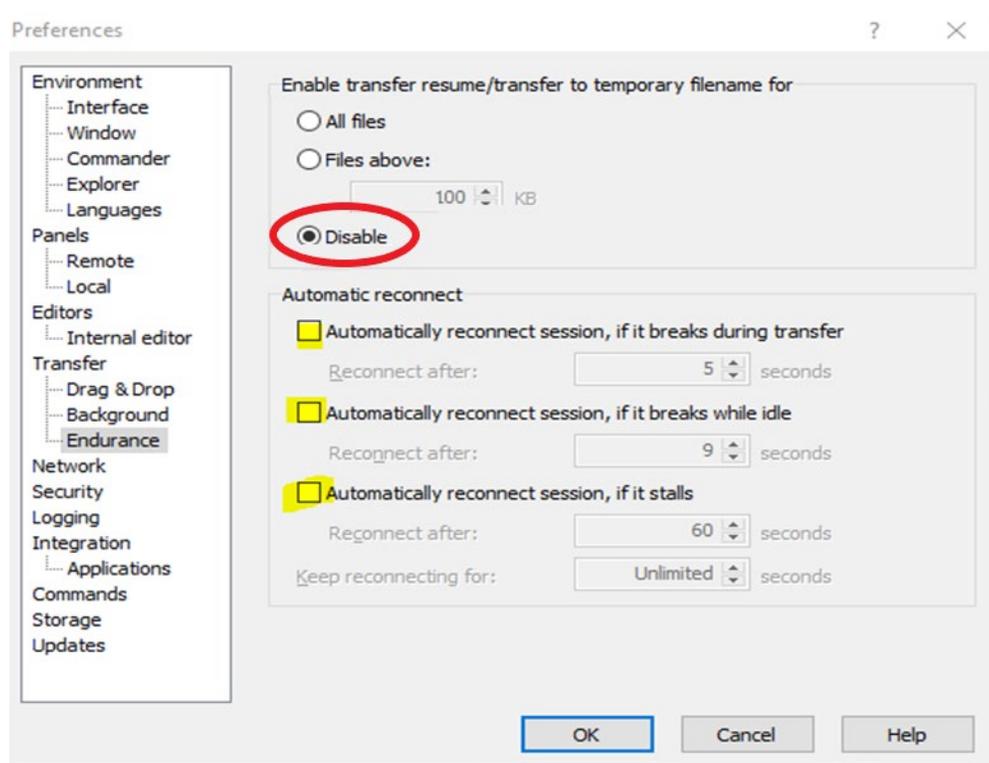
Setting requirement to work with SFT. Need to Disable



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

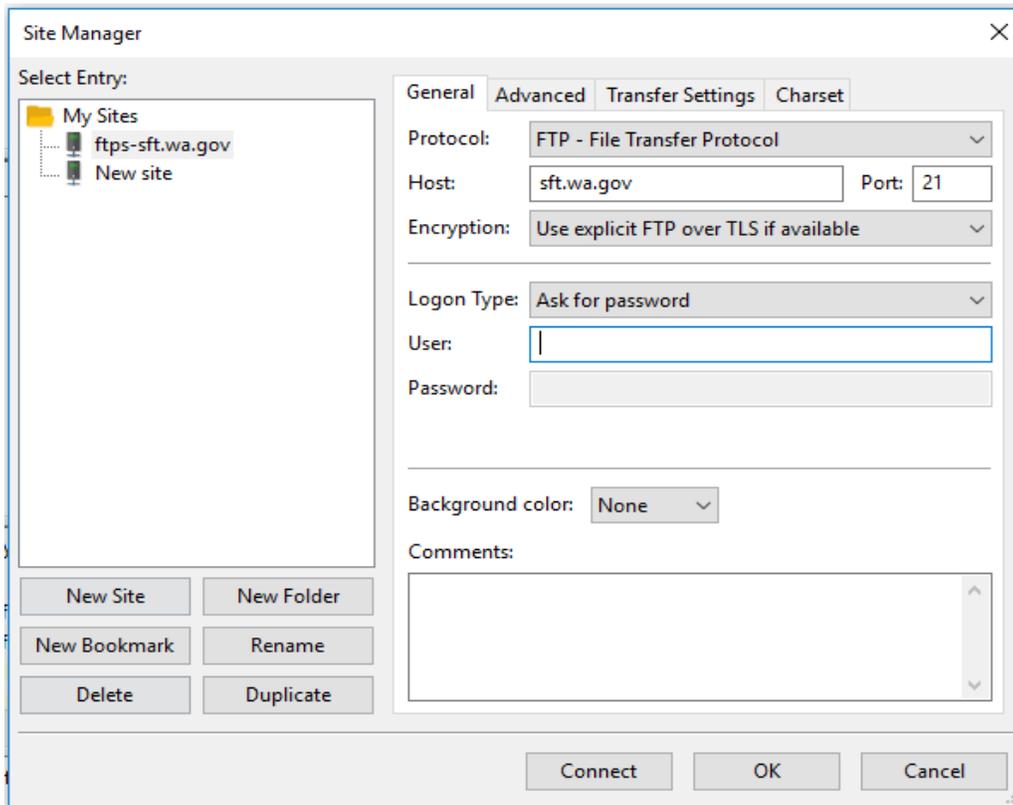
Click on “Endurance” tab and disable the resume feature circled in red.

The yellow highlight is your choice of operation.

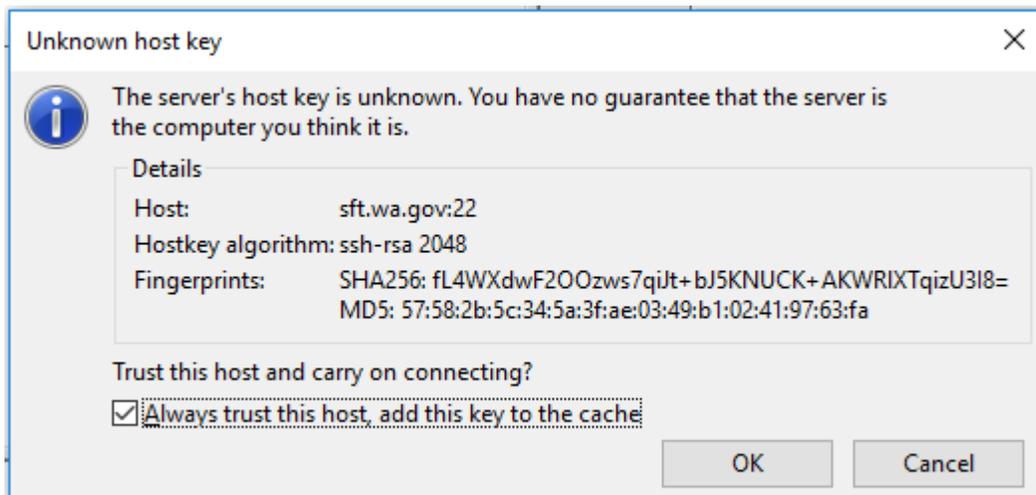


FileZilla- Basic information

Using FTPS



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



Other client information-

General-

SFTP 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

<u>Software</u>	<u>Versions</u>	<u>Protocols</u>
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