

Change Summary

Carriers Data Submission Guide v1.5 and v2.0

The changes between version 1.5 and 2.0 of the carriers' data submission guides (DSG) are indicated in red in the table below.

Type of change	Template	Version 1.5	Version 2.0 (current)
Insert: HCA created a Technical Support email			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
Update Definition: Calendar days		"Calendar days" means the same as in WAC 182-526-0010.	"Calendar days" means the same as in Washington Administrative Code 182-526-0010.
Update Definition: Data submission guide		"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.	"Data submission guide" means the document that identifies the required data to be reported under RCW 43.71C, and provides instructions for submitting this data to the authority, including guidance on required format.
Update Definition: Updated definition of Generic Drug		"Generic Drug" means product that based on the Drug Pricing Reference. Specifically, Generic Drug means a product whose national drug code number, depending on the applicable Drug Pricing Reference, has a First Data Bank "Generic Product Flag of "1" on the date the claim was adjudicated, and the MediSpan Multi-Source Indicator for the Covered Drug is a "Y" on the date dispensed.	"Generic Drug" means a product whose national drug code number has either a First Data Bank "Generic Product Flag of "1" or has a MediSpan Multi-Source Indicator of "Y" on the date the claim was adjudicated. A drug product that has a First Data Bank Generic Product Flag of "0", "2", or "3" or 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. Covered Entity shall not change the Generic Product Flag for any given paid claim.
Update Definition: Prior year		"Prior Year" means calendar year 2018, for plan year 2019 and means calendar year 2017, for plan year 2018.	"Prior year" means calendar year 2019 .
Update: 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 October of 2020, and ongoing submissions on an annual basis.	The table below describes the schedule of submissions that are required for you to be in compliance with the DPT program for this reporting period .
Update: Submission Schedule Dates	<ul style="list-style-type: none"> • Cost and Utilization Report • Premium Impact Report 		December 1, 2021

	<ul style="list-style-type: none"> Specialty Drug List 		
<p>Update:</p> <p>How to Register</p>		<p>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).</p> <p>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.</p> <p>https://www.hca.wa.gov/assets/billers-and-providers/13-0051-drug-price-transparency-submitter-registration.pdf</p> <p>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.</p> <p>Once your registration is processed, you will be contacted by IT staff from HCA to establish your credentials to submit data to HCA.</p>	<p>In order to submit data to HCA, you must first complete the registration process and receive credentials for the Secure File Transfer (SFT) service offering hosted by Washington Technology Solutions (WATECH).</p> <p>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.</p> <p>https://www.hca.wa.gov/assets/billers-and-providers/13-0051-drug-price-transparency-submitter-registration.pdf</p> <p>Please email DrugTransparency@hca.wa.gov for any questions or concerns about the form and the registration process.</p>
<p>Update:</p> <p>How to Submit</p>		<p>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.</p> <p>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)".</p> <p>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</p>	<p>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). 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.</p> <p>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)".</p> <p>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 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.</p>

		that your SFT credentials are no longer working, please contact the DPT program staff.	
Update: Data Validation		<p>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.</p> <p>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 an error log detailing the reasons 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.</p> <p>If your submission passes the automated validation, you will receive an email confirming this at the registered email address for your organization. If you do not receive an automated notification of either success or failure within 72 hours, please contact DPT program staff at drugtransparency@hca.wa.gov for confirmation that your submission was received, and processed.</p>	<p>Every submitted file undergoes technical and program validation to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCAs reporting software. The technical validation process is automated and applied shortly after submission and ensure that the data meet all of the technical rules described in the Table Specifications. 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 submission and include more robust checks of the data for validity.</p> <p>These validations may result in the rejection of your file submission. In the case of a technical validation failure, HCA will send you an email to the email address registered for your organization. The email provides an error log detailing the reasons for rejection. In the case of a program 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 corrections, or you may submit your questions to HCADPTTechSupport@hca.wa.gov for assistance.</p> <p>If your submission passes the technical validation, you will receive a confirmation email at the registered email address for your organization. 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.</p>
Insert: HCA created a new form. Re-Submission Form			<p>Move below Data Validation</p> <p>Re-Submission Form. This form will be used when an entity has found an error on an approved submission to HCA. The entity will need to fill out the re-submission form indicating what form will be re-submitted and for what reason. HCA will respond within 5 business days.</p>
Update: Failed Technical or Program Validations		<p>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.</p> <p>To ensure that you receive credit for a resubmission, you should use the same</p>	<p>In the event that your submission is rejected, you have 10 days after you receive the initial rejection notice to make 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.</p> <p>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.</p>

		<p>YYYYMMDD value in the file name as you did in your first submission. For example, if you submitted the file 'carrier_specialty_drug_list_C12345_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.</p>	<p>For example, if you submitted the file 'carrier_specialty_drug_list_C12345_20212001.csv', and received a rejection, after making corrections you should resubmit the file 'carrier_specialty_drug_list_C12345_20212001.csv' with the same name as it was originally submitted under, even if the date of resubmission is a different date.</p>
<p>Add: Corrective Submissions</p>			<p>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.</p>
<p>Move: Update: File Specifications</p>		<p>(2nd Paragraph)</p> <p>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.</p>	<p>Move below Corrective Submissions</p> <p>(2nd Paragraph)</p> <p>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.</p>
<p>Update: Data Specification: Date Formats</p>		<p>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".</p>	<p>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".</p>
<p>Update: Table Specifications</p>	<p>Cost Utilization</p>	<p>This report contains all of the data fields necessary to comply with reporting the cost and utilization to determine the top 25 drugs (defined by chemical names) by frequently prescribed, costliest, increase in WAC, and frequently prescribed with rebate as required in RCW 43.71C.020.</p>	<p>This report contains all of the data fields necessary to comply with reporting the cost and utilization data as required in RCW 43.71C.020(1) through 43.71C.020(3) and 43.71C.020(8) to determine the 25 drugs (defined by Drug Name):</p> <ul style="list-style-type: none"> • Most frequently prescribed; • Most costliest based on total plan spending; • With the highest year over year increase in WAC, and percentage increase; and • Most frequently prescribed for which the plan received a rebate. <p>Files submitted for carrier cost utilization report should be named using the following schema, where ID is the Carrier ID assigned to you by HCA during the registration process (Washington DPT Number), and YYYYMMDD is a placeholder for the submission date. In the case of a resubmission after file rejection, please use the same value</p>

			for YYYYMMDD as the file that was rejected. Do not replace "carrier" with your organizations name as this will result in your submission being rejected.
Delete Field: Carrier ID Number		Name: Carrier ID Number Type: String Format: ABCDE Max Length: 9 characters ID number submitted by the carrier for which we can identify them. EIN: Federal US Tax ID number DUNS: Data Universal Numbering System is a 9-digit ID number assigned by Dun & Bradstreet UBI: Washington State Unique Business ID number OTHER: For entities without an EIN, DUNS, or UBI number; fill with zeros. NOTE: Do not include any special characters or hyphens.	Delete
Delete Field: Carrier ID Type		Name: Carrier ID Type Type: Choice Choices: EIN,UBI,DUNS, OTHER The type of ID that was submitted in the carrier ID number field. EIN: Federal US Tax ID number DUNS: Data Universal Numbering System is a 9-digit ID number assigned by Dun & Bradstreet UBI: Washington State Unique Business ID number OTHER: For entities without an EIN, DUNS, or UBI number.	Delete
Update Field Health Carrier Name		Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE Name of health carrier submitting data for its health plans.	Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE Name of health carrier submitting data for its health plan lines of business.
Field Update: Line of Business Type: Choice Choices: Large Group Small Group Individual ERISA		Name: Line of Business Type: String Max Length: 80 characters Format: ABCDE Insert the Line of Business you are reporting on: Possible values are Large Group Small Group Individual	Name: Line of Business Type: Choice Choices: Large Group Small Group Individual ERISA Medicaid Medicare Other

			The Line of Business you are reporting on. Possible values are: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, or Other.
Update Field: Year		Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018 Plan year for which the aggregate data is reported.	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.
Update Field: Member-Months		Name: Member-Months Type: Numeric Format: 99999999 Max Length: 8 digits Total number of member-months in the health plan for the year being reported.	Name: 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.
Move Field: NDC			Move below Member-Months
Fields Moved: Utilization Rank Costliest Rank WAC Increase Rank Rebate Rank			Move the following fields to new locations. Utilization Rank - below Specialty Indicator Costliest Rank – below WAC Increase Rank Percent WAC Increase Rank – below Rebate Rank Rebate Rank – below Utilization Rank
Field Update: Drug Name		Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE Ingredient name, including salt form, without any other modifying elements, to be used as a grouper. For example, "fluoxetine" and "fluoxetine HCL", is acceptable. "Fluoxetine DR", "fluoxetine 20 mg tablets" are unacceptable for this field.	Name: 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
Update Field: Drug Product Name		Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE	Name: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE

		Ingredient name, may include salt form, dosage form, strength, and any other information. For example, "fluoxetine 20 mg tablets" is acceptable. "fluoxetine", "fluoxetine HCL", "fluoxetine DR", are unacceptable for this field.	Name 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.
Update Field: Drug Type		Name: Drug Type Type: Choice Choices: S,N,I Drug Type is one of following values: Single Source (S) – Drugs having an FDA New Drug Application (NDA), or biologics having a Biologics License Application (BLA), and there are no generic alternatives available on the market. Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA). Innovator Multiple-Source (I) – Drugs which have an NDA and no longer have patent exclusivity.	Name: Drug Type Type: Choice Choices: S, N, I Drug Type is one of following values: Single Source (S) – Drugs that having an FDA New Drug Application (NDA), or biologics having a Biologics License Application (BLA), and there are no generic alternatives available on the market. Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA). Innovator Multiple-Source (I) – Drugs that have an NDA and no longer have patent exclusivity.
Update Field: Specialty Indicator		Name: Specialty Indicator Type: Choice Choices: Y,N Indicates if NDC is on the health plan's specialty drug list.	Name: Specialty Indicator Type: Choice Choices: Y, N Indicates if NDC is on the health plan's specialty drug list for each line of business.
Update Field: Utilization Rank		Name: Utilization Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable Rank of top 25 most frequently prescribed prescription drugs (aggregated by Chemical/Biochemical/Blood Product Name) as defined by the most day's supplies for each health plan in the current year. If the NDC is not one of the top 25 most frequently prescribed prescription drugs by Chemical/Biochemical/Blood Product Name, then leave the field "blank" (e.g. an empty string). Highest amount of days' supply reported in the current year would qualify as the top for utilization rank. This includes all paid claims in the current year regardless of provider network status. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.	Name: Utilization Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: only values 1 through 25 are accepted Nullable Rank of top 25 most frequently prescribed prescription drugs (aggregated by Drug Name not individual NDC) as defined by the most days' supply for each line of business in the current year. Drug Names with the highest utilization should be ranked with "1" to denote the highest utilization for the reported Line of Business for the reporting year. Drug Names with decreasing utilization should be ranked with decreasing values until the 25 th Drug Name is reported with "25". Multiple NDCs with the same Drug Name are expected to be reported with the same Utilization Rank value to reflect the total amount of drug products with the same ingredient. If the NDC is not one of the top 25 most frequently prescribed prescription drugs by Drug Name, then leave the field "blank" (e.g., an empty string, do not report '0' or 'null'). This includes all paid claims in the current year regardless of provider network status. This should include all claim types, such as foreign claims, direct member reimbursement

			<p>claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p> <p>Correct Example (Drug name has same utilization rank):</p> <table border="1" data-bbox="967 331 1484 611"> <thead> <tr> <th>Drug Name</th> <th>Drug Product Name</th> <th>NDC</th> <th>Utilization Rank</th> </tr> </thead> <tbody> <tr> <td>Fluoxetine</td> <td>Fluoxetine 20 mg</td> <td>12345678901</td> <td>1</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 25 mg</td> <td>12345678910</td> <td>1</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 50 mg</td> <td>12345678905</td> <td>1</td> </tr> </tbody> </table> <p>Incorrect Example (Drug name has multiple utilization ranks):</p> <table border="1" data-bbox="967 726 1484 1003"> <thead> <tr> <th>Drug Name</th> <th>Drug Product Name</th> <th>NDC</th> <th>Utilization Rank</th> </tr> </thead> <tbody> <tr> <td>Fluoxetine</td> <td>Fluoxetine 20 mg</td> <td>12345678901</td> <td>1</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 25 mg</td> <td>12345678910</td> <td>2</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 50 mg</td> <td>12345678905</td> <td>3</td> </tr> </tbody> </table>	Drug Name	Drug Product Name	NDC	Utilization Rank	Fluoxetine	Fluoxetine 20 mg	12345678901	1	Fluoxetine	Fluoxetine 25 mg	12345678910	1	Fluoxetine	Fluoxetine 50 mg	12345678905	1	Drug Name	Drug Product Name	NDC	Utilization Rank	Fluoxetine	Fluoxetine 20 mg	12345678901	1	Fluoxetine	Fluoxetine 25 mg	12345678910	2	Fluoxetine	Fluoxetine 50 mg	12345678905	3
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<p>Update Field: Rebate Rank</p>		<p>Name: Rebate Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p> <p>Rank of top 25 prescription drugs (as defined by Chemical/Biochemical/Blood Product Name) most frequently prescribed drugs as defined by total rebates collected, for each health plan, in the current year. If not one of the top 25 prescription drugs by Chemical/Biochemical/Blood Product Name, for this rank, then leave the field "blank" (e.g. an empty string).</p>	<p>Name: Rebate Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: only values 1 through 25 are accepted Nullable</p> <p>Rank of top 25 most frequently prescribed prescription drugs (aggregated by Drug Name not individual NDC) as defined by the most days' supply for each line of business in the current year. Drug Names with the highest utilization should be ranked with "1" to denote the highest utilization for the reported Line of Business for the reporting year. Drug Names with decreasing utilization should be ranked with decreasing values until the 25th Drug Name is reported with "25". Multiple NDCs with the same Drug Name are expected to be reported with the same Utilization Rank value to reflect the total amount of drug products with the same ingredient.</p> <p>If the NDC is not one of the top 25 most frequently prescribed prescription drugs by Drug Name, then leave the field "blank" (e.g., an empty string, do not report '0' or 'null').</p> <p>This includes all paid claims in the current year regardless of provider network status. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p>																																

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<p>Update Field:</p> <p>WAC Increase Rank</p>		<p>Name: WAC Increase Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p> <p>Rank of top 25 prescription drugs (aggregated by Chemical/Biochemical/Blood Product Name) with the highest WAC increase from the prior year to the current year, excluding prescription drugs made available for the first time that plan year, for each health plan, expressed as a percentage. Defined as WAC on December 31st of the current year minus WAC on December 31st, of the prior year, divided by WAC on December 31st of the prior year.</p> <p>For example: (WAC December 31, 2019 – WAC December 31, 2018)/WAC December 31, 2018</p> <p>If not one of the top 25 prescription drugs by Chemical/Biochemical/Blood Product name, with the highest year over year WAC increase, then leave the field “blank” (e.g. an empty string).</p>	<p>Name: WAC Increase Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: only values 1 through 25 are acceptable Nullable</p> <p>Rank of top 25 prescription drugs (aggregated by NDC-9) as defined by the highest WAC increase from the prior year to the current year, excluding prescription drugs made available for the first time that plan year, for each line of business, expressed as a percentage where “1” indicates the greatest increase in WAC and “25” indicates the 25th greatest increase in WAC. WAC increase is defined as WAC on December 31st of the reporting year minus WAC on December 31st, of the prior year, divided by WAC on December 31st of the prior year.</p> <p>For example: (WAC December 31, 2020 – WAC December 31, 2019)/WAC December 31, 2019.</p> <p>If the NDC is not one of the top 25 drugs with a WAC Increase by NDC, then leave the field “blank” (e.g., an empty string, do not report ‘0’ or ‘null’).</p> <p>Correct Example (Each NDC-9 has an individual WAC Increase Rank):</p> <table border="1" data-bbox="967 1713 1484 1866"> <thead> <tr> <th>Drug Name</th> <th>Drug Product Name</th> <th>NDC</th> <th>WAC Increase Rank</th> </tr> </thead> <tbody> <tr> <td>Fluoxetine</td> <td>Fluoxetine 20 mg</td> <td>12345678901</td> <td>1</td> </tr> </tbody> </table>	Drug Name	Drug Product Name	NDC	WAC Increase Rank	Fluoxetine	Fluoxetine 20 mg	12345678901	1																								
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			<table border="1"> <tr> <td>Fluoxetine</td> <td>Fluoxetine 25 mg</td> <td>56785678910</td> <td>2</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 50 mg</td> <td>98765678905</td> <td>3</td> </tr> </table> <p>Incorrect Example (Each NDC-9 has an multiple WAC Increase Rank):</p> <table border="1"> <thead> <tr> <th>Drug Name</th> <th>Drug Product Name</th> <th>NDC</th> <th>WAC Increase Rank</th> </tr> </thead> <tbody> <tr> <td>Fluoxetine</td> <td>Fluoxetine 20 mg</td> <td>12345678901</td> <td>1</td> </tr> <tr> <td>98765678905</td> <td>1</td> <td>56785678910</td> <td>1</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 50 mg</td> <td></td> <td></td> </tr> </tbody> </table>	Fluoxetine	Fluoxetine 25 mg	56785678910	2	Fluoxetine	Fluoxetine 50 mg	98765678905	3	Drug Name	Drug Product Name	NDC	WAC Increase Rank	Fluoxetine	Fluoxetine 20 mg	12345678901	1	98765678905	1	56785678910	1	Fluoxetine	Fluoxetine 50 mg		
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<p>Move Field: Update Field:</p> <p>WAC Increase Rank Percent</p>	<p>Name: WAC Increase Rank Percent Type: Numeric Format: 99999.99 Max Length: 7 digits</p> <p>The wholesale acquisition cost as of December 31st of the current year, minus wholesale acquisition cost on December 31st of the prior year, the divided by the wholesale acquisition cost on December 31st of the prior year, expressed as a percentage. For example, the ((WAC on December 31, 2019 – WAC on December 31, 2018)/WAC on December 31, 2018), expressed as a percentage</p> <p>NOTE: Do not include the percent sign (%).</p>	<p>Move below WAC Increase Rank.</p> <p>Name: WAC Increase Rank Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Rule: required if the prescription drug is reported as one of the top 25 for WAC Increase Rank Nullable</p> <p>Rule: required if the prescription drug is reported as one of the top 25 for WAC Increase Rank Nullable</p> <p>The wholesale acquisition cost as of December 31st of the current year, minus wholesale acquisition cost on December 31st of the prior year, divided by the wholesale acquisition cost on December 31st of the prior year, expressed as a percentage.</p> <p>For example, the ((WAC on December 31, 2019 – WAC on December 31, 2018)/WAC on December 31, 2018), expressed as a percentage.</p> <p>Report values for NDCs that were ranked in the top 25 for WAC Increase Rank data field. For all other drugs that are not in the top 25, leave the field “blank” (e.g., an empty string, do not report ‘0’ or ‘null’).</p> <p>NOTE: Do not include the percent sign (%).</p>																									
<p>Update Field:</p> <p>Costliest Rank</p>	<p>Name: Costliest Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p> <p>Rank of top 25 costliest prescription drugs (aggregated by Chemical/Biochemical/Blood Product Name) by total plan spending for each health plan, including dispensing fees, net of any rebates, and excluding penalties or incentives to the pharmacy, in the current year. If not one of the top 25 costliest prescription drugs by Chemical/Biochemical/Blood Product name for this</p>	<p>Name: Costliest Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: only values 1 through 25 are accepted Nullable</p> <p>Rank of the 25 most costliest prescription drugs (aggregated by Drug Name not individual NDC) as defined by total plan spending for each line of business, including dispensing fees, net of any rebates, and excluding penalties or incentives to the pharmacy, in the current year where “1” indicates the most costliest and “25” is the 25th most costliest prescription drug. Multiple NDCs are expected to</p>																									

		<p>rank, then leave the field “blank” (e.g. an empty string). This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p>	<p>be reported with the same Costliest Rank value to reflect the total amount of drug products with the same ingredient.</p> <p>Highest amount of cost reported in the current year would qualify as the top for costliest rank. This includes all paid claims in the current year regardless of provider network status. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p> <p>Correct Example (Drug name has same Costliest Rank):</p> <table border="1" data-bbox="966 604 1484 877"> <thead> <tr> <th>Drug Name</th> <th>Drug Product Name</th> <th>NDC</th> <th>Costliest Rank</th> </tr> </thead> <tbody> <tr> <td>Fluoxetine</td> <td>Fluoxetine 20 mg</td> <td>12345678901</td> <td>1</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 25 mg</td> <td>12345678910</td> <td>1</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 50 mg</td> <td>12345678905</td> <td>1</td> </tr> </tbody> </table> <p>Incorrect Example (Drug name has same Costliest Rank):</p> <table border="1" data-bbox="966 968 1484 1241"> <thead> <tr> <th>Drug Name</th> <th>Drug Product Name</th> <th>NDC</th> <th>Costliest Rank</th> </tr> </thead> <tbody> <tr> <td>Fluoxetine</td> <td>Fluoxetine 20 mg</td> <td>12345678901</td> <td>1</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 25 mg</td> <td>12345678910</td> <td>2</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 50 mg</td> <td>12345678905</td> <td>3</td> </tr> </tbody> </table>	Drug Name	Drug Product Name	NDC	Costliest Rank	Fluoxetine	Fluoxetine 20 mg	12345678901	1	Fluoxetine	Fluoxetine 25 mg	12345678910	1	Fluoxetine	Fluoxetine 50 mg	12345678905	1	Drug Name	Drug Product Name	NDC	Costliest Rank	Fluoxetine	Fluoxetine 20 mg	12345678901	1	Fluoxetine	Fluoxetine 25 mg	12345678910	2	Fluoxetine	Fluoxetine 50 mg	12345678905	3
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<p>Update Field: Top 25 Plan Spending</p>		<p>Name: Top 25 Plan Spending Type: Numeric Format: 999999999.99999 Max Length: 14 digits</p> <p>Total amount paid to the pharmacy, by health plan, including any member cost-shares, for all paid claims, for all NDCs within the top 25 most costly drugs, aggregated by Chemical/Biochemical/Blood name, in the current year. Excluding dispensing fees or other penalties/incentives due to the pharmacy. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>	<p>Name: Top 25 Plan Spending Type: Numeric Format: 99999999999999.99 Max Length: 17 digits</p> <p>Total amount paid to the pharmacy, by line of business, including any member cost-shares, for all paid claims, for each NDCs within the top 25 most Costliest Rank, aggregated by Drug Name, in the current year. Excluding dispensing fees or other penalties/incentives due to the pharmacy. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p> <p>Correct Example (Individual NDCs have individual spending values):</p>																																

			<table border="1" data-bbox="966 191 1485 466"> <thead> <tr> <th>Drug Name</th> <th>Drug Product Name</th> <th>NDC</th> <th>Top 25 Plan Spending</th> </tr> </thead> <tbody> <tr> <td>Fluoxetine</td> <td>Fluoxetine 20 mg</td> <td>12345678901</td> <td>200000</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 25 mg</td> <td>12345678910</td> <td>125000</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 50 mg</td> <td>12345678905</td> <td>175000</td> </tr> </tbody> </table> <p data-bbox="966 499 1409 552">Incorrect Example (Individual NDCs have aggregate spending values):</p> <table border="1" data-bbox="966 585 1485 856"> <thead> <tr> <th>Drug Name</th> <th>Drug Product Name</th> <th>NDC</th> <th>Top 25 Plan Spending</th> </tr> </thead> <tbody> <tr> <td>Fluoxetine</td> <td>Fluoxetine 20 mg</td> <td>12345678901</td> <td>500000</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 25 mg</td> <td>12345678910</td> <td>500000</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 50 mg</td> <td>12345678905</td> <td>500000</td> </tr> </tbody> </table>	Drug Name	Drug Product Name	NDC	Top 25 Plan Spending	Fluoxetine	Fluoxetine 20 mg	12345678901	200000	Fluoxetine	Fluoxetine 25 mg	12345678910	125000	Fluoxetine	Fluoxetine 50 mg	12345678905	175000	Drug Name	Drug Product Name	NDC	Top 25 Plan Spending	Fluoxetine	Fluoxetine 20 mg	12345678901	500000	Fluoxetine	Fluoxetine 25 mg	12345678910	500000	Fluoxetine	Fluoxetine 50 mg	12345678905	500000
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<p>Update Field:</p> <p>Top 25 Plan Spending Percent</p>		<p>Name: Top 25 Plan Spending Percent Type: Numeric Format: 99999.99 Max Length: 7 digits</p> <p>Top 25 plan spending (as defined above) divided by the total plan spending, including member cost share for all paid claims for all prescription drugs in the reporting year, expressed as a percentage. Excluding dispensing fees or other penalties/incentives due to the pharmacy. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	<p>Name: Top 25 Plan Spending Percent Type: Numeric Format: 99999.99 Max Length: 7 digits</p> <p>Top 25 plan spending (as defined above) divided by the total plan spending, including member cost share for all paid claims for all prescription drugs in the reporting year, expressed as a percentage. Excluding dispensing fees or other penalties/incentives due to the pharmacy. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p> <p>Correct Example (Individual NDCs have individual percent values):</p> <table border="1" data-bbox="966 1409 1485 1711"> <thead> <tr> <th>Drug Name</th> <th>Drug Product Name</th> <th>NDC</th> <th>Top 25 Plan Spending Percent</th> </tr> </thead> <tbody> <tr> <td>Fluoxetine</td> <td>Fluoxetine 20 mg</td> <td>12345678901</td> <td>4.08</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 25 mg</td> <td>12345678910</td> <td>2.55</td> </tr> <tr> <td>Fluoxetine</td> <td>Fluoxetine 50 mg</td> <td>12345678905</td> <td>3.57</td> </tr> </tbody> </table> <p data-bbox="966 1745 1485 1797">Incorrect Example (Individual NDCs have aggregate percent values):</p>	Drug Name	Drug Product Name	NDC	Top 25 Plan Spending Percent	Fluoxetine	Fluoxetine 20 mg	12345678901	4.08	Fluoxetine	Fluoxetine 25 mg	12345678910	2.55	Fluoxetine	Fluoxetine 50 mg	12345678905	3.57																
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Add Field: General Comments			<p>Name: General Comments Type: String Max Length: 5000 characters Format: ABCDE Nullable</p> <p>Any additional information you would like to submit or provide to explain your responses.</p>																
Update: Table Specifications	Premium Impact		The submission of this report for this reporting year is due on December 1, 2021 and should include data effective for 2020.																
Delete Field: Carrier ID Number		<p>Name: Carrier ID Number Type: String Format: ABCDE Max Length: 9 characters</p> <p>ID number submitted by the carrier 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>OTHER: For entities without an EIN, DUNS, or UBI number; fill with zeros.</p> <p>NOTE: Do not include any special characters or hyphens.</p>	Delete																
Delete Field: Carrier ID Type		<p>Name: Carrier ID Type Type: Choice Choices: EIN,UBI,DUNS, OTHER</p> <p>The type of ID that was submitted in the carrier 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>OTHER: For entities without an EIN, DUNS, or UBI number.</p>	Delete																

Update Field: Health Carrier Name		Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE Name of health carrier submitting data for its health plans.	Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE Name of health carrier submitting data for its health plan lines of business.
Update Field: Line of Business		Name: Line of Business Type: String Max Length: 80 characters Format: ABCDE Insert the Line of Business you are reporting on: Possible values are Large Group Small Group Individual	Name: Line of Business Type: Choice Choices: Large Group Small Group Individual ERISA Medicaid Medicare Other The Line of Business you are reporting on. Possible values are: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, or Other.
Update Field: Year		Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than 2018 Year for which the aggregate data is reported.	Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020 Current year for which the aggregate data is reported.
Move: Other Premium contributors Prior			Move below Year
Move Field: Other Premium Contributors Current		Name: Other Premium Contributors Current Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Amount of monthly premium per member, attributable to covered services, excluding prescription drugs, in the current reporting year, expressed with USD. NOTE: Do not include the dollar sign (\$) or commas.	Move below Other Premium Contributors Prior Amount of monthly premium per member, attributable to covered services, excluding prescription drugs, in the current reporting year, expressed in USD. NOTE: Do not include the dollar sign (\$) or commas.
Update Field: Other Premium Contributors Change		Name: Other Premium Contributors Change Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Total change in monthly premium per member from prior plan year to current plan year, expressed with USD.	Name: Other Premium Contributors Change Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Total change in monthly premium per member from prior plan year to current plan year, expressed in USD. NOTE: Do not include the dollar sign (\$) or commas.

<p>Move Field:</p> <p>Other Premium Contributors Change Percent</p>			<p>Move below Other Premium Contributors Change</p>
<p>Move Field:</p> <p>Premium Drugs Prior</p>		<p>Name: Premium Drugs Prior Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to prescription drugs, from prior plan year, expressed with USD.</p> <p>Includes all prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	<p>Move below Other Premium Contributors Percent</p> <p>Name: Premium Drugs Prior Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to prescription drugs, from prior plan year, expressed in USD.</p> <p>Includes all prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Move Field: Update Field:</p> <p>Premium Drugs Current</p>		<p>Name: Premium Brand Current Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to Brand-name Prescription Drugs, in the current plan year, expressed in US dollars.</p>	<p>Move below Premium Drugs Prior</p> <p>Name: Premium Drugs Current Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to prescription drugs, for the current plan year, expressed in USD.</p> <p>Includes all prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Move Field:</p> <p>Premium Drugs Change</p>		<p>Name: Premium Drugs Change Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits</p> <p>The change in monthly premium per member, from prior plan year to current plan year, expressed with USD.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	<p>Move below Premium Drugs Current</p> <p>Name: Premium Drugs Change Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits</p> <p>The change in monthly premium per member, from prior plan year to current plan year, expressed in USD.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Move Field: Update Field</p> <p>Premium Drugs Change Percent</p>		<p>Name: Premium Drugs Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits</p> <p>Percent change in monthly premium per member, attributed to drugs, from prior plan year to current plan year. Defined as: Premium Drugs Current minus Premium Drugs Prior, divided by Premium Drugs Prior, expressed as a percentage.</p> <p>For example the ((Premium Drugs Current – Premium Drugs Prior)/ Premium Drugs Prior), expressed as a percentage.</p> <p>NOTE: Do not include the percent sign (%).</p>	<p>Move below Premium Drugs Change</p> <p>Name: Premium Drugs Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits</p> <p>Percent change in Premium Drugs over current year. Defined as: Premium Drugs Current minus Premium Drugs Prior, divided by Premium Drugs Prior, expressed as a percentage.</p> <p>For example, the ((Premium Drugs Current – Premium Drugs Prior)/ Premium Drugs Prior), expressed as a percentage.</p> <p>NOTE: Do not include the percent sign (%).</p>

<p>Move Field Update Field:</p> <p>Premium Brand Prior</p>		<p>Name: Premium Drugs Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to prescription drugs, from prior plan year, expressed with USD.</p> <p>Includes all prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	<p>Move below Premium Drugs Change Percent</p> <p>Name: Premium Brand Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to Brand-name Prescription Drugs, in the prior plan year, expressed in USD.</p> <p>Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Move Field:</p> <p>Premium Brand Current</p>		<p>Name: Premium Drugs Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to Brand-name Prescription Drugs, in the current plan year, expressed in US dollars.</p> <p>Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	<p>Move below Premium Brand Prior</p> <p>Name: Premium Brand Current Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to Brand-name Prescription Drugs, in the current plan year, expressed in USD.</p> <p>Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Update Field:</p> <p>Premium Brand Change</p>		<p>Name: Premium Brand Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p> <p>The change in premium per member, attributable to Brand prescription drugs, from prior plan year to current plan year, expressed in US dollars. Defined as the difference between Premium Brand Current and Premium Brand Prior, expressed in US dollars.</p> <p>Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	<p>Name: Premium Brand Change Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p> <p>The change in premium per member, attributable to Brand prescription drugs, from prior plan year to current plan year, expressed in USD. Defined as the difference between Premium Brand Current and Premium Brand Prior, expressed in USD.</p> <p>Brand-name drugs should be innovator single-source or innovator multi-source drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Move Field:</p> <p>Premium Brand Change Percent</p>			<p>Move below Premium Brand Change</p>
<p>Moved Field Updated Field:</p> <p>Premium Generic Prior</p>		<p>Name: Premium Generic Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to Generic Prescription Drugs, in the Prior plan year. Generic drugs are non-innovator drugs.</p>	<p>Moved below Premium Brand Change Percent</p> <p>Name: Premium Generic Prior Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</p>

		<p>NOTE: Do not include the dollar sign (\$) or commas.</p>	<p>Amount of monthly premium per member, attributable to Generic Prescription Drugs, in the current plan year, expressed in USD.</p> <p>Generic drugs are non-innovator drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Move Field: Update Field:</p> <p>Premium Generic Current</p>	<p>Name: Premium Generic Current Type: Numeric Format: 99999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to Generic Prescription Drugs, in the current plan year, expressed in US dollars.</p> <p>Generic drugs are non-innovator drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	<p>Move below Premium Generic Prior</p> <p>Name: Premium Generic Current Type: Numeric Format: 99999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to Generic Prescription Drugs, in the current plan year, expressed in USD.</p> <p>Generic drugs are non-innovator drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	
<p>Move Field: Update Field:</p> <p>Premium Generic Change</p>	<p>Name: Premium Generic Change Type: Numeric Format: 99999999999999.99 Max Length: 17 digits</p> <p>The change in monthly premium per member, attributable to Brand prescription drugs, from prior plan year to current plan year, expressed in US dollars. Defined as the difference between Premium Generic Current and Premium Generic Prior, expressed in US dollars.</p> <p>Generic drugs are non-innovator drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	<p>Move below Premium Generic Current</p> <p>Name: Premium Generic Change Type: Numeric Format: 99999999999999.99 Max Length: 17 digits</p> <p>The change in monthly premium per member, attributable to Brand prescription drugs, from prior plan year to current plan year, expressed in USD. Defined as the difference between Premium Generic Current and Premium Generic Prior, expressed in USD.</p> <p>Generic drugs are non-innovator drugs. Exclude specialty prescription drugs.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	
<p>Move Field:</p> <p>Premium Generic Change Percent</p>		<p>Move below Premium Generic Change</p>	
<p>Moved Field: Updated Field:</p> <p>Premium Specialty Prior</p>	<p>Name: Premium Specialty Prior Type: Numeric Format: 99999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to specialty Prescription Drugs as defined by the health plan, in the prior plan year, expressed in US dollars.</p> <p>Specialty drugs should be defined as per health plan specialty drug list submitted as a separate report.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	<p>Move below Premium Generic Change Percent</p> <p>Name: Premium Specialty Prior Type: Numeric Format: 99999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to specialty Prescription Drugs, in the prior plan year, expressed in USD.</p> <p>Specialty drugs should be defined as per line of business specialty drug list submitted as a separate report.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	

<p>Move Field: Update Field:</p> <p>Premium Specialty Current</p>		<p>Name: Premium Specialty Current Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to specialty Prescription Drugs, in the current plan year, expressed in US dollars. Defined as the difference between Premium Specialty Current and Premium Specialty Prior, expressed in US dollars.</p> <p>Specialty drugs should be defined as per health plan specialty drug list submitted as a separate report.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	<p>Move below Premium Specialty Prior</p> <p>Name: Premium Specialty Current Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits</p> <p>Amount of monthly premium per member, attributable to specialty Prescription Drugs, in the current plan year, expressed in US dollars.</p> <p>Specialty drugs should be defined as per line of business specialty drug list submitted as a separate report.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Move Field: Update Field</p> <p>Premium Specialty Change</p>		<p>Name: Premium Specialty Change Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits</p> <p>Dollar Amount Premium Specialty Change in PMPM over prior year.</p> <p>Specialty drugs should be defined as per health plan specialty drug list submitted as a separate report.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>	<p>Move below Premium Specialty Current</p> <p>Name: Premium Specialty Change Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits</p> <p>Dollar Amount Premium Specialty Change in PMPM over prior year.</p> <p>Specialty drugs should be defined as per line of business specialty drug list submitted as a separate report.</p> <p>NOTE: Do not include the dollar sign (\$) or commas.</p>
<p>Move Field:</p> <p>Premium Specialty Change Percent</p>			<p>Move below Premium Specialty Change</p>
<p>Add Field:</p> <p>General Comments</p>			<p>Name: General Comments Type: String Max Length: 5000 characters Format: ABCDE Nullable</p> <p>Any additional information you would like to submit or provide to explain your responses.</p>
<p>Update: Table Specifications</p>	<p>Specialty Drug List</p>		<p>The submission of this report for this reporting year is due on December 1, 2021 and should include data effective for 2020.</p>
<p>Delete Field:</p> <p>Carrier ID Number</p>		<p>Name: Carrier ID Number Type: String Format: ABCDE Max Length: 9 characters</p> <p>ID number submitted by the carrier for which we can identify them.</p> <p>EIN: Federal US Tax ID number DUNS: Data Universal Numbering System is a 9-</p>	<p>Delete</p>

		<p>digit ID number assigned by Dun & Bradstreet UBI: Washington State Unique Business ID number</p> <p>OTHER: For entities without an EIN, DUNS, or UBI number; fill with zeros.</p> <p>NOTE: Do not include any special characters.</p>	
Delete Field: Carrier Type		<p>Name: Carrier ID Type Type: Choice Choices: EIN, UBI, DUNS, OTHER</p> <p>The type of ID that was submitted in the carrier 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>OTHER: For entities without an EIN, DUNS, or UBI number.</p>	Delete
Update Field: Health Carrier Name		<p>Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE</p> <p>Name of health carrier submitting data for its health plans.</p>	<p>Name: Health Carrier Name Type: String Max Length: 80 characters Format: ABCDE</p> <p>Name of health carrier submitting data for its health plan lines of business.</p>
Update Field: Line of Business		<p>Name: Line of Business Type: String Max Length: 80 characters Format: ABCDE</p> <p>Insert the Line of Business you are reporting on: Possible values are</p> <p>Large Group Small Group Individual</p>	<p>Name: Line of Business Type: Choice Choices: Large Group Small Group Individual ERISA Medicaid Medicare Other</p> <p>The Line of Business you are reporting on. Possible values are: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, or Other.</p>
Update Field: Year		<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: greater than 2018</p> <p>Year for which the aggregate data is reported.</p>	<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020</p> <p>Current year for which the aggregate data is reported.</p>
Delete Field: NDC		<p>Name: NDC Type: Numeric Format: 00000000000 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.</p> <p>NOTE: The NDC field must be eleven digits long and maintain leading zeros.</p>	Delete

<p>Update Field:</p> <p>Drug Name</p>		<p>Name: Chemical/Biochemical/Blood Product Name Type: String Max Length: 80 characters Format: ABCDE</p> <p>Ingredient name including salt form, without any other modifying elements, to be used as a grouper. For example, "fluoxetine" and "fluoxetine HCL", is acceptable. "Fluoxetine DR", "fluoxetine 20 mg tablets" are unacceptable for this field.</p>	<p>Name: Drug Name Type: String Max Length: 80 characters Format: ABCDE</p> <p>Name of the drug for the NDC reported. Only include ingredient name. Avoid using hyphens, slashes, or other special characters.</p> <p>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.</p> <p>NOTE: Special characters, hyphens, or slashes are allowed.</p>
<p>Update Field:</p> <p>Drug Product Name</p>		<p>Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE</p> <p>Ingredient name, including 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: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE</p> <p>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.</p> <p>For example, "fluoxetine HCL 20 mg tablets" is acceptable.</p>
<p>Update Field:</p> <p>Label Name</p>		<p>Name: Label Name Type: String Max Length: 80 characters Format: ABCDE</p> <p>Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR", are acceptable.</p>	<p>Name: Label Name Type: String Max Length: 100 characters Format: ABCDE</p> <p>Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR", are acceptable.</p>
<p>Update Field:</p> <p>Drug Type</p>		<p>Name: Drug Type Type: Choice Choices: S,N,I</p> <p>Drug Type is one of following values:</p> <p>Single Source (S) – Drugs having an FDA New Drug Application (NDA), or biologics having a Biologics License Application (BLA), and there are no generic alternatives available on the market. Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA). Innovator Multiple-Source (I) – Drugs which have an NDA and no longer have patent exclusivity.</p>	<p>Name: Drug Type Type: Choice Choices: S, N ,I</p> <p>Drug Type is one of following values:</p> <p>Single Source (S) – Drugs that having an FDA New Drug Application (NDA), or biologics having a Biologics License Application (BLA), and there are no generic alternatives available on the market. Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA). Innovator Multiple-Source (I) – Drugs that have an NDA and no longer have patent exclusivity.</p>
<p>Add Field:</p> <p>General Comments</p>			<p>Name: General Comments Type: String Max Length: 5000 characters Format: ABCDE Nullable</p> <p>Any additional information you would like to submit or provide to explain your responses.</p>