

# Change Summary

## PBM Data Submission Guide v1.2 and v2.0

The changes between version 1.2 and 2.0 of the PBM’s data submission guides (DSG) are indicated in red in the table below.

Type of change	Template	Version 1.2	Version 2.0 (current)
<b>Insert:</b>  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:  <a href="mailto:HCADPTTechSupport@hca.wa.gov">HCADPTTechSupport@hca.wa.gov</a>
<b>Update Definition:</b>  Brand Drug		“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.	“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 <b>“M”, “O” or “N”</b> 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.
<b>Update Definition:</b>  Calendar days		“Calendar days” means the same as in WAC 182-526-0010.	“Calendar days” means the same as in <b>Washington Administrative Code 182-526-0010</b> .
<b>Update Definition:</b>  Calendar Year		“Calendar year” means calendar year 2019, for plan year 2019 and means calendar year 2018, for plan year 2018.	“Calendar year” means calendar year <b>2020</b> .
<b>Update Definition:</b>  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 identifies the data required under RCW 43.71C, and provides instructions for submitting this data to the authority, including guidance on required format.
<b>Update Definition:</b>  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 <b>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.</b>
<b>Update Definition:</b>  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 <b>2019</b> .

<p><b>Update Definition:</b></p> <p>Rebate</p>		<p>"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.</p>	<p>"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. <b>This includes</b>, but is not limited to, rebates, administrative fees, market share rebates, price protection rebates, performance-based price concessions, volume-related rebates, other credits, and any other negotiated price concessions or discounts that are reasonably anticipated to be passed through to a reporting entity during a coverage year, and any other form of price concession prearranged with a covered manufacturer, dispensing pharmacy, pharmacy benefit manager, rebate aggregator, group purchasing organization, or other party which are paid to a reporting entity and are directly attributable to the utilization of certain drugs by reporting entity members.</p>
<p><b>Update:</b></p> <p>Submission Schedule</p>		<p>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.</p>	<p>The table below describes the schedule of submissions that are required for you to be in compliance with the DPT program <b>for this reporting period.</b></p>
<p><b>Update:</b></p> <p>Submission Schedule Dates</p>	<ul style="list-style-type: none"> <li>• PBM Appeals</li> <li>• PBM Formulary</li> <li>• PBM Ownership</li> </ul>		<p><b>March 1, Annually</b></p>
<p><b>Update:</b></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><a href="https://www.hca.wa.gov/assets/billers-and-providers/13-0051-drug-price-transparency-submitter-registration.pdf">https://www.hca.wa.gov/assets/billers-and-providers/13-0051-drug-price-transparency-submitter-registration.pdf</a></p> <p>The form must be filled out completely. Incomplete submissions can cause delays in the registration process. Please see the contact email</p>	<p>In order to submit data to HCA, you must first complete the registration process and receive credentials <b>for the</b> 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. <b>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.</b></p> <p><a href="https://www.hca.wa.gov/assets/billers-and-providers/13-0051-drug-price-transparency-submitter-registration.pdf">https://www.hca.wa.gov/assets/billers-and-providers/13-0051-drug-price-transparency-submitter-registration.pdf</a></p> <p><b>Please email <a href="mailto:DrugTransparency@hca.wa.gov">DrugTransparency@hca.wa.gov</a> for any questions or concerns about the form and the registration process.</b></p>

		<p>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><b>Update:</b></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 that your SFT credentials are no longer working, please contact the DPT program staff.</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). <b>The SFT credentials will be provided to you by HCA.</b> 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. <b>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.</b> 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>
<p><b>Update:</b></p> <p>Data Validation</p>		<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</p>	<p><b>Data validation is a two-step process and at any time submissions may be rejected.</b> Each submitted file undergoes technical and program validation to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCA’s reporting software. <b>The technical validation process is automated and</b> applied shortly after submission to ensure that the data meets all of the technical rules described in the Table Specification. These primarily cover verification of data types (number vs. string) and formats (2021-01-01 vs. 01/01/2021). <b>The program validation process is performed by program staff after technical validation and includes additional checks of the files to complete the data validation process.</b></p> <p><b>If your report is rejected during Technical or Program validation, you will need to resubmit a corrected report within 10 business days of receipt of the rejection notice.</b></p>

		<p>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.</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 <a href="mailto:HCADPTTechSupport@hca.wa.gov">HCADPTTechSupport@hca.wa.gov</a> for confirmation that your submission was received and processed.</p>	<p><b>Step 1</b>     Technical validation – You will receive a confirmation email at the registered email address for your organization notifying you whether your submission passed or failed Technical Validation. If your submission failed you will receive a rejection notice, along an error log describing why your submission failed technical validation. If you do not receive an email notification of either success or failure within 72 hours of submitting your report, please contact DPT program staff at <a href="mailto:drugtransparency@hca.wa.gov">drugtransparency@hca.wa.gov</a> to confirm that your submission was received and processed.</p> <p><b>Step 2</b>     Program validation – An analyst will validate information submitted in ensure it meets program requirements. You will receive an approval email or a rejection email. This email will be sent to the email provided when you registered. If your report is rejected, you will need to resubmit within 10-days.</p> <p>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 <a href="mailto:HCADPTTechSupport@hca.wa.gov">HCADPTTechSupport@hca.wa.gov</a> for assistance.</p>
<p><b>Insert:</b></p> <p>HCA created a new form. Re-Submission Form</p>			<p><a href="#">Move below Data Validation</a></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>
<p><b>Update:</b></p> <p>Failed Technical or Program Validations</p>		<p>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.</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>File names should follow the naming scheme specified for the specific data that you are</p>	<p>In the event that your submission is rejected, you have 10 business days after you receive the initial rejection notice to make the necessary corrections and resubmit. You may request an extension of the due date subject to HCA approval. If you fail to comply with reporting requirements after receiving a rejection notice, the authority may assess a fine as allowed under WAC 182-51-1300.</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>For example, if you submitted the file ‘pbm_appeals_ P12345_20210301.csv’, and received a rejection, after making corrections you should resubmit the file ‘pbm_appeals_ P12345_20210301.csv’ with the same name as</p>

		submitting. See the Table Specifications section for more information.	it was originally submitted under, even if the date of resubmission is a different date.
<b>Add:</b>  Corrective Submissions			In the event that you find an error in your approved submission, you will need to fill out the Resubmission form which can be found on our website prior to resubmitting your report. You will need to let HCA know which report you will be resubmitting and the specific reasons why you request to resubmit. HCA will review your request and approve or deny your request within 5 business days. In the event your resubmission is rejected during validation, you would be subject to the 10 business day limit for correcting rejected resubmissions.
<b>Move:</b> <b>Update:</b>  File Specifications		(2 <sup>nd</sup> Paragraph)  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.	Move below Corrective Submissions  (2 <sup>nd</sup> Paragraph)  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.
<b>Update:</b>  Data Specification:  Date Formats		unless otherwise specified, all dates should be reported in <a href="#">ISO-8601</a> format with hyphens between years, months and days: “YYYY-MM-DD”. For example, Nov. 1 <sup>st</sup> , 2020 would be recorded as “2020-11-01”.	Unless otherwise specified, all dates should be reported in <a href="#">ISO-8601</a> format with hyphens between years, months and days: “YYYY-MM-DD”. For example, December 1, 2021 would be recorded as “2021-12-01”.
<b>Update:</b>  Table Specifications	PBM Appeals	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.	File naming schema: pbm_appeals_{ID}_{YYYYMMDD}.csv Example: pbm_appeals_P12345_20220301.csv (Please use the submission due date, not the date the report was prepared)  The submission of this report for this reporting year is due on March 1, 2022 and should include data for calendar year 2020.
<b>Update Field:</b>  Washington DPT Number		Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE Min Length: 6 characters	Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE

<b>Add Field:</b>  PBM IIN Number			<b>Name:</b> PBM IIN Number <b>Type:</b> Numeric <b>Format:</b> 000000 <b>Max Length:</b> 6 digits  Issuer identification number, used for adjudicating prescription drug claims. Also called BIN number. (This field should be repeated for each NDC included in the report)
<b>Delete Field:</b>  Pharmacy Benefit Manager ID		<b>Name:</b> Pharmacy Benefit Manager ID <b>Type:</b> Numeric <b>Format:</b> 000000000 <b>Max Length:</b> 9 digits  ID number submitted by the Pharmacy Benefit Manager for which we can identify them.  <b>EIN:</b> Federal US Tax ID number  <b>DUNS:</b> Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet  <b>UBI:</b> Washington State Unique Business ID number	Delete
<b>Delete Field:</b>  PBM ID Type		<b>Name:</b> PBM ID Type <b>Type:</b> Choice <b>Choices:</b> EIN, UBI, DUNS  The type of ID that was submitted in the Pharmacy Benefit Manager ID number field.  <b>EIN:</b> Federal US Tax ID number  <b>DUNS:</b> Data Universal Numbering System is a 9 digit ID number assigned by Dun & Bradstreet  <b>UBI:</b> Washington State Unique Business ID number	Delete
<b>Update Field</b>  Year		<b>Name:</b> Year <b>Type:</b> Numeric <b>Format:</b> 0000 <b>Max Length:</b> 4 digits <b>Min Length:</b> 4 digits <b>Rule:</b> greater than or equal to 2018  Year for which the aggregate data is reported	<b>Name:</b> Year <b>Type:</b> Numeric <b>Format:</b> 0000 <b>Max Length:</b> 4 digits <b>Min Length:</b> 4 digits <b>Rule:</b> 2020  Current year for which the aggregate data is reported.
<b>Update Field</b>  PBM Appeals		<b>Name:</b> PBM Appeals <b>Type:</b> Choice <b>Choices:</b> Y, N <b>Rule:</b> if Y, then all remaining fields are required.  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.	<b>Name:</b> PBM Appeals <b>Type:</b> Choice <b>Choices:</b> Y, N <b>Rule:</b> if Y, then all remaining fields are required  Did your organization receive any appeal filed pursuant to RCW 19.340.100(3) in the year reported? This applies to both first and second level appeals. If "Yes", then complete all required fields. If "No", then the fields may be left null.
<b>Update Field</b>  NDC		<b>Name:</b> NDC <b>Type:</b> Numeric <b>Format:</b> 000000000000 <b>Max Length:</b> 11 digits <b>Min Length:</b> 11 digits	<b>Name:</b> NDC <b>Type:</b> Numeric <b>Format:</b> 000000000000 <b>Max Length:</b> 11 digits <b>Min Length:</b> 11 digits

		<p>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>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.</p> <p><b>NOTE: The NDC field must be eleven digits long and maintain leading zeros.</b></p>
<p><b>Update Field</b></p> <p>Drug Name</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: <b>Drug Name</b> Type: String Max Length: <b>100</b> characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y" Nullable if "N"</p> <p><b>Name of the drug for the NDC reported. Only include ingredient name.</b></p> <p><b>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.</b></p> <p><b>NOTE: Special characters, hyphens, symbols, or slashes are allowed.</b></p>
<p><b>Field Update:</b></p> <p>Drug Product Name</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: <b>Drug Product Name</b> Type: String Max Length: <b>100</b> characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y" Nullable if "N"</p> <p><b>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.</b></p> <p><b>For example, "fluoxetine HCL 20 mg tablets" is acceptable.</b></p>
<p><b>Update Field:</b></p> <p>Label Name</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: Label Name Type: String Max Length: <b>100</b> characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y" Nullable if "N"</p> <p><b>Proprietary or legal name as labeled by manufacturer.</b></p> <p><b>For example, "fluoxetine HCL", "fluoxetine DR" are acceptable.</b></p>
<p><b>Update Field:</b></p> <p>Appeal Outcome</p>		<p>Name: Appeal Outcome Type: Choice Choices: A, D, O  Rule: Required if "PBM Appeals" field is "Y" Nullable if "N"</p>	<p>Name: Appeal Outcome Type: Choice Choices: A, D, O</p>

		Select "A" if appeal approved; select "D" if appeal denied; select "O" if other outcome was determined (e.g., pharmacy cancelled the appeal).	Select "A" if appeal approved; select "D" if appeal denied; select "O" if other outcome was determined (e.g., pharmacy cancelled the appeal).  A=Approved D=Denied O=Other (please describe in detail in the General Comments field)
<b>Update:</b> Table Specifications	PBM Formulary	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.	File naming schema: pbm_formulary_{ID}_{YYYYMMDD}.csv  Example: pbm_formulary_P12345_20220301.csv (Please use the submission due date, not the date the report was prepared)  The submission of this report for this reporting year is due on March 1, 2022 and should include data for calendar year 2020.
<b>Update Field:</b> Washington DPT Number		Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE Min Length: 6 characters	Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE
<b>Delete Field:</b> Pharmacy Benefit Manager ID		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	Delete
<b>Delete Field:</b> PBM ID Type		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	Delete



		UBI: Washington State Unique Business ID number	
<b>Update Field</b> Year		Name: Year Type: Numeric Format: 0000 Max Length: 4 digits Min Length: 4 digits Rule: greater than or equal to 2018  Year for which the aggregate data is reported	Name: Year Type: Numeric Format: 0000 Max Length: 4 digits Min Length: 4 digits Rule: 2020  Current year for which the aggregate data is reported
<b>Add Field</b> Member-Months			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.
<b>Update Field</b> NDC		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"  A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product (e.g., 12345678910).	Name: NDC Type: Numeric Format: 000000000000 Max Length: 11 digits Min Length: 11 digits Rule: Required if "PBM Appeals" field is "Y" Nullable if "N"  A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product.  NOTE: The NDC field must be eleven digits long and maintain leading zeros.
<b>Update Field</b> Drug Name		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"  Drug name including the salt form if any, without any other modifying elements, to be used as a grouper. For example, "fluoxetine" and "fluoxetine HCL" is acceptable. "Fluoxetine DR," "fluoxetine 20 mg tablets" are unacceptable for this field	Name: Drug Name Type: String Max Length: 100 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y" Nullable if "N"  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.
<b>Field Update:</b> Drug Product Name		Name: Ingredient Name Type: String Max Length: 80 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y" Nullable if "N"  Drug name may include salt form, dosage form, strength, and any other information. For example, "fluoxetine 20 mg tablets" is acceptable.	Name: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y" Nullable if "N"  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,

		"fluoxetine", "fluoxetine HCL", "fluoxetine DR, are unacceptable for this field.	dosage form, strength, and any other information specific to the NDC.  For example, "fluoxetine HCL 20 mg tablets" is acceptable.
<b>Update Field:</b>  Label Name		Name: Label Name Type: String Max Length: 80 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y" Nullable if "N"  Drug name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR, are acceptable.	Name: Label Name Type: String Max Length: 100 characters Format: ABCDE Rule: Required if "PBM Appeals" field is "Y" Nullable if "N"  Proprietary or legal name as labeled by manufacturer.  For example, "fluoxetine HCL", "fluoxetine DR" are acceptable.
<b>Update Moved:</b>  Basis for Negotiated Price		Name: Basis for Negotiated Price Type: Choice Choices: AWP, MAC, NADAC, WAC, Other  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.  AWP: Average Wholesale Price MAC: Maximum Allowable Cost NADAC: National Average Drug Acquisition Cost WAC: Wholesale Acquisition Cost Other: None of the above	Name: Basis for Negotiated Price Type: Choice Choices: AWP, MAC, NADACB, NADACG WAC, U&C, GAD, Vaccine, Other  The pricing benchmark used to determine the negotiated price guarantees.  Examples: AWP, MAC, NADACB, NADACG, WAC, U&C, GAD, Vaccine, and Other. If Other is selected, please describe the basis in the General Comments field for this row.  AWP: Average Wholesale Price MAC: Maximum Allowable Cost NADACB: National Average Drug Acquisition Cost – Brand Drug NADACG: National Average Drug Acquisition Cost – Generic Drug WAC: Wholesale Acquisition Cost U&C: Usual and Customary GAD: Gross Amount Due (Pharmacy Submitted) Vaccine: Vaccine and Administration (describe in the General Comments field) Other: None of the above (must describe in general comments field)
<b>Delete Update:</b>  Amount for Negotiated Price		Name: Amount for Negotiated Price Type: Numeric Format: 999999999.99999 Max Length: 14 digits  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.	Delete
<b>Add Field:</b>  Average Cost Per Claim			Name: Average Cost Per Claim Type: Numeric Format: 999999999.99999 Max Length: 14 digits  The average paid amount for all paid claims for this NDC. Please enter this field as calculated: The Gross Pharmacy Paid Amount divided by all paid claims for this NDC. This

			<p>field should be a dollar value representing the 'paid ingredient cost per claim' for the year reported.</p> <p>For example: (Total Paid Ingredient Costs) / (Total Paid Claims)</p>
<p><b>Update Field:</b></p> <p>Gross Pharmacy Paid Amount</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: Gross Pharmacy Paid Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</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><b>Update Field:</b></p> <p>Spread Price Amount</p>		<p>Name: Spread Price Amount Type: Numeric Format: 999999999999999.99 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: Spread Price Amount Type: Numeric Format: 999999999999999.99 Max Length: 17 digits</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>A positive value indicates the sum of the total dollar amount the health plan paid is greater than the total gross pharmacy paid amount and is retained by the PBM.</p> <p>NOTE: Do not include the dollar sign or commas.</p>
<p><b>Update Field:</b></p> <p>Rebates Received</p>		<p>Name: Rebates Received Type: Numeric Format: 999999999999999.99 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</p>	<p>Name: Rebates Received Type: Numeric Format: 999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p> <p>Total rebate received by PBM or its subcontractor for utilization for all units of the NDC for the reporting period.</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>

		allowances, gifts, promotions, or any other form of revenue whatsoever  NOTE: Do not include the dollar sign or commas. If no rebates received for this NDC, then enter 0. Null values are not accepted.	
<b>Add Field:</b>  Reimbursement Percentage Discount			<b>Name:</b> Reimbursement Percentage Discount <b>Type:</b> Numeric <b>Format:</b> 99999.99 <b>Max Length:</b> 7 digits  <b>Please enter this field as calculated:</b> $[(\text{Total WAC} - \text{Gross Pharmacy Paid Amount}) / \text{Total WAC}] * 100$
<b>Update Field:</b>  Rebate Percentage Discount		<b>Name:</b> Percentage Discount <b>Type:</b> Numeric <b>Format:</b> 99999.99 <b>Max Length:</b> 7 digits  <b>Please enter this field as calculated:</b> $[(\text{Total WAC} - \text{Rebate Received}) / \text{Total WAC}] * 100$  NOTE: Do not include the percent sign.	<b>Name:</b> Rebate Percentage Discount <b>Type:</b> Numeric <b>Format:</b> 99999.99 <b>Max Length:</b> 7 digits  <b>Please enter this field as calculated:</b> $[(\text{Total WAC} - \text{Rebate Received}) / \text{Total WAC}] * 100$  NOTE: Do not include the percent sign.
<b>Update:</b>  Table Specifications	Ownership	<b>File naming schema:</b> 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.	<b>File naming schema:</b> pbm_ownership_{ID}_{YYYYMMDD}.csv  Example: pbm_ownership_P12345_20220301.csv (Please use the submission due date, not the date the report was prepared)  <b>The submission of this report for this reporting year is due on March 1, 2022 and should include data for calendar year 2020.</b>
<b>Update Field:</b>  Washington DPT Number		<b>Name:</b> Washington DPT Number <b>Type:</b> String <b>Max Length:</b> 6 characters <b>Format:</b> ABCDE <b>Min Length:</b> 6 characters	<b>Name:</b> Washington DPT Number <b>Type:</b> String <b>Max Length:</b> 6 characters <b>Format:</b> ABCDE
<b>Delete Field:</b>  Pharmacy Benefit Manager ID		<b>Name:</b> Pharmacy Benefit Manager ID <b>Type:</b> Numeric <b>Format:</b> 000000000 <b>Max Length:</b> 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	Delete

<p><b>Delete Field:</b></p> <p>PBM ID Type</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 &amp; Bradstreet  UBI: Washington State Unique Business ID number</p>	<p>Delete</p>
<p><b>Delete Field:</b></p> <p>Ownership Entity ID Number</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 &amp; Bradstreet  UBI: Washington State Unique Business ID number</p>	<p>Delete</p>
<p><b>Delete Field:</b></p> <p>Ownership Entity ID Type</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 &amp; Bradstreet  UBI: Washington State Unique Business ID number</p>	<p>Delete</p>
<p><b>Add Field:</b></p> <p>Ownership Interest Description</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>