



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

SUBJECT: PBM COMPLIANCE ATTESTATION

RCW 43.71C.040(1) states:

No later than March 1st of each calendar year, each pharmacy benefit manager must file with the authority, in the form and detail as required by the authority, a report for the preceding calendar year stating that the pharmacy benefit manager is in compliance with this chapter.

This attestation is the form HCA requires for such reports. Please state below if you are in compliance with **RCW 43.71C**.

Yes, the organization listed above has:

- a) submitted all information on discounts, rebates, reimbursements, and negotiated prices, as required by **RCW 43.71C.030(a)-(e)**; and
- b) disclosed its ownership interests in pharmacies or health plans, if any, and according to **RCW 43.71C.030(f)**; and
- c) submitted the results of any appeals filed pursuant to RCW 19.340.100(3), if any, and according to **RCW 43.71C.030(g)**; and
- d) not caused or knowingly permitted the use of any advertisement, promotion, solicitation, representation, proposal, or offer that is untrue, deceptive, or misleading **RCW 43.71C.040**.

No, the organization listed above is not in compliance with **RCW 43.71C**.

Yes, the organization listed above administers employer-sponsored health plan, self-funded health plan; Taft-Hartley trust health plan; worker's compensation plan; medicare Part D plan; or medicare advantage plan. **WAC 182-51-0400(3)**

No, the organization listed above does not administer employer-sponsored health plan, self-funded health plan; Taft-Hartley trust health plan; worker's compensation plan; medicare Part D plan; or medicare advantage plan. **WAC 182-51-0400(3)**

By clicking "Submit" I affirm I have the authority to submit information to HCA on behalf of the organization named in this form, and all of the information in this form is true and correct to the best of my knowledge.

Date: _____

Print Name: _____

Print Title: _____

Submit