

Pharmacy Services Administrative Organization Data Submission Guide

Drug Price Transparency – RCW 43.71C Version 3.0 Effective Date: 10/1/2022



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	Washington State Health Care Authority
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About

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

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

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

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

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

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

Contacts

Compliance Questions or General Program Questions

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

drugtransparency@hca.wa.gov

Technical Support

For technical assistance related to questions about data definitions, formatting, or the data submission process, please contact the technical support staff by sending an email to:

HCADPTTechSupport@hca.wa.gov

Definitions

"Authority" means the Health Care Authority.

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

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

"Current year" means the year 2021.

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

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

"Pharmacy benefit manager" means the same as in RCW <u>19.340.010.</u>

"Pharmacy services administrative organization" means an entity that:

(a) Contracts with a pharmacy to act as the pharmacy's agent with respect to matters involving a pharmacy benefit manager, third-party payer, or other entities, including negotiating, executing, or administering contracts with the pharmacy benefit manager, third-party payer, or other entities; and
 (b) Provides administrative services to pharmacies.

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

"Prior year" means calendar year 2020.

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

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

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

Submission Schedule

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

Report Type	Submission Due Date	Submission Information
Pharmacy Contracted Rates	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021.
Pharmacy YOY Rate Change	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021.
PBM Contracted Rates	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021.
PBM YOY Rate Change	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021.

How to Register

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

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

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

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

How to Submit

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

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

There are checks in place to protect the SFT service which may result in the rejection of your submission, without notice. These limits include (but are not limited to) attempting to upload a file greater than 30GB and uploading or

downloading more than 50,000 files in a 24-hour period. It is unlikely that you will ever trigger these protections, as the size and frequency of the submissions required for this program will seldom approach these limits. However, accidentally exceeding them could result in termination of your SFT credentials. If you suspect that your SFT credentials are no longer working, please contact the DPT program staff.

Submission Specifications

Data Validation

Data validation is a two-step process and at any time submissions may be rejected. If rejected, reports need to be resubmitted within 10 days.

- Step 1 Technical validation If your submission passes, you will receive a confirmation email at the registered email address for your organization. If your submission is rejected, you will receive an email with an error log attached describing why your file was rejected. 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 <u>drugtransparency@hca.wa.gov</u>to confirm that your submission was received and processed.
- Step 2 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. Please note that the program validation process can take approximately 90 days to complete before you receive a response from us.

Each submitted file undergoes technical and program validations to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCA's reporting software. The technical validation process is automated and applied shortly after submission to ensure that the data meets all of the technical rules described in the Table 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 technical validation and includes additional checks of the files to complete the data validation process.

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

Resubmissions

Failed Technical or Program Validations

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 <u>request an extension</u> of the due date subject to HCA approval. If you fail to comply with reporting requirements after receiving a rejection notice, the authority may assess a fine as allowed under WAC 182-51-1300.

To ensure that you receive credit for a resubmission, you should use the same YYYYMMDD value in the file name as you did in your first submission.

For example, if you submitted the file 'psao_pharmacy_contract_rate_2020_S12345_20211201.csv' and received a rejection, after making corrections you should resubmit the file 'psao_pharmacy_contract_rate_2020_S12345_20211201.csv' with the same name as it was originally submitted under, even if the date of resubmission is a different date.

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In the event that you find an error in your approved submission, you will need to fill out the <u>Resubmission</u> form which can be found on our <u>website</u> 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 technical or program validation, you would be subject to the 10-day limit for correcting rejected resubmissions.

File Specifications

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

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

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

Data Specifications

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

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

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

Table Specifications

Pharmacy Contracted Rates

This report shows the contracted rates between the PSAO and the pharmacy as required in RCW 43.71C.080.

Files submitted for PSAO pharmacy contracted rates report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due date.

In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace "psao_pharmacy_contracted_rates" with your organizations name as this will result in your submission being rejected.

File naming schema: psao_pharmacy_contracted_rates_{YYYY}_{ID}_{YYYYMMDD}.csv

- **Example:** psao_pharmacy_contracted_rates__2021_S12345_20221001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD



The submission of this report is due on October 1, 2022, and should include data effective for 2021.

Spectruction Description Name: Washington DPT Number WA Drug Price Transparency (DPT) assigned unique submitter identifier Type: String Max Length: 6 characters Format: ABCDE This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g. 12345. Example: Entity Type Washington DPT Number Carrier C12345 Manuel Cutturer M12345 PSAO S12345 PBM P12345 Name: Vear Name of pharmacy services administrative organization. Type: String Name of pharmacy services administrative organization. Type: Numeric Format: ABCDE Rome: Year Current year for which the aggregate data is reported. Type: Numeric Format: Adigits Rule: great Adigits Network Descriptor for location has one of the following values: Classification R = Rural Choices: R, M, O M = Metro Choices: G, C, I, O C = Grocery Choices: G, C, I, O C = Grocery Choices: G, C, I, O C = Groce	Crecification	Description		
Type: Stringupon registration with the Health Care Authority Drug Price Transparency program.Format: ABCDEThis number is unique to you and follows a format of either CXXXX, MXXXX, SXXXX or PXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g. 12345.Example:Entity TypeWashington DPT Number CarrierCl2345ManufacturerM12345PBMP12345Name: PSAO NameName of pharmacy services administrative organization.Type: StringCurrent year for which the aggregate data is reported.Max Length: 80 charactersCurrent year for which the aggregate data is reported.Format: 9899Name of pharmacy services administrative organization.Max Length: 4 digits Min Length: 4 digits Rule: 2020Network Descriptor for location has one of the following values: O = 0ther - Describe in General Comments field.Name: Pharmacy Chain Code Location Choices: R, M, OR = Rural G = Grocery C + Chain I = Independent O = Other - Describe in General Comments field.Name: Pharmacy Chain Code Type Choices: G, C, I, OG = Grocery C + Chain I = Independent O = Other - Describe in General Comments field.Name: Rumber of Pharmacies Type: Numeric Format: 999999999999999999999999999999999999	Specification	Description		
PBMP12345Name: PSAO NameName of pharmacy services administrative organization.Type: StringName of pharmacy services administrative organization.Max Length: 80 characterssCurrent year for which the aggregate data is reported.Format: ABCDECurrent year for which the aggregate data is reported.Max Length: 4 digitsCurrent year for which the aggregate data is reported.Max Length: 4 digitsNetwork Descriptor for location has one of the following values:ClassificationNetwork Descriptor for location has one of the following values:ClassificationR = RuralChoices: R, M, OM = Metro O = Other - Describe in General Comments field.Name: Pharmacy Chain Code TypeNetwork Descriptor for type has one of the following values:ClassificationC = Chein I = Independent O = Other - Describe in General Comments field.Name: Number of PharmaciesNumber of pharmacies contracted with the PSAO during the current year.Type: Numeric Format: 999999Number of pharmacies contracted with the PSAO during the current year.Type: Numeric Format: 999999Ongoing administrative fee PSAO charges the pharmacy for participating in the PSAO.Max Length: 7 digitsOngoing administrative fee PSAO charges the pharmacy for participating in the PSAO.	Type: String Max Length: 6 characters	upon registration with the Health Care Authority Drug Price Transparenc program.This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g. 		
Name: PSAO NameName of pharmacy services administrative organization.Type: StringMax Length: 80 charactersFormat: ABCDECurrent year for which the aggregate data is reported.Mame: YearCurrent year for which the aggregate data is reported.Type: NumericFormat: 9999Max Length: 4 digitsKule: 2020Name: Pharmacy Chain Code LocationNetwork Descriptor for location has one of the following values:ClassificationR = RuralType: ChoiceR = RuralChoices: R, M, OM = MetroO = Other - Describe in General Comments field.Name: Pharmacy Chain Code TypeNetwork Descriptor for type has one of the following values:ClassificationG = GroceryType: ChoiceG = GroceryChoices: G, C, I, OC = ChainI = IndependentO = Other - Describe in General Comments field.Name: Number of PharmaciesNumber of pharmacies contracted with the PSAO during the current year.Type: NumericOngoing administrative fee PSAO charges the pharmacy for participating in the PSAO.Format: 999999999999999999999999999999999999				
Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020 Name: Pharmacy Chain Code Location Classification Type: Choice R = Rural Choices: R, M, O Mare: Pharmacy Chain Code Type Classification Type: Choice R = Rural Choices: R, M, O Mare: Pharmacy Chain Code Type Classification Type: Choice G = Grocery Classification Type: Choice G = Grocery Classification Type: Choice G = Grocery Choices: G, C, I, O C = Chain I = Independent O = Other – Describe in General Comments field. Name: Number of Pharmacies Type: Numeric Format: 9999999 Max Length: 7 digits Name: Administrative Fee Name: Administrative Fee Numeric Format: 999999999999999999999999999999999999	Type: String Max Length: 80 characters			
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Name: Pharmacy Chain Code Type ClassificationNetwork Descriptor for type has one of the following values:Type: Choice Choices: G, C, I, OG = Grocery C = Chain I = Independent O = Other – Describe in General Comments field.Name: Number of Pharmacies Type: Numeric Format: 9999999 Max Length: 7 digitsNumber of pharmacies contracted with the PSAO during the current year.Name: Administrative Fee Type: Numeric Format: 999999999999999999999999999999999999		M = Metro		
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Type: NumericFormat: 9999999Max Length: 7 digitsName: Administrative FeeOngoing administrative fee PSAO charges the pharmacy for participating in the PSAO.Type: NumericFormat: 999999999999999999999999999999999999			neral Comments field.	
Name: Administrative FeeOngoing administrative fee PSAO charges the pharmacy for participating in the PSAO.Type: Numericin the PSAO.Format: 999999999999999999999999999999999999	Type: Numeric Format: 9999999			
Rule: greater than or equal to 0 NOTE: Do not include any special characters (\$) or commas.	Name: Administrative Fee Type: Numeric Format: 999999999999999999999			
	Rule: greater than or equal to 0	NOTE: Do not include any	special characters (\$) or commas.	

	Health Care Muthority
Name: Administrative Fee - Basis	The basis for which the fee is accessed. This field should clarify any
Type: String	relevant information about the administrative fee, such as its frequency
Max Length: 50 characters	(e.g., each year, each month, per paid claim, per transaction, etc.).
Format: ABCDE	
Name: Administrative Fees	The description of how administrative fees are assessed depending on the
Description	type of pharmacy, size of pharmacy, and volume of business.
Type: String	
Max Length: 5000 characters	
Format: ABCDE	
	The total dellar encounte the DCAO shares a hornexise and places in
Name: Escrow Fees	The total dollar amounts the PSAO charges pharmacies and places in
Type: Numeric	escrow to cover recouped funds from a PBM audit in the current year.
Format: 999999999999999999999	
Max Length: 17 digits	
Rule: greater than or equal to 0	NOTE: Do not include any special characters (\$) or commas.
Name: Escrow Fees Description	The description of how escrow fees are assessed depending on the type
Type: String	of pharmacy, size of pharmacy, and volume of business.
Max Length: 5000 characters	
Format: ABCDE	
Name: Initial Fee	Total dollar amount the PSAO charges the pharmacy to join the PSAO.
Type: Numeric	
Format: 999999999999999999999	
Max Length: 17 digits	NOTE: Do not include any encoded characters (ć) or common
Rule: greater than or equal to 0	NOTE: Do not include any special characters (\$) or commas.
Name: Initial Fees Description	The description of how initial fees are assessed depending on the type of
Type: String	pharmacy, size of pharmacy, and volume of business.
Max Length: 5000 characters	
Format: ABCDE	
Name: Credentialing Fees	Total dollar amount the PSAO charges the pharmacy related to any
Type: Numeric	credentialing.
Format: 99999999999999999999	
Max Length: 17 digits	
Rule: greater than or equal to 0	
<u> </u>	NOTE: Do not include any special characters (\$) or commas.
Name: Credentialing Fees Description	Interval between credentialing cycles for which the PSAO assesses any
Type: String	credentialing fee.
Max Length: 5000 characters	
Format: ABCDE	
	The description of how gradentialing fees are assessed depending on the
Name: Credentialing Frequency	The description of how credentialing fees are assessed depending on the
Type: String	type of pharmacy, size of pharmacy, and volume of business.
Max Length: 50 characters	
Format: ABCDE	
Name: NDC	A three-segment code maintained by the Federal Food and Drug
Type: Numeric	Administration that includes a labeler code, a product code, and a
Format: 0000000000	package code for a drug product.
Max Length: 11 digits	
Min Length: 11 digits	NOTE: The NDC field must be eleven digits long and maintain leading
	zeros.
	Example: 00012345678

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.

NDC	Drug Name	Drug Product Name	Label Name
00000000000	FLUOEXTINE	FLUOEXTINE HCL 20	FLUOEXTINE
		MG TABLETS	HCL

	NOTE: Special characters, hyphens, symbols, or slashes are allowed.			
Name: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE	Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC. For example, "fluoxetine HCL 20 mg tablets" is acceptable.			
	NDC	Drug Name	Drug Product Name	Label Name
	00000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG TABLETS	FLUOEXTINE HCL
Name: Label Name Type: String Max Length: 100 characters		-	arketed by manufacture R" are acceptable.	r. For example,
Format: ABCDE	NDC	Drug Name	Drug Product Name	Label Name
	0000000000	FLUOEXTINE	FLUOEXTINE HCL 20	FLUOEXTINE
			MG TABLETS	HCL
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.			
Name: Unit of Measure		e for Reimburse	ment Rate defined as on	e of the following
Type: Choice Choices: AHF, CAP, SUP, GM, ML, TAB,	values:			
TDP, EA	AHF: Anti-hemo	philia factor		
	CAP: Capsule			
	SUP: Suppositor	у		
	GM: Gram			
	ML : Milliliter TAB : Tablet			
	TDP : Transdermal patch			
	EA: Each			



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

Pharmacy Year-Over-Year Rate Change

This report contains all of the data fields necessary to comply with reporting the drugs with the greatest change in reimbursement rate, for every contract between the PSAO and pharmacies in Washington State, as required in RCW 43.71C.080.

Files submitted for PSAO pharmacy year-over-year rate change report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due date.

In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace "psao_pharmacy_yoy_rate_change" with your organizations name as this will result in your submission being rejected.

File naming schema: psao_pharmacy_yoy_rate_change_{YYYY}_{ID}_{YYYYMMDD}.csv

- **Example:** psao_pharmacy_yoy_rate_change_2021_S12345_20221001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD

The submission of this report is due on October 1, 2022, and should include data effective for 2021.

Specification	Description		
Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE	 WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program. This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g. 12345. 		
	Example:		
	Entity Type	Washington DPT Number	
	Carrier	C12345	
	Manufacturer	M12345	
	PSAO	S12345	
	PBM	P12345	
Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE	Name of pharmacy service	es administrative organization	
Name: Year	Current year for which the	e aggregate data is reported.	
Type: Numeric			
Format: 9999			
Max Length: 4 digits			
Min Length: 4 digits			
Rule: 2020			

Name: Pharmacy Chain Code Location		- ·		
Classification	Network Descrip	otor for locatio	n has one of the followir	ng values:
Type: Choice	R = Rural			
Choices: R, M, O	M = Metro			
	O = Other – Describe in General Comments field.			
Name: Pharmacy Chain Code Type			is one of the following v	alues
Classification	Network Descrip		is one of the following w	ulucs.
Type: Choice	G = Grocery			
	C = Chain			
Choices: G, C, I, O				
	I = Independent		l Commonto field	
			l Comments field.	
Name: NDC	-		ned by the Federal Food	-
Type: Numeric			labeler code, a product o	code, and a
Format: 0000000000	package code fo	or a drug produ	ct.	
Max Length: 11 digits		<i>c</i>		
Min Length: 11 digits		field must be e	eleven digits long and m	laintain leading
	zeros.			
	Example: 00012	345678		
Name: Drug Name	Name of the dru	ug for the NDC	reported. Only include ir	ngredient name.
Type: String		-		-
Max Length: 80 characters			Drug Product Name of "f	
Format: ABCDE			uld be reported as "fluo	
	product names with "fluoxetine" in its name should be reported a			
	single Drug Nam	ne in this field.	Combination drug produ	ict names should
	single Drug Nam	ne in this field.		ict names should
	single Drug Nam be reported ind	ne in this field.	Combination drug produ	ict names should
	single Drug Nam be reported ind ingredient.	ne in this field. (ividually as its c	Combination drug produ own Drug Name instead	ict names should of by each
	single Drug Nam be reported indi ingredient.	ne in this field. (ividually as its o Drug Name	Combination drug produ own Drug Name instead Drug Product Name	ict names should of by each Label Name
Type: String Max Length: 80 characters	single Drug Nam be reported indi ingredient. NDC 00000000000 NOTE: Special c Name of the dru name as reported	he in this field. (ividually as its o Drug Name FLUOEXTINE haracters, hypl ag product for t ed in standardiz nt, salt form, d	Combination drug produ own Drug Name instead Drug Product Name FLUOEXTINE HCL 20 MG TABLETS nens, symbols, or slashe he NDC reported, to inc ted drug databases. This osage form, strength, ar	Label Name FLUOEXTINE HCL s are allowed. Iude ingredient name should
Type: String Max Length: 80 characters	single Drug Nam be reported indi ingredient. NDC 00000000000 NOTE: Special c Name of the dru name as reported include ingredied information special	ne in this field. (ividually as its of Drug Name FLUOEXTINE haracters, hypl ug product for t ed in standardiz nt, salt form, d cific to the NDO	Combination drug produ own Drug Name instead Drug Product Name FLUOEXTINE HCL 20 MG TABLETS nens, symbols, or slashe he NDC reported, to inc ted drug databases. This osage form, strength, ar	Label Name FLUOEXTINE HCL s are allowed. Iude ingredient name should and any other
Name: Drug Product Name Type: String Max Length: 80 characters Format: ABCDE	single Drug Nam be reported indi ingredient. NDC 00000000000 NOTE: Special c Name of the dru name as reported include ingredied information special	he in this field. (ividually as its of Drug Name FLUOEXTINE haracters, hypl ag product for t ed in standardiz nt, salt form, d cific to the NDO uoxetine HCL 2	Combination drug produ own Drug Name instead Drug Product Name FLUOEXTINE HCL 20 MG TABLETS nens, symbols, or slashe he NDC reported, to inc ted drug databases. This osage form, strength, ar	Label Name FLUOEXTINE HCL s are allowed. Iude ingredient name should and any other
Type: String Max Length: 80 characters	single Drug Nam be reported indi ingredient. NDC 00000000000 NOTE: Special c Name of the dru name as reported include ingredied information spe For example, "fl NDC	ne in this field. (ividually as its of Drug Name FLUOEXTINE haracters, hypl ug product for t ed in standardiz nt, salt form, d cific to the NDO uoxetine HCL 2 Drug Name	Combination drug produ own Drug Name instead Drug Product Name FLUOEXTINE HCL 20 MG TABLETS nens, symbols, or slashe he NDC reported, to inc ed drug databases. This osage form, strength, an C. 0 mg tablets" is accepta	Label Name FLUOEXTINE HCL s are allowed. Iude ingredient name should and any other ble. Label Name
Type: String Max Length: 80 characters	single Drug Nam be reported indi ingredient. NDC 00000000000 NOTE: Special c Name of the dru name as reported include ingredied information spe For example, "fl	he in this field. (ividually as its of Drug Name FLUOEXTINE haracters, hypl ag product for t ed in standardiz nt, salt form, d cific to the NDO uoxetine HCL 2	Combination drug produ own Drug Name instead Drug Product Name FLUOEXTINE HCL 20 MG TABLETS nens, symbols, or slashe he NDC reported, to inc ted drug databases. This osage form, strength, ar C. 0 mg tablets" is accepta Drug Product Name	Label Name FLUOEXTINE HCL s are allowed. Iude ingredient name should any other ble.
Type: String Max Length: 80 characters Format: ABCDE	single Drug Nam be reported indi ingredient. NDC 00000000000 NOTE: Special c Name of the dru name as reported include ingredied information spe For example, "fl NDC 0000000000	he in this field. (ividually as its of Drug Name FLUOEXTINE haracters, hypl ug product for t ed in standardiz nt, salt form, d cific to the NDO uoxetine HCL 2 Drug Name FLUOEXTINE	Combination drug produ own Drug Name instead Drug Product Name FLUOEXTINE HCL 20 MG TABLETS Mens, symbols, or slashe he NDC reported, to inc red drug databases. This osage form, strength, an C. 0 mg tablets" is accepta Drug Product Name FLUOEXTINE HCL 20 MG TABLETS	Label Name FLUOEXTINE HCL s are allowed. Iude ingredient name should any other ble. Label Name FLUOEXTINE HCL
Type: String Max Length: 80 characters Format: ABCDE Name: Label Name Type: String	single Drug Nam be reported indi ingredient. NDC 00000000000 NOTE: Special c Name of the dru name as reported include ingredied information spe For example, "fl NDC 0000000000	be in this field. (ividually as its of Drug Name FLUOEXTINE haracters, hypl ag product for t ed in standardiz int, salt form, d cific to the NDO uoxetine HCL 2 Drug Name FLUOEXTINE harketed by ma	Combination drug produ own Drug Name instead Drug Product Name FLUOEXTINE HCL 20 MG TABLETS MG TABLETS MG tablets, or slashe he NDC reported, to inc red drug databases. This osage form, strength, ar C. 0 mg tablets" is accepta Drug Product Name FLUOEXTINE HCL 20 MG TABLETS nufacturer. For example	Label Name FLUOEXTINE HCL s are allowed. Iude ingredient name should any other ble. Label Name FLUOEXTINE HCL
Type: String Max Length: 80 characters Format: ABCDE Name: Label Name Type: String Max Length: 100 characters	single Drug Nam be reported indi ingredient. NDC 00000000000 NOTE: Special c Name of the dru name as reported include ingredied information spe For example, "fl NDC 00000000000 Drug name as m HCL", "fluoxetin	be in this field. (ividually as its of Drug Name FLUOEXTINE haracters, hypl ag product for t ed in standardiz nt, salt form, d cific to the NDO uoxetine HCL 2 Drug Name FLUOEXTINE harketed by ma e DR" are acce	Combination drug produ own Drug Name instead Drug Product Name FLUOEXTINE HCL 20 MG TABLETS Mens, symbols, or slashe he NDC reported, to inc ced drug databases. This osage form, strength, an C. 0 mg tablets" is accepta Drug Product Name FLUOEXTINE HCL 20 MG TABLETS nufacturer. For example otable.	Label Name FLUOEXTINE HCL s are allowed. Iude ingredient name should any other ble. Label Name FLUOEXTINE HCL r, "fluoxetine
Type: String Max Length: 80 characters	single Drug Nam be reported indi ingredient. NDC 00000000000 NOTE: Special C Name of the dru name as reported include ingredied information spe For example, "fl NDC 00000000000 Drug name as m HCL", "fluoxetin NDC	be in this field. (ividually as its of Drug Name FLUOEXTINE haracters, hypl ag product for t ed in standardiz int, salt form, d cific to the NDO uoxetine HCL 2 Drug Name FLUOEXTINE harketed by ma e DR" are acce Drug Name	Combination drug produ own Drug Name instead Drug Product Name FLUOEXTINE HCL 20 MG TABLETS MG TABLETS MG TABLETS MG tablets, or slashe he NDC reported, to inc ted drug databases. This osage form, strength, an C. 0 mg tablets" is accepta Drug Product Name FLUOEXTINE HCL 20 MG TABLETS nufacturer. For example otable. Drug Product Name	Label Name FLUOEXTINE HCL s are allowed. Iude ingredient name should any other ble. Label Name FLUOEXTINE HCL y "fluoxetine Label Name
Type: String Max Length: 80 characters Format: ABCDE Name: Label Name Type: String Max Length: 100 characters	single Drug Nam be reported indi ingredient. NDC 00000000000 NOTE: Special c Name of the dru name as reported include ingredied information spe For example, "fl NDC 00000000000 Drug name as m HCL", "fluoxetin	be in this field. (ividually as its of Drug Name FLUOEXTINE haracters, hypl ag product for t ed in standardiz nt, salt form, d cific to the NDO uoxetine HCL 2 Drug Name FLUOEXTINE harketed by ma e DR" are acce	Combination drug produ own Drug Name instead Drug Product Name FLUOEXTINE HCL 20 MG TABLETS Mens, symbols, or slashe he NDC reported, to inc ced drug databases. This osage form, strength, an C. 0 mg tablets" is accepta Drug Product Name FLUOEXTINE HCL 20 MG TABLETS nufacturer. For example otable.	Label Name FLUOEXTINE HCL es are allowed. Iude ingredient name should any other ble. Label Name FLUOEXTINE HCL y "fluoxetine

	Washington State Health Care Authority
Name: Drug Type	Drug Type is one of following values:
Type: Choice	5 /1 5
Choices: S, N, I	 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.
Name: Unit of Measure	Unit of Measure for Reimbursement Rate defined as one of the following
Type: Choice Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA Name: WAC - Current Type: Numeric Format: 999999999999999999999999999999999999	values: AHF: Anti-hemophilia factor CAP: Capsule SUP: Suppository GM: Gram ML: Milliliter TAB: Tablet TDP: Transdermal patch EA: Each The wholesale acquisition cost per unit of measure prior to the increase. NOTE: Do not include any special characters (\$) or commas.
-	
Name: Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable	Rank of top 25 drugs (as defined by Drug Name) by highest aggregate reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.
Name: Reimbursement Rate	Reimbursement rate of reported drug.
Type: Numeric Format: 999999999999999999999999999999999999	NOTE: Do not include any special characters (\$) or commas.
Name: Reimbursement Rate Current	Contracted reimbursement rate in the current year.
Type: Numeric Format: 999999999.99 Max Length: 11 digits	
Rule: greater than 0	NOTE: Do not include any special characters (\$) or commas.
Name: Reimbursement Rate Prior Type: Numeric Format: 999999999999 Max Length: 11 digits Rule: greater than 0	Contracted reimbursement rate in the prior year.
Nullable	NOTE: Do not include any special characters (\$) or commas.

Rank of top 25 drugs (Drug Name) by largest increase in reimbursement rate from the prior year to the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank. Rule: less than or equal to 25

Name: Largest Increase in **Reimbursement Rank**

Type: Numeric

Type: Numeric

Format: 99999.99 Max Length: 7 digits

Max Length: 2 digits

Name: Largest Increase

Reimbursement Percent

Name: Largest Increase

Reimbursement Dollar

Format: 999999999.99

Max Length: 11 digits

Reimbursement Rank

Max Length: 2 digits

Name: Largest Decrease in

Rule: less than or equal to 25

Name: Largest Decrease

Reimbursement Percent

Type: Numeric

Type: Numeric

Type: Numeric Format: 99999.99

Max Length: 7 digits

Format: 99

Nullable

Nullable

Nullable

Format: 99

Nullable

Nullable

Largest increase in reimbursement rate (RR) expressed as a percent. The reimbursement rate as of December 31st of the current year, minus reimbursement rate as of December 31st of the prior year, divided by the reimbursement rate as of December 31st of the prior year, expressed as a percentage.

For example, the ((RR December 31, 2020 – RR on December 31, 2019)/RR on December 31, 2019), expressed as a percentage. If not one of the top 25 drugs by drug name for this rank, then leave blank.

 $\frac{(\text{RR December 31, 2020} - \text{RR December 31, 2019})}{\text{RR December 31, 2019}} \times 100$

NOTE: Do not include any special characters (\$) or commas.

Largest increase in reimbursement, expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.

NOTE: Do not include any special characters (\$) or commas.

Rank of top 25 drugs (as defined by Drug Name) by largest decrease in reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank. If not one of the top 25 drugs by drug name for this rank, then leave blank.

NOTE: Do not include any special characters (\$) or commas.

Largest decrease in reimbursement expressed as a percent. The reimbursement rate as of December 31st of the current year, minus reimbursement rate as of December 31st of the prior year, divided by the reimbursement rate as of December 31st of the prior year, expressed as a percentage.

For example, the ((RR December 31, 2021 – RR on December 31, 2020)/RR on December 31, 2020), expressed as a percentage. If not one of the top 25 drugs by drug name for this rank, then leave blank.

 $\left[\frac{(\text{RR December 31, 2021} - \text{RR December 31, 2020})}{\text{RR December 31, 2020}}\right] \times 100$

NOTE: Do not include any special characters (\$) or commas.

Name: Largest Decrease Reimbursement Dollar	Largest decrease in reimbursement expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to
Type: Numeric	current year. If not one of the top 25 drugs by drug name for this rank,
Format: 999999999999	then leave blank.
Max Length: 11 digits Nullable	NOTE: Do not include any special characters (\$) or commas.
Name: General Comments	Any additional information you would like to submit or provide to
Type: String	explain your responses.
Max Length: 5000 characters	
Format: ABCDE	
Nullable	

PBM Contracted Rates

This report shows the contracted rates between a PSAO and the PBM as required in RCW 43.71C.080.

Files submitted for PSAO PBM contracted rates report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due date.

In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace "psao_pbm_contracted_rates" with your organizations name, as this will result in your submission being rejected.

File naming schema: psao_pbm_contracted_rates_{YYYY}_{ID}_{YYYYMMDD}.csv

- **Example:** psao_pbm_contracted_rates_2021_S12345_20221001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD.

The submission of this report is due on October 1, 2022 and should include data effective for 2021.

Specification	Description	
Name: Washington DPT Number	WA Drug Price Transparency (DPT) assigned unique submitter identifier	
Type: String	upon registration with the	Health Care Authority Drug Price Transparency
Max Length: 6 characters	program.	
Format: ABCDE		
	This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g. 12345. Example:	
	Entity Type	Washington DPT Number
	Carrier	C12345
	Manufacturer	M12345
	PSAO	S12345
	PBM	P12345

	Health Care Authority
Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE	Name of pharmacy services administrative organization.
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020	Current year for which the aggregate data is reported.
Name: PBM Name Type: String Max Length: 80 characters Format: ABCDE	Name of PBM for which the contracted rates are being reported.
Name: PBM IIN Number Type: Numeric Format: 000000 Max Length: 6 digits	Issuer Identification Number, used for adjudicating prescription drug claims as assigned by the PBM. Also called BIN number.
Name: Contract Expiration Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100	Date for which contract with PBM for the reported reimbursement rates is scheduled to expire.
Name: PBM Network Name Type: String Max Length: 80 characters Format: ABCDE	Name of pharmacy network (or chain code) for which the data is submitted
Name: PBM Network ID Type: String Max Length: 80 characters Format: ABCDE Nullable	Identification number of pharmacy network (or chain code) that PBM assigns to specific networks of pharmacies
Classification Type: Choice Choices: R, M, O	Network Descriptor for location has one of the following values: R = Rural M = Metro O = Other – Describe in General Comments field.
Name: Pharmacy Chain Code Type Classification Type: Choice Choices: G, C, I, O	Network Descriptor for type has one of the following values: G = Grocery C = Chain I = Independent O = Other – Describe in General Comments field.

			не	alth Care Authority
Name: NDC Type: Numeric Format: 0000000000 Max Length: 11 digits Min Length: 11 digits	Administration t package code fo	hat includes a r a drug produ	ned by the Federal Food labeler code, a product o ct. eleven digits long and m	code, and a
	Example: 00012	345678		
Name: Drug Name Type: String Max Length: 100 characters Format: ABCDE	For example, if t mg tablets", the product names single Drug Nam	he NDC has a I n this field sho with "fluoxetin ie in this field.	reported. Only include in Drug Product Name of "fl uld be reported as "fluox e" in its name should be Combination drug produ own Drug Name instead	luoxetine HCL 20 ketine". All drug reported as a ct names should
		D		
	NDC 00000000000	Drug Name FLUOEXTINE	Drug Product Name FLUOEXTINE HCL 20 MG TABLETS	Label Name FLUOEXTINE HCL
Name: Drug Product Name			пе мл. теропер. то по	lude ingredient
Type: String Max Length: 100 characters Format: ABCDE	name as reporte include ingredie information spe	ed in standardiz nt, salt form, d cific to the ND(the NDC reported, to incl ed drug databases. This osage form, strength, an C. 0 mg tablets" is acceptal	name should id any other
Max Length: 100 characters	name as reporte include ingredie information spe	ed in standardiz nt, salt form, d cific to the NDO uoxetine HCL 2	ed drug databases. This osage form, strength, an C. 0 mg tablets" is acceptal	name should id any other ble.
Max Length: 100 characters	name as reporte include ingredie information spe For example, "fl	ed in standardiz nt, salt form, d cific to the ND(ed drug databases. This osage form, strength, an C.	name should id any other
Max Length: 100 characters Format: ABCDE Name: Label Name Type: String	name as reporte include ingredie information spe For example, "fl NDC 00000000000 Proprietary or le	ed in standardiz nt, salt form, d cific to the NDO uoxetine HCL 2 Drug Name FLUOEXTINE gal name as m	ed drug databases. This osage form, strength, an C. 0 mg tablets" is acceptal Drug Product Name FLUOEXTINE HCL 20	name should id any other ble. Label Name FLUOEXTINE HCL
Max Length: 100 characters Format: ABCDE Name: Label Name	name as reporte include ingredie information spe For example, "fl NDC 00000000000 Proprietary or le	ed in standardiz nt, salt form, d cific to the NDO uoxetine HCL 2 Drug Name FLUOEXTINE gal name as m ', "fluoxetine D Drug Name	eed drug databases. This osage form, strength, an C. 0 mg tablets" is acceptal Drug Product Name FLUOEXTINE HCL 20 MG TABLETS arketed by manufacture	name should id any other ble. Label Name FLUOEXTINE HCL
Max Length: 100 characters Format: ABCDE Name: Label Name Type: String Max Length: 100 characters	name as reporte include ingredie information spe For example, "fl <u>NDC</u> 00000000000 Proprietary or le "fluoxetine HCL	ed in standardiz nt, salt form, d cific to the NDO uoxetine HCL 2 Drug Name FLUOEXTINE gal name as m ', "fluoxetine D	eed drug databases. This osage form, strength, an C. 0 mg tablets" is acceptal Drug Product Name FLUOEXTINE HCL 20 MG TABLETS arketed by manufacture R" are acceptable.	name should id any other ble. Label Name FLUOEXTINE HCL r. For example,
Max Length: 100 characters Format: ABCDE Name: Label Name Type: String Max Length: 100 characters	name as reporte include ingredie information spe For example, "fl NDC 00000000000 Proprietary or le "fluoxetine HCL" NDC 00000000000 Drug Type is one Single Source (S and there are no Non-Innovator I Abbreviated New on the market.	ed in standardiz nt, salt form, d cific to the NDO uoxetine HCL 2 Drug Name FLUOEXTINE gal name as m ', "fluoxetine D Drug Name FLUOEXTINE e of following v) – Drugs that I o generic altern Multiple-Sourc w Drug Applica	eed drug databases. This osage form, strength, an 0 mg tablets" is acceptal Drug Product Name FLUOEXTINE HCL 20 MG TABLETS arketed by manufacture R" are acceptable. Drug Product Name FLUOEXTINE HCL 20 MG TABLETS	name should any other ble. Label Name FLUOEXTINE HCL r. For example, Label Name FLUOEXTINE HCL Application (NDA), narket. an FDA c alternatives exist

	Health Care Authority
Name: Reimbursement Rank	Rank of top 25 drugs (as defined by Drug Name) by highest
Type: Numeric	reimbursement rate in the current year. If not one of the top 25 drugs by
Format: 99	drug name for this rank, then leave blank.
Max Length: 2 digits	
Rule: less than or equal to 25	
Nullable	
Name: Reimbursement Rate	Reimbursement rate of the reported drug.
Type: Numeric	
Format: 99999999999999999999	
Max Length: 17 digits	
Rule: greater than or equal to 0	NOTE: Do not include any special characters (\$) or commas.
Name: Unit of Measure	Unit of Measure for Reimbursement Rate defined as one of the following
Type: Choice	values:
Choices: AHF, CAP, SUP, GM, ML, TAB,	
TDP, EA	AHF: Anti-hemophilia factor
	CAP: Capsule
	SUP: Suppository
	GM: Gram
	ML: Milliliter
	TAB: Tablet
	TDP: Transdermal patch
	EA: Each
Name: General Comments	Any additional information you would like to submit or provide to explain
Type: String	your responses.
Max Length: 5000 characters	
Format: ABCDE	
Nullable	

PBM Year-Over-Year Rate Change

This report contains all of the data fields necessary to comply with reporting the drugs with the greatest change in reimbursement rate, for every contract between the PSAO and PBM for which a pharmacy in Washington State participated in, as required in RCW 43.71C.080.

Files submitted for PSAO PBM year-over-year rate change report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due date.

In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace "psao_pbm_yoy_rate_change" with your organizations name, as this will result in your submission being rejected.

File naming schema: psao_pbm_yoy_rate_change_{YYYY}_{ID}_{YYYYMMDD}.csv

- **Example:** Example: psao_pbm_yoy_rate_change_2021_S12345_20221001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD

The submission of this report is due on October 1, 2022 and should include data effective for 2021.

		Health Care Authority
Specification Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE	upon registration with Transparency program This number is unique MXXXXX, SXXXXX or PX	Arency (DPT) assigned unique submitter identifier the Health Care Authority Drug Price to you and follows a format of either CXXXXX, (XXXX where C, M, S and P indicate whether you curer, PSAO or PBM. The X's are numeric digits e.g. Washington DPT Number C12345 M12345 S12345 P12345
Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE		vices administrative organization
Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2020	Current year for which	the aggregate data is reported.
Name: PBM Name Type: String Max Length: 80 characters Format: ABCDE	Name of PBM for whic	h the contracted rates are being reported.
Name: PBM IIN Number Type: Numeric Format: 000000 Max Length: 6 digits		umber, used for adjudicating prescription drug he PBM. Also called BIN number.
Name: Contract Expiration Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100	Date for which contrac is scheduled to expire.	t with PBM for the reported reimbursement rates
Name: PBM Network Name Type: String Max Length: 80 characters Format: ABCDE	Name of pharmacy net submitted.	twork (or chain code) for which the data is
Name: PBM Network ID Type: String Max Length: 80 characters Format: ABCDE	Identification number	of pharmacy network (or chain code).

			W	ashington State ealth Care Authority
Name: NDC	A three-segmen	it code maintaii	ned by the Federal Food	
Type: Numeric	•		labeler code, a product	•
Format: 0000000000	package code fo			
Max Length: 11 digits		01		
Min Length: 11 digits	NOTE: The NDC zeros.	field must be e	eleven digits long and m	aintain leading
	Example: 00012	2345678		
Name: Drug Name	Name of the dru	ug for the NDC	reported. Only include in	ngredient name.
Type: String Max Length: 80 characters Format: ABCDE	mg tablets", the product names single Drug Nan	en this field sho with "fluoxetin ne in this field.	Drug Product Name of "f uld be reported as "fluo e" in its name should be Combination drug produ own Drug Name instead	xetine". All drug reported as a ıct names should
	NDC	Drug Name	Drug Product Name	Label Name
	00000000000	FLUOEXTINE	FLUOEXTINE HCL 20	FLUOEXTINE
	000000000000000000000000000000000000000	FLOOEATINE	MG TABLETS	
			IVIG TABLETS	HCL
Name: Drug Product Name	•		hens, symbols, or slashe he NDC reported, to inc	
Max Length: 100 characters Format: ABCDE	information spe	cific to the NDO	osage form, strength, ar C. 0 mg tablets" is accepta	
	NDC	Drug Name	Drug Product Name	Label Name
	00000000000	FLUOEXTINE	FLUOEXTINE HCL 20	FLUOEXTINE
			MG TABLETS	HCL
Name: Label Name Type: String			arketed by manufacture R" are acceptable.	
Max Length: 100 characters				
Format: ABCDE	NDC	Drug Name	Drug Product Name	Label Name
	0000000000	FLUOEXTINE	FLUOEXTINE HCL 20	FLUOEXTINE
			MG TABLETS	HCL
Name: Drug Type	Drug Type defin	es whether the	drug is a single source (S), non-innovator
Type: Choice Choices: S, N, I	multiple-source	(N) or an innov	vator multiple-source (I)	
	Single Source (S	5) – Drugs that ł	naving an FDA New Drug	Application
	•		c alternatives available	
			e (N) – Drugs that have	
			tion (ANDA), and generi	
	on the market.		and Benefit	
	Innovator Mult		 Drugs that have an ND 	A and no longer
	have patent exc	lusivity.		

	Health Care Authority
Name: Unit of Measure	U Unit of Measure for Reimbursement Rate defined as one of the
Type: Choice	following values:
Choices: AHF, CAP, SUP, GM, ML,	
TAB, TDP, EA	AHF: Anti-hemophilia factor
	CAP: Capsule
	SUP: Suppository
	GM: Gram
	ML: Milliliter
	TAB: Tablet
	TDP : Transdermal patch
	EA: Each
Name: WAC - Current	The wholesale acquisition cost per unit of measure prior to the increase.
Type: Numeric	
Format: 999999999999999999999	
Max Length: 17 digits	
0 0	NOTE: Do not include any creatial characters (\$) or common
Rule: greater than 0	NOTE: Do not include any special characters (\$) or commas.
Name: Reimbursement Rate Current	Contracted reimbursement rate in the current year.
Type: Numeric	
Format: 999999999.99	
Max Length: 11 digits	
Rule: greater than 0	NOTE: Do not include any special characters (\$) or commas.
Name: Reimbursement Rate Prior	Contracted reimbursement rate in the prior year.
Type: Numeric	
Format: 999999999999	
Max Length: 11 digits	
Rule: greater than 0	
Nullable	NOTE: Do not include any special characters (\$) or commas.
Name: Largest Increase in	Rank of top 25 drugs (as defined by Drug Name) by largest increase in
Reimbursement Rank	reimbursement rate from the prior year to the current year. If not one of
Type: Numeric	the top 25 drugs by drug name for this rank, then leave blank.
Format: 99	
Max Length: 2 digits	
Rule: less than or equal to 25	
Nullable	
Name: Largest Increase	Largest increase in reimbursement rate (RR) expressed as a percent. The
Reimbursement Percent	reimbursement rate as of December 31 st of the current year, minus
Type: Numeric	reimbursement rate as of December 31 st of the prior year, divided by the
Format: 99999.99	reimbursement rate as of December 31 st of the prior year, expressed as
Max Length: 7 digits	a percentage.
Nullable	a percentage.
Nullable	For example, the //PD December 21, 2021, DD on December 21
	For example, the ((RR December 31, 2021 – RR on December 31, 2020)/RR on December 31, 2020)
	2020)/RR on December 31, 2020), expressed as a percentage. If not one
	of the top 25 drugs by drug name for this rank, then leave blank.
	[(DD December 21 2021 DD December 21 2020)]
	$\frac{\left(\text{RR December 31, 2021} - \text{RR December 31, 2020}\right)}{\text{RR December 31, 2020}} \times 100$
	[RR December 31, 2020]
	NOTE: Do not include the percent sign (%).

	Washington State Health Care Authority
Name: Largest Increase	Largest increase in reimbursement, expressed as a dollar amount.
Reimbursement Dollar	Defined as the difference in reimbursement rate from prior year to
Type: Numeric	current year. If not one of the top 25 drugs by drug name for this rank,
Format: 999999999999	then leave blank.
Max Length: 11 digits	
Nullable	NOTE: Do not include any special characters (\$) or commas.
Name: Largest Decrease in	Rank of top 25 drugs (as defined by Drug Name) by largest decrease in
Reimbursement Rank	reimbursement rate in the current year. If not one of the top 25 drugs by
Type: Numeric	drug name for this rank, then leave blank.
Format: 99	
Max Length: 2 digits	
Rule: less than or equal to 25	
Nullable	
Name: Largest Decrease	Largest decrease in reimbursement expressed as a percent. The
Reimbursement Percent	reimbursement rate as of December 31 st of the current year, minus
Type: Numeric	reimbursement rate as of December 31 st of the prior year, divided by the
Format: 99999.99	reimbursement rate as of December 31 st of the prior year, expressed as
Max Length: 7 digits	a percentage.
Nullable	
	For example, the ((RR December 31, 2021 – RR on December 31,
	2020)/RR on December 31, 2020), expressed as a percentage. If not one
	of the top 25 drugs by drug name for this rank, then leave blank.
	[(RR December 31 2021 – RR December 31 2020)]
	$\frac{\left(\text{RR December 31, 2021} - \text{RR December 31, 2020}\right)}{\text{RR December 31, 2020}} \times 100$
	[RR December 51,2020]
	NOTE: Do not include the percent sign (%).
Name: Largest Decrease	Largest decrease in reimbursement expressed as a dollar amount.
Reimbursement Dollar	Defined as the difference in reimbursement rate from prior year to
Type: Numeric	current year. If not one of the top 25 drugs by drug name for this rank,
Format: 999999999999	then leave blank.
Max Length: 11 digits	
Nullable	NOTE: Do not include any special characters (\$) or commas.
Name: General Comments	Any additional information you would like to submit or provide to
Type: String	explain your responses.
Max Length: 5000 characters	
Format: ABCDE	
Nullable	



Appendix A – ST Web Client User Guideline

Prerequisites

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

- A high-speed Internet connection
- A supported Internet browser:
 - Microsoft Internet Explorer 11
 - Microsoft Edge latest version
 - o Mozilla Firefox latest version
 - Apple Safari latest version
 - Google Chrome latest version
- A connection URL to paste into your browser: <u>https://sft.wa.gov</u> or <u>https://sft-test.wa.gov</u>
- A username and password. This information is provided to you by State of Washington business partner. You must enter this information on the Log in page.



Sign in with your password

To sign into ST Web Client:

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

axway ➤ SFT TEST Site Powered by Axway AMPLIFY™.
Welcome.
Password
Sign in

Upon signing in you may be requested to reset your password.



This required when a temporary password was given to you.

axway SFT TEST Site Powered by Axway AMPLIFY™.
Reset password
Old Password:
New Password:
Confirm password:
Password must have at least 10 characters total. Password must have at least 2 alpha character(s). Password must have at least 2 numeric character(s). Password must have at least 2 special character(s). Password must be different than the last 0 recently used passwords.
Save

Change password page is displayed as above.

If you attempt to sign in and you receive a message that indicates you must reset your password, follow these steps:

- 1. Enter your old password or the temporary password provided by the system administrator.
- 2. Enter your new password. Your new password must meet the listed criteria defined by Office of Cyber Security State of Washington.
- 3. Confirm your new password.
- 4. Click Save.

Main page in ST Web Client



This page is displayed after successful login.

➢ SFT TEST Site	Your Files	Mailbox		JT Welcome watech-demo
Your FilesIn		Actions 🗸		Uiew
, <u> </u>	Name 个		Last modified	Size
	🗀 In		4/27/2020, 1:40:28 PM	
Uploads monitor	0			
<u> </u>	elcome			
	atech-demo 🗸			
JT wa	a tech-demo ∨ Preferences			
wa تې ا				
ي ال	Preferences			

Welcome menu

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

- Log out
- Select the **Welcome** drop-down.
- Click Logout.



Set preferences

To set a preference:

- Select the Welcome drop-down.
- Click **Preferences**. The Preferences pane is displayed.

Preferences	×
Language:	
English	
Transfer mode	
Binary (Recommended)	T
	Save Close

Select a Transfer mode

The recommended and default Transfer mode is

Binary

but in rare cases the

ASCII

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

Click Save.



Change your password

Select the **Welcome** drop-down.

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

Current passwor	d:	
Ι		
New password:		
c (awardı	
Confirm new pas	sword:	
Password must have	at least 2 special character(s) at least 10 characters total. at least 2 alpha character(s).	
Confirm new pas	sword:	

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



Upload files

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

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

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

Click Open.

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

export_accounts.xml	5/11/2020, 11:49:	9.81 MB
Actions Drop Down Menu		
Actions V		
Create folder Refresh		
⊥ Download		
Move		
Rename		
View Details		
Delete		
Download files		
To download files from ST Web Client you click to the left of this icon keys to select multiple files.	on your files pane. U	se the Ctrl or Shift

Click Action dropdown and select Download.

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

Create folders



To create folders

Select **Create folder** from the Actions Drop Down. The Create folder pane opens. Enter the folder name. Click **Create**. The new folder is created and displayed on the "Your Files" pane and a message is displayed.

Delete files and folders

To delete a file or folder:

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

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

Click **Delete** to confirm.

View file or folder details

You can view the following details of files and folders: For files, the View Details pane lists Modified, Size, and Owner details. For folders, the View Details pane lists Modified and Owner details.

To view file or folder details

From the "Your Files" pane, select a file or folder. Select **View Details** from the Actions menu. The View Details pane is displayed. Click **OK**

Delete files and folders

To delete a file or folder:

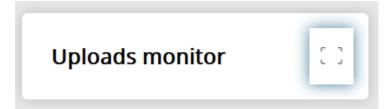
From the "Your Files" pane, select the file or folder to delete. Use the Ctrl key to select multiple files.

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

Click **Delete** to confirm



Uploads monitor Page



Monitor uploads

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

Uploads monitor					42
🚺 Pause 🕨 Resume 🔳 Cancel 💼 Remove					All statuses 💌
Name	Folder	Status	Size	Started \downarrow	Speed
Test_doc2.doc	/dir	Completed	1.76 KB	4/2/2018, 1:19:19 PM	
Test_doc.doc	1	Completed	1.76 KB	4/2/2018, 1:18:52 PM	

Information Displayed

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

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

All statuses		
Running		
Completed		
Paused		
Canceled		
Failed		
Pause uploads		

To pause an upload:

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

Click Pause.

Resume uploads

To resume an upload: Select uploads that are paused that you want to resume. Use the **Ctrl** key to select multiple uploads. Click **Resume**. Cancel uploads To cancel an upload: Select the upload that is running that you want to cancel. Use the **Ctrl** key to select multiple uploads. Click **Cancel**. Remove display entries

To cancel an upload:

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



Appendix B – SFT Client Options (Partial List)

SFT Client Options – Partial List of

WaTech supported clients

Default browser client



Here is the screen after successful login

Upload a file by selecting "Browse" tab

Select a file and hit the "Open" tab

The file will appear to the right of the Browse tab.

Select the "Upload File" tab

The file name will be displayed.

Download a file

Check the box to left of your file to download.

Select the "Download" tab

Please do not download a file by selecting the "View" tabs. As you may not get a complete file downloaded.

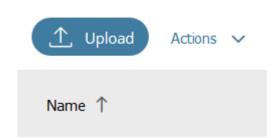


Enhanced Browser Client

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

ờ ST Web Client	Your Files	PA Wekome pass-demo v
 Your Files email 	1 Upload Actions V	Uiew View
▶ □ test-rename	Name 1	Last modified Size
▶ 🗋 test1	C email	4/18/2019, 7:03:00 AM
	test-rename	1/8/2019, 9:44:00 AM
	test1	4/20/2019, 8:00:00 PM
	cts-folder-test-1.txt	5/1/2019, 12:25:00 PM 613 bytes
Uploads monitor	53	

Upload a file by selecting "Upload" tab



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

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



Download a file by

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

ờ ST Web Client	Your Files	
 Your Files email 	↑ Upload Actions V	
test-rename	Name ↑ Create folder Refresh	Last modified
▶ 🔄 test1	email 🛃 Download	4/18/2019, 7:03:00 AM
	Move	1/8/2019, 9:44:00 AM
	View Details	4/20/2019, 8:00:00 PM
	cts-folder-test-1.txt	5/1/2019, 12:25:00 PM
	cts-folder-test-2.txt	5/1/2019, 1:30:00 PM
Uploads monitor		

Optional Clients

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

WinSCP – With Basic setup information and requirements

URL and Port requirements-

Session Eile protocol: SFTP ~	
<u>H</u> ost name: sft.wa.gov	Po <u>r</u> t number:
User name:	Password:
Save	Advanced 🔽
Login 🔽	Close Help



WinSCP - With Basic setup information and requirements - cont'd

Setting requirement to work with SFT. Need to Disable

Tools 🔻	Manage 🔻	D Login	 ▼ Close	Help

On the right-hand corner of the Login pop up, select the "Tools" tab

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

The yellow highlight is your choice of operation.

Environment	Enable transfer resume/transfer	to tomogramy floor	ma for		
Interface		to temporary niena	ane for		
Window	○ All files				
Commander	O Files above:				
Explorer	100 😂 KB				
Languages					
Panels	Disable				
Remote					
Editors	Automatic reconnect				
Internal editor	Automatically reconnect set	ssion, if it breaks du	ring transfer		
Transfer	Reconnect after:	5	seconds		
Drag & Drop	Neconnect arter.		Seconds		
Background	Automatically reconnect se	ssion, if it breaks wi	nile idle		
Endurance	Reconnect after:	9 3	seconds		
Network					
Security	Automatically reconnect set	ssion, if it stalls			
Logging Integration	Reconnect after:	60	seconds		
Applications	10	Linimited	seconds		
Commands	Keep reconnecting for:	Unimited .	seconds		
Storage					
Jpdates					
		ОК С	ancel	Hel	



FileZilla- Basic information

Using FTPS

Site Manager		×
Select Entry: My Sites	General Advanced Transfer Settings Charset	
ftps-sft.wa.gov	Protocol: FTP - File Transfer Protocol ~	·
New site	Host: Port: 21	
	Encryption: Use explicit FTP over TLS if available	*
	Logon Type: Ask for password	*
	User:	
	Password:	
	Background color: None V	-
	Comments:	
New Site New Folder	^	
New Bookmark Rename		
Delete Duplicate	×	
	Connect OK Cancel	

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

Unkno	wn host key		×
1	The server's host k the computer you	ey is unknown. You have no guarantee that the server is think it is.	
	Details		
	Host:	sft.wa.gov:22	
	Hostkey algorith	ım: ssh-rsa 2048	
	Fingerprints:	SHA256: fL4WXdwF2OOzws7qiJt+bJ5KNUCK+AKWRIXTqizU3 MD5: 57:58:2b:5c:34:5a:3f:ae:03:49:b1:02:41:97:63:fa	18=
	Trust this host and	carry on connecting?	
	Always trust th	is host, add this key to the cache	
		OK Cancel	



Other client information

General

SFT is expected to work properly with any client or server software which complies with:

RFC 959, RFC 2228, RFC 2389, RFC 2428, RFC 2640, RFC 4217, MD5 Command Extensions, MFxx Command Extensions for FTP transfers

RFC 4251, RFC 4252, RFC 4253, RFC 4254, Draft RFC - Secure Shell File Transfer Protocol, Draft RFC - SSH File Transfer Protocol draft-ietf-secsh-filexfer-04.txt for SFTP and SCP transfers.

List of certified client software by the vendor for file exchange

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