

Change Summary

Carriers Data Submission Guide v2.1 and v3.0

The changes between version 2.1 and 3.0 of the carriers' data submission guides (DSG) are indicated in red in the table below.

Type of change	Template	Version 2.1 (Current)	Version 3.0
Update Definition:		"Current year" means the calendar year 2020.	"Current year" means the calendar year 2021.
Current year Update Definition:		"Prior year" means calendar year 2019.	"Prior year" means calendar year 2020.
Prior year			
Update: Submission Schedule Dates	Cost Utilization Report Premium Impact Report Specialty	December 1. 2021 - A carrier must submit to the authority all data specified in RCW 43.71C.020(1) through 43.71C.020(3) and 43.71C.020(8), following the guidelines set forth in this submission guide. October 1st, Annually - A carrier must submit to the authority all data specified in RCW 43.71C.020(1),	October 1, Annually - A carrier must submit to the authority all data specified in RCW 43.71C.020(1) through 43.71C.020(3) and 43.71C.020(8), following the guidelines set forth in this submission guide.
	Drug List	following the guidelines set forth in this submission guide.	
Update: Data Validation		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	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
		need to resubmit within 10-days. Each submitted file undergoes technical and program	your report is rejected, you will need to resubmit within 10-days. Please note that the program validation process can
		validation to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCAs reporting software. The technical validation process is automated	take approximately 90 days to complete before you receive a response from us.
		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.	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-
		If you need help understanding your error log, the Data Submission FAQ clarifies the meaning of the error and provides guidance on corrections, or you may submit your questions to HCADPTTechSupport@hca.wa.gov for assistance.	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.

Insert: Update Re- Submission		For example, if you submitted the file 'carrier_specialty_drug_list_2020_C12345_20212001.csv' , and received a rejection, after making corrections you should resubmit the file	If you need help understanding your error log, the Data Submission FAQ clarifies the meaning of the errors and provides guidance on corrections, or you may submit your questions to HCADPTTechSupport@hca.wa.gov for assistance. For example, if you submitted the file 'carrier_specialty_drug_list_2020_C12345_2021200 1.csv' and received a rejection, after making corrections you should resubmit the file
Add: 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-day limit for correcting rejected resubmissions.	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 technical or program validation, you would be subject to the 10-day limit for correcting rejected resubmissions.
Move: Update: File Specifications		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.	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.
Update: Data Specification: Nullable:		All fields are required, 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 must 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.	All fields are required, 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.
Update: Table Specifications	Cost Utilization	Files submitted for carrier cost utilization report should be named using the following schema, where ID is the Carrier ID assigned to you by HCA during the registration process (Washington DPT Number), YYYY is the current reporting period, and YYYYMMDD is a placeholder for the submission 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 "carrier" with your organizations name as this will result in your submission being rejected.	Files submitted for carrier cost utilization report should be named using the following schema: • where ID is the Washingotn DPT Number assigned to you by HCA during the registration process, • YYYY is the current reporting period, 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 "carrier_cost_utilization" with your organizations name as this will result in your submission being rejected.

Update:	File naming schema:	File naming schema:
T-1-1-	carrier_cost_utilization_{YYYY}_{ID}_{YYYYMMDD}.csv	carrier_cost_utilization_{YYYY}_{ID}_{YYYYMMDD}.csv
Table Specifications	Example: carrier_cost_utilization_2020_C12345_20212001.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 December 1, 2021, and should include data effective for 2020.	 Example: carrier_cost_utilization_2020_C12345_2022 1001.csv Please use the submission due date not the date the report was prepared for YYYYMMDD.
		The submission of this report for this reporting year is due or October 1, 2022, and should include data effective for 2021.
Update Field:	Name: Washington DPT Number	Name: Washington DPT Number
Washington	Type: String	Type: String
DPT Number	Max Length: 6 characters Format: ABCDE	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.	WA Drug Price Transparency (DPT) assigned unique submitte 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, MXXXXXX, 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.	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
Update Field:	Name Proof Dates	PBM P12345
Opdate Field:	Name: Line of Business Type: Choice	Name: Line of Business
Line of Business	Choices: Large Group	Type: Choice Choices: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, Other
	Small Group Individual	The Line of Business you are reporting on.
	ERISA Medicaid	Possible values are:
	Medicare	Large Group
	Other	Small Group
		Individual
	The Line of Business you are reporting on. Possible values	• ERISA
	are: Large Group, Small Group, Individual, ERISA,	Medicaid
	Medicaid, Medicare, or Other.	
		MedicareOther
Update Field:	Name: Member-Months Type: Numeric	Name: Member-Months Type: Numeric
Member-	Format: 99999999	Format: 9999999
Months	Max Length: 8 digits	Max Length: 8 digits

Update Field: Label Name	Name: Label Name Type: String	Name: Label Name Type: String			
	For example, "fluoxetine HCL 20 mg tablets" is acceptable.	NDC Drug Name Drug Product Label Name Name 00000000000 FLUOEXTINE FLUOEXTINE FLUOEXTINE HO			
	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.	Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC. For example, "fluoxetine HCL 20 mg tablets" is acceptable.			
Update Field: Drug Product Name	Name: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE	Name: Drug Product Name Type: String Max Length: 100 characters Format: ABCDE			
		NOTE: Special characters, hyphens, symbols, or slashes are allowed.			
	NOTE: Special characters, hyphens, symbols, or slashes are allowed.	Name 0000000000 FLUOEXTINE FLUOEXTINE HO			
	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.	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.			
Update Field: Drug Name	Name: Drug Name Type: String Max Length: 100 characters Format: ABCDE Name of the drug for the NDC reported. Only include ingredient name.	Name: Drug Name Type: String Max Length: 100 characters Format: ABCDE Name of the drug for the NDC reported. Only include ingredient name.			
	Name: NDC Type: Numeric Format: 0000000000 Max Length: 11 digits Min Length: 11 digits	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. Example: 00012345678			
NDC	Name: NDC Type: Numeric Format: 0000000000 Max Length: 11 digits Min Length: 11 digits	Name: NDC Type: Numeric Format: 0000000000 Max Length: 11 digits Min Length: 11 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.	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.			

	Max Length: 100 characters		characters				
	Format: ABCDE		Format: ABCD	Ē			
	Torriat. ABCDL		15				
	Proprietary or legal name as marketed by manu	Proprietary or legal name as marketed by the manufacturer.					
	For example, "fluoxetine HCL", "fluoxetine DR" a				L" or "fluoxe	etine DR" a	are
	acceptable.	acceptable.					
			NDC	Drug Name	Drug Pr Name	oduct La	abel Name
			0000000000	FLUOEXTIN	HCL 20	MG	LUOEXTINE HCL
Update Field:	Name: Specialty Indicator		Name: Special	ty Indicator	TABLET	5	
opuate rieiu.	Type: Choice		Type: Choice	ty maicator			
Specialty	Choices: Y,N		Choices: Y, N				
Indicator	,		,				
	Indicates if NDC is on the health plan's specialty	drug list.	Indicates if ND	C is on the he	alth plan's s	pecialty dr	ug list.
			Choices are:				
				Yes			
Undata Field:	Name: Rebate Rank		Name: Rebate	No Pank			
Update Field:	Type: Numeric		Type: Numeric				
Utilization	Format: 99		Format: 99	•			
Rank	Max Length: 2 digits		Max Length: 2	digits			
	Rule: only values 1 through 25 are accepted		_	•	25 are accer	oted	
	Nullable	Rule: only values 1 through 25 are accepted Nullable					
	Rank of top 25 most frequently prescribed prescribed	Rank of top 25 most frequently prescribed prescription drugs					
	drugs (aggregated by Drug Name not individual	(aggregated by Drug Name not individual NDC) as defined by					
	defined by the most days' supply for each line o	f business	the most days' supply for each line of business in the current				
	in the current year. Drug Names with the highes	it	year. Drug Names with the highest utilization should be				
	utilization should be ranked with "1" to denote	the	ranked with "1" to denote the highest utilization for the				
	highest utilization for the reported Line of Busin	ess for the	reported Line of Business for the reporting year. Drug Names				
	reporting year. Drug Names with decreasing util		with decreasing utilization should be ranked with decreasing				
	should be ranked with decreasing values until the			_			_
	Drug Name is reported with "25". Multiple NDC		values until the 25th Drug Name is reported with "25". Multiple NDCs with the same Drug Name are expected to be				
			· ·		_		
	same Drug Name are expected to be reported w		reported with				
	same Utilization Rank value to reflect the total a drug products with the same ingredient.	mount of	total amount o	or arug produc	its with the	same ingre	aient.
			If the NDC is no	ot one of the	op 25 most	frequently	/
	If the NDC is not one of the top 25 most frequer	ıtly	prescribed pre		-		
	prescribed prescription drugs by Drug Name, th	en leave	field "blank" (e	e.g., an empty	string, do n	ot report '	0' or 'null').
	the field "blank" (e.g., an empty string, do not re	eport '0' or					
	'null').		This includes all paid claims in the current year regardless of				
			provider network status. This should include all claim types,				
	This includes all paid claims in the current year i	egardless	such as foreigr	n claims, direc	t member re	eimbursem	ient
	of provider network status. This should include	all claim	claims/paper o	laims, coordir	nation of be	nefits, com	ipounds,
	types, such as foreign claims, direct member		Veteran Affairs	s, 340b, etc.			
	reimbursement claims/paper claims, coordination	on of					
	benefits, compounds, Veteran Affairs, 340b, etc		Correct Examp	le (Drug name	e has same ı	utilization i	rank):
	Correct Example (Drug name has same utilizati	on rank):	NDC	Drug Name	Drug Product	Label Name	Utilization Rank
	Drug Name Drug Product NDC Name	Utilization Rank	405		Name	51	
			12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	1
	Fluoxetine Fluoxetine 20 12345678901 mg	1	12345678910	Fluoxetine	Fluoxetine	Fluoxetin	1
	Fluoxetine Fluoxetine 25 12345678910 mg	1			25 mg	HCL	
	Fluoxetine Fluoxetine 50 12345678905	1					
	mg						

12345678905 Fluoxetine Fluoxetin 50 mg HCL Incorrect Example (Drug name has multiple utilization ranks): Incorrect Example (Drug name has multiple utilization ranks): Drug Name Utilization Drug Product NDC Name Rank NDC Drug Drug Utilization Name Product Rank Fluoxetine 20 12345678901 Fluoxetine 1 Name 12345678901 Fluoxetine Fluoxetine Fluoxetine 1 Fluoxetine Fluoxetine 25 12345678910 2 20 mg HCL mg 12345678910 Fluoxetine Fluoxetine Fluoxetine Fluoxetine Fluoxetine 50 12345678905 3 25 mg 12345678905 Fluoxetine Fluoxetine 50 mg **Update Field:** Name: Rebate Rank Name: Rebate Rank Type: Numeric Type: Numeric Rebate Rank Format: 99 Format: 99 Max Length: 2 digits Max Length: 2 digits Rule: only values 1 through 25 are accepted Rule: only values 1 through 25 are accepted Rank of top 25 prescription drugs (aggregated by Drug Rank of top 25 prescription drugs (aggregated by Drug Name Name not individual NDC) as defined by the most rebate not individual NDC) as defined by the most rebate dollars dollars retained for each line of business in the current retained for each line of business in the current year. Drug year. Drug Names with the highest rebate dollars retained Names with the highest rebate dollars retained should be should be ranked with "1" to denote the highest rebate ranked with "1" to denote the highest rebate retained for the retained for the reported Line of Business for the reported Line of Business for the reporting year. Drug Names reporting year. Drug Names with decreasing rebate should with decreasing rebate should be ranked with decreasing be ranked with decreasing values until the 25th Drug values until the 25th Drug Name is reported with "25". Name is reported with "25". Multiple NDCs with the same Multiple NDCs with the same Drug Name are expected to be Drug Name are expected to be reported with the same reported with the same Rebate Rank value to reflect the Rebate Rank value to reflect the rebates received for drug rebates received for drug products with the same ingredient. products with the same ingredient. If the NDC is not one of the top 25 prescription drugs by If the NDC is not one of the top 25 prescription drugs by rebate received, then leave the field "blank" (e.g., an empty rebate received, then leave the field "blank" (e.g., an string, do not report '0' or 'null'). empty string, do not report '0' or 'null'). This includes all paid claims in the current year regardless of This includes all paid claims in the current year regardless provider network status. This should include all claim types, of provider network status. This should include all claim such as foreign claims, direct member reimbursement types, such as foreign claims, direct member claims/paper claims, coordination of benefits, compounds, reimbursement claims/paper claims, coordination of Veteran Affairs, 340b, etc. benefits, compounds, Veteran Affairs, 340b, etc. Correct Example (Drug name has same rebate rank): Correct Example (Drug name has same rebate rank): NDC Drug Name Drug Label Rebate Product Name Rank Drug Name Drug NDC Rebate Name Product Rank Name 12345678901 Fluoxetine Fluoxetine Fluoxetin 12345678901 20 mg HCI Fluoxetine Fluoxetine 20 mg 12345678910 Fluoxetine Fluoxetine Fluoxetin Fluoxetine Fluoxetine 12345678910 1 25 mg HCL 25 mg 12345678905 Fluoxetin Fluoxetine 12345678905 1 Fluoxetine 50 mg

Incorrect Example (Drug name has multiple rebate ranks):

NDC

Drug

Product

Name

Drug Name

Label

Name

Rebate

Rank

Incorrect Example (Drug name has multiple rebate ranks):

Drug

Name

Product

Drug Name

NDC

Rebate

Rank

		1	1			1	•		
	Fluoxetine	Fluoxetine	12345678901	1	12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin	1
		20 mg			12345678910	Fluoxetine	Fluoxetine	Fluoxetin	2
	Fluoxetine	Fluoxetine	12345678910	2			25 mg	HCL	
		25 mg			12345678905	Fluoxetine	Fluoxetine	Fluoxetin HCL	3
	Fluoxetine	Fluoxetine	12345678905	3			50 mg	HCL	
		50 mg							
Update Field:	Name: WAC In	crosco Pank			Name: WAC In	crosco Pan	<u> </u>		
Opuate rieiu.	Type: Numerio				Type: Numerio		K		
WAC	Format: 99				Format: 99	•			
ncrease	Max Length: 2	digits			Max Length: 2	digits			
Rank	Rule: only valu	es 1 through 1!	5 are acceptable		Rule: only valu	es 1 throug	h 25 are acc	eptable	
	Nullable				Nullable				
	Pank of ton 25	procesintian d	rugs (aggregated	hy NDC 0)	Pank of ton 35	procerintia	n druge lage	rogated by N	IDC 0) ac
	•	-	rugs (aggregated	-	Rank of top 25				-
	<u> </u>	_	C increase from the	· ·	defined by the	•		•	•
	·		uding prescription	_	the current ye			_	
			me that plan year		for the first tin		=		
		- ·	a percentage wh		expressed as a				•
			e in WAC and "25		increase in WA			•	
	=		WAC. WAC increa		in WAC. WAC				
			r 31st of the repo	0,	the reporting y			· ·	•
			st, of the prior yea	ir, divided	year, divided b	y wac on i	December 3.	Lac of the prio	r year.
	by WAC on De	by WAC on December 31st of the prior year.				MAC Doson	nhor 21 202	0 MAC Do	nambar 21
	Fan avanania. (For example: (WAC December 31, 2020 – WAC December			For example: (WAC December 31, 2020 – WAC December 31, 2019)/WAC December 31, 2019.				
	, ,		•	December	2019)/WAC DE	ecember 31	, 2019.		
	31, 2019)/ WA	C December 31	, 2019.		If the NDC is n	ot one of th	a tan 2E dri	ac with a M/	AC Increase
	If the NDC is a	at ana af tha ta	on 25 deuge with a				•	•	
			op 25 drugs with a		by NDC, then I		eid biatik (e	e.g., an empt	y string, do
	·	· ·	:he field "blank" ((e.g., an	not report '0'	or nuii j.			
	empty string, o	io not report t	of fluit j.		Correct Examp	le (Fach ΝΓ	∩C-9 has an i	ndividual WA	C increase
	Correct Examp	le (Fach NDC-9	has an individual	WAC	rank):	ne (Lacii NL	C-3 mas am i	ilaiviaaai vv	ic increase
	Increase Rank)	-	nas an marriada	Wite	Turky.				
	mereuse namy	•			NDC	Drug	Drug	Label Name	WAC
	Drug Name	Drug	NDC	WAC		Name	Product		Increase
		Product		Increase			Name		Rank
		Name		Rank	12345678901	Fluoxetin	Fluoxetine	Fluoxetin	1
	Fluoxetine	Fluoxetine	12345678901	1	12343078901	e	20 mg	HCL	1
	Tradactine	20 mg	123 1307 0301	_					
	Fluoxetine	Fluoxetine	E670E670010	2	12345678910	Fluoxetin e	Fluoxetine 25 mg	Fluoxetin HCL	1
	Fluoxetille	25 mg	56785678910	2		C	23 mg	TICL	
	Fluenation		00765670005	2	12345678905	Fluoxetin	Fluoxetine	Fluoxetin	1
	Fluoxetine	Fluoxetine	98765678905	3		е	50 mg	HCL	
		50 mg	0.1	14/4.0	Incorrect Exam	nple (Each N	ID -9 has an	multiple WA	C increase
			-9 has an multiple	WAC	rank):			·	
	Increase Rank)	:			NDC	Drug	Drug	Label Name	WAC
	D No		NDC	\\\\		Name	Product		Increase
	Drug Name	Drug	NDC	WAC .	42245670004	Electronic	Name	Florostic	Rank
		Product		Increase	12345678901	Fluoxetin e	Fluoxetine 20 mg	Fluoxetin HCL	1
		Name	<u> </u>	Rank	12345678910	Fluoxetin	Fluoxetine	Fluoxetin	2
	Fluoxetine	Fluoxetine	12345678901	1		е	25 mg	HCL	
		20 mg			12345678905	Fluoxetin e	Fluoxetine 50 mg	Fluoxetin HCL	3
	Fluoxetine	Fluoxetine	56785678910	1		e	30 mg	FICE	1
		25 mg							

98765678905

Fluoxetine

Fluoxetine 50 mg

Update Field: Name: WAC Increase Rank Percent Name: WAC Increase Rank Percent Type: Numeric Type: Numeric WAC Format: 99999.99 Format: 99999.99 Increase Max Length: 7 digits Max Length: 7 digits Rank Percent Rule: required if the prescription drug is reported as one Rule: required if the prescription drug is reported as one of of the top 25 for WAC Increase Rank the top 25 for WAC Increase Rank Nullable Nullable The wholesale acquisition cost as of December 31st of the The wholesale acquisition cost as of December 31st of the current year, minus wholesale acquisition cost on December current year, minus wholesale acquisition cost on 31st of the prior year, divided by the wholesale acquisition December 31st of the prior year, divided by the wholesale cost on December 31st of the prior year, expressed as a acquisition cost on December 31st of the prior year, percentage. expressed as a percentage. For example, the ((WAC on December 31, 2020 – WAC on For example, the ((WAC on December 31, 2019 - WAC on December 31, 2019)/WAC on December 31, 2020), expressed December 31, 2018)/WAC on December 31, 2018), as a percentage. Report values for NDCs that were ranked in expressed as a percentage. the top 25 for WAC Increase Rank data field. For all other drugs that are not in the top 25, leave the field "blank" (e.g., Report values for NDCs that were ranked in the top 25 for an empty string, do not report '0' or 'null'). WAC Increase Rank data field. For all other drugs that are not in the top 25, leave the field "blank" (e.g., an empty NOTE: Do not include the percent sign (%). string, do not report '0' or 'null'). NOTE: Do not include the percent sign (%). **Update Field:** Name: Costliest Rank Name: Costliest Rank Type: Numeric Type: Numeric Costliest Format: 99 Format: 99 Rank Max Length: 2 digits Max Length: 2 digits Rule: only values 1 through 25 are accepted Rule: only values 1 through 25 are acceptable Nullable Nullable Rank of the 25 most costliest prescription drugs Rank of the 25 most costliest prescription drugs (aggregated by Drug Name not individual NDC) as defined by total plan (aggregated by Drug Name not individual NDC) as defined by total plan spending for each line of business, including spending for each line of business, including dispensing fees, net of any rebates, and excluding penalties or incentives to dispensing fees, net of any rebates, and excluding the pharmacy, in the current year where "1" indicates the penalties or incentives to the pharmacy, in the current year where "1" indicates the most costliest and "25" is the most costliest and "25" is the 25th most costliest prescription 25th most costliest prescription drug. Multiple NDCs are drug. Multiple NDCs are expected to be reported with the expected to be reported with the same Costliest Rank same Costliest Rank value to reflect the total amount of drug value to reflect the total amount of drug products with products with the same ingredient. the same ingredient. Highest amount of cost reported in the current year would Highest amount of cost reported in the current year would qualify as the top for costliest rank. This includes all paid qualify as the top for costliest rank. This includes all paid claims in the current year regardless of provider network claims in the current year regardless of provider network status. This should include all claim types, such as foreign status. This should include all claim types, such as foreign claims, direct member reimbursement claims/paper claims, claims, direct member reimbursement claims/paper coordination of benefits, compounds, Veteran Affairs, 340b, claims, coordination of benefits, compounds, Veteran Affairs, 340b, etc. Correct Example (Drug name has same costliest rank): Correct Example (Drug name has same Costliest Rank): NDC Drug Name Drug Label Name Costliest Product Rank Drug Product NDC Costliest Drug Name Name Name Rank 12345678901 Fluoxetine Fluoxetine 12345678901 Fluoxetine Fluoxetine Fluoxetin 20 mg Fluoxetine Fluoxetine 12345678910 1

25 mg

	Fluoxetine	Fluoxetine	12345678905	1	12345678910	Fluoxetine	Fluoxetine	Fluoxetin	1
		50 mg					25 mg	HCL	
	Incorrect Exar		has same Costlies	t Rank):	12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	1
	Drug Name	Drug Product Name	NDC	Costliest Rank	Incorrect Exam				
	Fluoxetine	Fluoxetine	12345678901	1	NDC	Drug Name	Drug Product Name	Label Name	Costliest Rank
	Fluoxetine	20 mg Fluoxetine	12345678910	2	12345678901	Fluoxetine	Fluoxetine 20 mg	Fluoxetin HCL	1
	Fluoxetine	25 mg Fluoxetine	12345678905	3	12345678910	Fluoxetine	Fluoxetine 25 mg	Fluoxetin HCL	2
		50 mg			12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetin HCL	3
Update Field: Top 25 Plan Spending	Type: Numeric Format: 99999 Max Length: 1 Rule: Required Nullable Total amount including any each NDCs wir aggregated by dispensing fee	page 3999999999999999999999999999999999999	nacy, by line of bu res, for all paid cla ost Costliest Rank ne current year. Ex ies/incentives due all claim types, su	aims, for , xcluding e to the	Name: Top 25 Type: Numeric Format: 99999 Max Length: 1' Rule: Required Nullable Total amount p including any r each NDCs wit by Drug Name or other penals should include	99999999999999999999999999999999999999	harmacy, by -shares, for a 25 Most Cost ent year. Excl es due to the es, such as fo	line of busing all paid claim cliest Rank, ag uding dispen e pharmacy. ⁻	s, for ggregated sing fees This , direct
	claims/paper Veteran Affair NOTE: Do not	s, 340b, etc.	ion of benefits, co	ias.	benefits, comp NOTE: Do not i	oounds, Vete	ran Affairs, 3	340b, etc.	ending
	claims/paper Veteran Affair NOTE: Do not	claims, coordinati s, 340b, etc. include the dollar	ion of benefits, co	ias.	NOTE: Do not i Correct Examp values):	oounds, Vete include the c	ran Affairs, 3 Iollar sign (\$) I NDCs have	340b, etc. or commas. individual sp	
	claims/paper Veteran Affair NOTE: Do not Correct Examp	claims, coordinati s, 340b, etc. include the dollar	ion of benefits, co	Top 25	NOTE: Do not i Correct Examp values):	oounds, Vete include the c ile (Individua	ran Affairs, 3 lollar sign (\$) I NDCs have Drug Product Name	340b, etc. or commas. individual sp	Top 25 Plan Spending
	claims/paper Veteran Affair NOTE: Do not Correct Examp spending valu	claims, coordinatins, 340b, etc. include the dollar ole (Individual ND es): Drug Product Name Fluoxetine	ion of benefits, co r sign (\$) or comm Cs have individua	Top 25	NOTE: Do not in Correct Example values): NDC 12345678901	oounds, Vete include the c ile (Individua Drug Name Fluoxetine	ran Affairs, 3 Iollar sign (\$) I NDCs have Drug Product Name Fluoxetine 20 mg	a40b, etc. or commas. individual sp Label Name Fluoxetin HCL	Top 25 Plan Spending
	claims/paper Veteran Affair NOTE: Do not Correct Example spending value Drug Name	claims, coordinati s, 340b, etc. include the dollar ole (Individual ND es) : Drug Product Name Fluoxetine 20 mg Fluoxetine	r sign (\$) or comm Cs have individua	Top 25 Plan Spending	NOTE: Do not i Correct Examp values):	oounds, Vete include the c ile (Individua	ran Affairs, 3 lollar sign (\$) I NDCs have Drug Product Name Fluoxetine	a40b, etc. or commas. individual sp Label Name	Top 25 Plan Spending
	claims/paper Veteran Affair NOTE: Do not Correct Example spending value Drug Name Fluoxetine	claims, coordinati s, 340b, etc. include the dollar ole (Individual ND es): Drug Product Name Fluoxetine 20 mg Fluoxetine 25 mg Fluoxetine	r sign (\$) or comm Cs have individua NDC 12345678901	Top 25 Plan Spending 200000	NOTE: Do not in Correct Example values): NDC 12345678901 12345678905	oounds, Vete include the coole (Individua) Drug Name Fluoxetine Fluoxetine	ran Affairs, 3 lollar sign (\$) I NDCs have Drug Product Name Fluoxetine 20 mg Fluoxetine 25 mg Fluoxetine 50 mg	a40b, etc. or commas. individual sp Label Name Fluoxetin HCL Fluoxetin HCL Fluoxetin HCL	Top 25 Plan Spending
	claims/paper Veteran Affair NOTE: Do not Correct Example spending value Drug Name Fluoxetine Fluoxetine Fluoxetine	claims, coordinating s, 340b, etc. include the dollar one (Individual ND es): Drug Product Name Fluoxetine 20 mg Fluoxetine 25 mg Fluoxetine 50 mg inple (Individual ND es)	r sign (\$) or comm Cs have individua NDC 12345678901 12345678910	Top 25 Plan Spending 200000 125000	NOTE: Do not i Correct Examp values): NDC 12345678901	oounds, Vete include the coole (Individua) Drug Name Fluoxetine Fluoxetine	ran Affairs, 3 lollar sign (\$) I NDCs have Drug Product Name Fluoxetine 20 mg Fluoxetine 25 mg Fluoxetine 50 mg	a40b, etc. or commas. individual sp Label Name Fluoxetin HCL Fluoxetin HCL Fluoxetin HCL	Top 25 Plan Spending
	claims/paper Veteran Affair NOTE: Do not Correct Example spending value Drug Name Fluoxetine Fluoxetine Incorrect Example spending value Incorrect Example spending value Fluoxetine	claims, coordinating s, 340b, etc. include the dollar one (Individual ND es): Drug Product Name Fluoxetine 20 mg Fluoxetine 25 mg Fluoxetine 50 mg inple (Individual ND es)	r sign (\$) or comm Cs have individua NDC 12345678901 12345678905	Top 25 Plan Spending 200000 125000 175000 tte Top 25 Plan	NOTE: Do not in Correct Example values): NDC 12345678901 12345678905 Incorrect Example values): NDC	oounds, Vete include the coole (Individua) Drug Name Fluoxetine Fluoxetine	ran Affairs, 3 lollar sign (\$) I NDCs have Drug Product Name Fluoxetine 20 mg Fluoxetine 25 mg Fluoxetine 50 mg	a40b, etc. or commas. individual sp Label Name Fluoxetin HCL Fluoxetin HCL Fluoxetin HCL	Top 25 Plan Spending
	claims/paper Veteran Affair NOTE: Do not Correct Examy spending valu Drug Name Fluoxetine Fluoxetine Incorrect Exar spending valu Drug	claims, coordinatics, 340b, etc. include the dollar colle (Individual ND es): Drug Product Name Fluoxetine 20 mg Fluoxetine 25 mg Fluoxetine 50 mg inple (Individual Nes): Drug Product	r sign (\$) or comm Cs have individua NDC 12345678901 12345678905 DCs have aggrega	Top 25 Plan Spending 200000 125000 175000 tte	NOTE: Do not in Correct Example values): NDC 12345678901 12345678905 Incorrect Example values): NDC	Drug Name Fluoxetine Fluoxetine Fluoxetine	ran Affairs, 3 lollar sign (\$) I NDCs have Drug Product Name Fluoxetine 25 mg Fluoxetine 25 mg Fluoxetine 50 mg July NDCs have	a40b, etc. or commas. individual sp Label Name Fluoxetin HCL Fluoxetin HCL Fluoxetin HCL e aggregate s	Top 25 Plan Spending 1 1 Top 25 Plan Spending
	claims/paper Veteran Affair NOTE: Do not Correct Example spending value Drug Name Fluoxetine Fluoxetine Incorrect Example spending value Drug Name Incorrect Example spending value Drug Name	claims, coordinatics, 340b, etc. include the dollar claims, coordinatics, 340b, etc. include the dollar claims and claims are claims. Drug Product Name Fluoxetine 20 mg Fluoxetine 25 mg Fluoxetine 50 mg Inple (Individual Ness): Drug Product Name Fluoxetine	r sign (\$) or comm Cs have individua NDC 12345678901 12345678905 DCs have aggrega	Top 25 Plan Spending 200000 125000 175000 tte Top 25 Plan Spending	NOTE: Do not in Correct Example values): NDC 12345678901 12345678905 Incorrect Example values): NDC	Drug Name Fluoxetine Fluoxetine Fluoxetine Drug Name Drug Name	ran Affairs, 3 lollar sign (\$) I NDCs have Drug Product Name Fluoxetine 20 mg Fluoxetine 25 mg Fluoxetine 50 mg Jual NDCs have Drug Product Name Fluoxetine 50 mg Fluoxetine 50 mg Fluoxetine Fluoxetine	a40b, etc. or commas. individual sp Label Name Fluoxetin HCL Fluoxetin HCL e aggregate s	Top 25 Plan Spending 1 1 Top 25 Plan Spending

	T	1				7				
Update Field:		Name: Top 25		Percent		N	Dia a Caracita	D		
Ton 25 Dian		Type: Numeric Format: 99999.99				Name: Top 25 Plan Spending Percent Type: Numeric				
Top 25 Plan Spending						1 ''				
Percent		Max Length: 7 digits				Format: 99999.99 Max Length: 7 digits				
rercent		Top 25 plan sp	ending (as defi	ned above) divide	d by the	Rule: Required	•	Rank is popu	lated	
		1 -	= :	member cost sha	=	Nullable				
				n drugs in the repo		Numable				
		T		cluding dispensing		Top 25 plan sp	anding for a	ach drug (ac	defined abov	(۵)
		·		e to the pharmacy			_			•
		· ·	-			divided by the		_	-	
				, such as foreign cl		share for all pa			_	
				nt claims/paper cla		reporting year	· ·	· ·	-	_
			r benefits, com	pounds, Veteran A	Arrairs,	dispensing fee	=			
		340b, etc.				pharmacy. Thi				_
		NOTE: Do not	include the do	llar sign (\$) or com	nmas.	claims, direct r				
		Correct Evamp	lo (Individual N	IDCs have individu	al norcont	etc.				
		values):	ile (iliuiviuuai i	ibes have individu	ai percent				(0/)	
		values).				NOTE: Do not	include the p	ercent sign ((%).	
		Drug	Drug	NDC	Top 25	Correct Examp	do (Individeo	I NDCs have	individual aa	rcont
		Name	Product	NDC	Plan	values):	ne (iliuiviuua	I NDCS Have	iliuiviuuai pe	rcent
		Name	Name		Spending	values).				
			Ivairie		Percent	NDC	Drug Name	Drug	Label Name	Top 25
		Fluoxetine	Fluoxetine	12345678901	4.08			Product		Plan
		Fluoxetille	20 mg	12343076901	4.00			Name		Spending
		Fluoxetine	Fluoxetine	12345678910	2.55	12345678901	Fluoxetine	Fluoxetine	Fluoxetin	Percent 4.08
			25 mg					20 mg	HCL	
		Fluoxetine	Fluoxetine	12345678905	3.57	12345678910	Fluoxetine	Fluoxetine	Fluoxetin	2.55
			50 mg	123 .307 3333	0.57	12345078910	riuoxetine	25 mg	HCL	2.55
			-	NDCs have aggreg	gate	12345678905	Fluoxetine	Fluoxetine	Fluoxetin	3.57
		percent values):					50 mg	HCL	
		Drug	Drug	NDC	Top 25	Incorrect Exam values):	nple (Individu	ial NDCs hav	e aggregate ¡	percent
		Name	Product		Plan	values).				
			Name		Spending	NDC	Drug Name	Drug	Label Name	Top 25
					Percent		Drug Hume	Product	Labermanie	Plan
		Fluoxetine	Fluoxetine	12345678901	10.21			Name		Spending
			20 mg			12345678901	Fluoxetine	Fluoxetine	Fluoxetine HCL	10.21
		Fluoxetine	Fluoxetine	12345678910	10.21	12345678910	Fluoxetine	20 mg Fluoxetine	Fluoxetine	10.21
			25 mg					25 mg	HCL	
		Fluoxetine	Fluoxetine	12345678905	10.21	12345678905	Fluoxetine	Fluoxetine 50 mg	Fluoxetine HCL	10.21
			50 mg			L		30 mg	HCL	
Update:	Premium	Files submitted	for carrier pre	emium impact repo	ort should	Files submitted	d for carrier	oremium im	oact report sh	nould be
	Impact	be named usin	g the schema b	pelow, where ID is	the	named using t	he following	schema:		
Table		manufacturer	ID assigned to	you by HCA during	the	• wh	ere ID is the '	Washington	DPT Number	assigned
Specifications		registration pr	ocess (Washing	gton DPT Number)	, YYYY is			_		_
		the current rep	orting period,	and YYYYMMDD is	s a		•		gistration pro	
		placeholder fo	r the submissio	on date. In the case	e of a	• YYY	'Y is the curre	ent reporting	g period, and	
		resubmission a	fter file rejecti	on, please use the	same	• YYY	YMMDD is a	placeholder	for the subn	nission
			=	ile that was reject		due	date.			
				ganizations name,		1.				
		result in your s	-	=		In the case of a	a resubmissio	on after file r	ejection, plea	ase use
		Tesait iii your s	العرا الماددانات	. _D rejected.		the same value			-	
		File	naming schem	na:		Do not replace				-
			_	ia. YY}_{ID}_{YYYYMN	ADD) cev	organizations			-	
			mple:	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		rejected.	۷۷	court iii y	- 2. 20011113310	~ ~6
			-	impact_2020_C12	345 20211	. ejecteu.				
24/04/2022		cai	ici_premium_	pact_2020_C12	2 13_20211	L				

	001 and /Diagram was the probability due data	Tile neuring ach area		
	001.csv (Please use the submission due date not the date the report was prepared)	File naming schema: carrier_premium_impact_{YYYY}_{ID}_{YYYYMMDD}.csv		
	The submission of this report for this reporting year is due on December 1, 2021, and should include data effective for 2020.	 Example: carrier_premium_impact_2020_C1234 5_20221001.csv Please use the submission due date not the date the report was prepared for YYYYMMDD. 		
		The submission of this report for this reporting year is due on October 1, 2022, and should include data effective for 2021.		
Update Field: Washington DPT Number	Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE WA Drug Price Transparency (DPT) assigned unique	Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDE WA Drug Price Transparency (DPT) assigned unique submitter		
	submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.	WA Drug Price Transparency (DPT) assigned unique subm 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, MXXXXXX, SXXXXXX 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.	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		
Update Field: Line of Business	Name: Line of Business Type: Choice Choices: Large Group Small Group Individual ERISA Medicaid Medicare Other The Line of Business you are reporting on. Possible values are: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, or Other.	Name: Line of Business Type: Choice Choices: Large Group, Small Group, Individual, ERISA, Medicaid, Medicare, Other The Line of Business you are reporting on. Possible values are: Large Group Small Group Individual ERISA Medicaid Medicare Other		

New Field:		Name: Member-Months
New Field:		Type: Numeric
Member-		Format: 99999999
Months		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.
		all records submitted for each line of business.
Update Field:	Name: Year	Name: Year
	Type: Numeric	Type: Numeric
Year	Format: 9999	Format: 9999
	Max Length: 4 digits	Max Length: 4 digits
	Min Length: 4 digits	Min Length: 4 digits
	Rule: 2020	Rule: 2021
	Current year for which the aggregate data is reported.	Current year for which the aggregate data is reported.
Update Field:	Name: Other Premium Contributors Change	Name: Other Premium Contributors Change
	Type: Numeric	Type: Numeric
Other	Format: 999999999999999999999999999999999999	Format: 999999999999999999999999999999999999
Premium	Max Length: 17 digits	Max Length: 17 digits
Contributors		
Change	Total change in monthly premium per member from prior	Total change in monthly premium per member from prior
	plan year to current plan year, expressed with USD.	plan year to current plan year, expressed in USD.
		Other Premium Contributors Current — Other Premium Contributors Prior
		NOTE: Do not include the dollar sign (\$) or commas.
Move Field:	Name: Other Premium Contributors Percent	Name: Other Premium Contributors Percent
	Type: Numeric	Type: Numeric
Other	Format: 99999.99	Format: 99999.99
Premium	Max Length: 7 digits	Max Length: 7 digits
Contributors	Wax Length 7 digits	Max zengan 7 digita
Change	Percent change in monthly premium per member from	Descent change in monthly promise nor member from prior
Percent		Percent change in monthly premium per member from prior plan year to current plan year. Defined as: Other Premium
	prior plan year to current plan year. Defined as: Other Premium Contributors Current minus Other Premium	Contributors Current minus Other Premium Contributors
	Contributors Prior, divided by Other Premium Contributors Prior.	Prior, divided by Other Premium Contributors Prior.
	Contributors Prior.	For example, the ((Other Premium Contributors Current –
	For example, the ((Other Premium Contributors Current –	Other Premium Contributors Prior)/ Other Premium
	Premium Contributors Prior)/ Premium Contributors	**
	Prior), expressed as a percentage.	Contributors Prior), expressed as a percentage.
	Thory, expressed as a percentage.	$\left[\frac{(Other\ Premium\ Contributors\ Current\ -\ Other\ Premium\ Contributors\ Prior)}{100} \right] \times 100$
	NOTE: Do not include the percent sign (%).	Contributors Prior Contributors Prior
		NOTE: Do not include the percent sign (%).
Move Field:	Name: Premium Drugs Change	Name: Premium Drugs Change
	Type: Numeric	Type: Numeric
Premium	Format: 999999999999999999999999999999999999	Format: 999999999999999999999999999999999999
Drugs	Max Length: 17 digits	Max Length: 17 digits
Change		
	The change in monthly premium per member, from prior	The change in monthly premium per member, from prior
	plan year to current plan year, expressed with USD.	plan year to current plan year, expressed with USD.
	NOTE: Do not include the dollar sign (\$) or commas.	Premium Drugs Current — Premium Drugs Prior
	TAOTE. DO HOU INCIDUE THE DOHAL SIGN (5) OF COMMINS.	Fremium Drugs current — Fremium Drugs Filol
		NOTE: Do not include the dollar sign (\$) or commas.
Move Field:	Name: Premium Drugs Change Percent	Name: Premium Drugs Change Percent
Update Field	Type: Numeric	Type: Numeric
	Format: 99999.99	Format: 99999.99
Premium	Max Length: 7 digits	Max Length: 7 digits
Drugs		
Change	Percent change in Premium Drugs over current year.	
Precent		

	Prior, divided by Premium Drugs Prior, expressed as a percentage. For example, the ((Premium Drugs Current – Premium Drugs Prior)/ Premium Drugs Prior), expressed as a percentage. NOTE: Do not include the percent sign (%).	Percent change in Premium Drugs over current year. Defined as: Premium Drugs Current minus Premium Drugs Prior, divided by Premium Drugs Prior, expressed as a percentage. For example, the ((Premium Drugs Current – Premium Drugs Prior)/ Premium Drugs Prior), expressed as a percentage. [(Premium Drugs Current – Premium Drugs Prior) Premium Drugs Prior
Update Field: Premium Brand Change	Name: Premium Brand Change Type: Numeric Format: 999999999999999999999999999999999999	NOTE: Do not include the percent sign (%). Name: Premium Brand Change Type: Numeric Format: 999999999999999999999999999999999999
Move Field: Premium Brand Change Percent	Name: Premium Brand Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Percent change in Premium Brand over current year. Defined as: Premium Brand Current minus Premium Brand Prior, divided by Premium Brand Prior, expressed as a percentage. For example, the ((Premium Brand Current – Premium Brand Prior)/ Premium Brand Prior), expressed as a percentage.	NOTE: Do not include the dollar sign (\$) or commas. Name: Premium Brand Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Percent change in Premium Brand over current year. Defined as: Premium Brand Current minus Premium Brand Prior, divided by Premium Brand Prior, expressed as a percentage. For example, the ((Premium Brand Current – Premium Brand Prior)/ Premium Brand Prior), expressed as a percentage. [(Premium Brand Current – Premium Brand Prior)/ Premium Brand Prior)/ Premium Brand Prior)/ Premium Brand Prior/ × 100
Update Field: Premium Generic Change	NOTE: Do not include the percent sign (%). Name: Premium Generic Change Type: Numeric Format: 999999999999999999999999999999999999	NOTE: Do not include the percent sign (%). Name: Premium Generic Change Type: Numeric Format: 999999999999999999999999999999999999

			NOTE: Do not include the dollar sign (\$) or commas.
Move Field: Premium Generic Change		Name: Premium Generic Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits	Name: Premium Generic Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits
Percent		Percent change in in premium per member, attributable to generic prescription drugs, over prior year. Defined as: Premium Generic Current minus Premium Generic Prior, divided by Premium Generic Prior, expressed as a percentage.	Percent change in in premium per member, attributable to generic prescription drugs, over prior year. Defined as: Premium Generic Current minus Premium Generic Prior, divided by Premium Generic Prior, expressed as a percentage.
		For example, the ((Premium Generic Current – Premium Generic Prior)/ Premium Generic Prior), expressed as a percentage.	For example, the ((Premium Generic Current – Premium Generic Prior)/ Premium Generic Prior), expressed as a percentage.
			(Premium Generic Current — Premium Generic Prior) Premium Generic Prior
		NOTE: Do not include the percent sign (%).	×100
			NOTE: Do not include the percent sign (%).
Update Field Premium Specialty		Name: Premium Specialty Change Type: Numeric Format: 999999999999999999999999999999999999	Name: Premium Specialty Change Type: Numeric Format: 999999999999999999999999999999999999
Change		Dollar Amount Premium Specialty Change in PMPM over prior year.	Dollar Amount Premium Specialty Change in PMPM over prior year.
		Specialty drugs should be defined as per health plan specialty drug list submitted as a separate report.	Specialty drugs should be defined as per line of business specialty drug list submitted as a separate report.
		NOTE: Do not include the dollar sign (\$) or commas.	Premium Specialty Current — Premium Specialty Prior
Move Field: Premium Specialty Change		Name: Premium Specialty Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits	NOTE: Do not include the dollar sign (\$) or commas. Name: Premium Specialty Change Percent Type: Numeric Format: 99999.99 Max Length: 7 digits
Change Percent		Percent change in in premium per member, attributable to specialty prescription drugs, over prior year. Defined as: Premium Specialty Current minus Premium Specialty Prior, divided by Premium Specialty Prior, expressed as a percentage.	Percent change in in premium per member, attributable to specialty prescription drugs, over prior year. Defined as: Premium Specialty Current minus Premium Specialty Prior, divided by Premium Specialty Prior, expressed as a percentage.
		For example, the ((Premium Specialty Current – Premium Specialty Prior)/ Premium Specialty Prior), expressed as a percentage.	For example, the ((Premium Specialty Current – Premium Specialty Prior)/ Premium Specialty Prior), expressed as a percentage.
		NOTE: Do not include the percent sign (%).	\[\frac{\left(\text{Premium Specialty Current} - \text{Premium Specialty Prior}\right)}{\text{Premium Specialty Prior}} \times 100 \] NOTE: Do not include the percent sign (%).
-	Specialty Drug List	File naming schema: carrier_specialty_drug_list_{YYYY}_{ID}_{YYYYMMDD}.csv Example: carrier_specialty_drug_list_2020_C12345_202 11001.csv (Please use the submission due date not the date the report was prepared)	Files submitted for carrier specialty drug list 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 period, and

	Territoria en la companya de la companya della companya della companya de la companya della comp				
	The submission of this report for this reporting year is due	YYYYMMDD is a placeholder for the submission			
	on December 1, 2021, and should include data effective	due date.			
	for 2020.	2.			
		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 "carrier_specialty_drug_list" with your			
	organizations name, this will result in your so rejected.				
		File naming schema: carrier_specialty_drug_list_(YYYY)_{ID}_{YYYYMMDD}.csv			
		Example:			
		carrier_specialty_drug_list_2020_C123 45_20221001.csv • Please use the submission due date not the date the report was prepared for YYYYMMDD. The submission of this report for this reporting year is due on			
		October 1, 2022, and should include data effective for 2021.			
Delete Field:	Name: Washington DPT Number	Name: Washington DPT Number			
	Type: String	Type: String			
Washington DPT Number	Max Length: 6 characters	Max Length: 6 characters			
Di i Number	Format: ABCDE	Format: ABCDE			
	WA Drug Price Transparency (DPT) assigned unique	WA Drug Price Transparency (DPT) assigned unique submitter			
	submitter identifier upon registration with the Health Care	identifier upon registration with the Health Care Authority			
	Authority Drug Price Transparency program.	Drug Price Transparency program.			
	This number is unique to you and follows a format of	This number is unique to you and follows a format of either			
	either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S	CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P			
	and P indicate whether you are a carrier, manufacturer,	indicate whether you are a carrier, manufacturer, PSAO or			
	PSAO or PBM. The X's are numeric digits e.g. 12345.	PBM. The X's are numeric digits e.g. 12345.			
		Example:			
		Entity Type Washington DPT Number			
		Entity Type Washington DPT Number Carrier C12345			
		Carrier C12345			

Update Field:	Name: Line of Business	Name: Line of Business				
opuate rieia.	Type: Choice	Type: Choice				
Line of	Choices:	Choices: Large Group, Small Group, Individual, ERISA,				
Business		Medicaid, Medicare, Other				
245655	Large Group	iviedicald, iviedicale, Other				
	Small Group					
	Individual	The Line of Business you are reporting on.				
	ERISA	Possible values are: • Large Group • Small Group				
	Medicaid					
	Medicare					
	Other					
	Other					
	The Line of Business you are reporting on. Possible values	 Individual 				
		• ERISA				
	are: Large Group, Small Group, Individual, ERISA,					
	Medicaid, Medicare, or Other.	Medicaid				
		 Medicare 				
		Other				
Update Field:	Name: Year	Name: Year				
opulate ricia.	Type: Numeric	Type: Numeric				
Year	Format: 9999	Format: 9999				
rear	Max Length: 4 digits	Max Length: 4 digits				
	Min Length: 4 digits	Min Length: 4 digits				
	Rule: greater than 2020	Rule: 2021				
	Traile. Steater than 2020	Nuie. 2021				
	Year for which the aggregate data is reported.	Current year for which the aggregate data is reported.				
Delete Field:	Name: NDC	Name: NDC				
	Type: Numeric	Type: Numeric				
NDC	Format: 00000000000	Format: 00000000000				
	Max Length: 11 digits	Max Length: 11 digits				
	Min Length: 11 digits	Min Length: 11 digits				
	A three-segment code maintained by the Federal Food	A three-segment code maintained by the Federal Food and				
	and Drug Administration that includes a labeler code, a	Drug Administration that includes a labeler code, a product				
	product code, and a package code for a drug product.	code, and a package code for a drug product.				
	NOTE: The NDC field must be eleven digits long and	NOTE: The NDC field must be eleven digits long and maintain leading zeros.				
	maintain leading zeros.					
		leading zeros.				
		Example: 00012345678				
Update Field:	Name: Drug Name	Name: Drug Name				
. ,	Type: String	Type: String				
Drug Name	Max Length: 100 characters	Max Length: 100 characters				
	Format: ABCDE	Format: ABCDE				
	101111011110000	Torriat. Abobe				
	Name of the drug for the NDC reported. Only include	Name of the drug for the NDC reported. Only include				
	ingredient name.	ingredient name.				
	ingredient name.	ingredient name.				
	For example if the NDC has a David David at Nove of	For example if the NDC has a David David Married				
	For example, if the NDC has a Drug Product Name of	For example, if the NDC has a Drug Product Name of				
	"fluoxetine HCL 20 mg tablets", then this field should be	"fluoxetine HCL 20 mg tablets," then this field should be				
	reported as "fluoxetine". All drug product names with	reported as "fluoxetine." All drug product names with "fluoxetine" in its name should be reported as a single Drug				
	"fluoxetine" in its name should be reported as a single					
	Drug Name in this field. Combination drug product names	Name in this field. Combination drug product names should be reported individually as its own Drug Name instead of by				
	should be reported individually as its own Drug Name					
	instead of by each ingredient.	each ingredient.				
	NOTE: Special characters, hyphens, symbols, or slashes are	NDC Drug Name Drug Product Label Name				
	allowed.	Name				
Į.						
		0000000000 FLUOEXTINE FLUOEXTINE HCL FLUOEXTINE 20 MG TABLETS HCL				

Update Field:	te Field: Name: Drug Product Name Name: Drug Product Name						
'	Type: String	Type: String					
Drug Product	Max Length: 100 characters	Max Length: 100 characters					
Name	Format: ABCDE	Format: ABCDE					
		Torride. Abebe					
	Name of the drug product for the NDC reported, to	Name of the dr	ug product for th	e NDC reported,	to include		
	include ingredient name as reported in standardized drug	ingredient name	e as reported in s	standardized dru	g databases.		
	databases. This name should include ingredient, salt form,	ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form,					
			· ·				
	dosage form, strength, and any other information specific	strength, and any other information specific to the NDC.					
	to the NDC.	Face and all the control HCL 20 are table to the control to					
		For example, "fluoxetine HCL 20 mg tablets" is acceptable.					
	For example, "fluoxetine HCL 20 mg tablets" is acceptable.	Lung	1		Label Name		
		NDC	Drug Name	Drug Product Name	Label Name		
		0000000000	FLUOEXTINE	FLUOEXTINE	FLUOEXTINE		
				HCL 20 MG TABLETS	HCL		
Update Field:	Name: Label Name	Name: Label Name					
	Type: String	Type: String					
Label Name	Max Length: 100 characters	Max Length: 100 characters					
	Format: ABCDE	Format: ABCDE					
		Proprietary or legal name as marketed by the manufacturer.					
	Proprietary or legal name as marketed by manufacturer. For example, "fluoxetine HCL", "fluoxetine DR" are						
		For example, "fluoxetine HCL" or "fluoxetine DR" are acceptable.					
	acceptable.						
		NDC	Drug Name	Drug Product	Label Name		
		200000000	511105777117	Name	ELLIOSIUS II		
		0000000000	FLUOEXTINE	FLUOEXTINE HCL 20 MG	FLUOEXTINE HCL		
				TABLETS	TICE		