Washington State
Health Care Authority

Prescription Drug
Affordability Board

Payer data submission guide

Guidance for submitting your data file

1. **Templates.** Use the data templates as described. Please keep the headers as they are and do not rename any of the data fields.
2. **Special characters.** Do not include special characters such as $, -.*, / etc, unless otherwise specified. This will cause errors during data ingestion.
3. **Date formats.** Dates should be reported as YYYYMMDD unless otherwise specified.
4. **Required data fields.** All data fields are required unless otherwise specified.
5. **Nullable.** Do not leave data fields as null or blank unless otherwise specified.
6. **Reporting a value of zero (0).** Do not report a value of 0. We expect integer values to be greater than 0 and decimals are allowed.
7. **Data field.** The lemon-colored cells are formatted to validate the data types. If the data is expected to fill beyond the lemon-colored rows, extend the lemon-colored data field first before entering the data.

Other notes

1. **Technical validation.** Your data file submission will undergo a technical validation process.
2. **Errors.** If errors are found within your file submission, you will be notified and asked to resubmit or clarify inconsistencies.
3. **Changes to the submission guide.** The submission guide will undergo an annual review and is subject to change. If changes do occur, make sure to use the most recent version of the templates for the new formatting.

Copay template

Data Field	Description	Type	Max. Length	Rules	Example
Payer Name	Formal payer name without abbreviations.	Text	15	Repeat the payer name for all rows.	Payer XYZ
NDC	Codes maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product with a leading zero (11-digit total). Must contain a value for a drug that is being evaluated. Data requested for the previous five calendar years. Do not include any special characters (e.g. - or space).	Integer	11	Must retain a leading zero.	00000000001
Plan Name	Plan name.	Text	15		Classic
Market Type	The market type you are reporting for: Commercial Medicare Medicaid	Choice	1	Specify "Commercial," "Medicare" or "Medicaid."	Commercial
Plan Type	The plan type you are reporting for: PPO HMO EPO POS HDHP Other	Choice	1	Specify "PPO," "HMO," "EPO," "POS," "HDHP," or "Other."	PPO
Plan Year	Information is requested during the previous five calendar years from the time of the data request.	Date	4	YYYY	2025
Total Number of Patients Claiming the Drug During The Plan Year	The total number of patients claiming the drug during the plan year.	Integer	14	Must contain a value equal to or greater than 0. Do not include any special characters like commas.	1000

Total Number of Units Dispensed During The Plan Year	Total number of units dispensed during the plan year.	Integer	14	Must contain a value greater than 0. Do not include any special characters like commas.	1000
Total Copay Amount Of The Drug During The Plan Year	The total copay amount of the drug during the plan year. USD value greater than 0.00. Do not include any special characters other than the decimal point. Cell formatting will automatically add "$." Include only 2 decimal places.	Integer	14	USD value greater than 0.00. Include 2 decimals	$123.45
Average Copay Amount Per Patient For 30 Day Supply	Average copay amount per patient for 30-day supply. USD value greater than 0.00. Do not include any special characters other than the decimal point. Cell formatting will automatically add "$." Include only 2 decimal places. If the reviewed drug is typically used for less than 30 days (e.g. acute care treatment), please calculate the average copay amount for the course of therapy.	Integer	14	USD value greater than 0.00. Include 2 decimals	$123.45

Coinsurance template

Data Field	Description	Type	Max. Length	Rules	Example
Payer Name	Formal payer name without abbreviations.	Text	15	Repeat the payer name for all rows.	Payer XYZ
NDC	Codes maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product with a leading zero (11-digit total). Must contain a value for a drug that is being evaluated. Data requested for the previous five calendar years. Do not include any special characters (e.g. - or space).	Integer	11	Must retain a leading zero.	00000000001
Plan Name	Plan name.	Text	15		Classic
Market Type	The market type you are reporting for: Commercial Medicare Medicaid	Choice	1	Specify "Commercial," "Medicare" or "Medicaid."	Commercial
Plan Type	The plan type you are reporting for: PPO HMO EPO POS HDHP Other	Choice	1	Specify "PPO," "HMO," "EPO," "POS," "HDHP," or "Other."	PPO
Plan Year	Information is requested during the previous five calendar years from the time of the data request.	Date	4	YYYY	2025
Total Number of Patients Claiming the Drug During The Plan Year	The total number of patients claiming the drug during the plan year.	Integer	14	Must contain a value equal to or greater than 0. Do not include any special characters like commas.	1000

Total Number of Units Dispensed During The Plan Year	Total number of units dispensed during the plan year.	Integer	14	Must contain a value greater than 0. Do not include any special characters like commas.	1000
Total Coinsurance Amount Of The Drug During The Plan Year	The total copay amount of the drug during the plan year. USD value greater than 0.00. Do not include any special characters other than the decimal point. Cell formatting will automatically add "$." Include only 2 decimal places.	Integer	14	USD value greater than 0.00. Include 2 decimals	$123.45
Average Coinsurance Amount Per Patient Per 30 Day Supply	Average copay amount per patient for 30-day supply. USD value greater than 0.00. Do not include any special characters other than the decimal point. Cell formatting will automatically add "$." Include only 2 decimal places. If the reviewed drug is typically used for less than 30 days (e.g. acute care treatment), please calculate the average copay amount for the course of therapy.	Integer	14	USD value greater than 0.00. Include 2 decimals	$123.45

Premium deductible OOP max template

Data Field	Description	Type	Max. Length	Rules	Example
Payer Name	Formal payer name without abbreviations.	Text	15	Repeat the payer name for all rows.	Payer XYZ
NDC	Codes maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product with a leading zero (11-digit total). Must contain a value for a drug that is being evaluated. Data requested for the previous five calendar years. Do not include any special characters (e.g. - or space).	Integer	11	Must retain a leading zero.	00000000001
Plan Name	Plan name.	Text	15		Classic
Market Type	The market type you are reporting for: Commercial Medicare Medicaid	Choice	1	Specify "Commercial," "Medicare" or "Medicaid."	Commercial
Plan Type	The plan type you are reporting for: PPO HMO EPO POS HDHP Other	Choice	1	Specify "PPO," "HMO," "EPO," "POS," "HDHP," or "Other."	PPO
Plan Year	Information is requested during the previous five calendar years from the time of the data request.	Date	4	YYYY	2025
Total Number Of Members	Total number of members for the plan year. Do not include any special characters like commas.	Integer	14	Must be greater than or equal to 0.	5000
Total Number Of Members With Rx Claim	Total number of members with a prescription claim for the plan year. Do not include any special characters like commas.	Integer	14	Must be greater than or equal to 0.	1000

Total Number Of Members With Reviewed Drug Claim	The total number of members with a reviewed drug claim for the plan year. Do not include any special characters like commas.	Integer	14	Must be greater than or equal to 0.	100
Monthly Premium Per Patient	The monthly premium per patient for the plan year. USD value greater than 0.00. Do not include any special characters other than the decimal point. Cell formatting will automatically add "$." Include only 2 decimal places.	Integer	14	USD value greater than 0.00. Include 2 decimals	$123.45
Deductible Per Patient	The deductible per patient for the plan year. USD value greater than 0.00. Do not include any special characters other than the decimal point. Cell formatting will automatically add "$." Include only 2 decimal places.	Integer	14	USD value greater than 0.00. Include 2 decimals	$500.00
Pharmacy OOP Max Per Patient	The pharmacy out of pocket maximum per patient for the plan year. USD value greater than 0.00. Do not include any special characters other than the decimal point. Cell formatting will automatically add "$." Include only 2 decimal places.	Integer	14	USD value greater than 0.00. Include 2 decimals	$500.00
Total Number Of Patients Reaching The Rx OOP Max With The Reviewed Drug	The total number of patients reaching the prescription out of pocket maximum with the reviewed drug for the plan year. USD value greater than 0.00. Do not include any special characters other than the decimal point. Cell formatting will automatically add "$." Include only 2 decimal places.	Integer	14	Must be greater than or equal to 0.	100
Total Number Of Patients Reaching The Rx OOP Max Without The Reviewed Drug	The total number of patients reaching the prescription out of pocket maximum without the reviewed drug but with other drugs for the plan year. USD value greater than 0.00. Do not include any special characters other than the decimal point. Cell formatting will automatically add "$." Include only 2 decimal places.	Integer	14	Must be greater than or equal to 0.	100

Pt responsible amt template

Data Field	Description	Type	Max. Length	Rules	Example
Payer Name	Formal payer name without abbreviations.	Text	15	Repeat the payer name for all rows.	Payer XYZ
NDC	Codes maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product with a leading zero (11-digit total). Must contain a value for a drug that is being evaluated. Data requested for the previous five calendar years. Do not include any special characters (e.g. - or space).	Integer	11	Must retain a leading zero.	00000000001
Plan Name	Plan name.	Text	15		Classic
Market Type	The market type you are reporting for: Commercial Medicare Medicaid	Choice	1	Specify "Commercial," "Medicare" or "Medicaid."	Commercial
Plan Type	The plan type you are reporting for: PPO HMO EPO POS HDHP Other	Choice	1	Specify "PPO," "HMO," "EPO," "POS," "HDHP," or "Other."	PPO
Plan Year	Information is requested during the previous five calendar years from the time of the data request.	Date	4	YYYY	2025
Cost Sharing Mechanism For The Reviewed Drug	The type of cost sharing mechanism for the reviewed drug: Copay Coinsurance	Choice	1	Specify "Copay" or "Coinsurance."	Coinsurance

Total Number Of Claims For The Reviewed Drug	Total number of claims for the reviewed drug for the plan year. Do not include any special characters like commas.	Integer	14	Must be greater than or equal to 0.	1000
Average Amount Responsible By Patient Per Claim	The average net amount responsible by the patient per claim during the plan year (i.e. applicable deductible and copay/coinsurance amounts per claim). USD value greater than 0.00. Do not include any special characters other than the decimal point. Cell formatting will automatically add "$." Include only 2 decimal places.	Integer	14	USD value greater than 0.00. Include 2 decimals	$123.45