

Submitted electronically to: IRAREbateandNegotiation@cms.hhs.gov

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Re: Draft Guidance for IPAY 2028 and Manufacturer Effectuation of the MFP for 2026, 2027, and 2028 for the Medicare Drug Price Negotiation Program

Deputy Administrator Klomp,

The National Community Pharmacists Association (NCPA) appreciates the opportunity to provide comments to the Centers for Medicare and Medicaid Services (CMS) Draft Guidance for IPAY 2028 and Manufacturer Effectuation of the MFP for 2026, 2027, and 2028 for the Medicare Drug Price Negotiation Program.

NCPA represents America’s community pharmacists, including 18,900 independent community pharmacies. Almost half of all community pharmacies provide long-term care services and play a critical role in ensuring patients have immediate access to medications in both community and long-term care (LTC) settings. Together, our members employ 205,000 individuals, and provide an expanding set of healthcare services to millions of patients every day. Our members are small business owners who are among America’s most accessible healthcare providers. NCPA submits these comments on behalf of both community and LTC independent pharmacies.

40.4 Providing Access to the MFP in 2026, 2027, and 2028

Payment should be paid to pharmacies within 14 days of adjudicating claim. CMS states in the draft guidance that: “If a retrospective refund is necessary to effectuate the MFP, CMS notes that the Primary Manufacturer must *transmit* (as described in section 40.4.2.1 of this draft guidance) an MFP refund amount within 14 days, as opposed to ensuring the dispensing entity has *received* the MFP reimbursement within 14 days, in order to comply with the 14-day prompt MFP payment window...” [CMS emphasis]. CMS later states that “While the 14-day prompt MFP payment window is intended to align with the timing requirements in the Part D prompt pay rules, dispensing entities should be aware that they may not receive payment from a Part D plan sponsor for the Part D claim on the same date that the Primary Manufacturer provides a retrospective MFP refund to the dispensing entity.”

As it stands now, pharmacies will be waiting a minimum of 21 days, and likely longer, for the manufacturer refund payments. A time frame of 21 days is unsustainable when pharmacies have to pay their wholesalers twice every month, with some pharmacies needing to pay wholesalers every day. **Manufacturers should therefore pay pharmacies timely, within 14 days of the pharmacy adjudicating the claim with the plans/PBMs. Additionally, to facilitate timely payment, NCPA recommends daily transfers of PDE data to the MTF DM.**

CMS should require Manufacturers Adopt $SDRA = WAC - MFP$. CMS states that “The Primary Manufacturer may elect to use the Standard Default Refund Amount (SDRA), as appropriate, to calculate and make the retrospective MFP refund payment to dispensing entities. CMS maintains that WAC is the best option to calculate the SDRA for the MTF DM due to the support expressed by interested parties. The obligation to calculate and pay an appropriate amount to ensure the dispensing entity has access to the MFP rests with the Primary Manufacturer. A Primary Manufacturer can choose to refund an amount different than the SDRA if the Primary Manufacturer determines some other amount is appropriate and sufficient to make the MFP available.”

NCPA agrees with CMS’ recommendation of $WAC - MFP$ as the SDRA. Manufacturers should use WAC to calculate the Maximum Fair Price (MFP) refund amount for pharmacies; as an equation: $WAC - \text{negotiated MFP} = \text{MFP Refund}$. Pharmacies need protection from manufacturers arbitrarily imposing refund amounts other than the Standard Default Refund Amount (WAC minus MFP) that do not appropriately effectuate the MFP. NCPA believes that manufacturers should use WAC as the standardized metric, and that the WAC price should reflect the date of adjudication, not the date of the refund.

The voluntary nature of WAC as a benchmark is especially concerning for dispensers, considering that pharmacies need to be reasonably compensated for these MFP drugs. **We advise CMS to require manufacturers to provide the MFP using the Standard Default Refund Amount and that dispensers have sufficient protections for reasonable reimbursement.**

40.4.2.1 Primary Manufacturer Participation in the MTF DM

NCPA supports CMS not requiring pharmacies to identify 340B claims. NCPA notes that in “Table 2: MTF DM Claim-Level Data Elements,” the 340B Claim Indicator is a data element that is voluntarily reported by the dispensing entity, and that CMS states that “The MTF’s provision of the ‘340B Claim Indicator’ data element does not represent or imply that CMS verified the 340B status of the claim nor that dispensing entities are required to include this code on claim submissions.” NCPA supports CMS policy to not require pharmacies to identify 340B claims, as CMS also stated in October 2024 [Medicare Drug Price Negotiation Program: Final Guidance, Implementation of Sections 1191 – 1198 of the Social Security Act for Initial Price Applicability Year 2027 and Manufacturer Effectuation of the Maximum Fair Price in 2026 and 2027](#). NCPA re-emphasizes the infeasibility of pharmacies identifying those claims either proactively or retroactively. NCPA has found that the N1 transaction is not feasible as it is not adopted by pharmacy information systems. For NCPA’s full comments on this matter, see our [March 2023](#)

[feedback](#) on CMS' *Medicare Part D Drug Inflation Rebates Paid by Manufacturers: Initial Memorandum, Implementation of Section 1860D-14B of Social Security Act, and Solicitation of Comments*.

MDPNP will have a chronic, not acute, negative impact on pharmacy. According to CMS:

Based on comments received, CMS is concerned that [pharmacies' material cash flow concerns] will be most acute in the transition period when MFPs for selected drugs first become effective in January 2026 and at the start of each subsequent initial price applicability year when MFPs for new selected drugs first become effective (i.e., at the start of a price applicability period with respect to a selected drug). CMS does not anticipate this challenge to continue with respect to a selected drug once MFP refunds for that selected drug are flowing and dispensing entities become accustomed to the 14-day prompt MFP payment window.

NCPA stresses to CMS that pharmacies' carrying costs under the MDPNP will not go away and will be only exacerbated as the program is further implemented and additional selected drugs are added. Under the MDPNP, pharmacies find themselves in a continuous process where they need to pay their wholesalers before selected drug claim refunds are paid to them. Given that most MDPNP drugs are currently filled at a loss, pharmacies will never be made whole under the program. Additionally, as community pharmacies are filling additional prescriptions of these selected drugs at a potential loss from the closure of big chain drugstores, and more drugs will be coming into the MDPNP each year, cashflow issues will only be compounded. Moreover, if future MFP prices reflect even deeper discounts, such as those that could result from implementation of the President's Most Favored Nation pricing policy, the gap between acquisition cost and reimbursement could widen even further. That could amplify the cashflow impact, especially for pharmacies serving high Medicare populations.

A recent [analysis](#) by NCPA reveals that the MDPNP, as currently structured, imposes severe financial strains on pharmacies. The analysis found that pharmacies will experience payment delays of at least seven additional days for negotiated drugs, surpassing current Medicare Part D prompt pay requirements. These delays could lead to significant cash flow shortfalls, with independent pharmacies potentially losing nearly \$11,000 in weekly cash flow and an average annual revenue loss of roughly \$43,000.

These financial disruptions are occurring at a time when community pharmacies are already closing at an alarming rate, with over 7,000 closures in less than a decade. The consequences of these closures will be devastating for patients—especially seniors in rural communities—who depend on local pharmacies for their essential medications and healthcare services.

Furthermore, in a recent NCPA survey of independent pharmacy owners/managers, over 93% of respondents said they have already decided to not stock the drugs in the MDPNP or are considering not stocking them.

Additionally, Avalere released a [study](#) showing the impact of the MDPNP on independent pharmacies and beneficiaries alike. The study found that 34 percent of prescriptions (or 74 million prescriptions) slated for the MDPNP for 2026 or 2027 are currently filled at an independent or franchise pharmacy. Avalere defined franchise pharmacies as “independently owned pharmacies that operate under a franchisor’s branding and business model within a specific region.” The report found that 30 percent of Medicare Part D beneficiaries (or 12 million beneficiaries) received at least one of these prescriptions at an independent or franchise pharmacy. The study concluded that it is vital to understand impacts on dispensers and beneficiaries as manufacturers plan to submit effectuation plans under the MDPNP by September 2025.

And the MDPNP has a disproportionate effect on long-term care pharmacies. A recent study of long-term care pharmacies found that:

- 60% would be forced to close pharmacy locations,
- 91% would be forced to lay off pharmacy staff,
- 85% would be forced to limit essential services,
- 82% would be forced to shift costs to LTC customers, and
- 56% would be challenged to dispense certain medications.¹

Pharmacies should have greater flexibility in self-identifying whether they anticipate having material cashflow concerns. In the draft guidance, CMS states that “...CMS will ask dispensing entities to self-identify whether they are a dispensing entity that anticipates having material cashflow concerns at the start of the initial price applicability year due to the reliance on retrospective MFP refunds within the 14-day prompt MFP payment window.” As the cash flow of pharmacies can change dramatically from year to year, NCPA requests that CMS provide a mechanism where pharmacies can easily inform manufacturers and change their status regarding having “material cashflow concerns.” That is, if in year one a pharmacy has not self-identified as having “material cashflow concerns,” that pharmacy should be able to easily inform the manufacturers that it now has cash flow issues, and either in the next year, or mid-year, be able to easily change its status as now having “material cashflow concerns.”

NCPA recommends that pharmacies would qualify for having material cashflow concerns if they have one or more of the following characteristics:

- **High percentage of total revenue from prescription sales;**
- **High percentage of total prescription revenue from Medicare Part D;**
- **High percentage of total prescription revenue from Medicaid;**
- **High percentage of total prescription revenue from MFP drugs; or**
- **If the pharmacy is serving a Medically Underserved Area.**

¹ See [New SCPC Member Survey Shows More than Half of America’s LTC Pharmacies May Close Locations Without Congressional Action](#). Senior Care Pharmacy Coalition. March 12, 2025.

NCPA, along with the American Society of Consultant Pharmacists (ASCP) has further provided manufacturers with Recommendations to Manufacturers to Effectuate Medicare’s Maximum Fair Price (MFP) for Pharmacies with Material Cash Flow Concerns. Those full comments can be found [here](#).²

Pharmacies must have protections under mitigation process. Additionally, CMS states that “Prior to the deadlines for the submission of MFP Effectuation Plans, CMS will provide Primary Manufacturers with a list of dispensing entities that have self-identified as anticipating material cashflow challenges. Primary Manufacturers *may* use this list to inform development and implementation of their mitigation processes for addressing material cashflow concerns.” [NCPA emphasis]. NCPA is concerned with manufacturer discretion of granting such mitigation to dispensing entities, as it is problematic for pharmacy protections under this program.

NCPA is also concerned that manufacturers, in assessing if pharmacies have “material cashflow concerns,” may send pharmacies a long list of requests or inquiries, or require an amount of information and data that is overly burdensome to provide. Consistent with our desire to not have multiple manufacturer effectuation plans, NCPA is concerned that such information requests would create a significant administrative burden. **Therefore, NCPA recommends that for pharmacies claiming material cashflow concerns, manufacturers should simply be allowed to ask these pharmacies to attest, under penalty of perjury, to having material cash flow concerns.**

Processing claims that are not clean. In the draft guidance, CMS states that

CMS intends to process claims in the following manner:

1. If a claim does not have any DDPS edits, the MTF DM will transmit the claim-level data elements to the Primary Manufacturer to initiate the 14-day prompt MFP payment window.
2. If a claim, through DDPS processing, cleared all of the DDPS edits that are on CMS’ list of edits directly related to MFP eligibility and only has DDPS edits that are not on such CMS list, the MTF DM will transmit the claim-level data elements to the Primary Manufacturer to initiate the 14-day prompt MFP payment window because it has been verified that the selected drug of the Primary Manufacturer was dispensed to an MFP-eligible individual.
3. If a claim has DDPS edits that are on CMS’ list of edits directly related to MFP-eligibility or has not yet cleared all of the DDPS edits that are on such CMS list of edits, the MTF DM will not transmit the claim-level data elements to the Primary Manufacturer because it has not been verified that the selected drug of the

² See [Policy Document ASCP and NCPA’s Recommendations to Manufacturers to Effectuate Medicare’s Maximum Fair Price \(MFP\) for Pharmacies with Material Cash Flow Concerns](#). NCPA June 2025.

Primary Manufacturer was dispensed to an MFP-eligible individual. The MTF DM will monitor for resolution of these edits. If all such edits directly related to MFP-eligibility are resolved within 90 days of the rejection, then the MTF DM will transmit the claim-level data elements to the Primary Manufacturer to initiate the 14-day prompt MFP payment window. If the edits are not resolved within this timeframe, the MTF DM will notify the dispensing entity that no refund payment has been paid for the claim through a remittance. If a subsequent PDE record for the claim indicates these edits are resolved, the MTF DM will transmit the claim's data elements to the Primary Manufacturer and initiate the 14-day prompt MFP payment window. CMS is considering what role, if any, the MTF and/or Primary Manufacturers could play in notifying dispensing entities of claims that are not resolved within the time frame discussed above and requests interested parties submit comments on this issue.

NCPA is concerned about claims falling into category #3 above, in that these claims might not get resolved or will be otherwise stuck in DDPS cycles, ultimately affecting pharmacies' ability to get paid from manufacturers. In situations in which a claim has edits that have not cleared all of the DDPS edits on CMS' list of relevant edits, the pharmacy cannot be expected to advance funding for 90+ days' supply of medication nor can the pharmacy wait that long for the issue to be resolved. In these situations, the MTF DM must submit the claim within 14 days regardless and then the issue can be corrected after the fact by either (1) charging the plan back if the plan incorrectly determined that the claim was eligible or there was another procedural problem, or (2) charging the pharmacy back only if they fraudulently or inaccurately billed a claim.

40.4.2.2 Dispensing Entity Enrollment in the MTF DM

NCPA asks CMS to clarify how CMS will enforce plans/PBMs requiring dispensing entity enrollment in the MTF DM.

NCPA also believes that manufacturers have hired the same entity to process claims from the MTF DM. **NCPA asks CMS for assurances of how the data stored by this single entity will be safeguarded, especially to prevent a data breach, for example.**

40.4.3 MTF Payment Facilitation

Market-based alternatives to MTF PM. In the draft guidance, CMS states that “[p]articipation in the MTF PM will be voluntary for Primary Manufacturers, which will have the option of passing MFP refund payments to dispensing entities through the MTF PM or using their own processes outside of the MTF PM.” NCPA is concerned that CMS has chosen to allow manufacturers to voluntarily effectuate the MFP via the MTF PM, which leads to greater uncertainty and potential administrative burden on independent pharmacies. NCPA believes that there is opportunity to leverage the existing market-based alternatives in the future in Medicare Part D payment generally, to transform pharmacy payment to a direct payment from manufacturers to pharmacies.

CMS or manufacturers must pre-fund the MDPNP. In the draft guidance, CMS states that

Because the MTF PM will only pass payments between Primary Manufacturers and dispensing entities, under no circumstances will federal funds be used for these transactions or to resolve or make payment related to disputes that may arise between parties when the MTF PM is utilized, including with respect to nonpayment or insufficient payment by a particular party. Additionally, CMS will not float or issue funds to a dispensing entity on the Primary Manufacturer's behalf in anticipation of a future MFP refund payment from the Primary Manufacturer to the dispensing entity.

CMS additionally states:

the following approaches might be pursued by interested parties to provide timely payment, potentially focused on dispensing entities that self-identify as anticipating having material cash flow concerns at the start of the initial price applicability year, and all of which could be paired with retrospective reconciliation once the Primary Manufacturer receives claim-level data elements from the MTF DM: (1) Primary Manufacturers could make prospective sales of selected drugs to dispensing entities at the MFP while leveraging virtual inventory management systems and pharmaceutical wholesaler chargebacks where applicable; (2) Primary Manufacturers could establish pre-funded MFP refund payment accounts directly with dispensing entities; and/or (3) Primary Manufacturers could leverage established relationships between dispensing entities and PSAOs to establish accounts that are pre-funded by the Primary Manufacturer for the PSAOs to use to disburse MFP refund payments to dispensing entities, with the PSAOs facilitating any necessary financial, reconciliation, and administrative services for the dispensing entity, thus minimizing the number of point of contacts for the Primary Manufacturer.

NCPA stresses that either CMS or manufacturers must float the MDPNP. NCPA recognizes that CMS has specifically stated that "Primary Manufacturers could establish pre-funded MFP refund payment accounts directly with dispensing entities." As stated in a letter that NCPA submitted to HHS' Office of General Counsel dated April 25, 2025, CMS has the authority to prefund the MTF or require the manufacturer to prefund the MTF. At the same time, CMS has no authority to require pharmacies to effectively prefund the MTF, and pharmacies should not be prefunding the MFP. The MDPNP in its current form essentially places an unfunded mandate on the pharmacy to prefund the MFP program.

No additional fees. CMS states in the draft guidance that "Separately, neither Primary Manufacturers nor dispensing entities shall be required to pay any fees to the MTF PM in connection with the pass through of MFP refund payments, including but not limited to user fees or transaction fees, as CMS intends to bear the cost of operationalizing the MTF PM." We support CMS' re-iteration that pharmacies cannot be charged any fees to participate as CMS would bear

the cost of operationalizing the MTF. **CMS must ensure that neither plans, PBMs, manufacturers, wholesalers, CMS nor any other entity be allowed to assess any fee on pharmacies to effectuate the MTF or any aspect of the MDPNP whatsoever. Pharmacies should not be required to fund any administrative functions that manufacturers engage in to provide the MFP to pharmacies, nor should pharmacies be required to provide funds for transmission or administrative functions related to the plan sponsors, or PBMs providing the PDE file or any other information to the MTF as part of the MDPN Program. NCPA believes that these guardrails should be explicitly stated in the final guidance to prevent harmful PBM practices from spreading into the MDPN program MTF process. Additionally, if manufacturers go outside the MTF-PM, pharmacies should not pay fees to access the manufacturer chosen PM. Further, any EFT fees should be borne by the manufacturer and not the pharmacy.**

40.4.3.2 Primary Manufacturer and MTF PM MFP Refund Payment Adjustments due to Claim Amendments Through the MTF PM

Credit/debit ledger system. In the draft guidance, CMS states

For Primary Manufacturers that pass payments through the MTF PM, regardless of whether MFP refund payments are issued to dispensing entities electronically or through paper check, the MTF will maintain a credit/debit ledger system that tracks credits and debits related to MFP refunds at the dispensing entity NPI-level, for each selected drug based on information reported by the Primary Manufacturer in the claim-level payment elements. CMS has received many requests to provide clarification on how MFP refunds will be reconciled when MFP refund payment occurs for a claim that is subsequently reversed or adjusted. To address changes in MFP refund payments due to claim reversals, adjustments, or determinations that a claim is not MFP-eligible after issuance of an MFP refund payment, the MTF will maintain a credit/debit ledger system that tracks credits and debits related to MFP refunds at the dispensing entity NPI-level for each selected drug for Primary Manufacturers that participate in the MTF PM and where payment is facilitated through the MTF PM. The credit/debit ledger system will accommodate a variety of revisions to incoming PDE information, including reversals or adjustments originating from updated PDE information received from DDPS. The Primary Manufacturer is responsible for reviewing all such credit and debit amounts to confirm their accuracy.

NCPA requests that CMS clarify how the credit/debit ledger system connects back to CARC and RARC codes. NCPA requests that pharmacies know the specific claims for which pharmacies are owed credit or have a debit, and requests that pharmacies will know on their 835s if there were adjustments made by the credit/debit ledger system. NCPA does not think that existing codes are specific enough nor will they be reported in such a manner so that the pharmacy will know if there has been an adjustment on a specific claim. Otherwise, pharmacies receiving credits that are unapplied to specific claims would cause a significant administrative burden for reconciliation.

40.4.3.3 Pass Through Payment to Dispensing Entity When Primary Manufacturer Participates in the MTF PM

No additional fees. CMS states in the draft guidance that “Regardless of whether the MFP refund is passed through the MTF PM or outside of the MTF PM, neither Primary Manufacturers nor their third-party vendors shall charge dispensing entities any transaction or other fees for the pass through of the MFP refund to the dispensing entity.” As stated above, we support CMS’ re-iteration that pharmacies cannot be charged any fees to participate as CMS would bear the cost of operationalizing the MTF. **CMS must ensure that neither plans, PBMs, manufacturers, wholesalers, CMS nor any other entity be allowed to assess any fee on pharmacies to effectuate the MTF or any aspect of the Medicare Drug Price Negotiation Program whatsoever. Any EFT fees should be borne by the manufacturer and not the pharmacy.**

80.1 Direct Member Reimbursements and Access to the MFP for Selected Drugs in 2026, 2027, and 2028

CMS states that direct member reimbursement (DMR) requests are requests for reimbursement submitted by eligible individuals to Part D plan sponsors to be reimbursed for a claim in which the individual paid the cash price out-of-pocket for the drug at the dispensing entity and did not use Part D coverage when receiving the drug. CMS notes that DMR requests are exceedingly rare. In a recent CMS internal analysis, less than one-hundredth of a percent of final action claims submitted in 2024 for the ten drugs selected for initial price applicability year 2026 were submitted as DMR requests.

When an eligible individual submits a DMR request, the Part D benefit is not used at the point of sale, the dispensing entity does not bill the individual’s Part D plan but rather charges the individual the cash price established by the dispensing entity, and the individual’s status as an MFP-eligible individual is not determined until after the point of sale when the individual submits the DMR request to their Part D plan. In such cases, CMS will consider the MFP to have been made available to the dispensing entity through the cash payment by the individual and, as a result, will not require the Primary Manufacturer to pay an MFP refund to the dispensing entity in connection with a covered DMR request.

NCPA supports the above processes for DMR requests, as dispensing entities have already received cash payments from the individuals at the point of sale, at the cash prices established by the dispensing entities, and are not involved in the submission of the claim to the Part D plan or the transaction to reimburse the MFP-eligible individual.

90.2 Monitoring of Access to the MFP in 2026, 2027, and 2028

“Commercially reasonable costs.” In the draft guidance, CMS states that in this section, “CMS adds clarifying language about the factors that will be considered when assessing MFP availability during case-specific monitoring and investigation activities.” Such “clarifying language” includes CMS looking at whether the retrospective refund amount paid by the Primary Manufacturer is sufficient to account for **commercially reasonable costs** the dispensing entity may encounter:

When assessing whether a Primary Manufacturer provided access to the MFP to a dispensing entity with respect to a selected drug, CMS will undertake a fact-specific assessment that will consider the following, among other factors, as applicable: whether the retrospective refund amount authorized for payment or paid by the Primary Manufacturer is sufficient to account for **commercially reasonable costs** the dispensing entity is likely to encounter in the supply chain, the invoice amount from the dispensing entity (if available), the delta between the MFP refund amount provided and the SDRA (if available), and any agreements or communications between the dispensing entity and the Primary Manufacturer regarding the availability of the MFP to the dispensing entity. [NCPA emphasis]

NCPA welcomes that CMS recognizes manufacturers’ role in accounting for dispensers’ “commercially reasonable costs.” NCPA asks CMS for clarity if “commercially reasonable costs” pertain to costs associated with obtaining medications, costs associated with dispensing medications, or both. Pharmacies should not be expected to dispense MFP medications below their full and complete cost to acquire and dispense. NCPA worked with the American Society of Consultant Pharmacists (ASCP) to provide manufacturers with Recommendations to Manufacturers to Effectuate Medicare’s Maximum Fair Price (MFP) for Pharmacies with Material Cash Flow Concerns. Those full comments can be found [here](#).³

90.2.1 Manufacturer Plans for Effectuating MFP

Harmonize manufacturer due dates for effectuation plans to June 1. According to the CMS draft guidance:

Starting with initial price applicability year 2027, CMS will split the MFP Effectuation Plan into two sections, with the Primary Manufacturer’s election whether or not to use the MTF PM, the Primary Manufacturer’s communication plan, the Primary Manufacturer’s approach to dispensing entities who indicate they anticipate having material cashflow concerns at the start of the initial price applicability year, and information about the Primary Manufacturer’s plan if they do not intend to use the MTF PM, required to be submitted via the MTF DM by June 1 of the calendar year before the MFP goes into effect, and the remainder of the information in the MFP Effectuation Plan due September 1 of the calendar year before the MFP goes into effect.

NCPA advocates that CMS should require all the above information of the MFP Effectuation Plans be due on June 1, 2026, to give pharmacies enough time to review that information and the basis for reimbursement from manufacturers. This information should include pharmacies knowing whether manufacturers are using the SDRA, or not, and what that amount either way is.

³ See [Policy Document ASCP and NCPA’s Recommendations to Manufacturers to Effectuate Medicare’s Maximum Fair Price \(MFP\) for Pharmacies with Material Cash Flow Concerns](#). NCPA June 2025.

90.2.2 Centralized Intake System for Complaints and Disputes Related to MFP Availability and MTF Functionality

Dispute resolution. As disputes will arise, NCPA recommends that manufacturers and dispensers submit any disputes using the specific X12 835 claim number. We appreciate CMS adding to its revised version of Appendix D the “MTF Internal Claim Number(s) or Reference ID(s) on X12 835” with an optional text field to Question 3: Selected Drug & Claim Information as information that can be provided if known. To facilitate continued pharmacy operation and access to medications by patients, we recommend that manufacturers do not interrupt payments to pharmacies during a dispute and that all claims be paid as the credit/debit ledger exists as a mechanism for manufacturers to recoup any over or incorrect payments.

To ensure disputes are rapidly addressed, we believe manufacturers and pharmacies should agree to binding arbitration if they are unable or unwilling to resolve the dispute within 30 days on the initial complaint by one party. Finally, we recommend that both parties identify a singular point of contact for all disputes.

NCPA thanks CMS for the opportunity to provide feedback, and we stand ready to work with the agency to offer possible solutions and ideas. Please let us know how we can assist further, and should you have any questions or concerns, please feel free to contact me at steve.postal@ncpa.org or (703) 600-1178.

Sincerely,



Steve Postal, JD
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