Submitted November 10, 2023

Mr. Benjamin Stidham, Contracting Officer
Department of Health and Human Services (HHS)
Centers for Medicare and Medicaid Services (CMS)
Medicare Drug Rebate and Negotiations Group (MDRNG)
Sent via Electronic Mail

RE: Request for Information: Medicare Transaction Facilitator (MTF) for the Medicare Drug Price Negotiation Program

Dear Mr. Stidham,

The National Council for Prescription Drug Programs (NCPDP) is a not-for-profit American National Standards Institute (ANSI) Accredited Standards Developer (ASD) consisting of more than 1,500 members representing entities including, but not limited to, claims processors, data management and analysis vendors, federal and state government agencies, insurers, intermediaries, pharmaceutical manufacturers, pharmacies, pharmacy benefit managers, professional services organizations, software and system vendors and other parties interested in electronic standardization within the pharmacy services sector of the healthcare industry. NCPDP provides a forum wherein our diverse membership can develop business solutions, including ANSI-accredited standards and guidance for promoting information exchanges related to medications, supplies and services within the healthcare system.

For over 40 years, NCPDP has been committed to advancing the electronic exchange of information between healthcare stakeholders. The NCPDP Telecommunication Standard is the standard used for eligibility, claims processing, reporting and other functions in the pharmacy services industry, as named in the Health Insurance Portability and Accountability Act (HIPAA). The NCPDP SCRIPT Standard and the Formulary and Benefit Standard are the standards in use in electronic prescribing, as named in the Medicare Modernization Act (MMA).

NCPDP submits the following comments in response to some of the questions in Section A in the *Request for Information: Medicare Transaction Facilitator (MTF) for the Medicare Drug Price Negotiation Program*, released October 17, 2023.

Section III. Questions

A. Medicare Transaction Facilitator

2. What minimum payment functionality is needed to minimize burden on pharmacies and other dispensers in accessing the MFP?

> **NCPDP Comment:** NCPDP expects a single MTF. Payment should be facilitated by the MTF via an electronic payment within 14 days of the manufacturer receiving sufficient information to verify that an individual is eligible for access to the MFP and by providing an X12 835 remittance file. The X12 835 remittance file should contain the same claim level identification information as they received on the initial payment of the claim from the Part

D plan sponsor and include any applicable adjustment information. A 340B deduplication process must be in place.

3. What MTF functions **should be prioritized** in a phased development and implementation process for immediate impact and burden reduction?

   NCPDP Comment: NCPDP expects a single MTF. Payment should be facilitated by the MTF via an electronic payment within 14 days of the manufacturer receiving sufficient information to verify that an individual is eligible for access to the MFP and by providing an X12 835 remittance file. The X12 835 remittance file should contain the same claim level identification information as they received on the initial payment of the claim from the Part D plan sponsor and include any applicable adjustment information. A 340B deduplication process must be in place.

4. How should CMS utilize existing capabilities to handle the transfer file transactions and large data transfers, and what mechanisms should be used to minimize manual effort for entity on-boarding?

   NCPDP Comment: The transfer of data should use existing NCPDP and X12 standards that are already in use to alleviate any additional burden on the entities involved in the process. The MTF should have the ability to enroll pharmacies in bulk or individually, utilizing resources such as NCPDP's DataQ® for the coordination of the payment process and where the 835 should be sent.

5. What should CMS consider in the design of the MTF to effectively incorporate health information technology standards and functionality, including interoperability as a supplement to existing CMS operating systems, to better support the aims of the MTF?

   NCPDP Comment: The MTF should be able to accept NCPDP standard files and produce X12 standard files using the existing technology/standards to transfer files.

7. How can CMS structure the MTF to receive paid MFP claims data for Part D (and Part B) in a systematic fashion that is least disruptive to the industry?

   NCPDP Comment: The MTF should be able to accept NCPDP and X12 standard transactions that are already in use in the industry from the Part D and Part B plan sponsors or their intermediaries.

8. How can CMS structure the MTF functionality to send data to pharmacies (and Part B entities) for booking an accounts receivable for paid MFP drug claims?

   NCPDP Comment: The MTF should produce files electronically leveraging claims data elements from existing NCPDP and X12 standards.

11. How will Part B functions differ from Part D functions to facilitate retrospective manufacturer reimbursements, and can there be a single facilitator that can perform pass through for both Part D and Part B, or must there be two different systems?

    NCPDP Comment: NCPDP expects a single MTF to provide services for Part D and Part B claims.

12. What other considerations and transaction components should CMS take into account in considering transaction flows for data exchange and payment processes in building the MTF?

    NCPDP Comment: As discussed above, the MTF should produce files electronically leveraging claims data elements from existing NCPDP and X12 standards. Payment should be facilitated by the MTF via an electronic payment within 14 days of the manufacturer receiving sufficient information to verify that an individual is eligible for access to the MFP and by providing an X12 835 remittance file. The X12 835 remittance file should contain the same claim level identification information as they received on the initial payment of the claim from the Part D plan sponsor and include any applicable adjustment information. A 340B deduplication process must be in place.

NCPDP thanks CMS for the opportunity to provide comments and for the consideration of our comments. NCPDP looks forward to continuing its work with CMS.

For direct inquiries or questions related to this letter, please contact:
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Respectfully,

Lee Ann C. Stember
President & CEO
National Council for Prescription Drug Programs (NCPDP)