Medicare Transaction Facilitator: Pharmacies and Other Dispensing Entities Frequently Asked Questions

MEDICARE DRUG PRICE NEGOTIATION PROGRAM
CENTERS FOR MEDICARE & MEDICAID SERVICES

This Frequently Asked Questions (FAQs) document contains information intended to support pharmacies, mail order services, and other dispensing entities (hereafter collectively referred to as "dispensing entities") as they prepare to engage with the new Medicare Transaction Facilitator (MTF). To ensure the implementation of the negotiated maximum fair prices (MFPs) agreed upon by CMS and applicable Manufacturers[1] for drugs selected for negotiation, CMS will establish an MTF system composed of two modules: the MTF Data Module (MTF DM) and the MTF Payment Module (MTF PM). For more information, please see the **MTF Fact Sheet**. Recent detailed guidance on the Negotiation Program can be found on the CMS website **here**.

These FAQs will be updated periodically and are organized by topic area. If you do not see the answer to your question within this document, guidance, or additional resources available on the **Resources for Pharmacies and Dispensing Entities webpage**, please e-mail **MFPMedicareTransactionFacilitator@cms.hhs.gov** with your question and CMS will provide you with a response or point you to a relevant resource.

MTF Enrollment: Dispensing Entities

Q1. How will dispensing entities enroll in the MTF Data Module (MTF DM)?

Dispensing entities will enroll in the MTF DM by first creating an account with the MTF DM and then accessing an online web-based portal using a standardized enrollment form to provide information on MTF DM users, entity demographics, third-party support entity relationships, and preferences for how the entity will receive MFP refund payments. The standardized enrollment form ("Dispensing Entity Enrollment Questionnaire" from CMS' October 2024 **Information Collection Request**) has undergone an initial 60-day comment period and was **re-issued** for a 30-day public comment period on April 1, 2025. The 30-day comment period will close 11:59pm PST on May 1, 2025.

In addition, each dispensing entity will review and sign MTF-related user agreements ("MTF Agreements") during enrollment to finalize MTF DM user functionality access. The enrollment process will be designed to accommodate a variety of operational and business structures. For chain pharmacy organizations, the system will provide functionality for centralized enrollment by the chain (rather than requiring enrollment for each location), while independent pharmacies will enroll individually.

CMS plans to provide detailed instructions on what steps dispensing entities will need to take in order to enroll in the coming months. To stay informed of upcoming events and opportunities to learn about the enrollment process, we encourage you to check the Pharmacy Landing Page frequently for updates and to sign up to receive e-mails about the Medicare Transaction Facilitator by clicking **this link**, entering your email address, and selecting "Medicare Transaction Facilitator" under the Center for Medicare.

Q2. As a dispensing entity, do I have to enroll in the MTF DM?

Yes, in the Contract Year 2026 Medicare Advantage (MA) and Part D Final Rule, CMS finalized the proposal that Part D sponsors' network participation agreements with contracting pharmacies, including any contracts with first tier, downstream, and related

[1] For the purposes of this document, "Manufacturers" refers to pharmaceutical Manufacturers that have been designated the Manufacturers by CMS for drugs selected by CMS for the Medicare Drug Price Negotiation Program, as defined in applicable guidance or regulations adopted in accordance with section 1193 of the Act.

entities, must require such pharmacies to be enrolled in the Medicare Drug Price Negotiation Program's Medicare Transaction Facilitator Data Module ("MTF DM") and that such pharmacies certify the accuracy and completeness of their enrollment information in the MTF DM. CMS believes the inclusion of the requirement for Part D sponsors' network pharmacies to be enrolled in the MTF DM that will be added to Part D sponsors' network contracts with pharmacies will facilitate continued beneficiary access to selected drugs, promote access to negotiated maximum fair prices under the Negotiation Program for both beneficiaries and dispensing entities, and help ensure accurate Part D claims information and payment.

Q3. As a dispensing entity, do I have to enroll in the MTF PM in order to receive MFP refund payments?

No, dispensing entities do not have to enroll in the MTF PM. Manufacturers will optionally participate in the MTF PM to execute MFP refund payments or, if they do not participate in the MTF PM, they will use information from the MTF DM to support making MFP refund payments. As part of enrolling in the MTF DM, you will indicate your preference for receiving paper or electronic MFP refund payments as well as provide information on where the MFP refund payments should be sent, regardless of whether the Manufacturer has opted into the MTF PM.

Q4. When will the MTF DM be available to accept enrollments from dispensing entities?

CMS is planning to enroll dispensing entities beginning in June 2025. Enrollment will be open on a rolling basis, meaning you will be able to sign up at any time. However, we strongly encourage you to enroll beginning in June 2025 and no later than November 15th, 2025 to ensure a smooth transition and avoid potential delays when the first cycle of MFPs goes into effect in January 2026.

Q5. Is CMS going to leverage data already provided to the National Council of Prescription Drug Programs (NCPDP) to facilitate dispensing entities in enrolling in the MTF?

Yes, CMS plans to utilize the NCPDP DataQ Pharmacy Database to identify and validate initial dispensing entity users, or "first users," for access to the MTF DM. These users will be responsible for verifying their identity, creating an account, and attesting to their role in their organization for the MTF DM. In addition, the first user will be responsible for inviting downstream users from their organization to register for access. When the first user enrolls in the MTF, they will be assigned privileges to be an *Authorized Signatory Official or Access Manager* for their organization, based on an attestation for their organization. If they are not the Authorized Signatory Official as designated by the enrolling dispensing entity, the initial user will be able to invite that user to join the MTF on behalf of their organization. Therefore, please ensure your NCPDP profiles and Points of Contact (for the chain relationship for chain pharmacies and at the provider level for non-chain pharmacies) are up to date and are accurate prior to the dispensing entity onboarding targeted for early June 2025.

Additionally, during the enrollment process, dispensing entities will be given the option to pre-populate certain identifying data on the enrollment form using self-reported dispensing entity and TPSE information including NPI, address, state license number, federal tax identification number, and other data from the NCPDP database if desired. For a full list of the information that can be populated from the NCPDP database if desired, please see Section 2, question 2, of the **Dispensing Entity Enrollment Questionnaire**.

For additional guidance on how Third-Party Support Entities (TPSEs) will enroll, please see the FAQs that follow within the MTF Enrollment: Third-Party Support Entities section.

Q6. What are the various user role types in the MTF DM and how many users are permitted for each organization?

There are three distinct user roles in the MTF DM:

1. **Authorized Signatory Official:** An appointed individual of the dispensing entity with authority to legally bind that organization in agreements, represent the organization in an official capacity, and act on behalf of an organization. To be eligible, the Authorized Signatory Official must meet one or more of the following criteria: (1) serve as the Chief Executive Officer (CEO), where the individual has been duly appointed by the organization's board or other governing body; (2) serve as the Chief Financial Officer (CFO), where the individual has been duly appointed by the organization's board or other governing body; (3) serve in a role other than as the CEO or CFO, where the individual has authority that is equivalent to a CEO or CFO; or (4) serve in a role, where the individual has been granted directly delegated authority to legally bind the organization on behalf of one of the individuals previously noted in (1)-(3).

2. **Access Manager:** An individual, designated by the Authorized Signatory Official of the dispensing entity authorized to act on behalf of the organization to view, modify, submit, and certify the completeness and accuracy of information in the MTF DM on behalf of the organization.

3. **Staff End User:** An individual, designated by the Access Manager of the dispensing entity authorized to view information in the MTF DM and submit complaints and disputes in the MTF DM on behalf of the organization.

The dispensing entity should determine how many user roles are appropriate depending on the dispensing entity's staffing resources and business practices. Additional information on assigning user roles and user management will be detailed in upcoming technical instructions.

Q7. Once enrolled, how do I access and use the MTF DM?

Once enrolled, the MTF DM web-based platform will allow users to manage their accounts and access the various features that will be available within the MTF DM. Dispensing entities can expect to receive a user guide with instructions for navigating the MTF DM. They will have support available via the MTF help desk to use the system.

Q8. What functionality will the MTF DM have for dispensing entities?

The MTF DM will serve as a single point of access to assist dispensing entities with receiving and reconciling MFP refund payments from Manufacturers who have opted to use the MTF PM. Among other functionalities, using the MTF will allow dispensing entities to:

During Enrollment and Prior to January 2026

- Self-identify as anticipating material cash flow issues as defined in section 40.4.2.2 of final guidance as applicable;
- Access helpful information on using the MTF and assign system roles;
- Experience a streamlined enrollment procedure if enrolling dispensing entity chooses to rely on up to date NCPDP data;
- Instruct the MTF DM where MFP refund payments and remittance advice should be sent, including to a linked third-party support entity (TPSE) as applicable;
- Review Manufacturer Maximum Fair Price (MFP) Effectuation Plans, including plans for dispensing entities self-identifying with cash flow issues (expected this Fall);
- Review and sign MTF Agreements with CMS and their MTF contractors that will be responsible for operating the MTF.

During Implementation

- Receive MFP refund payments from Manufacturers who have opted in to the MTF Payment Module;
- Receive remittance for payment made by paper check or Electronic Remittance Advice that uses the X12 835 standard adopted under the Health Insurance Portability and Accountability Act (HIPAA) for electronic payments;
- Submit complaints or disputes;
- View reports on the status of PDE data processing through the MTF DM to aid in financial planning.

The MTF DM will also serve as a central repository for connecting Manufacturers with information about dispensing entities needed to fulfill their program obligations. For example, during enrollment, a dispensing entity can self-identify if they anticipate material cashflow concerns due to the transition to retrospective MFP refund payments within the 14-day prompt MFP payment window; CMS will share such self-identifications with Manufacturers for consideration in their approach to mitigating such cashflow concerns as required in their MFP Effectuation Plans. The MTF DM will also support MFP effectuation with information about where the Manufacturer can direct MFP refund payments to dispensing entities if the Manufacturer chooses not to use the optional MTF PM services.

CMS intends for dispensing entities to view reports on the status of PDE data processing through the MTF. This ability to track PDE processing may help dispensing entities better manage their cash flow or aid their financial planning to meet other administrative burdens or operational costs. Remittance advice will also be made available to dispensing entities within the MTF DM when they receive MFP refund payments. This helps dispensing entities know the final disposition of MFP refund claims.

MTF Enrollment: Third-Party Support Entities

Q9. I use a TPSE, like a Pharmacy Services Administrative Organization (PSAO), to assist with processing payments to my pharmacy. Will they be able to access and enroll in the MTF-DM?

Yes, a third-party support entity may enroll in the MTF DM by completing the Third-Party Support Entity Enrollment Questionnaire (Part 2 of the **Drug Price Negotiation Program MTF DM Dispensing Entity and Third-Party Support Entity Form**) in the MTF DM. TPSEs can expect to support dispensing entities in much the same manner they do today. The MTF DM was designed to align with industry standards for central payment and claims reconciliation to ensure a familiar process for third-party support entities and dispensing entities.

Q10. Are dispensing entities and TPSEs enrolling separately?

Yes, dispensing entities and TPSEs will enroll into the MTF separately by using two different forms. The dispensing entity will identify any relevant TPSE they work with when they complete the Dispensing Entity Enrollment Questionnaire, and the TPSE will complete the Third-Party Support Entity Enrollment Questionnaire. The TPSE information entered by the dispensing entity and the information entered by the Third-Party Support Entity must match in order for the two entities to be able to be linked in the MTF DM.

Q11. Can a TPSE complete the Dispensing Entity Enrollment Questionnaire for independent pharmacy clients?

A TPSE should not complete the Dispensing Entity Questionnaire for independent pharmacy clients, as the independent pharmacy must enroll independently to provide critical information such as self-determining where MFP refund payments and remittance advice should be sent. The independent pharmacy should fill out the Dispensing Entity Enrollment Questionnaire and identify any appropriate third-party support entities in that questionnaire.

Q12. What information will I need to provide during enrollment?

To create an account with the MTF DM, users will be required to create an account with CMS Identity Management and complete a process called Remote Identity Proofing, which entails giving personal details to verify that the individual is who they say they are. This critical step helps ensure system security for all stakeholders.

Additionally, during the enrollment process, if you authorize the MTF DM to use and rely on your information as reported to NCPDP DataQ Pharmacy Database, you will need to provide several key pieces of information. This includes: 1) either your legal business name (exactly as it appears in that database), 2) doing business as (DBA) name, 3) NCPDP Relationship ID (for chains, when NCPDP relationship type = 01), or NCPDP Provider ID (for non-chains). This will enable the MTF DM to import your identifying information, such as name, addresses, National Provider Identifier (NPI), and Tax Identification Number (TIN) for your verification.

You'll also need to provide the name of your TPSE if you indicate during enrollment that you are using a TPSE to process your MFP refund payments and/or receive remittance advice on your behalf.

Additionally, if you choose to receive MFP refund payments via electronic transfer of funds, you'll need to provide your banking information and account type. Please note that if you are using a TPSE to process your MFP refund payments, their banking information will be used for payment facilitation, and your banking information will be stored in the MTF DM and used as needed in case of unforeseen circumstances that interrupt sending payment to your TPSE. If you choose to receive MFP refund payments via paper check, you will need to provide the addresses where you wish payment and remittance to be sent.

Lastly, you'll need to provide contact information for two points of contact within the dispensing entity who are knowledgeable about your responses to the Dispensing Entity Enrollment Questionnaire and are able to respond to any inquiries from CMS if clarifications or additional information is needed.

To understand how this information will be collected during enrollment, please review the updated proposed enrollment forms at the **CMS Paperwork Reduction Act website** and, as relevant, provide comment by 11:59pm PST on Thursday, May 1, 2025.

MTF Agreements

Q13. As a dispensing entity, what do I need to know about the MTF Agreements?

All dispensing entities must sign two user agreements upon enrolling in the MTF to gain access to the platform's full functionality (collectively, MTF Agreements). One is a general program agreement between the dispensing entity and CMS (the Dispensing Entity MTF Program Agreement). This agreement outlines general responsibilities for CMS and the dispensing entity related to using the MTF, such as confidentiality and data use provisions. The other is an specific agreement between the dispensing entity and the MTF DM Contractor (the MTF DM Agreement), which outlines the responsibilities and obligations of each party to establish what a dispensing entity can expect from the contractor operating the MTF DM. CMS solicited public feedback on the MTF Agreements from December 17, 2024 through January 31, 2025, and is currently reviewing and revising the agreements in response to feedback received. CMS plans to publish final versions of the MTF Agreements in Spring 2025.

Q14. How will CMS ensure confidentiality of dispensing entities' enrollment information and protection from disclosure of proprietary information? What is CMS's procedure for any disclosure or data breach that may occur related to the MTF DM?

CMS recognizes the nature of sensitive information stored in the MTF DM and will handle all enrollment data in compliance with federal privacy and security standards, such as the Federal Information Security Modernization Act (FISMA), a framework of guidelines and security standards to protect government information and operations. The MTF DM will implement safeguards, including access controls and regular monitoring, to protect against unauthorized access or disclosure. In the event of a breach, CMS will follow the steps prescribed by federal policies and guidelines to assess the risk, conduct a breach analysis, and mitigate any resulting harm. Further, there will be limited sharing of enrollment information via the MTF DM only with Manufacturers that are statutorily obligated to effectuate the MFP. Such applicable privacy laws, regulations and policies are outlined in data use provisions as part of the MTF Agreements.

Q15. Why do dispensing entities need to sign agreements with CMS and the MTF DM Contractor?

The MTF will be a system that houses sensitive information, such as certain elements of individual information, as well as dispenser and Manufacturer financial information. The MTF user Agreements are designed to outline the specific responsibilities of all involved parties and establish requirements for safeguarding information and interacting with the system. These agreements will establish responsibilities for all parties involved, including CMS, CMS' contractor(s), and system users, to support successful and consistent implementation of the MTF system aligned with all applicable laws, regulations, and Federal guidance. Each dispensing entity will need to enter into these agreements before accessing the full functionality of the MTF system. In the case of

chain pharmacies, the agreements will be executed by the Chain Home Office for *all* aligned locations; that is, each location will not execute its own agreements. For independent and other pharmacies not aligned with a centralized Chain Home Office, each entity will review and execute the agreements independently during enrollment.

Maximum Fair Price (MFP) Refund

Q16. How will dispensing entities know which Manufacturers will use the MTF PM to pass through MFP refund payments?

Manufacturers will indicate in their MFP Effectuation Plan whether they will use the MTF PM or develop their own processes for reimbursing dispensing entities. In the event a Manufacturer chooses to use its own approach, they will be required to provide details of such an approach in the MFP Effectuation Plan to CMS. They must follow the requirements for effectuating MFP outlined in section 90.2.1 of CMS' 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 ("final guidance"). Manufacturers must have contact information available for dispensing entities in their MFP Effectuation Plan should a dispensing entity have any questions. Ultimately, it is the sole responsibility of each Manufacturer to ensure the MFP is made available to dispensing entities.

CMS will make each Manufacturer's MFP Effectuation Plan (redacted to protect any proprietary information) available to dispensing entities and their third-party support entities through the MTF DM. Interested dispensing entities can find a draft of the "MTF DM Manufacturer MTF Effectuation Plan Form" available in the ICR package published for the 30-day public comment period, **here** – Comments close 11:59pm PST on Thursday, May 1, 2025.

Q17. When will dispensing entities be able to view the redacted MFP Effectuation Plans?

Redacted MFP Effectuation Plans will be available for review by dispensing entities via the MTF DM in Fall of 2025.

Q18. How much should a dispensing entity expect to receive for each MFP refund payment?

The Manufacturer is responsible for making the MFP available to dispensing entities and may do so in a variety of ways, including prospectively selling the selected drug to the dispensing entity at MFP or via a retrospective MFP refund payment. Given that the obligation to effectuate the MFP rests with the Manufacturers, the Manufacturers are responsible for calculating the correct MFP refund payment amount for each applicable claim to make MFP available. CMS' final guidance noted that Manufacturers may provide refunds at the Standard Default Refund Amount (SDRA), which is the difference between Wholesale Acquisition Cost (WAC) and MFP. The SDRA will be based on the WAC as published in pharmaceutical pricing database compendia on the date of service of the Part D claim. Alternatively, Manufacturers may provide refunds at an alternative amount if they maintain supporting documentation demonstrating why MFP refund payments were provided at an amount other than the SDRA. CMS will be monitoring any payments not using the SDRA to assess the extent to which the MFP is being made available.

In the MFP effectuation process, Part D sponsors will identify an estimated MFP refund payment at SDRA based on recent instructions from the National Council for Prescription Drug Programs (NCPDP) and will provide this estimate to dispensing entities for each Part D claim for a selected drug to assist the dispensing entity in tracking the amount of outstanding refunds owed. The SDRA estimate provided by the Part D sponsor may not reflect the final amount that Manufacturers provide to make MFP available.

Q19. What do I do if I disagree with the amount of an MFP refund payment that I received from the Manufacturer?

If you disagree with the refund amount received from the Manufacturer, as a first action, CMS encourages Manufacturers and dispensing entities to work together to mitigate the issue. To facilitate this coordination, CMS requires that Manufacturers provide an avenue for dispensing entities to contact them regarding such concerns as a component of their MFP Effectuation Plan.

These concerns may also be submitted to CMS via the complaints and disputes portal in the MTF DM for review. In these submissions, CMS requests a detailed description of the issue, supporting documentation (if applicable), and contextual information to aid our review process. For more details on the information CMS intends to collect for a complaint and dispute submission, please see the draft of the "Drug Price Negotiation Program Complaint and Dispute Intake Form" available in the ICR package published for the 30-day public comment period **here**. Comments close 11:59pm PST on Thursday, May 1, 2025. Please note, the complaints and disputes process is fully described in section 90.2.2 of final guidance

Q20. CMS' final guidance notes an opportunity for dispensing entities to raise concerns about cashflow during MFP effectuation. What action should a dispensing entity take if they anticipate material cashflow concerns consistent with those described in the final guidance?

The MTF DM Dispensing Entity Questionnaire provides an opportunity for dispensing entities to self-identify as having material cashflow concerns at the start of the initial price applicability year due to the shift from payment by the Part D sponsor to a combination of Part D sponsor payment plus a potentially lagged MFP refund payments from the Manufacturer. CMS will provide these self-identifications to each Manufacturer for consideration when implementing their planned approach to mitigate such concerns as required by the MFP Effectuation Plans. CMS will consider the information a Manufacturer provides in its mitigation process when conducting a risk assessment of the Manufacturer's MFP effectuation plan. Manufacturers with plans that CMS identifies as having a greater risk of failing to make the MFP consistently available will be subject to increased scrutiny through CMS' monitoring and oversight activities.

CMS understands the importance of the opportunity for pharmacies to self-identify as having anticipating material cashflow concerns. CMS describes the requirements related to such self-identification, and the requirements for Manufacturers to submit a mitigation plan as a component of their MFP Effectuation Plan in CMS' 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 ("Final Guidance") published October 2, 2024. The final guidance also describes CMS' intent to share a list of dispensing entities that have self-identified with Manufacturers via the MTF DM user interface.

Q21. What is the plan to address disputes or concerns raised by dispensing entities regarding a Manufacturer's 340B and MFP reconciliation process?

The complaint and dispute process is outlined in section 90.2.2 of the **final guidance**. CMS has encouraged Manufacturers and dispensing entities to work collaboratively to resolve disputes; however, CMS will not become involved in complaints or disputes between two private parties unless it is brought to CMS through the outlined complaint and dispute process and is within scope of the Medicare Drug Price Negotiation Program. For example, CMS will accept complaints and disputes raising concerns that MFP was not appropriately made available based on inaccurate 340B nonduplication, and the Complaint and Dispute Intake Form provides a field for the submitter to identify their submission as related to this area. Further, CMS will not evaluate the suitability of a Manufacturer's approach to resolving complaints and disputes outside of the CMS established mechanism for resolving such issues.

If a dispensing entity submits a complaint raising a concern that the MFP was not appropriately made available based on inaccurate 340B nonduplication, CMS will investigate to assess whether the Manufacturer's Report was accurate and whether an MFP refund payment was owed. As part of that investigation, CMS will review the extent to which the Manufacturer reasonably believed the reported claim-level payment elements were correct and whether the Manufacturer has timely complied with its statutory obligation to offer the lesser of the MFP or the 340B ceiling price, including assessing the role that any operational barriers played in the Manufacturer taking timely actions related to the claim. If CMS determines that the MFP should have been made available for the claim, CMS will give the Manufacturer the opportunity to take corrective action to make the MFP available before pursuing enforcement action. If a claim is determined to be 340B-eligible and the 340B price is lower, and the Manufacturer has paid

an MFP reimbursement, then the Manufacturer should request credit be applied via the claim-level payment elements with the MTF DM. CMS encourages Manufacturers and dispensing entities to work collaboratively to resolve disputes.

Remittance and Electronic Remittance Advice

Q22. In cases when the Manufacturer does not use the MTF PM, who is responsible for creating the remittance or Electronic Remittance Advice (ERA)?

As outlined in section 40.4.4.1 of CMS' final guidance, the Manufacturer is responsible for making remittance (for payments issued via paper check) or an ERA (for payments issued via electronic funds transfer) available to dispensing entities when the Manufacturer opts-out of the MTF PM. CMS also noted in its final guidance that it is the responsibility of the Manufacturer to ensure that the ERA created and transmitted to the dispensing entity uses the X12 835 standard adopted under the Health Insurance Portability and Accountability Act as applicable. For funds issued via paper check, it is the responsibility of the Manufacturer to ensure that the remittance is created and made available to the dispensing entity.

Q23. Will CMS publish the specifications for CMS' implementation of the 835, including all of the claim adjustment reason code (CARC) and five remittance advice remark codes (RARC) codes and their meanings. Will CMS make test data and test 835s available?

Specifications for the 835 will be detailed in future technical instructions. CMS has worked with X12 and the CMS RARC Committee to create a CARC and five RARCs to describe adjustments made to the SDRA on ERAs or remittance made available to dispensing entities. The following CARC and RARCs are effective as of on March 1, 2025, and can be viewed at **https://x12.org/codes/claim-adjustment-reason-codes** and **https://x12.org/codes/remittance-advice-remark-codes**.

MTF 835 CARCs and RARCs

Claim Adjustment Reason Code	**307**	Medicare Maximum Fair Price Standard Default Refund Amount Adjustment. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT). Usage: To be used only for the Medicare Drug Price Negotiation Program.
Remittance Advice Remark Codes	**N907**	No refund because this claim has been identified as 340B-eligible with a ceiling price lower than the maximum fair price.
	N908	No refund because this drug has been prospectively purchased at the maximum fair price.
	N909	Refund amount has been calculated using a methodology that differs from the Standard Default Refund Amount calculation ((Wholesale Acquisition Cost minus Maximum Fair Price) times Quantity).
	N910	A refund cannot be provided for this claim at this time. Contact the Manufacturer directly regarding your eligibility.
	N911	This claim cannot be reimbursed by the Manufacturer until the Part D plan submits corrected prescription drug event data to CMS for maximum fair price validation.