*Submitted electronically to: MFPMedicareTransactionFacilitator@cms.hhs.gov*

May 29, 2025

Kathleen Cantwell
Director
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244–1850

**Re: Medicare Transaction Facilitator DRAFT Standard Companion Guide Health Care Claim Payment/Advice (835)**

Director Cantwell,

The National Community Pharmacists Association (NCPA) appreciates the opportunity to provide comments to the Centers for Medicare and Medicaid Services to its Medicare Transaction Facilitator Draft Standard Companion Guide Health Care Claim Payment/Advice (835) ("draft companion guide").

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.

The number of sections with placeholder text "*To be completed in a future release"* is concerning given that the effective date for the first set of maximum fair prices is less than a year out and MTF Trading Partners need to have a clear picture of cash flow and processes to build workflow around receiving data from the MTF, reconciling it, and resolving issues. For example, it is well past the time that certification, testing processes, and connectivity specifications be made available. Aside from these concerns, NCPA has the following comments on the draft companion guide.

**Section 2 Getting Started**
Some dispensing entities may not accurately identify that they are MTF Trading Partners because the definition given is that an "MTF Trading Partner is any entity that transmits….or receives electronic data from the MTF." NCPA expects that many community pharmacies will not transmit electronic data to the MTF, and will receive electronic data indirectly via a Third-Party Support

Entity and not directly from the MTF. The description of a dispensing entity in Table 1 should be included in the first paragraph of Section 2.2 so that if the text is quoted out of context without the table, it is clear that all dispensing entities that dispense a selected drug to MFP-eligible individuals are MTF Trading Partners. In Table 1, "Third Party Support Entities" should be "Third-Party Support Entities"

Pharmacies and third-party support entities need adequate time to test data exchange and systems to ensure readiness for January 1, 2026. Therefore, NCPA urges CMS to release the details of 2.3 Trading Partner Certification and Testing Process as soon as possible.

**Section 3 Testing and Certification Requirements**
NCPA requests clarification on the inclusion of an entire companion guide section labeled "Not Applicable." What process will MTF Trading Partners use to determine successful transmittal of electronic data prior to January 1, 2026? If the draft companion guide is based on a standardized template companion guide, including an explanation to that effect would be helpful. It is alarming to read that testing and/or certification would not apply to data exchange between MTF Trading Partners.

**Section 4 Connectivity and Communications**
NCPA urges CMS to release the details of 4.1, 4.2 and 4.3 as soon as possible.

**Section 5 Contact Information**
NCPA urges CMS to release contact information for the MTF as soon as possible.

**Section 6 Control Segments Envelopes, Section 7 Acknowledgement and Reports, Section 8 Trading Partner Agreement, Section 9 Transaction-Specific Information, Section 10 Summary**
NCPA supports the questions and comments submitted by the National Council for Prescription Drug Programs (NCPDP) for these sections of the draft companion guide.

**Section 11 Appendices**
NCPA looks forward to being able to review the Implementation Checklist referenced in Section 11.1, and recommends against labeling a single item a checklist to avoid confusion. This requirement is already stated in Section 2.2 Trading Partner Registration.

NCPA reiterates our concern for the use of RARC N911 that appears in Table 11 in Section 11.2. Pharmacies have no process for, or leverage over, Part D plans' ability to submit prescription drug event data for prescriptions for selected drugs dispensed to MFP-eligible individuals. It is typical for pharmacies to contact a Part D plan's PBM/processor for issues with prescription drug claims, but it is not common to contact the plan sponsor. In fact, NCPA members report that attempts to contact a health plan (Part D, commercial, etc.) about a plan issue often result in being transferred to the PBM pharmacy helpdesk when the caller is identified as a pharmacist/pharmacy staff. NCPA calls on CMS to articulate requirements and timeframes to ensure that pharmacies are fairly and promptly reimbursed for prescriptions dispensed to Medicare beneficiaries. The current 90-day PDE adjustment window is too long for pharmacies

to wait for refund payments after selected drugs have been sold to the patient. For PDEs with errors that the Part D plan is not able to resolve within the initial 7-day submission window for selected drugs, we ask CMS to require the Part D plan to advance the Standard Default Refund Amount (SDRA), estimated by the PBM/processor in the paid claim response, to the pharmacy until such time that the PDE is successfully submitted and the MTF-DM can determine the refund status. This puts the financial burden on the Part D plan rather than the pharmacy or manufacturer while PDE errors are corrected. We further point out that pharmacies could potentially have three outstanding refund payments due to three, 30-day supplies being dispensed before the first PDE reaches the current 90-day resubmission window. This is an unsustainable refund delay and could critically harm pharmacy financial viability.

NCPA echoes NCPDP's comments regarding Table 12: "*NCPDP suggests removing Drug ID 15 – 19 from the table. As stated above in section 10, table 10, Including the NPI and the Drug ID in PLB01 may create parsing issues and cause data matching concerns. NCPDP suggests PLB01 contain the NPI only and the Drug ID be populated in PLB03-2 not currently included in the CG*." as well as regarding Section 11.6 Acronym Listing: "*NCPDP Comment: Please add CARC – Claim Adjustment Reason Code and RARC – Remit Advice Remark Code to the Acronym Listing*."

NCPA thanks the Centers for Medicare and Medicaid Services 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 lisa.schwartz@ncpa.org or (703) 838-2684.

Sincerely,

Lisa A. Schwartz, PharmD
Senior Director, Professional Affairs
National Community Pharmacists Association