

## Appendix A: Drug Price Negotiation Program MTF DM Dispensing Entity and Third-Party Support Entity Enrollment Form

Under the authority in sections 11001 and 11002 of the Inflation Reduction Act of 2022 (P.L. 117-169), the Centers for Medicare & Medicaid Services (CMS) is implementing the Medicare Drug Price Negotiation Program (“the Negotiation Program”), codified in sections 1191 through 1198 of the Social Security Act (“the Act”). The Act establishes the Negotiation Program to negotiate a maximum fair price (“MFP”), defined at section 1191(c)(3) of the Act, for certain high expenditure, single source drugs covered under Medicare Part B and Part D (“selected drugs”). In accordance with section 1193(a) of the Act, any Primary Manufacturer of a selected drug that continues to participate in the Negotiation Program and reaches agreement upon an MFP for the selected drug must provide access to the MFP to MFP-eligible individuals, defined in section 1191(c)(2)(A) of the Act, and to pharmacies, mail order services, other dispensing entities, providers and suppliers with respect to such MFP-eligible individuals who are dispensed that selected drug during a price applicability period.

To facilitate the effectuation of the MFP, CMS will engage a Medicare Transaction Facilitator (MTF). The MTF system will be comprised of two modules: the MTF Data Module (MTF DM) and the MTF Payment Module (MTF PM). Primary Manufacturers participating in the Negotiation Program are required to participate in the MTF DM. Further, CMS ~~intends to propose~~ has proposed in ~~future~~ rulemaking a requirement that Part D ~~plan~~ sponsors include in their pharmacy agreements provisions requiring dispensing entities to be enrolled in the MTF DM.<sup>1</sup> Dispensing entity enrollment in the MTF DM is needed for necessary operations related to administration of the Negotiation Program and the Part D program, including creating and making available remittances or ERAs, maintaining access to the complaints and disputes submission portal, facilitating continued access to selected drugs that are covered Part D drugs, and ensuring accurate Part D claims information and payment. As discussed in section 40.4 of the 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 (MFP) in 2026 and 2027 (“final guidance”), CMS will engage the MTF DM to facilitate the exchange of certain claim-level data elements and claim-level payment elements for selected drugs. The data exchange component of the MTF will involve both the transmission of certain claim-level data elements to the Primary Manufacturer and receipt of claim-level payment elements from the Primary Manufacturer.

This form is designed to collect the necessary information to process dispensing entity and third-party support entity enrollment in the MTF DM. Completing this form within the MTF DM enrollment module’s user interface will result in dispensing entities securing access to the MTF DM, enabling these entities to elect their preference for receiving MFP refund payments from the participating Primary Manufacturers, access reports related to their MFP-eligible claims, and access complaint

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<sup>1</sup> Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly, 89 Fed. Reg. 237 (Dec. 10, 2024), available at <https://www.federalregister.gov/documents/2024/12/10/2024-27939/medicare-and-medicaid-programs-contract-year-2026-policy-and-technical-changes-to-the-medicare>.

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and dispute functionality. This form will need to be completed only once for each dispensing entity enrolling in the MTF DM and kept up to date over time.

General information about CMS' work related to the IRA is available at <https://www.cms.gov/inflation-reduction-act-and-medicare>.

The relevant statute pertaining to this ICR can be found at this link: <https://www.congress.gov/117/plaws/publ169/PLAW-117publ169.pdf>

The relevant guidance pertaining to this ICR can be found at this link: <https://www.cms.gov/files/document/medicare-drug-price-negotiation-final-guidance-ipay-2027-and-manufacturer-effectuation-mfp-2026-2027.pdf>

## General Instructions

### Overview

Dispensing entities submitting Medicare Part D claims from MFP-eligible individuals should complete only Part I ~~of this form~~. Part I requires the completion of the following sections:

- ~~“Dispensing Entity~~ MTF DM User Roles” (Section 1),
- ~~“Dispensing Entity Selection” (Section 2),~~
- “Dispensing Entity Identification Information” (Section ~~3~~2),
- “Dispensing Entity Financial Information” (Section ~~4~~3),
- ~~“Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF Payment Module” (Section 4)~~
- “Dispensing Entity Contact Information” (Section 5), and
- ~~“Dispensing Entity~~ Certification” (Section 6)

The dispensing entity is responsible for determining and acquiring information necessary to complete Part I, and for maintaining the completeness and accuracy of the requested information in the MTF DM as long as the dispensing entity is enrolled in the MTF DM. The dispensing entity must complete the certification (Section 6) to finalize the submission of this form.

Third-party support entities that contract with a dispensing entity to ~~assist and~~ provide prescription-related, administrative, or intermediary services to a dispensing entity, such as a pharmacy services administrative organization (PSAO) or reconciliation vendor, should complete only Part II. Part II requires the completion of the following sections:

- ~~“Third-Party Support Entity~~ MTF DM User Roles” (Section 1),
- “Third-Party Support Entity Identification Information” (Section 2),
- “Third-Party Support Entity ~~Contact~~Financial Information” (Section 3), and
- ~~“Third-Party Support Entity~~ Certification” (Section 5)

“Third-Party Support Entity Financial Information” (Section 4) should also be completed if a third-party support entity is ~~contracted-designated by a dispensing entity~~ to receive aggregated MFP refund payments from Primary Manufacturers through the MTF PM on ~~behalf of its dispensing entity members to then distribute as individual MFP refund payments to its dispensing entity members~~ its

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behalf. The third-party support entity must complete the certification (Section 5) to finalize the submission of this form.

Questions about this ICR and dispensing entity and third-party support entity enrollment in the MTF DM should be sent to [XXX@xxx.xxx](mailto:XXX@xxx.xxx). For technical assistance related to the enrollment submission process, questions should be sent to [XXX@xxx.xxx](mailto:XXX@xxx.xxx).

#### Submission Method

- Dispensing entities, and any third-party support entities that intend to play a supporting role in dispensing entity receipt of MFP refunds, enrolling in the MTF DM should submit information related to this ICR via [SYSTEM].
- Instructions for dispensing entities and third-party support entities to gain access to the MTF DM to submit information related to this ICR will be available at: [SYSTEM URL].

#### Additional Instructions

- The instructions in this section apply to all information submitted by dispensing entities and third-party support entities.
- Dispensing entities under common ownership should be enrolled by their parent organization or chain home office. The parent organization or dispensing entity “chain home office” (hereinafter “dispensing entity CHO”) is responsible for completing this form on behalf of all associated locations. If a parent organization is organized into multiple dispensing entity CHOs (e.g., regionally) with claims reimbursement directed to different bank accounts for each sub-component, each dispensing entity CHO may enroll in order to align MFP refund payment with the appropriate payment destination; however, individual locations (e.g., stores under the CHO) should not enroll independently under these circumstances. Note that each MTF DM enrollment will be associated with a single payment destination for MFP refunds.
- For purposes of this information collection request, all defined terms referenced in this ICR have their meaning set forth in the final guidance.
- Questions about the final guidance, including questions about terms defined in the guidance and used in this ICR, should be sent to [IRARebateandNegotiation@cms.hhs.gov](mailto:IRARebateandNegotiation@cms.hhs.gov).
- Response formats are indicated within each question in this ICR.
- Additional information regarding the Medicare Drug Price Negotiation Program can be found on CMS’ website [here](#).

### **Part I: Dispensing Entity Enrollment Questionnaire**

#### **Section 1: Dispensing Entity MTF DM User Roles**

Section 1 requires the entity completing ~~the dispensing entity enrollment form~~ Part I to assign MTF DM user roles for any individuals they wish to have user access to the MTF portal. Generally, the Authorized Signatory Official will have the most capabilities within the MTF while the Staff End User

will have the least capabilities within the MTF DM. 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.

- **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).
- **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 the information on this form and to submit complaints and disputes in the MTF DM on behalf of the organization.
- **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.

#### Instructions

- Complete a row in the table below for every individual for which you wish to assign a user role for in the MTF DM by selecting the user role from the drop-down menu and providing the individual's full name and email address.

Drop-down Menu	Response Format – Full Name	Response Format – Email Address
[Drop-down Menu]	Text	Text
[Drop-down Menu]	Text	Text
[Drop-down Menu]	Text	Text
[Drop-down Menu]	Text	Text

#### Drop-down Menu Options

1	Authorized Signatory Official
2	Access Manager
3	Staff End User

#### **Section 2: Dispensing Entity** ~~Selection~~ **Identification Information**

~~This section collects basic information about the type of dispensing entity that is enrolling in the MTF DM. The MTF DM will be designed to facilitate enrollment of a variety of entity types to support~~

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the implementation of the Negotiation Program. These include a dispensing entity CHO (i.e., an entity such as a mass merchant or supermarket that provides centralized management and administrative services from corporate headquarters to pharmacies or dispensing entities under common ownership) and non-chain dispensing entities, such as independent pharmacies; independent long-term care pharmacies; Indian Health Service, Tribal, and Urban Indian pharmacies. Dispensing entities that operate under the same corporate parent should be enrolled under the dispensing entity CHO designation and enrollment should be completed by their dispensing entity CHO to ensure that all associated locations are covered under a single, streamlined submission.

#### Instructions

- Select the type of entity that is completing the enrollment form.
- Please ensure that you select the correct option from the drop-down menu. Choosing the wrong option may result in incomplete or inaccurate information being collected, which could extend the time needed to review your information and may require additional follow-up and other processing and/or payment delays.

**Section 2, Question 1.** Select from the drop-down menu the type of entity that is completing this enrollment form:

Section 2 Field	Response Format
Entity Completing Enrollment Form	{Drop-down menu}

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#### Drop-down Menu Options

1	Dispensing Entity Chain Home Office
2	Non-Chain Dispensing Entity

**Section 2, Question 2.** From the options listed below select the industry segment or operating structure that best characterizes the dispensing entity based upon your response to Question 1. If more than one operating structure is utilized, select each structure that is applicable to the dispensing entity NPI. If an operating structure utilized is not listed, select "Other" and explain in Section 2, Question 3:

Field	Response Format
Chain Pharmacy	<input type="checkbox"/>
Franchise Pharmacy	<input type="checkbox"/>
Independent Pharmacy	<input type="checkbox"/>
Mail Order Pharmacy	<input type="checkbox"/>
Electronic or Online Pharmacy	<input type="checkbox"/>
Long-term Care Pharmacy	<input type="checkbox"/>
Indian/Tribal/Urban Indian (I/T/U) Pharmacy	<input type="checkbox"/>

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Veterans Affairs (VA) Pharmacy	<input type="checkbox"/>
Other Governmental Pharmacy (e.g., pharmacy associated with a military treatment facility operated by the U.S. Department of Defense or U.S. Coast Guard clinic)	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Section 2, Question 3.** If “Other” was selected in response to Question 2, please provide a brief explanation of the operating structure that best describes your business in the text box below:

Field	Response Format
Explanation of “Other”	Text (200-character limit)

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### Section 3: Dispensing Entity Identification Information

Section 3 requires identifying information about the dispensing entity, including federally issued identifying information and demographic, geographic, and relationship information for verification purposes and to enable enrollment in the MTF DM.

#### Instructions

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- Dispensing entities are required to ~~complete each table and~~ answer all questions. If the question is not applicable, please indicate this in the corresponding text field by entering “Not Applicable.”
- Question 1 asks for ~~information that is authorization to use the dispensing entity’s self-reported information~~ to the National Council of Prescription Drug Programs (NCPDP) to optimize MTF Data Module enrollment procedures. If authorization is not given, the dispensing entity will be required to manually enter the requested information in Question 2 or upload a roster.
- Question 2 asks for identifying information for verification purposes, which ~~can be provided by completing the table or uploading a roster,~~ depending on your response to Question 1, may be prepopulated for you using the NCPDP dataQ Pharmacy Database.
- Question 3 provides an opportunity for dispensing entities to self-identify as ~~having anticipated~~ material cashflow concerns at the start of the initial price applicability year due to the shift from payment by the Part D ~~plan~~ sponsor to a combination of Part D ~~plan~~ sponsor payment plus a potentially lagged MFP refund. Responses to this question are optional and will be treated as confidential and shared with Primary Manufacturers for purposes of informing Primary Manufacturer’s development of their MFP Effectuation Plan only. For example, CMS expects that certain types of dispensing entities—such as sole proprietor rural and urban pharmacies with high volume of Medicare Part D prescriptions dispensed; pharmacies who predominantly rely on prescription revenue to maintain business operations; long-term care pharmacies; 340B covered entities with in-house pharmacies; and Indian Health Service, Tribal, and Urban Indian (I/T/U) pharmacies—may have material concerns about cashflow related to the effectuation of MFP.

As stated in section 90.2.1 of the Final Guidance, CMS will make the list of the self-identified dispensing entities available to Primary Manufacturers in the MTF DM prior to

Primary Manufacturers' submission of MFP ~~effectuation plans~~ Effectuation Plans for 2026 and 2027 and will provide updates to reflect changes to the list ~~on an ongoing basis as~~ other of dispensing entities ~~enroll in the MTF-DM and that~~ self-identify as having material cashflow concerns ~~or dispensing entities update their self-identification over time.~~ CMS views sharing this list as informational ~~and recognizes a;~~ Each Primary Manufacturer may establish its own ~~eligibility criteria for determining which dispensing entities are included in its mitigation approach.~~ Any such eligibility criteria should, which must be ~~outlined described~~ in the Primary Manufacturer's ~~mitigation process in their~~ MFP Effectuation Plan. ~~The Primary Manufacturer has discretion for dispensing entity inclusion criteria for any alternative approach;~~ selecting "Yes" does not guarantee the dispensing entity will gain access to ~~a~~ any Primary Manufacturer's mitigation process.

**Section 3, Question 1.** Please provide the following National Council for Prescription Drug Programs (NCPDP) identification numbers. If a certain NCPDP identification number is not applicable, please indicate as such in the corresponding text field.

**Section 2, Question 1.** Please indicate below if you authorize the MTF to use and rely on the dispensing entity's information as reported to NCPDP dataQ Pharmacy Database. Your response does not affect your ability to designate the dispensing entity as the direct recipient of MFP refund payments or to designate the third-party support entity listed in the database as the recipient (see Section 3, Questions 1-1A). Your response will guide how we collect your identifying information and optimize enrollment procedures in the MTF Data Module. Accordingly, please ensure that your information in NCPDP dataQ Pharmacy Database is correct and up to date prior to completing this enrollment form.

Selecting "Yes" means a copy of the most recent information from NCPDP dataQ Pharmacy Database will be displayed in Question 2 for your verification.

Selecting "No" means the required identifying information will need to be entered manually in Question 2.

Field	Response Format
<del>Yes</del> <u>NCPDP "Parent Organization ID"</u>	Text or Enter "Not Applicable" <input type="checkbox"/>
<del>NCPDP "Chain Relationship ID"</del> <u>No</u>	Text or Enter "Not Applicable" <input type="checkbox"/>

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**Section 2, Question 1A.** If "Yes" was selected in response to Section 2, Question 1, please provide the information in any one of the following fields to enable CMS to locate and prepopulate identifying information from the NCPDP dataQ Pharmacy Database. Please note that the NCPDP Provider ID is relevant to non-chain dispensing entities (i.e., community or independent

pharmacies). A dropdown menu may be available and prepopulated with information associated with the user management process.

Field	Response Format
<b>Section 3</b>	
<b>Legal Business Name OR</b>	Text
<b>Doing Business As (DBA) Name OR</b>	Text
<b>NCPDP Relationship ID (for chains when NCPDP relationship type = 01) OR</b>	Text or Dropdown Menu
<b>NCPDP Provider ID (for non-chains)</b>	Text or Dropdown Menu

**Section 2, Question 2.** A complete and accurate roster of your organization's location, including any associated dispensing entity locations, ~~Complete, is required. Based on your response to the previous questions, the following table may be prepopulated with information from NCPDP dataQ™ Pharmacy Database for verification. Accordingly, please verify the accuracy of the prepopulated information.~~

~~If you have opted not to authorize use of the NCPDP dataQ™ Pharmacy Database, please complete the following table, adding rows as applicable, or, if preferred, please upload a roster containing the requested information. #If manually entering information and mailing address and business address are the same, please indicate that in the text box or document rather than filling out the same address twice.~~

Legal Business Name	Doing Business As (DBA) Name	Store Location ID Number, # (if applicable)	Mailing Address	Business Address	NCPDP "Provider ID"	NCPDP "Parent Organization ID"	NCPDP "Chain Relationship ID"	Pharmacy National Provider Identifier (NPI)	State License Number	Federal Tax Identification Number	Stop Enter Dispensing Entity contract handle elements
Text or if GHO prepopulated by GMSITE	Text or if GHO prepopulated by GMSITE	Text or if GHO prepopulated by GMSITE	Text or if GHO prepopulated by GMSITE	Text or if GHO prepopulated by GMSITE	Text or if GHO prepopulated by GMSITE	Text or if GHO prepopulated by GMSITE	Text or if GHO prepopulated by GMSITE	Text or if GHO prepopulated by GMSITE	Select from Yes, No, or Not Prepopulated by MTE	Text or prepopulated by MTE	

OR

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**Section 32, Question 3A-3. (OPTIONAL)** This dispensing entity is self-identifying as a dispensing entity that anticipates material cashflow concerns for at least one location at the start of the initial

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price applicability year due to the shift from payment by the Part D ~~plan~~ sponsor to a combination of Part D ~~plan~~ sponsor payment plus a potentially lagged MFP refund.

Field	Response Format
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
<del>I Prefer Not to Answer</del>	<input type="checkbox"/>

**Section 32, Question 3B3A.** If “Yes” was selected in response to Question 3A3, please list the pharmacy NPIs for which the anticipated material cashflow concerns apply, or upload a file that contains the applicable list of pharmacy NPIs. If “No” was selected in response to Question 3A3, please do not answer this question and skip to Section 43.

Field	Response Format
<del>List of applicable NPIs with anticipated material cashflow concerns</del>	Text

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OR

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**Section 43: Dispensing Entity Financial Information:**

Financial information and account details are needed ~~to facilitate the pass through of~~ in connection with the MFP refund payment from the Primary Manufacturer to the dispensing entity. This information may also be necessary for establishing accurate remittance advices or ERAs.

**Instructions**

- Dispensing entities ~~(and, in Part II of this form, third-party support entities acting on behalf of dispensing entities)~~ are required to ~~complete the tables and~~ answer all questions.
- ~~Dispensing Entity CHO: If the entity completing this section is a Dispensing Entity CHO, please indicate whether the Dispensing Entity CHO will accept MFP refund payments from Primary Manufacturers on behalf of all pharmacies under the Dispensing Entity CHO provided in response to Section 3, Question 2. By selecting “Yes” in response to Question 1, of this section, the Dispensing Entity CHO authorizes the MTF PM to pass through MFP refund payments in an aggregated, single amount on a recurring basis from Primary Manufacturers directly to the payment address or bank account provided. The Dispensing Entity CHO shall be responsible for disbursing MFP refund payment amounts to its chain pharmacies as applicable from the single payment passed through by the MTF PM.~~
  - ~~In Question 2 of this section, please indicate whether the organization is contracted with a third-party support entity. In Question 3 of this section, please indicate the Dispensing Entity CHO’s preference to receive either a paper check or an electronic transfer of funds. If electronic transfer of funds is selected, please enter the~~

required financial information to enable receipt of electronic transfer of funds under Question 3A. If paper check is selected, please enter the required payment address information under Question 3B:

- If “No” is selected in response to Question 1 of this section, then further information will be required regarding each chain pharmacy’s preference for payment via paper check or electronic transfer of funds under Question 3C of this section:

- ◆ **Non-Chain Dispensing Entity:** If the entity completing this section is a “Non-Chain Dispensing Entity” such as an independent pharmacy, please start by answering Question 2 of this section to indicate whether the organization is contracted with a Third-Party Support Entity:

- If “Yes” is selected in response to Question 2 of this section, then move forward to Question 2A and please indicate the services for which the third-party support entity is contracted to perform related to the MTF on behalf of the dispensing entity. If more than one third-party support entity is contracted to provide various services to the dispensing entity, please note all associated third-party support entities using the form. If a particular MTF-related service is not listed, please select “Other” and complete the information required under Question 2B of this section. If applicable, under Questions 2C and 2D, please confirm the third-Party Support Entity that will receive MFP refund payments and ERAs or remittance advice, respectively, on your behalf.

- If “No” is selected in response to Question 2 of this section, then skip Question 2A and Question 2B and move forward to Question 3 of this section:

- Upon completing Question 2 of this section in its entirety, as applicable, please indicate the organization’s preference to receive either a paper check or an electronic transfer of funds under Question 3 of this section. If electronic transfer of funds is selected, please enter the required financial information to enable receipt of electronic transfer of funds under Question 3A. If paper check is selected, please enter the required payment address information under Question 3B:

- In completing this section, please note the following:
  - The financial institution’s name must be the legal business name of that financial institution.
  - The account to which electronic transfer of funds payments is made must bear the account holder’s name and legal business name.
  - Account number should include applicable leading zeros.
- ~~Non-Chain Dispensing Entities or Dispensing Entity CHOs~~ entities are responsible for maintaining the accuracy of information in this section and reporting any changes over time. Upon any change to the information in this section, the information in this form should be updated via the MTF DM user interface. Failure to promptly update information may cause delays or interruptions in processing of MFP refunds.
- Under Section 3, Question 41E of this section, please submit a voided check or a letter on the bank’s letterhead for verification purposes. This helps to ensure the accuracy of account details and prevents errors in payment processing. Only one type of documentation is needed. When submitting the banking verification documentation, it should contain the name on the account (account holder’s name), routing number, account

number, and account type. If submitting bank letterhead, the bank officer's name and signature is also required. NOTE: Supporting bank documents must be in the organization's legal business name only.

- Question 3 concerns tax reporting information. Nonprofit dispensing entities will not receive an IRS Form 1099.

**Section 43, Question 1.** If "Dispensing Entity CHO" was selected in response to **Question 1**, please indicate whether the Dispensing Entity CHO is authorized to receive authorize the MTF to rely on your information in the NCPDP dataO™ Pharmacy Database, you retain the option to have MFP refund payments from the Primary Manufacturer through the MTF PM sent either to a third-party support entity listed in that database or to yourself.

Please confirm whether the dispensing entity is using a third-party support entity for all purposes of the MTF:

Field	Response Format
its members	
Are you using a third-party support entity to process your MFP refund payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

To ensure MFP refund payments are directed appropriately, please confirm where MFP refunds should be sent (i.e., directly to you or to a third-party support entity you work with).

Field	Response Format
store locations:	

If "Non-Chain Dispensing Entity" was selected in response to

Name of entity to which MFP refund payments should be sent	Text
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**Section 43, Question 1.** please do not answer this question and skip to Question 21A. Irrespective of your decision to authorize the MTF to rely on your information in the NCPDP dataO™ Pharmacy Database, you retain the option to make ERAs or remittance advice available either to a third-party support entity listed in that database or to yourself.

Field	Response Format
Yes Are you using a third-party support entity to receive your ERAs or remittance advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
No	

**Section 4, Question 2.** Please indicate whether

To ensure ERAs or remittance advice are directed appropriately, please confirm the dispensing entity is contracted with to which ERAs or remittance advice should be made available (i.e., directly to you or to a third-party support entity. If "Yes," please ensure that Questions 2A through 2D are

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completed. If “No,” then please skip Questions 2A through 2D move on to Question 3: you work with).

Field	Response Format
<b>Yes</b> <u>Name of entity to which ERAs or remittance advice should be made available</u>	<u>Text</u> <input type="checkbox"/>
<b>No</b>	<input type="checkbox"/>

**Section 4, Question 2A.** If “Yes” was selected in response to Question 2, please provide the name of the dispensing entity’s Please confirm, as applicable, that the dispensing entity and the third-party support entity and the MTF-related services have mutually agreed that the third-party support entity named above is authorized to provide to the dispensing entity for purposes of the MTF. Please add a new row to enter more than one third-party support act on behalf of the dispensing entity in the specified manner:

<u>Third-party Support Entity</u>	<u>Third-party Support Entity Service</u>	<u>Third-Party Support Entity Service Effective Dates</u>	<u>NGPDP Payment Center ID</u>	<u>NGPDP Remit and Reconciliation ID</u>
Text	{Service: Drop-down menu}	Text	Text or Enter “Not Applicable”	Text or Enter “Not Applicable”

#### Drop-down Menu Options

1	Central payment (i.e., receive MFP refunds on behalf of a dispensing entity)
2	Remittance (i.e., receive ERAs or remittance advice on behalf of dispensing entity)
3	Reconciliation (i.e., submit complaints/disputes on behalf of a dispensing entity)
4	Audit assistance (i.e., assist a dispensing entity or produce records during an investigation or audit)
5	Other

**Section 4, Question 2B.** If “Other” is selected in response to Question 2A, provide a brief explanation of the service in the text box below:

Field	Response Format
<b>Explanation of Other</b> <u>The dispensing entity and the third-party support entity Service have mutually agreed that the third-party support entity named above will act on the dispensing entity's behalf in the specified manner.</u>	<input type="checkbox"/> <b>Yes</b> <u>Text (200-character limit)</u>

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**Section 4, Question 2C.** If applicable, please confirm the third-party support entity that will receive MFP refunds on the dispensing entity's behalf by entering the name of the third-party support entity in the text box below. If not applicable, please enter as such in the text box below:

Field	Response Format
Name of third-party support entity to which MFP refund payments should be sent	Text or Enter "Not Applicable"

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**Section 4, Question 2D.** If applicable, please confirm the third-party support entity that will receive ERAs or remittance advice on the dispensing entity's behalf by entering the name of the third-party support entity in the text box below. If not applicable, please enter as such in the text box below:

Field	Response Format
Name of third-party support entity to which ERAs or remittance advice should be made available	Text or Enter "Not Applicable"

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**Section 4, Question 3.** Select a preference for method of receiving MFP refund payments from Primary Manufacturers using the MTF Payment Module to effectuate the MFP. After indicating your payment preference in Question 3 of this section, please answer either Question 3A or Question 3B, depending on your payment preference. ~~Your responses under this question are required to facilitate the flow of MFP refund payments under a variety of possible circumstances that may arise during implementation of the Program.~~

**Note:** With **Section 3, Question 1B**, Questions 1B-1E of this section requests the dispensing entity's preference for electronic transfer of funds or check and accompanying details for completing payment (banking information or address). If you indicated in Question 1 of this section that MFP refunds should be sent to your third-party support entity (e.g., PSAO), your third-party support entity will be required to complete Part II of this form to enable the MTF to pass through MFP refunds to that third-party per your instructions. Their information will override the information you provide in Questions 1B-1E. Your financial information that you provide in Questions 1B-1E of this section will be securely stored in the MTF DM and used as needed in case of unforeseen circumstances that interrupt sending payment to your third-party support entity.

Please note that, with respect to payments passed through the MTF PM, the MTF PM's transfer of the Primary Manufacturer's authorized MFP refund payment to a dispensing entity shall not in any way indicate or imply that CMS or its MTF Contractors have evaluated or determined that the amount paid by the Primary Manufacturer is sufficient to make the MFP available to the dispensing entity and shall not otherwise discharge the Primary Manufacturer's statutory obligation to make the MFP available. Neither CMS nor its MTF Contractors will assert independent control over the disposition of deposited payment amounts or direct payment transfers; instead, the MTF Contractors will perform a ministerial function at the behest and direction of the participating Primary Manufacturer with respect to the pass through of the Primary Manufacturer's funds in the amounts and to the dispensing entities identified by the Primary Manufacturer in its claim-level payment elements.

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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. Neither CMS nor the MTF Contractors will be responsible for funding or paying the refund amounts owed by the Primary Manufacturer in instances where the Primary Manufacturer does not pay an MFP refund owed to a dispensing entity, including in cases where the Primary Manufacturer may be unable to pay (e.g., bankruptcy, insolvency, etc.). Neither CMS nor its MTF Contractors will accrue any interest on funds held by the MTF PM during the period before the funds are transferred to the dispensing entity (or returned to the Primary Manufacturer in the event of unclaimed funds). The MTF PM will serve only as a mechanism to transfer funds of the Primary Manufacturer to dispensing entities as directed by the Primary Manufacturer in the amounts authorized by the claim-level payment elements transmitted by the Primary Manufacturer and will not collect funds for any other use.

Please select your preference for method of receiving MFP refund payments from Primary Manufacturers using the MTF Payment Module to effectuate the MFP. After indicating your payment preference in Question 1B of this section, please answer either Question 1C or Question 1D, depending on your payment preference. Your responses under this question are required to facilitate the flow of MFP refund payments under a variety of possible circumstances that may arise during implementation of the Program.

<b>Field</b>	<b>Response Format</b>
MFP Refund Payment Preference	Drop-down menu
<b>Dispensing Entity's MFP Refund Payment Preference</b>	<u>Drop-down menu</u>

**Drop-down Menu Options**

1	Electronic transfer of funds (default)
2	Paper check

**Section 43, Question 3A1C.** If “electronic transfer of funds” was selected in response to Question 3, please complete the table to enable electronic transfer of funds. If “paper check” was selected, please skip to Question 3G1D.

For large chains directly receiving MFP refund payments (i.e., not using a third-party support entity), all MFP refund payments will be directed to the account you provide, below. If your chain has regional subdivisions or associated store locations that require payments to be deposited into a separate bank account, those entities must enroll separately, entering their respective bank accounts.

<u>ERA Delivery File Transfer Protocol (FTP) Address</u>	<u>Bank Name</u>	<u>Bank Account Holder</u>	<u>Bank Account Type</u>	<u>Recipient's Bank Account Number</u>	<u>Recipient's Bank Routing Number</u>
Text		Text	Text Drop-down menu	Text	Text

#### Drop-down Menu Options

1	Checking
2	Savings

Please enter the bank account holder's information. This information is required in order for the MTF to validate and transmit payment.

<u>Field</u>	<u>Response Format</u>
<u>Dispensing Entity Federal Tax Identification Number</u>	Text
<u>Dispensing Entity NPI</u>	Text
<u>Address Line 1</u>	Text
<u>Address Line 2</u>	Text
<u>City Name</u>	Text
<u>State</u>	Text
<u>Zip</u>	Text

**Section 43, Question 3B1D.** If “paper check” was selected in response to Question 3, please complete the table to enable receipt of paper checks.

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Field	Response Format
Payment Address <u>Line 1</u>	Text
Remittance Payment Address <u>Line 2</u>	Text
City Name	Text
State	Text
Zip Code	Text

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**Section 4, Question 3B.** If “No” was selected in response to Question 1 of this section, please complete the following table to state the payment preferences for each store that will not be paid through the Dispensing Entity CHO; or, if preferred, please upload a roster containing the required information. If “Yes” was selected in response to Question 1 of this section, please skip to Question 4 of this section.

Legal Business Name and Doing Business As (DBA) Name	Pharmacy National Provider Identifier	Paper Check or electronic transfer of funds (default)	Payment Address or ERA delivery address	Bank Name	Bank Account Holder	Bank Account Type	Recipient's Bank Account Number	Recipient's Bank Routing Number
Prepopulated by GMS based on information derived from section 3	Prepopulated by GMS based on information derived from section 3	Drop-Down	Text	Text or, if paper check is chosen, option appears to user as “grayed out”	Text or, if paper check is chosen, option appears to user as “grayed out”	Text or, if paper check is chosen, option appears to user as “grayed out”	Text or, if paper check is chosen, option appears to user as “grayed out”	Text or, if paper check is chosen, option appears to user as “grayed out”

OR

**Section 3, Question 1E. Confirmation of Information Needed for Electronic Transfer of Funds.**

To enable electronic transfer of funds, please upload one of the following documents to verify the banking information provided: either (1) voided check for the account listed, which shows the account holder's name, bank account number, and routing number—ensure that the check is clearly marked as “VOID” across the front; or, (2) letter from bank, printed on official bank letterhead, that confirms the account holder's name, account number, and routing number—the letter must be signed by a representative of the bank and include their contact information for verification purposes.

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**Section 4, Question 4. Confirmation of Financial Information.** To verify the banking information provided, please upload one of the following documents to your submission: either (1) voided check for the account listed, which shows the account holder's name, bank account number, and routing number—ensure that the check is clearly marked as “VOID” across the front; or, (2) letter from bank, printed on official bank letterhead, that confirms the account holder's name, account number, and routing number—the letter must be signed by a representative of the bank and include their contact information for verification purposes.



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**Section 3, Question 2.** If you indicated that a third-party support entity will receive MFP refunds and/or ERAs or remittance advice on your behalf in Question 1, please indicate your authorization for the MTF to use and rely on the third-party support entity's information as reported to NCPDP dataO Pharmacy Database. Your response will guide how we verify dispensing entity/third-party support entity relationship information. Accordingly, please ensure that your information in NCPDP dataO Pharmacy Database is correct and up to date.

Field	Response Format
Yes, I acknowledge and agree	<input type="checkbox"/>

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**Section 3, Question 3.** Please indicate whether your dispensing entity is a nonprofit organization. A nonprofit organization is generally defined as an entity that is exempt from federal income tax under Internal Revenue Code Section 501(c). Nonprofit dispensing entities will not receive an IRS Form 1099.

Field	Response Format
Is the dispensing entity a nonprofit organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**Section 4, Question 5. Primary Manufacturer Payment Outside of the MTF PM:**  
**Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF Payment Module**

**Section 4, Question 1. Dispensing Entity Acknowledgment of Information Sharing with Primary Manufacturers Not Using the MTF Payment Module.**

For Primary Manufacturers that are not utilizing the MTF Payment Module, CMS plans to make available through the MTF DM the bank account information and dispensing entity's financial information: preference for electronic transfer of funds or check; bank account information (if dispensing entity prefers MFP refunds to be sent directly to itself via electronic transfer of funds) or payment instructions to a third-party support entity; designated destination for ERAs or remittances for dispensing entities enrolled in the MTF DM; and contact information to support the Primary Manufacturer's creation and transmission of an ERA or remittance to the dispensing entity based on the preferred payment method indicated by the dispensing entity during MTF DM enrollment. Your information will only be shared with applicable Primary Manufacturers and kept confidential. Please indicate your acknowledgment and acceptance.

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Field	Response Format
Yes, I acknowledge and agree	<input type="checkbox"/>

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**Section 4, Question 2. Confirmation of Dispensing Entity MFP Refund Payment Instructions to a Third-Party Support Entity.**

If you indicated in Section 3, Questions 1 and/or 1A that MFP refund payments and/or ERAs or remittance advice should be sent and made available to a third-party support entity, please confirm those details by filling in the table, below. Your entry must match your response in Section 3, Questions 1 and/or 1A. If there is a discrepancy, the system will generate an error and prevent submission. Your third-party support entity's information will be obtained through their respective enrollment form.

Field	Response Format
Name of third-party support entity to which MFP refund payments should be sent, as directed by the dispensing entity	Text
Name of the third-party support entity to which ERAs or remittance advice should be sent, as directed by the dispensing entity	Text

#### Section 5: Dispensing Entity Contact Information

Please provide information for two points of contact within the Dispensing Entity. Points of contact must be able to answer questions about the information submitted on this form. For each point of contact, two phone numbers are requested, with one being required. The designated points of contact in this section do not need to match the contacts registered with NCPDP. However, they should be individuals who are knowledgeable about the contents in this form and able to respond any inquiries from CMS or the MTF if clarifications or additional information is needed. Accordingly, please ensure that the designated points of contacts are familiar with the details provided on this form and can provide timely responses.

#### Instructions

- Both tables should be completed in their totality, with one exception regarding the number of phone numbers.
- Enter the name and title of a contact person who can answer questions about the information submitted on this form.

#### For each point

- Both tables should be completed in their totality, with one exception regarding the number of contact, two phone numbers-
- Enter the name and title of a contact person who can answer questions about the information submitted on this form:-
- are requested, with one being required. If a point of contact only has one phone number they can be reached at, CMS will accept submissions with only one; if no second phone number, indicate "Not Available" using in the relevant field.

#### Section 5, Question 1. Primary Point of Contact

Field	Response Format
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#### Section 5, Question 1. Primary Point of Contact

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<u>Field</u>	<u>Response Format</u>
<b>Name</b>	Text
<b>First Name</b>	Text
<b>Last Name</b>	Text
<b>Title</b>	Text
<b>Email Address</b>	Text
<b>Phone Number (1)</b>	Text
<b>Phone Number (2) (optional)</b>	Text

**Section 45, Question 2. Secondary Point of Contact**

<u>Field</u>	<u>Response Format</u>
<b>Name</b>	Text
<b>First Name</b>	Text
<b>Last Name</b>	
<b>Title</b>	Text
<b>Email Address</b>	Text
<b>Phone Number (1)</b>	Text
<b>Phone Number (2) (optional)</b>	Text

**Section 6. Certification of Dispensing Entity Submission of Sections 1 through 5. Certification**

Please finalize your submission by certifying the completeness and accuracy of the information ~~on~~  
~~the information provided in sections 1 through 5.~~

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**Instruction for Section 6**

An individual eligible to certify this submission on behalf of the dispensing entity must be one of the following: (1) the chief executive officer (CEO) of the organization, (2) the chief financial officer (CFO) of the organization, (3) an individual other than a CEO or CFO, who has authority equivalent to a CEO or CFO of the organization, or (4) an individual with the directly delegated authority to perform the certification on behalf of one of the individuals mentioned in (1) through (3).

**Certification:**

I hereby certify, to the best of my knowledge, that the information being sent to CMS in this submission is complete and accurate, and the submission was prepared in good faith and after reasonable efforts. I reviewed the submission and made a reasonable inquiry regarding its content. I understand the information contained in this submission is being provided to and will be relied upon by CMS to facilitate payment of an MFP retrospective refund on MFP-eligible claims of selected drugs from the Primary Manufacturer to the dispensing entity in accordance with section

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1193(a)(3) of the Social Security Act. I also certify that I will timely notify CMS if I become aware that any of the information submitted in this form has changed.

Yes [ ]

No [ ]

Field	Response
Name of the Person Responsible for the Submission	Text
Signature	Text
Date	MM/DD/YYYY

## Part II: Third-Party Support Entity **Enrollment** Questionnaire

### **Section 1: MTF DM User Roles**

~~This section is intended to be completed by third-party support entity completing the enrollment form in order to play a supporting role in dispensing entity receipt of MFP refunds. Only third-party support entities responsible for central pay and reconciliation services for their contracted dispensing entities, or those selected by a dispensing entity to receive MFP refunds and/or ERAs/remittance advice on their behalf, as indicated by the dispensing entity in Part I of this form, should complete Part II.~~

### **Section 1: Third-Party Support Entity MTF DM User Roles**

Section 1 requires the entity completing the third-party support entity enrollment form to assign MTF DM user roles for any individuals they wish to have user access to the MTF portal.

- **Authorized Signatory Official:** An appointed individual of third-party support 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).
- **Access Manager:** An individual, designated by the Authorized Signatory Official of the third-party support entity, authorized to act on behalf of the organization to view, modify, submit, and certify the completeness and accuracy of the information on this form and to submit complaints and disputes in the MTF DM on behalf of the organization.
- **Staff End User:** An individual, designated by the Access Manager of the third-party support entity, authorized to view information in the MTF DM and submit complaints and disputes in the MTF DM on behalf of the organization.

### Instructions

- Complete a row in the table below for every individual that you wish to assign a user role for in the MTF DM by selecting the user role from the drop-down menu and providing the individual's full name and email address.

<b>Drop-down Menu</b>	<b>Response Format – Full Name</b>	<b>Response Format – Email Address</b>
[Drop-down Menu]	Text	Text
[Drop-down Menu]	Text	Text
[Drop-down Menu]	Text	Text
[Drop-down Menu]	Text	Text

**Drop-down Menu Options**

1	Authorized Signatory Official
2	Access Manager
3	Staff End User

**Section 2: Third-Party Support Entity Identification Information**

Section 2 requires identifying information about the third-party support entity acting on behalf of a dispensing entity enrolled in the MTF DM, including the third-party support entity's federally issued identifying information and demographic, geographic, and relationship information for verification purposes ~~and~~ to enable enrollment efficiencies in the MTF DM.

Instructions

- Third-party support entities acting on behalf of dispensing entities enrolled in the MTF DM should ~~complete each table and~~ answer all questions. If ~~the~~a question is not applicable, please indicate as such in the corresponding text field.

**Section 2, Question 1.** Complete the following table for your organization. If mailing address and business address are the same, please indicate that in the text box rather than filling out the same address twice.

<u>Legal Business Name</u>	<u>Doing Business As (DBA) Name</u>	<u>Mailing Address</u>	<u>Business Address</u>	<u>Federal Tax Identification Number</u>
Text	Text	Text	Text	Text

**Section 2, Question 2.** Please provide the following National Council for Prescription Drug Programs (NCPDP) identification number(s) ~~for verification purposes~~. If a certain NCPDP identification number is not applicable, please indicate as such in the corresponding text field.

<u>Field</u>	<u>Response Format</u>
NCPDP "Payment Center ID"	Text or Enter "Not Applicable"
NCPDP "Remit and Reconciliation ID"	Text or Enter "Not Applicable"

**Section 2, Question 3.** Please indicate the dispensing entity or entities that your organization is contracted with, list the MTF-related services that your organization is authorized to provide to the dispensing entity or entities for purposes of the MTF, and the dates from and through which the contract is effective ("effective dates") for each service(s). Please add a new row to enter more than one dispensing entity. Alternatively, please upload a roster containing the requested information:

~~Note: To the extent the third-party support entity is engaged in central payment services and seeks to receive pass-through payment through the MTF PM, by completing this form, the third-party support entity authorizes the MTF PM to pass through MFP refund payments in an aggregated,~~

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single amount on a recurring basis from Primary Manufacturers directly to the payment address or banking account provided. The third-party support entity shall be responsible for disbursement of MFP refund payment amounts to its members from the single payment passed through by the MTF PM.

Pharmacy Legal Business Name	Pharmacy Doing Business As (DBA) Name	Pharmacy Mailing Address	Pharmacy Business Address	Pharmacy National Provider Identifier (NPI)	NGPDP Relationship ID	Services Contracted and Effective From Date and Effective Through Date
Text	Text	Text	Text	Text	Text	<div><input type="checkbox"/> Central payment (i.e., receive MFP refunds on behalf of a dispensing entity) <input type="checkbox"/> Effective Dates: Text</div> <div><input type="checkbox"/> Remittance (i.e., receive ERAs or remittance advice on behalf of dispensing entity) <input type="checkbox"/> Effective Dates: Text</div> <div><input type="checkbox"/> Reconciliation (i.e., submit complaints/disputes on behalf of a dispensing entity) <input type="checkbox"/> Effective Dates: Text</div> <div><input type="checkbox"/> Audit assistance (i.e., assist a dispensing entity or produce records during an investigation or audit) <input type="checkbox"/> Effective Dates: Text</div> <div><input type="checkbox"/> Other: Text <input type="checkbox"/> Effective Dates: Text</div>

OR

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### Section 3: Third-Party Support Entity Financial Information

Financial information and account details should be provided by third-party support entities authorized to receive MFP refund payment from Primary Manufacturers through the MTF PM. This information may also be necessary for establishing accurate remittance advices or ERAs.

#### Instructions

- In Question 1 of this section, please indicate your organization's preference to receive either a paper check or an electronic transfer of funds. If electronic transfer of funds is selected, please enter the required financial information to enable receipt of electronic transfer of funds under Question 1A. If paper check is selected, please enter the required payment address information under Question 1B.
- In completing this section, please note the following:
  - The financial institution's name must be the legal business name of that financial institution.
  - The account to which electronic transfer of funds payments is made must bear the account holder's name and legal business name.
  - Account number should include applicable leading zeros.

- The third-party support entity is responsible for maintaining the accuracy of information in this section and reporting any changes over time. Upon any change to the information in this section, the enrollee should update the information in this form via the MTF DM. In particular, maintaining up to date information regarding banking information, ~~or~~and arrangements between a dispensing entity and a third-party support entity managing MFP refund payments on a dispensing entity's behalf ~~will be~~is crucial to maintaining the flow of MFP refunds.
- Under Question 1C of this section, please submit a voided check or a letter on the bank's letterhead for verification purposes. This helps to ensure the accuracy of account details and prevents errors in payment processing. Only one type of documentation is needed. When submitting the banking verification documentation, it should contain the name on the account (account holder's name), routing number, account number, and account type. If submitting bank letterhead, the bank officer's name and signature is also required. NOTE: Supporting bank documents must be in the ~~organization's~~third-party support entity's legal business name only.
- Question 2 concerns tax reporting information. Nonprofit third-party support entities will not receive an IRS Form 1099.

**Section 3, Question 1.** ~~Select~~While the MTF will keep your financial information on file, whether you will be the recipient of MFP refund payments depends on the dispensing entity's response in Part I, Section 3 of this form. Accordingly, select a preference ~~for using the MTF Payment Module.~~  
After indicating your preference, please answer either Question 1A or Question 1B.

Field	Response Format
Preference	Drop-down menu

**Drop-down Menu Options**

1	Electronic transfer of funds (default)
2	Paper check

**Section 3, Question 1A.** If "electronic transfer of funds" was selected in response to Question 1, please complete the table to enable electronic transfer of funds. If "paper check" was selected, please skip to Question 1B.

<del>ERA</del> <del>Delivery</del> <del>File</del> <del>Transfer</del> <del>Protocol</del> <del>(FTP)</del> <del>Address</del>	<del>Bank</del> <del>Name</del>	<del>Bank</del> <del>Account</del> <del>Holder</del>	<del>Bank</del> <del>Account</del> <del>Type</del>	<del>Recipient</del> <del>'s Bank</del> <del>Account</del> <del>Number</del>	<del>Recipient's Bank</del> <del>Routing Number</del>
Text		Text	<del>Text</del> Drop-down menu	Text	Text

**Drop-down Menu Options**

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1	Checking
2	Savings

**Section 3, Question 1B.** If “paper check” was selected in response to Question 1, please complete the table to enable receipt of paper checks.

Field	Response Format
Payment Address	Text
Remittance Address	Text

**Section 3, Question 1C.** Confirmation of Information Needed for Electronic Transfer of Funds.

To verify the banking information provided, please upload one of the following documents to your submission: either (1) voided check for the account listed, which shows the account holder’s name, bank account number, and routing number—ensure that the check is clearly marked as “VOID” across the front; or, (2) letter from bank, printed on official bank letterhead, that confirms the account holder’s name, account number, and routing number—the letter must be signed by a representative of the bank and include their contact information for verification purposes.

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~~Confirmation of Financial Information.~~ To verify the banking information provided, please upload one of the following documents to your submission: either (1) voided check for the account listed, which shows the account holder’s name, bank account number, and routing number—ensure that the check is clearly marked as “VOID” across the front; or, (2) letter from bank, printed on official bank letterhead, that confirms the account holder’s name, account number, and routing number—the letter must be signed by a representative of the bank and include their contact information for verification purposes.

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**Section 3, Question 2.** Please indicate whether your third-party support entity is a nonprofit organization. A nonprofit organization is generally defined as an entity that is exempt from federal income tax under Internal Revenue Code Section 501(c). Nonprofit third-party support entities will not receive an IRS Form 1099.

Field	Response Format
<u>Is the third-party support entity a nonprofit organization?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 4: Third-party Party Support Entity Contact Information**

Please provide information for two points of contact within ~~your organization.~~ Points the third-party support entity. The designated points of contact must in this section should be individuals who are knowledgeable about the contents in this form and able to respond any inquiries from CMS or the MTF if clarifications or additional information is needed. Accordingly, please ensure that the

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designated points of contacts are familiar with the details provided on this form and can provide timely responses.

#### Instructions

- Both tables should be completed in their totality, with one exception regarding the number of phone numbers.
- Enter the name and title of a contact person who can answer questions about the information submitted on this form. For each point of contact, two phone numbers are requested, with one being required.

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#### Instructions

- ~~• Both tables should be completed in their totality, with one exception regarding the number of phone numbers.~~
- ~~• Enter the name and title of a contact person who can answer questions about the information submitted on this form.~~
- If a point of contact only has one phone number they can be reached at, CMS will accept submissions with only one; if no second phone number, indicate "Not Available" using in the relevant field.

#### Section 4, Question 1. Primary Point of Contact

<u>Field</u>	<u>Response Format</u>
<u>First Name</u>	Text
<u>Last Name</u>	<u>Text</u>
<u>Title</u>	Text
<u>Email Address</u>	Text
<u>Phone Number (1)</u>	Text
<u>Phone Number (2) (optional)</u>	Text

#### Section 4, Question 2. Secondary Point of Contact

<u>Field</u>	<u>Response Format</u>
<u>First Name</u>	Text
<u>Last Name</u>	<u>Text</u>
<u>Title</u>	Text
<u>Email Address</u>	Text
<u>Phone Number (1)</u>	Text
<u>Phone Number (2) (optional)</u>	Text

**Section 5. Certification of Third-Party Support Entity Submission of Sections 1 through 4: Certification**

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Please finalize your submission by certifying the completeness and accuracy of the information ~~on~~ the information provided in sections 1 through 4.

**Instruction for Section 5**

An individual eligible to certify this submission on behalf of the third-party support entity must be one of the following: (1) the chief executive officer (CEO) of the organization, (2) the chief financial officer (CFO) of the organization, (3) an individual other than a CEO or CFO, who has authority equivalent to a CEO or CFO of the organization, or (4) an individual with the directly delegated authority to perform the certification on behalf of one of the individuals mentioned in (1) through (3).

**Certification:**

I hereby certify, to the best of my knowledge, that the information being sent to CMS in this submission is complete and accurate, and the submission was prepared in good faith and after reasonable efforts. I reviewed the submission and made a reasonable inquiry regarding its content. I understand the information contained in this submission is being provided to and will be relied upon by CMS to facilitate payment of an MFP retrospective refund on MFP-eligible claims of selected drugs from the Primary Manufacturer to the dispensing entity in accordance with section 1193(a)(3) of the Social Security Act. I also certify that I will timely notify CMS if I become aware that any of the information submitted in this form has changed.

Yes [ ]

No [ ]

Field	Response
Name of the Person Responsible for the Submission	Text
Signature	Text
Date	MM/DD/YYYY