The Medicare Transaction Facilitator Turns a Negotiated Drug Price Into ar Auditable Claim-Level Event: Two MTI Modules, a Seven-Day PDE Feed, the Part B NDC Identity Gap, and a 14-Da Event Clock

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Abstract

- The July 2028-effectuation document is draft guidance, not final policy. Comments closed June 26, 2025. Every design choice below carries a draft la
- The core idea: a negotiated maximum fair price only becomes real when a cl level event proves who owes what to whom. Claims and encounters flow intc Medicare Transaction Facilitator, it identifies eligible events and ships clain data to the primary manufacturer, the manufacturer effects or explains the discount, and a standardized status record flows back.
- The MTF is not the payer. It does not owe the discount and does not replace ordinary Medicare claim payment. It’s a data layer, plus an optional paymen switch.
- Two modules, two legal weights: the Data Module (mandatory reporting) an Payment Module (optional routing). Manufacturers register for the Data Mc

by May 1, 2027 for prices effective January 1, 2028.

- Part D rides a Prescription Drug Event feed, now shortened to seven days fo selected drugs, gated by eligibility edits. Part B has a nastier problem: one HCPCS can hold several products, so the claim may not even say which drug was.
- The 14-day clock is a manufacturer event deadline that starts when verified is sent, not a promise the provider gets cash within 14 days of administratio Read that sentence twice.
- Every record gets a status code. Effectuation becomes a computable audit lo CMS does not validate whether the refund math is actually right.

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A price is only real once a claim-level event proves who owes what to whom

The negotiated-price program produces a number, the maximum fair price, but a number is not money, and the entire draft effectuation guidance is CMS working how that number turns into an actual dollar moving to an actual entity. The mechanism it lands on is a claim-level reconciliation rail. Claims from Part D, an claims or encounters from Part B, flow into a Medicare Transaction Facilitator. T facilitator figures out which of those events are eligible for the negotiated price, packages the claim-level data, and sends it to the drug's primary manufacturer. T manufacturer then either effects the discount, pays a refund, or explains why it d not, and a standardized status record flows back to CMS for reconciliation and oversight. The price becomes real only at the moment a specific claim-level even establishes who owes what to whom.

The most important thing to get straight before anything else is what the facilita not. It is not the payer. It does not itself owe the negotiated discount, and it does replace the ordinary Medicare claim payment that already happened through the normal benefit. The underlying claim gets paid the usual way, by the usual entity the usual terms. The facilitator sits alongside that as a data-and-optional-payme layer, the plumbing through which a manufacturer provides retrospective access the negotiated price in the common case where that price was not already baked the acquisition cost up front. Miscasting the facilitator as the payer, or as a replacement for claims adjudication, gets the architecture backward from the fir sentence, and a lot of commentary is going to do exactly that.

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