

Preparing for the Rebate Model Pilot: Beacon Enrollment

Did you register on the [Beacon Rebate Model](#) platform last year?

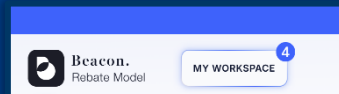
(Remember, blue banner is for 340B Rebate Model, purple banner is for MFP)

No? No big deal!



Yes? Awesome! That will save you a little bit of time.

Log in and click on
"My Workspace" in the
top left corner



Review the documents
you previously submitted
for Articles of
Incorporation, CP-575,
and W9 for each 340B
ID, updating if necessary
or attesting that the
information remains
current and accurate

Confirm or update the
bank account details
provided last year
(Account Name, Routing
Number, & Account Type)
and upload a NEW
certified bank letter from
your financial institution,
dated within the last 6
months

When initiated, confirm
the deposit amount in the
penny test



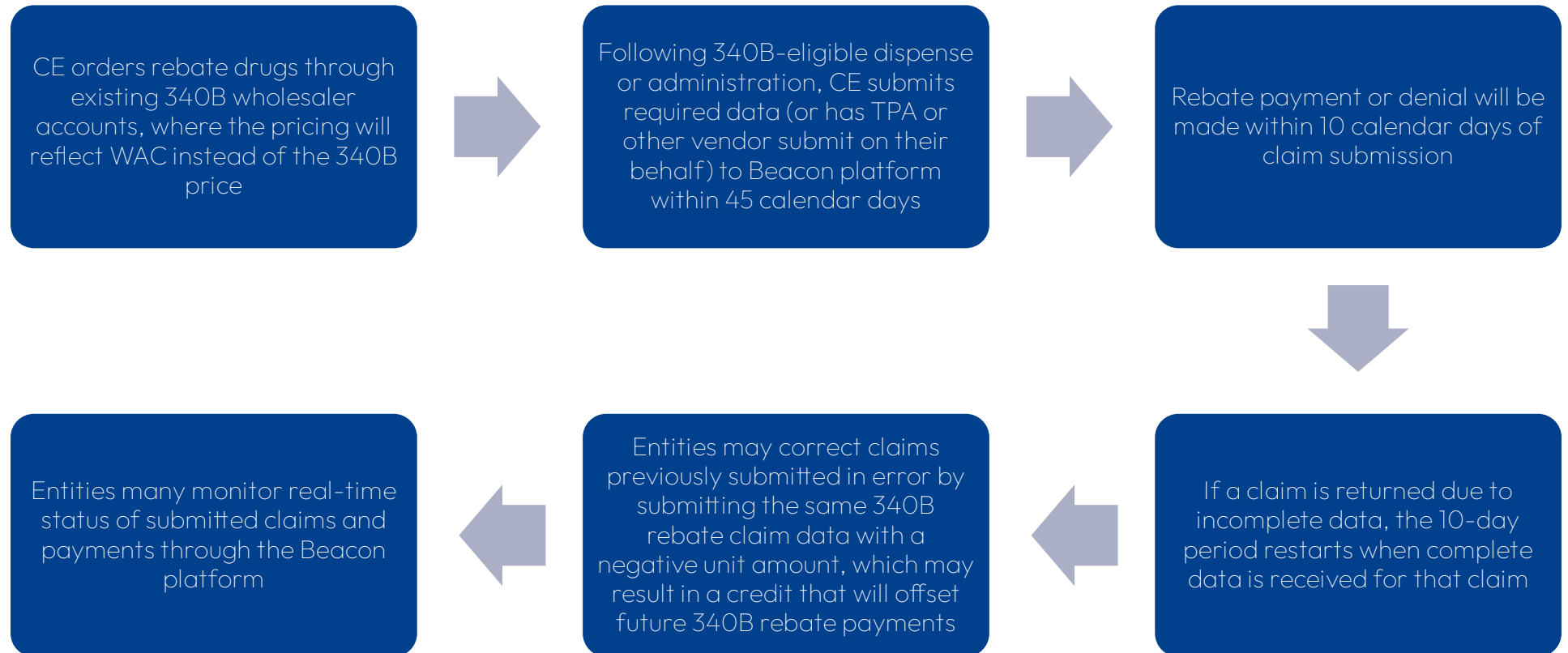
General Rebate Model Pilot Program Information

- The pilot applies only to medications with IPAY 2026 and 2027 negotiated maximum fair prices, whose MFP will be active in 2027, and whose pilot plans have been reviewed and approved by OPA (<https://www.hrsa.gov/opa/340b-model-pilot-program>)
- The pilot applies to all areas 340B drugs are purchased and utilized, including entity owned pharmacies, contract pharmacies, and clinic/physician administrations; no manufacturers have elected to carve any of these areas out of their pilot plans
- Rebate payment will be made at the unit level (no need to accumulate to full package size), equal to the difference between the WAC and the 340B ceiling price on the date of dispense
- Manufacturers are not permitted to deny rebates based on CE eligibility, diversion, Medicaid duplicate discount concerns, or perceived lack of WAC purchases
 - All denied claims will have documentation for rationale
 - Manufacturer policies indicate HRSA will provide further guidance regarding dispute resolution for the rebate pilot. Until this process is established, rebate denials can be disputed by contacting Beacon Customer Support; entities are encouraged to address concerns in good faith at this level prior to escalating to the manufacturer contact
 - CEs may report denial concerns to 340BPricing@hrsa.gov
- Entities experiencing extenuating circumstances may request exemptions to the 45-day requirement for claim submission by contacting Beacon Customer Support. Each manufacturer will review requests on a case-by-case basis.
- A quarterly price file containing 340B package pricing at the NDC level will be available on the Beacon portal for CEs to download to facilitate Medicaid billing practices and sliding fee scale provisioning

Transitioning to the Rebate Model Pilot Program

- Entities may carry over up to 2 unreplenished accumulated packages per NDC for dispenses between December 16, 2026 and December 31, 2026, provided they have not otherwise been replenished through a 340B chargeback and the claims data is appropriately submitted through the Beacon platform with 45 days of the dispense or administration
- Covered entities are encouraged to reconcile and replenish existing eligible 340B accumulations before the January 1, 2027 implementation date

Rebate Process



Required Data Elements – Pharmacy Claims

Field	Data Type	Description
Date Of Service*	Date	Date on which the pharmacy filled the prescription.
Date Prescribed*	Date	Date the healthcare provider wrote the prescription.
Rx Number*	Numeric	The native (unmodified) prescription number for the prescription as generated by the pharmacy.
Fill Number*	Numeric (0-99)	Indicates the number of times the prescription has been filled as of the current fill. For example, a value of "0" indicates that the prescription has not been filled previously and the current fill is the first one. The first refill would have a value of "1".
NDC-11*	Numeric (11 Digits)	The 11-digit National Drug Code which indicates the manufacturer, product, and commercial package size.
Quantity Dispensed*	Numeric	Number of units dispensed to the patient. Appropriate Units of Measure for each product will be provided within Beacon's NDC list.
Prescriber ID*	Numeric (10 Digits)	National provider identifier (NPI) of the healthcare provider that wrote the prescription.
Service Provider ID*	Numeric (10 Digits)	NPI of the pharmacy that filled the prescription.
340B ID*	Alpha/Numeric	HRSA assigned identifier of the 340B covered entity that designated the dispense as 340B.
Rx BIN*	Numeric (6 Digits)	Prescription Drug Bank Identification Number for the primary payer. Enables pharmacies to electronically transmit data to the appropriate PBM for processing and reimbursement. If a patient is uninsured or a cash payer, mark "999999" in this field.
Rx PCN*	Alpha/Numeric	Processor Control Number for the primary payer. Identifier used to determine which processor will handle a prescription drug claim. If a patient is uninsured or a cash payer, mark "CASH" in this field. If there is no PCN, mark "NONE" in this field.

<https://support.beaconchannelmanagement.com/en/articles/9589827-rebate-model-frequently-asked-questions>

Required Data Elements – Medical Claims

Field	Data Type	Description
Health Plan Name*	Alpha/ Numeric	Name of the patient's primary health insurance plan. If the patient is uninsured or a cash payer, mark "CASH" in this field. If no health plan information is recorded, mark "NONE" in this field.
Health Plan ID*	Alpha/ Numeric	The identifier code of the patient's primary health insurance plan. If the patient is uninsured or a cash payer, mark "CASH" in this field. If no health plan information is recorded, mark "NONE" in this field.
Health Plan ID Qualifier (if available)	Alpha/ Numeric	The qualifier for the patient's health insurance plan ID.
Service Provider ID*	Numeric (10 Digits)	The NPI of the healthcare entity where the patient received the medication administration. For example, this could be the NPI of a hospital outpatient surgery center or the NPI of an outpatient infusion center.
NDC-11*	Numeric (11 Digits)	The 11-digit National Drug Code which indicates the manufacturer, product, and commercial package size.
Quantity*	Numeric	The quantity of medication administered to the patient. Quantity must reflect standardized billing units as defined by NCPDP for the NDC-11.
Unit of Measure*	Alpha/ Numeric	UOM must be consistent with the standardized billing unit as defined by NCPDP for the NDC-11.
Date of Service*	Date	Date on which the medication was administered to the patient.
Rendering Physician ID*	Numeric (10 Digits)	The NPI of the healthcare provider who rendered or supervised the care reported on the claim.
Claim Number*	Alpha/ Numeric	A unique identifier for a prescription and claim processor. This value should align with the Patient Control Number or Claim Submission ID, as set within provider systems and included on EDI 837 transmissions to payers (Form 1500 Box 26 or Claim 1450 Box 3).
Claim Line Number*	Numeric	Identifies an individual line number on a claim. Line numbers distinguish services that are submitted on the same claim. Wastage Claims or undispensed units submitted should include a separate claim line number from the dispensed units.
340B ID*	Alpha/ Numeric	HRSA assigned identifier of the 340B covered entity that designated the administration as 340B.

<https://support.beaconchannelmanagement.com/en/articles/9589827-rebate-model-frequently-asked-questions>

Manufacturer Policy-Specific Nuances

Manufacturer	Relevant Drugs	Claim Submission Destination	Covered Entity Exemptions?	Exclude Federal Holidays From 10-Day Payment Turnaround	Designated Contract Pharmacy Policy Applies?
Abbvie	Imbruvica, Linzess, Vrylar	Beacon	No	Yes	Yes
Amgen	Enbrel, Otezla	Beacon & 340B ESP	No	No	Yes
Astellas	Xtandi	Beacon	No	No	Yes
AstraZeneca	Farxiga	Beacon & 340B ESP	No	No	Yes
Boehringer Ingelheim	Jardiance, Ofev, Tradjenta	Beacon	No	No	Yes
Bristol Myers Squibb	Eliquis, Pomalyst	Beacon	No	No	Yes
Glaxo Smith Kline	Breo Ellipta, Trelegy Ellipta	Beacon	ADAPs currently receiving 340B discounts in the form of a rebate	No	Not Specified
Merck	Januvia, Janumet, Janumet XR	Beacon	No	No	Yes
Pfizer	Ibrance	Beacon	No	No	Not Specified
Teva	Austedo, Austedo XR	Beacon & 340B ESP	No	Yes	Yes

Manufacturer	Notes on MFP De-Duplication	Non-Technical Support & Exemption Questions
Abbvie	- Rejecting or adjusting MFP refund where 340B price is lower, including through MTF credit/debit ledger - Rejecting 340B rebate claim where MFP is lower than 340B price “Abbvie may determine or modify the applicable approach, including following an initial observability period, based on available data and operational considerations.”	340BRebateModel@abbvie.com
Amgen	Not Specified	340Brelations@amgen.com
Astellas	Not Specified	PHSInquiries-sm@astellas.com
AstraZeneca	“AstraZeneca will use 340B claims data elements to conduct deduplication with Maximum Fair Price (MFP) claims and will adjust the MFP rebate when duplication is identified.”	340B@astrazeneca.com
Boehringer Ingelheim	Not Specified	340brebatemodel.rdg@boehringer-ingelheim.com
Bristol Myers Squibb	“The 340B claim is not subject to an MFP refund due to the nonduplication provisions applicable when the MFP is lower than the 340B ceiling price.”	BMSRebateModel@bms.com
Glaxo Smith Kline	“GSK will initially address MFP-340B duplication through adjustment or rejection of MFP rebates under GSK’s MFP Effectuation Plan and reserves the right to address MFP-340B deduplication through rejection of 340B rebates after an initial observability period.”	US.340B@gsk.com
Merck	Not Specified	340Brebate@merck.com
Pfizer	Not Specified	Pfizer340Brebates@pfizer.com
Teva	“Teva will use claim information submitted through the rebate model to identify situations where a claim may be associated with both a 340B rebate and an MFP refund on the same unit of product. Where overlap is identified, Teva will pay the 340B rebate and adjust the applicable MFP refund through the Medicare Transaction Facilitator process to prevent duplicate price concessions and ensure that the transaction reflects the lower applicable price.”	Teva340B@tevapharm.com E-mail template provided in policy

Notable Comments Regarding Claim Eligibility Determination or Denial

- AstraZeneca
 - “340B Rebates will not be rejected due to concerns with diversion, Medicaid duplicate discounts, or insufficient WAC purchases to support rebate requests. AstraZeneca will monitor these issues and raise any concerns to the appropriate Covered Entity and HRSA.”
- Boehringer Ingelheim
 - Eligibility criteria element: “Product was dispensed or administered to an eligible 340B patient of the covered entity in accordance with HRSA’s 1996 Patient Definition Guidelines, see 61 Fed. Reg. 55156 (Oct. 24, 1996).”
 - “Boehringer will take other actions related to diversion and Medicaid duplication such as good faith inquiries, audits, the administrative dispute resolution process and / or raising concerns with HRSA.”
- GSK
 - “The integrity of the data submitted as part of the Rebate Model Pilot is crucial to achieving the pilot’s intended goal of minimizing duplication between 340B and MFP discounts. As such GSK will regularly monitor rebate submissions to ensure that key data elements (Prescription Number, Pharmacy ID, Dispense Date, etc.) are not altered from their native values. Evidence of data integrity concerns will be raised immediately with covered entities and/or HRSA.”
 - “Identification of a potential non-WAC purchase will not result in the denial of a rebate request. GSK will not deny a rebate solely on the basis of a suspected or perceived non-WAC purchase. GSK will continually monitor instances where non-WAC purchases were used for 340B rebate submission and will immediately raise such deviations with the appropriate covered entity. If a resolution is not obtained, GSK will escalate using the dispute resolution process.”

Notable Comments Regarding Wastage

- Abbvie
 - “AbbVie does not expect your Covered Entity to provide claims data regarding wasted or undispensed units of AbbVie Selected Drugs. Undispensed or unused AbbVie Selected Drugs held by a pharmacy prior to dispensing (e.g., expired stock or returns) should be addressed under the pharmacy’s applicable purchase terms with its wholesaler, distributor, or AbbVie.”
- BMS
 - “Wastage or undispensed units should be submitted as a secondary medical claim, with a separate “Claim Line Number” from the dispensed units. Dispensed and undispensed units associated with the same patient encounter should utilize the same “Claim Number” as defined in the Appendix.”