



Average Sales Price (ASP) Data Collection System Training

July 7, 2026

Welcome



Thank you for joining our training for the ASP Data Collection System.

- This session will be recorded and posted.
- Participants can submit questions via the Q&A feature only (do not chat or raise hands).
- There will be time for questions at the end of our 30-minute presentation.

Agenda

Topic	Presenter
Introductory Remarks	Mark Bremer, CMS
How to Prepare	Katie Wilder, Contractor
System Overview and Data Entry	Brian Edwards, Contractor
What to Expect	Katie Wilder, Contractor
Q&A Session	Suzanne Bromley, Contractor
Closing Remarks	Mark Bremer, CMS

Purpose

- Section 1927(b)(3)(A)(iii)(I) of the Social Security Act (SSA) requires manufacturers with a Medicaid drug rebate agreement to report Average Sales Price (ASP) data as specified in section 1847A of the SSA.
- Section 1847A(f)(2) of the SSA requires manufacturers without a Medicaid drug rebate agreement to report ASP information to CMS for calendar quarters beginning on January 1, 2022, for drugs or biologicals payable under Medicare Part B and described in sections 1842(o)(1)(C), (E), or (G) or 1881(b)(14)(B) of the Act, including items, services, supplies, and products that are payable under Part B as a drug or biological.
- At the completion of this webinar, manufacturers should:
 - ✓ Have the tools to prepare to submit accurate data to CMS
 - ✓ Be familiar with the system and the resources available
 - ✓ Have the opportunity to ask questions directly to CMS



How to Prepare

1



Deadlines

Remember the deadlines associated with the requirement to report ASP data.

2



Access

Register and ensure the correct individuals have access to the system and data.

3



New Products

Take an inventory of your products: add new products and update existing products.

4



Calculations

Gather financial reporting data and calculate the required ASP information.

5



Enter Data

Submit and Certify your quarterly data to CMS in the ASP Data Collection System.

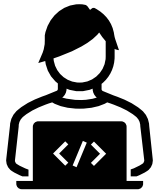
Quarterly Deadlines

Manufacturers are required to report ASP data within 30 days after the end of each quarter. Information on the penalties associated with misrepresentation and the failure to submit timely and accurate ASP data can be found at [42 CFR § 414.806](#).

Quarter	Sales Dates	Manufacturer Data Submission Window	Medicare Payment Effective Date
1	January 1 to March 31	April 1 to April 30	July 1
2	April 1 to June 30	July 1 to July 30	October 1
3	July 1 to September 30	October 1 to October 30	January 1
4	October 1 to December 31	January 1 to January 30	April 1

System Access

The ASP Data Collection System is a role-based system. When completing registration, users must select from the following roles. The Submitter and Certifier should be two different people.



A **Submitter** account is designated for an individual with authority to provide and submit Average Sales Price (ASP) financial data to CMS. A Submitter can be any individual the manufacturer chooses, including a third-party contractor.



A **Certifier** verifies the submission of the reported data. A Certifier account is reserved for the manufacturer's Chief Executive Officer (CEO) or Chief Financial Officer (CFO) or an individual who has been delegated the authority to sign for, and reports directly to, the manufacturer. [42 CFR § 414.804\(a\)\(7\)](#)

Quarterly Planning Tips

New Users

Allow enough time for new users to register for the system, preferably before the submission window.



Out of Office

Assign a backup and make sure they have access to the data. Data are associated with the user, not the manufacturer.



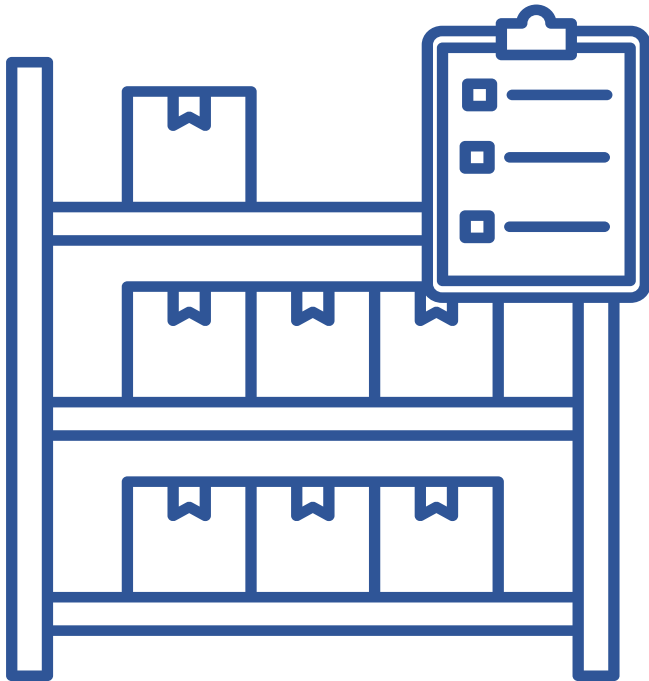
Contact Info

Use personal contact information during registration; update to business contact information after registration is complete.



For assistance, contact the [ASP Helpdesk](#).

Product Inventory



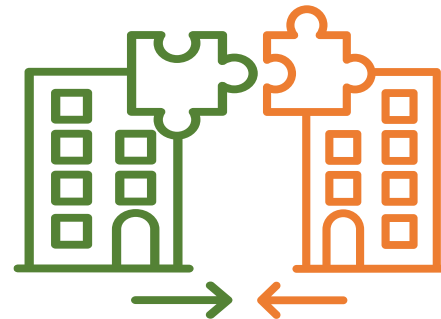
Request to Add/Update NDC/ALT ID

- New products marketed since last quarter
- Updates to existing products
- Products no longer marketed
- Products acquired/sold

Sales and Acquisitions

When there is a transfer of NDC/ALT ID both the previous and new owners must:

- Maintain detailed documentation of the transfer of ownership.
- Submit separate ASP data for sales occurring under each respective ownership period.
- Only report sales occurring during each respective ownership period.
- Ensure all required fields are completed for their respective reporting periods.
- Ensure there is no gap or overlap in reporting periods and the sum of both reports from each owner during the quarter represents the quarter's complete data.
- Each product must be reported at the NDC level. If both selling and acquiring entities are using the same NDC they must report separately. No blending is allowed.



Email the [CMS ASP Mailbox](#) for additional guidance.

Calculations

Field	Description
Manufacturer's Average Sales Price (ASP)	A manufacturer average sales price for all NDC/Alt IDs assigned to the drug or biological product.
Number of ASP Units	Units are equivalent to the product represented by the NDC, unless otherwise specified by CMS to account for situations where labeling indicates that the amount of drug product represented by an NDC/Alt ID varies.
Wholesale Acquisition Cost (WAC)	The manufacturer's list price for the drug or biological to wholesalers or direct purchasers as reported in wholesale price guides or other publications of drug or biological pricing data. For more on the definition of WAC, refer to 42 U.S.C. 1395w-3a .
Average Wholesale Price (AWP)	Average price paid for a drug from a manufacturer for a corresponding ASP unit.

Reasonable Assumptions



- Now **required** as part of the quarterly data submission
- New form with new fields
- Either the Submitter or Certifier can submit data, but the form must be complete prior to certification

Bona Fide Service Fees



- Both Submitters and Certifiers are now able to download, complete, upload, and submit the bona fide service fee (BFSF) certification form
- New and renewed contracts as of April 1, 2026
- More specific information about this new requirement can be found in the [FY26 PFS Final Rule](#)



System Demonstration

Accessing the ASP Data Collection System



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Training & Education

Home > Medicare > Payment > Medicare Part B Drug Average Sales Price > Average drug sales price

Medicare Part B Drug Average Sales Price

ASP Reporting

ASP Pricing Files

ASP Billing Resources

Vaccine Pricing

ASP Regulations & Policy

Discarded Drugs

ASP Education & Outreach

ASP Events

Medicare Part B Drug Average Sales Price

Are you a person with Medicare?

This content is for manufacturers of Part B drugs and biological products. If you're a person with Medicare, visit [Medicare.gov](#).

Medicare pays for some separately payable Medicare Part B-covered drugs and biological products using the average sales price (ASP) methodology. Medicare pays most separately payable drugs and biological products at a rate of ASP plus 6%. To calculate the ASP and payment of each drug and biological product, manufacturers submit sales data, including discounts, quarterly through the ASP Data Collection System. CMS publishes the payment amounts each quarter in the [ASP Pricing Files](#). Manufacturers should contact Sec303ASPData@cms.hhs.gov with any questions regarding ASP data submission.

ASP Data Collection System

- Access the [ASP Data Collection System](#)
- Visit the [ASP Education & Outreach](#) for additional fact sheets and user guides
- Access the [ASP Pricing files](#)
- Subscribe to our [Newsletter](#)

Home Page



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My Apps

Help Log Out

Medicare Part B Average Sales Price

Help DeskUser Guide (PDF)My Profile

Manage NDC1/ALT IDProduct DataFinancial DataCompliance SummaryGenerate One-Time PasswordAssumptionsBona Fide Service Fee CertificationFAQ

Welcome, 

Help

What's New 0

Reporting Summary

Pricing Quarter: Q2 2026

Current Submission Period: 07/01/2026 - 07/30/2026

Days Remaining in the Current Submission Period: 28

CMS Alerts

Feedback

04/01/2024

How was your experience with the transition to the updated ASP Data Collection System? Email us at sec303aspdata@cms.hhs.gov to share your feedback.

ASP Business Process Flow

SubmitterCertifier

1 Manage NDC1/ALT ID *

Assign NDC1/Alternate ID

Request a new NDC1/Alternate ID/Manufacturer Name/Generic Name

2 Enter or Upload Product Data Online *

3 Enter or Upload Financial Data Online

4 View Compliance Summary

5 Generate One-Time Password (OTP) *

* This step is only performed, if needed, on a quarterly basis. Financial Data must be entered quarterly, all other steps are only performed as needed.

1 The link to the **ASP Data Collection User Guide** is located in the upper right-hand corner of the application screen. Please contact the ASP Helpdesk at asphelpdesk@dcca.com for technical assistance.

1 To return to this home page at any time, click on the **Medicare Part B Average Sales Price** title at the top left of your screen.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0921. The time required to complete this information collection is estimated to average 13 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. CMS 10110 approval through 06/30/2029.

Requesting a New Product

[← Back to Welcome page](#)

Manage NDC1/ALT ID

Assign NDC1/ALT ID

[Request New NDC1/ALT ID/Manufacturer/Generic Name](#)

Add New Request

[Export to Excel](#)

Status of the Requests to Add Information

Request Type	Requested Value	Request Date	Status	Action
NDC1	33333	2023-11-13	Approved	

1

10

items per page

1 - 1 of 1 items

Add Product Data

Medicare Part B Average Sales Price

[Help Desk](#)[User Guide \(PDF\)](#)[My Profile](#)

[Manage NDC1/ALT ID](#)[Product Data](#)[Financial Data](#)[Compliance Summary](#)[Generate One-Time Password](#)[Assumptions](#)[Bona Fide Service Fee Certification](#)[FAQ](#)

[← Back to Welcome page](#)

Product Data

Add/Update Product Data

[Add Product Data](#)[Update Product Data](#)

☒ Add by NDC☐ Add by Alternate ID

Manufacturer Name (required)
Begin typing the manufacturer name to see names for selection

Manufacturer Name not in the system? Go to the [Add NDC1/ALT ID](#) page to add a new Manufacturer Name.

NDC1 (required)

NDC2 (required)

NDC3 (required)

☐ Drug has a brand name

Generic Name (required)
Begin typing the generic name to see names for selection

Generic Name not in the system? Go to the [Add NDC1/ALT ID](#) page to add a new generic name.

Volume per Item (required)

Unit for Volume per Item (required)

Number of Items per NDC (required)

Package Type (required)

Strength (required)

Unit for Strength (required)

FDA Application (Primary)

FDA Application Number (required)

FDA Application Supplement Number

[Add Additional FDA Application Numbers](#)

FDA Approval Date (required)
MM/DD/YYYY

FDA Approval Type (required)

First Marketing Date (required)
MM/DD/YYYY

Date of First Sale for this NDC (required)
MM/DD/YYYY

Wholesale Acquisition Cost (required)

WAC is required when Date of First Sale for this NDC is after the current reporting period.

[Add Product Data](#)

Upload Product Data

Product Data

Upload Product Data

Data being submitted for: Q4 2023

Upload New or Corrected Product Data

[Product Data Template \(Excel\)](#)

Supported File Format: Excel(.xlsx)

Excel File (required)

Maximum File Size is 10MB

Select file

or drag file here

Uploaded Files

[Export to Excel](#)

File Name	Status	Upload Date	Reporting Period	Total Records	Total Accepted	Total Rejected	Actions
TestProduct456.xlsx	Error	2024-03-12 14:55 PM	Q4 2023	1	0	1	View Report
ProductDataTemplate 124.xlsx	Success	2024-01-24 14:05 PM	Q4 2023	1	1	0	View Report

505(b)(2)

[← Back to Welcome page](#)

Financial Data

Add/Update Financial Data

Data being submitted for: Q1 2026

Uncertified

Certified



You are associated with 1 or more 505(b)(2) products. Please review [the list](#) and indicate if any of those products ha

Drug Identifiers with missing or incorrect Financial Data

Drug Identifier	Manufacturer Name	Generic Name	Manufacturer's ASP* 	Number of ASP Units* 	Wholesale Acquisition Cost* 
 00000-9999-11	Phil's Pharma 1	Test Drug B	\$		\$

505(b)(2) Products

Close

Please review the list of products below and indicate if the product has a therapeutic equivalent change.

Drug Identifier	Are there any therapeutic changes?*	NDC	FDA Application Number*
00000-9999-11	Yes 	00000-9999-11	000003
00010-1111-11	No 		
99999-9999-99	No 		
00010-1111-11	No 		

Cancel

Save and Confirm

505(b)(2) Confirmation

Medicare Part B Average Sales Price

Manage NDC1/ALT IDProduct DataFinancial Data

[← Back to Welcome page](#)

Financial Data

Add/Update Financial Data

Data being submitted for: Q1 2026

UncertifiedCertified

Warning You are associated with 1 or more 505(b)(2) products. Please review [the list](#) and indicate if any of those products have

Drug Identifier	Manufacturer	Manufacturer's	Number of	Wholesale Acquisition
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505(b)(2) Products

Please review the list of products below and indicate if the product has a therapeutic equivalent change.

Drug Identifier	Are there any therapeutic changes?*	NDC	FDA Application Number*
00000-9999-11	Yes	00000-9999-11	000003
00010-1111-11	No		
99999-9999-99	No		
00010-1111-11	No		

CancelSave and Confirm

Confirmation

Have you reviewed all 505(b)(2) products?

CancelConfirm

Add/Update Financial Data

[← Back to Welcome page](#)

Financial Data

Add/Update Financial Data

Data being submitted for: Q1 2026

Uncertified

Certified

* denotes a required field.

[Export to Excel](#)

[Save All](#)

Drug Identifiers with missing or incorrect Financial Data

Drug Identifier	Manufacturer Name	Generic Name	Manufacturer's ASP* 	Number of ASP Units* 	Wholesale Acquisition Cost* 	Average Wholesale Price 	Status	Action
 00000-9999-11	Phil's Pharma 1	Test Drug B	\$		\$	\$	Pending	
 00010-1111-11	Phil's Pharma 1	Test Drug A	\$		\$	\$	Pending	

Product Info

Brand Name: No Data

Number of Items per NDC/Alt ID: 100

Expiration Date of Final Lot Sold: No Data

Date of First Sale for this Product: 10/25/2023

Strength of Product: 10 % (MG/ML)

Package Type: MULTI DOSE

FDA Approval Date: 02/02/2023

FDA Application Number: 000002

Volume per Item: 10 Capsule

First Marketing Date: 07/10/2023

FDA Approval Type: NDA-505(b)(2)

FDA Application Supplement Number: 0002

Financial Data Tips

- 1 Enter numbers with 3 decimal places.
- 2 For ASP Units Sold, enter sales based on the product info packaging reported during product data entry.
- 3 The WAC and AWP should be positive numbers.
- 4 If there is no AWP, leave the field blank.
- 5 Manufacturer's ASP and ASP Units Sold can be zero or negative values.
- 6 For skin substitute products, financial data should be entered individually for each Alternate ID sold by the manufacturer, and not grouped or blended in any way, such as at a HCPCS code level.

Upload Financial Data

[← Back to Welcome page](#)

Financial Data

Upload Financial Data

Upload New or Corrected Financial Data

Data being submitted for: Q3 2023

[Financial Data Template \(Excel\)](#)

Supported File Format: undefined (.xlsx)

Excel File (required)

Maximum File Size is 10MB

Select file

or drag file here

Uploaded Files

[Export to Excel](#)

File Name	Status	Upload Date	Reporting Period	Total Records	Total Accepted	Total Rejected	Actions
No records available							
10 items per page							
0 - 0 of 0 items							

Error Reports

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My Apps

Help

Log Out

Medicare Part B Average Sales Price

Help Desk | User Guide (PDF) | My Profile

Manage NDC1/ALT ID | Product Data | Financial Data | Compliance Summary | Generate One-Time Password | Assumptions | FAQ

[← Back to Upload Product Data](#)

Product Data

Report of Transmitted Drugs via File Upload Error

File Processing Info

File Name: ProductDataTemplate.xlsx

Last Upload Date: 2023-12-28 16:18 PM

Status: Error

Error Description: File contained a total of 1 records where all records were rejected.

Total Records Processed: 1

Total Records Saved: 0

Total Records Rejected: 1

[^ Read less](#)

Uploaded Drugs | Rejection Details

Export to Excel

Drugs with saved product data

Row Number	Drug Identifier	Status	Manufacturer Name	Alternate ID Website URL	Brand Name	Generic Name	Vol
2	xyz !	Rejected	Test Manf Name impl	http://cms.gov		GENERICA	1

1 - 1 of 1 items

Assumptions

[← Back to Welcome page](#)

Assumptions

Reporting Period

◀

Q1 2026

▼

▶

Reasonable Assumptions (Required)

Other Assumptions (Optional)

Reasonable Assumptions Form



Saved Files

Manufacturer Name	File Name	File Description	Date Saved/Submitted	Saved/Submitted By	Act
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No records available



Reasonable Assumptions Form

Manufacturer Name (required)
- Select -

1 Manufacturers must provide all required information below in the form fields. If you do not have reasonable assumptions for a particular area, put "N/A" in the box. If you have additional verbiage for any of the areas below, attach a cover letter when submitting this form. Please do not upload an Addendum B file.

Bona Fide Service Fees
Provide an overview of contractual arrangements that the submitting manufacturer has with entities for which it pays a bona fide service fee(s) as well as the fair market value analysis for service arrangements each time an arrangement is issued or renewed.

Response (required)
1000 characters left

Bundled Sales
Provide an overview of bundled sale arrangements and the discount reallocation for each arrangement.

Response (required)
1000 characters left

Price Concessions and Discounts
Provide list and overview of price concessions and discounts (e.g., lagged, non-lagged, stacked, prompt pay) for products or transactions.

Response (required)
1000 characters left

Reporting of Products with Zero, Negative, or False Positive ASPs
Confirm how you will report products with zero, negative, or false positive ASPs.

Response (required)
1000 characters left

Sales Excluded from Best Price
Confirm how you will report sales excluded from Medicaid Best Price.

Response (required)
1000 characters left

Time Value of Money
Confirm how you factor the time value of money in the ASP calculation.

Response (required)
1000 characters left

Free Goods Not Contingent on a Purchase Requirement
Provide a review of any free goods not contingent on a purchase requirement, including but not limited to coupons, copay assistance programs, vouchers and free goods, and patient assistance programs.

Response (required)
1000 characters left

Value-Based Purchasing Arrangements
Confirm how you account for any value-based purchasing arrangements in the ASP calculation.

Response (required)
1000 characters left

Value-Based Purchasing Arrangements
Confirm how you account for any value-based purchasing arrangements in the ASP calculation.

Response (required)
1000 characters left

Sales to 340B Covered Entities
Confirm how sales to 340B covered entities are considered in the ASP calculation.

Response (required)
1000 characters left

Returned Goods
Confirm how returned goods will be treated in the ASP calculation.

Response (required)
1000 characters left

Billing Corrections
Confirm how you process transactional issues that may require a credit or rebill.

Response (required)
1000 characters left

Other Reasonable Assumptions
If you have additional reasonable assumptions to report, include those here.

Response (required)
1000 characters left

Save Form

Create/Upload Other Assumptions Form



Medicare Part B Average Sales Price

Help DeskUser Guide (PDF)My Profile

Manage NDC1/ALT IDProduct DataFinancial DataCompliance SummaryGenerate One-Time PasswordAssumptionsBona Fide Service Fee CertificationFAQ

[Back to Welcome page](#)

Assumptions

Reporting Period

Q1 2026

Reasonable Assumptions (Required)Other Assumptions (Optional)

Create AssumptionUpload Assumption File

Manufacturer Name (required)

Test Manufacturer

Short Description

Test Assumption Created

477 characters left

Text for Assumption file (required)

Text for assumption file

4976 characters left

Save Form

Saved Files

Reporting Period

Q1 2026

Reasonable Assumptions (Required)Other Assumptions (Optional)

Create AssumptionUpload Assumption File

Manufacturer Name (required)

- Select -

File Description (required)

500 characters left

File upload has been completed successfully.

Saved Files

Manufacturer Name	File Name	File Description	Date Saved	Action
Test Manufacturer	Test Assumption File.docx	File description for Test Assumption File upload	2026-06-18 15:12 PM	Delete
Test Manufacturer	user_entry_assumptions_test_manufacturer_2026_06_18_15_10_45.txt	Test Assumption Created	2026-06-18 15:10 PM	Delete

Bona Fide Service Fee Form

Medicare Part B Average Sales Price

Help Desk

User Guide (PDF)

My Profile

Manage NDC1/ALT ID

Product Data

Financial Data

Compliance Summary

Generate One-Time Password

Assumptions

Bona Fide Service Fee Certification

FAQ

[← Back to Welcome page](#)

Bona Fide Service Fee Certification

Reporting Period

Q1 2026

Manufacturer Name (required)

Test Manufacturer

Please download the Bona Fide Service Fee Certification Form, complete and sign it, then upload the finished form.

Download Bona Fide Service Fee Certification Form (PDF)

Download Bona Fide Service Fee Certification Form (Word)

Supported File Formats: PDF(.pdf), Word (.docx)

Upload .pdf or .docx file (required)

Maximum File Size is 10MB

Select file

or drag file here

Uploaded Bona Fide Service Fee Certification Form

Manufacturer Name	File Name	Date Uploaded	Action
No records available			

10

Items per page

0 - 0 of 0 items

Medicare Part B Average Sales Price

Help Desk

User Guide (PDF)

My Profile

Manage NDC1/ALT ID

Product Data

Financial Data

Compliance Summary

Generate One-Time Password

Assumptions

Bona Fide Service Fee Certification

FAQ

[← Back to Welcome page](#)

Bona Fide Service Fee Certification

Reporting Period

Q1 2026

Manufacturer Name (required)

Test Manufacturer

Please download the Bona Fide Service Fee Certification Form, complete and sign it, then upload the finished form.

Download Bona Fide Service Fee Certification Form (PDF)

Download Bona Fide Service Fee Certification Form (Word)

Supported File Formats: PDF(.pdf), Word (.docx)

Upload .pdf or .docx file (required)

Maximum File Size is 10MB

Select file

or drag file here

Bona Fide Service Fee Certification Form has been uploaded successfully.

Uploaded Bona Fide Service Fee Certification Form

Manufacturer Name	File Name	Date Uploaded	Action
Test Manufacturer	BFSF Certification Form_test manufacturer.docx	2026-06-18 15:02 PM	Delete

10

Items per page

1 - 1 of 1 items

Bona Fide Service Fee Form (Word)



Medicare Part B
Bona Fide Service Fee Certification Form

Defined under 42 CFR § 414.804, CMS will require manufacturers submit a certification letter from the recipient of a bona fide service fee for contracts executed on or after January 1, 2026.

Submission Method
Manufacturers will submit their certifications via the ASP Data Collection System. Technical assistance will also be made available. Certification forms are due by January 30, April 30, July 30, and October 30 every year along with the applicable ASP data submitted to the portal. The instructions for submitting the certification are included in the Submitter User Guide in Section 3.8 and the Certifier User Guide in Section 3.4.

Agreement
Reference is made to the [Insert Name of Agreement] between [Insert Name of Parties to the Agreement] dated [Insert Date]. This [Agreement] is effective from [Insert Date] through [Insert Date]

Section 1. Enter all drug and manufacturer information associated with the bona fide service fee			
Drug Name(s):	National Drug Code(s):	Manufacturer name:	Manufacturer address:

Section 2. Recipient of BFSF information
Name and title of signatory:
Organization or entity name:



Organization or entity address:
Bona fide service:

Section 3. Certification Statement	
I certify that the fee is not passed on in whole or in part to a client or customer of the recipient of the fee.	Fee Recipient Signature:
	Acknowledged & Accepted by Manufacturer Manufacturer Signature:

Generate OTP



Medicare Part B Average Sales Price

[Help Desk](#)[User Guide \(PDF\)](#)[My Profile](#)[Manage NDC1/ALT ID](#)[Product Data](#)[Financial Data](#)[Compliance Summary](#)[Generate One-Time Password](#)[Assumptions](#)[Bona Fide Service Fee Certification](#)[FAQ](#)[← Back to Welcome page](#)

Generate One-Time Password (OTP)

All ASP submissions by an authorized submitter to CMS must be certified by an authorized certifier. Please click below to generate a one-time password (OTP) and share this with your data certifier. Upon accessing the system to certify your manufacturer's data, they will be asked for this password to verify their identity.

Manufacturer Name (required)

Test Manufacturer

f6819LPTT5a6hKBtj/XbTQ

[Copy OTP](#)

! The one-time password for **Test Manufacturer** is active and expires on 06/25/2026.

[Create New OTP](#)

OTP Verification

Medicare Part B Average Sales Price

[Help Desk](#)[User Guide \(PDF\)](#)[My Profile](#)

OTP VerificationCompliance SummaryAssumptionsBona Fide Service Fee CertificationDrug CertificationFAQ

[← Back to Welcome page](#)

OTP Verification

Manufacturer Name (required)
Begin typing the manufacturer name to see names for selection

OTP Provided by Your Data Submitter (required)

Verify

Medicare Part B Average Sales Price

[Help Desk](#)[User Guide \(PDF\)](#)[My Profile](#)

OTP VerificationCompliance SummaryAssumptionsBona Fide Service Fee CertificationDrug CertificationFAQ

[← Back to Welcome page](#)

OTP Verification

✔

OTP verified for Manufacturer name Test Manufacturer and submitter ASP Submitter. You are permitted to certify data.

Manufacturer Name (required)
Begin typing the manufacturer name to see names for selection

OTP Provided by Your Data Submitter (required)

Verify

Compliance Summary - Missing



Medicare Part B Average Sales Price

Help Desk

User Guide (PDF)

My Profile

OTP Verification

Compliance Summary

Assumptions

Bona Fide Service Fee Certification

Drug Certification

FAQ

← Back to Welcome page

Compliance Summary

Reporting Period

<

Q1 2026

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⚠

Labelers are out of compliance with data reporting requirements. A total of 3 drugs that are either missing or pending certification. 0% of drugs are certified out of 3 total drugs. (0 certified, 0 restatement certified)

Missing 2

Pending 1

Certified 0

New 0

Off Cycle 1

Expired 0

Export to Excel

2 Drug Identifiers awaiting data entry

Drug Identifier	Manufacturer Name	Reporting Period	Manufacturer's ASP	Number of ASP Units	Wholesale Acquisition Cost	Average Wholesale Price
00010-1111-11	Test Manufacturer	Q1 2026				
99999-9999-99	Test Manufacturer	Q1 2026				

<<

<

1

>

>>

10

items per page

1 - 2 of 2 items

Compliance Summary - Pending



Medicare Part B Average Sales Price

Help Desk

User Guide (PDF)

My Profile

OTP Verification

Compliance Summary

Assumptions

Bona Fide Service Fee Certification

Drug Certification

FAQ

← Back to Welcome page

Compliance Summary

Reporting Period

<

Q1 2026

>

⚠

Labelers are out of compliance with data reporting requirements. A total of 3 drugs that are either missing or pending certification. 0% of drugs are certified out of 3 total drugs. (0 certified, 0 restatement certified)

Missing 2

Pending 1

Certified 0

New 0

Off Cycle 1

Expired 0

☒ All Pending Certification

☐ Pending Certification

☐ Pending Restatement Certification

Export to Excel

1 Drug Identifiers waiting for certification/restatement certification

Drug Identifier	Manufacturer Name	Reporting Period	Manufacturer's ASP	Number of ASP Units	Wholesale Acquisition Cost	Average Wholesale Price	Submitter Name	Action
00010-9999-11	Test Manufacturer	Q1 2026			\$ 1,000.000		ASP Submitter,	Go to Certification →

<

<<

1

>>

>

10 items per page

1 - 1 of 1 items

Verify Assumptions

Medicare Part B Average Sales Price

[User Guide \(PDF\)](#)[Help Desk](#)[My Profile](#)

OTP VerificationCompliance SummaryAssumptionsBona Fide Service Fee CertificationDrug CertificationFAQ

[← Back to the Welcome page](#)[Help](#)

Assumptions

Reporting Period (required)

[←](#) Q1 2025 [→](#)

Reasonable Assumptions (Required)

Other Assumptions (Optional)

[Reasonable Assumptions Form →](#)

✓

Reasonable Assumptions Form has been saved successfully.

Added Forms

Manufacturer Name	File Name	File Description	Date Saved/Submitted	Saved/Submitted by (role)	Status	Action
- Select -	Filter	Filter		Filter		
ClariGenix Pharma	Q1-2025-reasonable-assumptions-ClariGenix-Pharma.pdf	Reasonable Assumptions	2025-08-04 11:18 AM	Doe, Jane (certifier)		Edit Delete
ClariGenix Pharma	Q1-2025-asp-assumptions-ClariGenix-Pharma.txt	Other Assumptions	2025-08-01 02:18 PM	Doe, John (submitter)		Accept Reject

Review Bona Fide Service Fee Form

Medicare Part B Average Sales Price

Help Desk

User Guide (PDF)

My Profile

OTP Verification

Compliance Summary

Assumptions

Bona Fide Service Fee Certification

Drug Certification

FAQ

[← Back to Welcome page](#)

Bona Fide Service Fee Certification

Reporting Period

<

Q1 2026

>

Manufacturer Name (required)

Test Manufacturer

i

Please download the Bona Fide Service Fee Certification Form, complete and sign it, then upload the finished form.

Download

Bona Fide Service Fee Certification Form (PDF)

Download

Bona Fide Service Fee Certification Form (Word)

Supported File Formats: PDF(.pdf), Word (.docx)

Upload .pdf or .docx file (required)

Maximum File Size is 10MB

Select file

or drag file here

Uploaded Bona Fide Service Fee Certification Form

Manufacturer Name	File Name	Date Uploaded	Submitted By	Status	Action
Test Manufacturer	BESF Certification Form_test manufacturer.docx	2026-06-18 15:02 PM	ASP Submitter		Accept Reject

10

Items per page

1 - 1 of 1 items

Drug Certification

Medicare Part B Average Sales Price

Help DeskUser Guide (PDF)My Profile

OTP VerificationCompliance SummaryAssumptionsBona Fide Service Fee CertificationDrug CertificationFAQ

[← Back to Welcome page](#)

Drug Certification

Reporting Period: Q1 2026Manufacturer Name (required): Test Manufacturer

Do you have a new contractual arrangement for Bona Fide Service Fees effective January 1, 2026, or later? (required): Yes

Drug Data Pending CertificationAll Drugs in Period

* denotes product data has been modified between current and prior quarter.

Export to ExcelCertify All

Drug Identifiers awaiting Certifier's action

Drug Identifier	Generic Name	Manufacturer's ASP*	Number of ASP Units*	Wholesale Acquisition Cost*	Average Wholesale Price	Submitter Name	Action
00010-9999-11*	GENERICA A			\$ 1,000.000		ASP Submitter	Certify

Product Info

Brand Name: No Data

Number of Items per NDC/Alt ID: 100

Expiration Date of Final Lot Sold: No Data

Date of First Sale for this Product: 06/15/2026

Strength of Product: 10 %

Package Type: SINGLE DOSE

FDA Approval Date: 01/01/2026

FDA Application Number: 000004

Volume per Item: 1 Ampule

First Marketing Date: 06/10/2026

FDA Approval Type: ANDA

FDA Application Supplement Number: 0003

Data Certification Statement

I certify that the reported Average Sales Prices were calculated accurately and that all Product and Financial information and statements made in the submission are true, complete, and current to the best of my knowledge and belief and are made in good faith. I understand that information contained in this submission may be used for Medicare reimbursement purposes.

☐ I agree to the above certification statement.

Cancel

Certify Data

37

Restatement

CMS.gov | My Enterprise Portal

Medicare Part B Average Sales Price

Manage NDC1/ALT ID

Product Data ▼

Financial Data ▼

Compliance Summary

Welcome

What's New?

Add/Update Financial Data for Current Quarter

Upload Financial Data for Current Quarter

Restate Financial Data or Add for Prior Quarters

Upload Financial Data for Prior Quarters

What to Expect After Submission



The deadline for completed, accurate submissions is the **30th of the month** following the close of the quarter.



CMS conducts validation checks to ensure accuracy and identify any errors in the ASP Data Collection System or within any publicly available information.



CMS will not change or edit submitted manufacturer ASP data. It is the responsibility of manufacturers to report their data accurately.



CMS may communicate with manufacturers to request clarification or additional information; CMS may ask manufacturers to provide documentation or evidence to support the accuracy of the reported data.



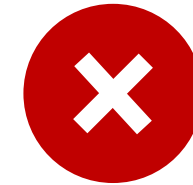
If all data submitted or needed is not available or verifiable to CMS during the calculation period, there could be significant delays in the calculation process, potentially causing omission from the Medicare Part B Drug Payment Limit File.

Emailing CMS



CMS will:

- Respond as appropriate within a reasonable timeframe
- Confirm receipt of data submission
- Direct you to official guidance with examples



CMS will not:

- Offer specific instruction outside of published guidance
- Confirm or deny accuracy of data
- Tell you how to calculate your specific data
- Incorporate any late submissions

CMS will only respond to messages received via [CMS ASP Mailbox](#).

Why Is My Product Not Listed?

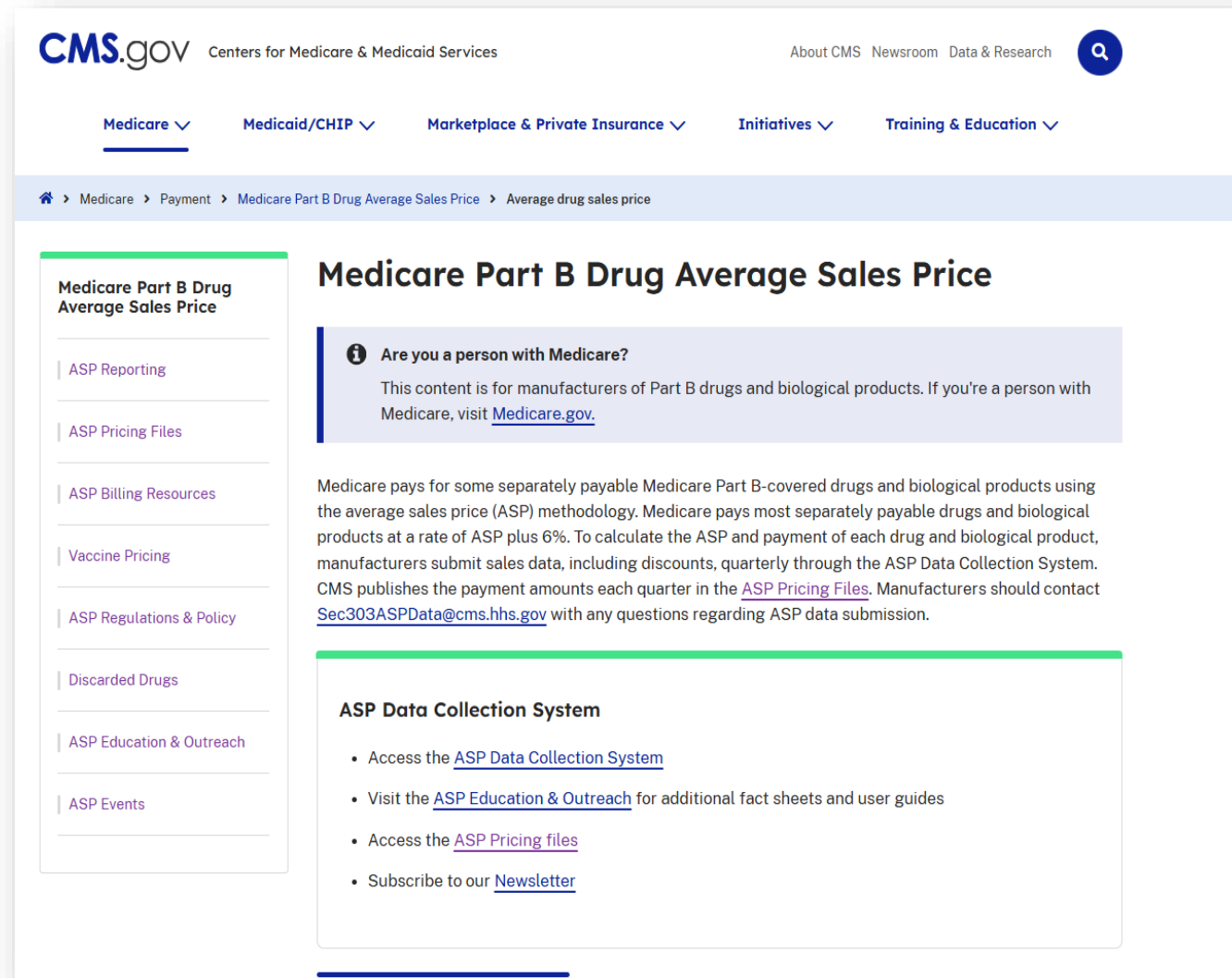


- If a drug product's NDC or HCPCS code does not appear on a quarter's crosswalk file or payment limit file, it may still be paid by the local contractor that processes the Part B drug claim, provided that the claim is reasonable and necessary and meets all necessary requirements for payment.
- Also, please note that the absence or presence of an NDC in the payment limit or crosswalk files does not indicate whether Medicare covers the drug.

ASP Website

Manufacturers, and other interested parties, can visit the ASP website to find all available information and resources, including:

- Medicare Part B Payment Limit File
- Reporting
- Regulations and Policy
- Education and Outreach
- Events



The screenshot shows the CMS.gov website with the following structure:

- Header:** CMS.gov logo, "Centers for Medicare & Medicaid Services", and navigation links: "About CMS", "Newsroom", "Data & Research", and a search icon.
- Secondary Navigation:** "Medicare", "Medicaid/CHIP", "Marketplace & Private Insurance", "Initiatives", and "Training & Education".
- Breadcrumb:** Home > Medicare > Payment > Medicare Part B Drug Average Sales Price > Average drug sales price.
- Main Content Area:**
 - Left Sidebar:** "Medicare Part B Drug Average Sales Price" with links to "ASP Reporting", "ASP Pricing Files", "ASP Billing Resources", "Vaccine Pricing", "ASP Regulations & Policy", "Discarded Drugs", "ASP Education & Outreach", and "ASP Events".
 - Right Column:**
 - Title:** "Medicare Part B Drug Average Sales Price".
 - Information Box:** "Are you a person with Medicare?" with text: "This content is for manufacturers of Part B drugs and biological products. If you're a person with Medicare, visit [Medicare.gov](\"#\")."
 - Text:** "Medicare pays for some separately payable Medicare Part B-covered drugs and biological products using the average sales price (ASP) methodology. Medicare pays most separately payable drugs and biological products at a rate of ASP plus 6%. To calculate the ASP and payment of each drug and biological product, manufacturers submit sales data, including discounts, quarterly through the ASP Data Collection System. CMS publishes the payment amounts each quarter in the [ASP Pricing Files](\"#\"). Manufacturers should contact [Sec303ASPData@cms.hhs.gov](\"mailto:Sec303ASPData@cms.hhs.gov\") with any questions regarding ASP data submission."
 - ASP Data Collection System:**
 - Access the [ASP Data Collection System](\"#\")
 - Visit the [ASP Education & Outreach](\"#\") for additional fact sheets and user guides
 - Access the [ASP Pricing files](\"#\")
 - Subscribe to our [Newsletter](\"#\")

- [Education and Outreach page](#)
- **Technical Support**
 - [ASP Helpdesk](#)
 - 1-844-876-0765
 - 9:00 a.m. through 6:00 p.m., Eastern Standard Time (EST), Monday through Friday
- **Feedback and Other Questions**
 - [CMS ASP Mailbox](#)



