



MONTANA HEALTHCARE PROGRAMS NOTICE

April 6, 2020

Pharmacy Providers

2020 Average Acquisition Cost (AAC) Survey

Additional Survey Information Provided Below:

The Department of Public Health and Human Services (DPHHS) requests your participation in a survey of acquisition cost data for prescription and non-prescription medications dispensed to Montana Healthcare Program members. This survey will be used to update Average Acquisition Cost (AAC) rates for outpatient drugs. The Department requests all pharmacies enrolled in the Medicaid Outpatient Prescription Drug Program complete this survey in accordance with the [Administrative Rules of Montana 7.86.1106 \(b\)](#). If your pharmacy is one of several stores under common ownership and you would like to have one person or central office complete the survey for all stores, please contact Mercer at MTRxSurvey@mercer.com.

Please provide the below information in an electronic spreadsheet file (Excel format is preferred). In most cases, your wholesaler will be able to compile this information and may provide the files directly to Mercer.

An example of how the data could be provided is outlined below:

Pharmacy NPI	Date Purchased	NDC	Item Description	Unit Type	Package Size	Quantity Ordered Extended	Price
12345678910	05/XX/2020	12345-6789-10	Drug name	Tab/Cap/Soln	Quantity within package	Number of packages	\$XX.XX

In order to accomplish the goal of compiling the most comprehensive and current data possible, please complete this survey with cost data from **May 1, 2020 to May 31, 2020**, and return to Mercer no later than **June 8, 2020**.

Please return the data to: MTRxSurvey@mercer.com or, you can [upload to Mercer's secure website: https://benefitsuite.mercer.com/sites/mtpharmacy](https://benefitsuite.mercer.com/sites/mtpharmacy).

Contact Information

Mercer at MTRxSurvey@mercer.com or

[Dani Feist, Pharmacy Program Officer, email dfeist@mt.gov](mailto:dfeist@mt.gov) or telephone (406) 444-2738

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)