



# MONTANA HEALTHCARE PROGRAMS NOTICE

April 16, 2019

## Pharmacy Providers

### 2019 Annual Montana Dispensing Fee Survey

The Department of Public Health and Human Services (DPHHS) is performing the annual pharmacy dispensing fee survey as required by Administrative Rules of Montana (ARM) 37.86.1105. Understanding pharmacies' true cost of dispensing prescriptions is an important factor in assessing the reimbursement needed to sustain a strong network of pharmacies to serve Montana Healthcare Program members. To ensure DPHHS has the most comprehensive information available to provide your pharmacy a reasonable dispensing fee, we request you complete this confidential survey by **June 21, 2019**.

#### Important Information

- An online survey will be utilized. [Please click here to access the online survey.](#)
- A *separate* survey for *each* Montana pharmacy is required.
- For new providers, the survey should be completed and based on **six months** of operation.
- Failure to respond to the survey will result in an assignment to your pharmacy of the minimum dispensing fee based on the lowest calculated cost to dispense, which is currently \$2.32, as stated in ARM 37.86.1105 (3)(a) and (3)(b).
- If your pharmacy's calculated cost to dispense a prescription is less than the established dispensing fee for Montana Healthcare Programs, then the lesser dispensing fee will be applied in the computation of the payment.

**You will have the ability to print your survey submission after you have clicked submit. Please make sure and print your submission for your records.**

**Please Note:** Be advised, there will be a separate Average Acquisition Cost (AAC) survey in the upcoming weeks from the Department's contractor Mercer. There will be a specific provider notice regarding the AAC survey issued with more details.

#### Contact Information

Pharmacy Program at [HRDRxTeam@mt.gov](mailto:HRDRxTeam@mt.gov), or (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)