Utah Department of
Health & Human Services
Integrated Healthcare

Ultra High-Cost Drug AAC* Payment Follow-up Form

Under the authority of UAC R414-1-31, the Department is requesting the following information to be submitted within 30 days of receipt of this request:
Providers must submit this form and a copy of any related supporting documentation for the Ultra High-Cost Drug administered to a Medicaid member and previously paid by DHHS. Submit the completed form via fax to 855-828-4992 or via email to medicaidpharmacy@utah.gov.

Provider/Facility: (completed by the DHHS Pharmacy Team)

Provider/Facility Name:	NPI:
PRISM Provider ID:	
Address:	
Office Contact Name:	Phone Number:
Fax Number:	Email:
Member Full Name	Member DOB:
Member ID:	Service Date(s):
PRISM Supplemental Payment Claim Number:	
Medication Name:	
NDC:	HCPCS Code:

Information from the provider's original invoice submission form:

Did the provider use the 340B supply? ☐ Yes, provide supporting documentation ☐ No If yes, provide supporting documentation No
Are/Were there rebates associated with this drug? ☐ Yes, provide supporting documentation ☐ No
Are/Were there negotiated discounts anticipated for this drug? ☐ Yes, provide supporting documentation ☐ No
Are/were there any other elements that would reduce the AAC for this drug? ☐ Yes, provide supporting documentation ☐ No
AAC* Reimbursement Requested:

*The **actual acquisition cost** must be net of any discounts the provider may receive to offset its acquisition cost (i.e., 340B, rebates, negotiated discounts, etc.). Supporting documentation must detail how the net AAC amount was determined.

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This section is to be completed by the provider:	
Since the original request for reimbursement for the drug, has the provider received any additional rebates, discounts, etc., directly or indirectly for the drug?	☐ Yes ☐ No
If yes, note the amount of total related rebates, discounts, etc. (Attach supporting documentation)	**$**

****The DHHS Pharmacy Team will review the submission and submit an invoice to recoup any additional rebates, discounts, etc.****

Attestation of completeness and accuracy of the above information

I swear under penalty of perjury and law, including but not limited to U.C.A. § 76-10-1801, § 76-6-412, and § 76-8-504, that the foregoing is true and correct and that by my signature I acknowledge and affirm that I executed this instrument in my capacity or an authorized capacity for the provider.

_____
Provider Name

_____
Signatory Printed Name & Title

_____
Signatory Signature & Date

Jurat

State of Utah, County of _____
Signed and sworn to before me on _____ (date) by
_____ (name of document signer and title); I further acknowledge that the signer was personally known to me or did prove based on satisfactory evidence, has made in my presence a voluntary signature and taken an oath or affirmation vouching to the truthfulness of this document.

_____
(Signature of Notary Public) (Notary Seal)

_____
(Commission Expires)