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Web Announcement 4055

Nevada Medicaid Update to 340B Actual Acquisition Cost Billing Language

Current Billing Manual Language

Ceiling prices are determined by the Average Manufacturer Prices (AMP) and unit rebate amounts (URA). Covered entities must submit their 340B AAC to Nevada Medicaid.

AAC for covered outpatient drug is the unit cost to the facility for a drug after subtracting all discounts, inclusive of rebates. A facility may establish written protocols for establishing or calculating the facility's AAC based on a monthly, quarterly, or other average of the facility's AAC. A written protocol may not include an inflation markup, spread, or margin to be added to the facility's actual purchase price after subtracting all discounts.

Updated Billing Manual Language

Changes are shown in bold.

Ceiling prices are determined by the Average Manufacturer Prices (AMP) and unit rebate amounts (URA). Covered entities must submit their 340B AAC to Nevada Medicaid.

The AAC for a covered outpatient drug is the net unit cost to the facility after deducting all rebates and discounts. A facility may establish written protocols for establishing or calculating the facility's AAC based on a monthly, quarterly, or other average of the facility's AAC. A written protocol may not include an inflation markup, spread, or margin to be added to the facility's actual purchase price after subtracting all discounts.

Updates are intended to clarify the current billing process and do not represent any fundamental changes. Policy and billing questions may be directed to RxInfo@nvha.nv.gov.