MEDICAID DRUG REBATE PROGRAM

STATE AGENCY CONTACT FORM Form CMS-368

STATE AGENCY NAME STATE MDRP CONTACT – Person must have a valid state email address.					
TEL: AREA PHONE NUMBER EX	XT. <u>FAX</u> : AREA	PHONE NUMBER	EXT.		
AGENCY/OFFICE/CORPORATION					
STREET ADDRESS					
CITY	STATE	ZIP CO	DE		
STATE TECHNICAL CONTA	<u>CT</u> – Person responsi	ble for sending and rece	iving data.		
NAME OF CONTACT	EMAIL ADD	EMAIL ADDRESS			
TEL: AREA PHONE NUMBER EX	XT. <u>FAX</u> : AREA	PHONE NUMBER	EXT.		
AGENCY/OFFICE/CORPORATION					
STREET ADDRESS					
CITY	STATE	ZIP CO	DE		

CMS-368 (Exp. 06/30/2023) / OMB No. 0938-0582

Form CMS-368 is a report of contact for the State to name the individuals involved in the Medicaid Drug Rebate Program (MDRP), and is required only in those instances where a change to the originally submitted data is necessary. When needed, the use of Form CMS-368 by the State is considered mandatory under the authority of Section 1927 of the Social Security Act. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

MEDICAID DRUG REBATE PROGRAM

STATE AGENCY CONTACT FORM Form CMS-368

STATE AGENCY NAME					
STATE POLICY CONTACT – Pe	erson responsible for	policy decisions.			
NAME OF CONTACT	EMAIL ADDI	EMAIL ADDRESS			
TEL: AREA PHONE NUMBER EXT	Γ. <u>FAX</u> : AREA	PHONE NUMBER	EXT.		
AGENCY/OFFICE/CORPORATION					
STREET ADDRESS					
CITY	STATE	ZIP CC	DDE		
STATE REBATE CONTACT – Po	erson responsible for	invoice and receipt of	rebate payments.		
NAME OF CONTACT	EMAIL ADDI	EMAIL ADDRESS			
TEL: AREA PHONE NUMBER EXT	Γ. <u>FAX</u> : AREA	PHONE NUMBER	EXT.		
AGENCY/OFFICE/CORPORATION					
STREET ADDRESS					
CITY	STATE	ZIP CC	DDE		
Verification by the State					
I certify that the contact information prov	rided on this form is	s accurate.			
By:					
(signature)	(please	print name)			
Date:					

CMS-368 (Exp. 06/30/2023) / OMB No. 0938-0582

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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 938-0582. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate 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.