MEDICAID DRUG REBATE PROGRAM

STATE AGENCY CONTACT FORM Form CMS-368

STATE AGENCY NAME				
STATE MDP CONTACT – Person must have a valid state email address.				
NAME OF CONTACT	EMAIL ADDRESS	EMAIL ADDRESS		
TEL: AREA PHONE NUMBER I	EXT. <u>FAX</u> : AREA PH	IONE NUMBER EXT.		
STREET ADDRESS				
CITY	STATE	ZIP CODE		
STATE TECHNICAL CONTA	ACT – Person responsible fo	or sending and receiving data.		
NAME OF CONTACT	EMAIL ADDRESS	EMAIL ADDRESS		
TEL: AREA PHONE NUMBER I	EXT. <u>FAX</u> : AREA PH	IONE NUMBER EXT.		
NAME OF FISCAL AGENT (if applicab	le)			
STREET ADDRESS				
CITY	STATE	ZIP CODE		

CMS-368 (Exp. 05/31/2024) / 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 – Person responsible for policy decisions.				
NAME OF CONTACT	EMAIL ADDRESS	S		
TEL: AREA PHONE NUMBER EXT	T. <u>FAX</u> : AREA PH	IONE NUMBER EXT.		
NAME OF FISCAL AGENT (if applicable)				
STREET ADDRESS				
CITY	STATE	ZIP CODE		
STATE REBATE CONTACT – Po	erson responsible for invo	pice and receipt of rebate payments.		
NAME OF CONTACT	EMAIL ADDRESS	EMAIL ADDRESS		
TEL: AREA PHONE NUMBER EXT	T. <u>FAX</u> : AREA PH	IONE NUMBER EXT.		
NAME OF FISCAL AGENT (if applicable)				
STREET ADDRESS				
CITY	STATE	ZIP CODE		

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