PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET

Part I: Information Collection Request

This template is intended for staff without an ICRAS account. Please fill out and submit to the appropriate Operating Division to enter into ICRAS. The form mirrors the screens available in the ICRAS 4 system. To request an account to log into ICRAS.

Instructions for filling out the form are available at www.paperworkreduction.gov.

Agency/Sub agency originating request

Title Medicaid Payment for Prescription Drugs - Physicians and Hospital Outpatient Departments Collecting and Submitting Drug Identifying Information to State Medicaid Programs (OMB 0938-1026)

Type of information collection *(check one)*
(See instructions)

- ☐ New collection (Request for a new OMB Control Number)
- ☒ Extension without change of a currently approved collection
- ☐ Revision of a currently approved collection
- ☐ Reinstatement without change of a previously approved collection
- ☐ Reinstatement with change of a previously approved collection
- ☐ Nonmaterial or nonsubstantive change to a currently approved collection (formerly 83C)
- ☐ Existing collection in use without and OMB Control Number

OMB: 0938-1026

Type of review requested *(check one)*

a. ☒ Regular
b. ☐ Emergency - Approval requested by: / /
c. ☐ Delegated

If Emergency, please attach justification.(4000 characters maximum)

Requested expiration date *(check one)*
a. ☒ Three years from approval date
b. ☐ Six Months from approval date (Maximum for Emergency reviews)
c. ☐ Other
Specify (mm/yy) or Number of Months from Approval Date

Abstract (2000 characters maximum)
Section 6002 of the Deficit Reduction Act (DRA) of 2005 added provisions under section 1927 of the Social Security Act to require physicians in their offices and hosptial outpatient settings or other entities (e.g., non-profit facilities) to collect and submit the drug National Drug Code (NDC) numbers on Medicaid claims to their State in order for Federal Financial Participation to be available for these drugs. We estimate that there are 20,000 physicians in their offices, hospital outpatient settings or other entities (e.g., non-profit facilities) concentrating in the specialities of oncology, rheumatology and urology will be required by their State Medicaid Programs to collect and submit Healthcare Common Procedure Coding System (HCPC) J drug code data match with NDC numbers. CMS released a letter to State Medicaid Directors on July 11, 2006 to explain the requirements of the State collection and submission of the drug NDC numbers on Medicaid claims. This collection is also associated with CMS-2238-FC Medicaid Program: Prescription Drugs published under Volume 72, Number 136, Tuesday, July 17, 2007, Rules and Regulations (RIN 0938-AO20). The requirements for this collection are codified under 42 Code of Federal Regulations section 447.520 Federal Financial Participation: Conditions relating to physician administered drugs.

Authorizing Statute(s)
Table 1: Public Law

Congress Number	Sequence Number	Section	Name
Public Law 109-171		6002	Deficit Reduction Act of 2005

Table 1 lists Public Law information.

Table 2: US Code

Title	Section	Name

Table 2 lists US Code information.

Table 3: Executive Order

Number	Name

Table 3 lists Executive Order information.

Table 4: Statute

Title	Subtitle
Social Security Act section 1927 (a)	Payment for Covered Outpatient Drugs

Table 4 lists Statute information.
Associated Rulemaking Information

RIN: 0938-AO20 (e.g.: 9999-XX99)

Federal Register Citation:

Volume 72 Page number 39244 - 39245 Publication Date: 07/17/2007 (mm/dd/yyyy)

Stage of Rulemaking: ☐ Not associated with Rulemaking ☐ Proposed Rule ☒ Interim Final or Final Rule ☐ Other Documents for OIRA Review

For a Proposed Rule, OMB will not consider an ICR complete until the Notice of Proposed Rulemaking has been published.
For ICRs associated with Interim Final or Final rules that are not significant under EO 12866, please attach a draft of the Federal Register document.

Federal Register Notices & Comments

60-day Notice:	Volume	Page number	Publication Date	/	/	(mm/dd/yyyy)
30-day Notice:	Volume	Page number	Publication Date	/	/	(mm/dd/yyyy)

Did the Agency receive public comments on this ICR? ☐Yes ☐ No

Unless submitted as an Emergency or Associated with Rulemaking, OMB will not consider an ICR complete until the 30-day notice has been published

Annual Cost to Federal Gov:

$ 0

Is this ICR related to the American Recovery and Reinvestment Act of 2009 (ARRA)?

☐ Yes

☒ No

Does this ICR contain surveys, censuses, or employ statistical methods?

☐ Yes (Attach Part B of Supporting Statement)
☒ No

Is the Supporting Statement intended to be a Privacy Impact Assessment required by the E-Government Act of 2002?

☐ Yes
☒ No

Agency contact:

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PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET

Part I: Information Collection Request (continued)
Information Collection Budget (ICB)

If a change in burden is due to a Program Change Due to New Statute, identify the Citations for New Statutory Requirements:

Table 1: Public Law

Congress Number	Sequence Number	Section	Name

Table 1 lists Public Law information

Table2: US Code

Title	Section	Name

Table 2 lists US Code information

Table3: Executive Order

Number	Name

Table 3 lists Executive Order information

Table 4: Statute

Title	Subtitle

Table 4 lists Statute information

If there is a reduction due to agency discretion, please categorize it below:

- ☐ Cutting Redundancy
- ☐ Using Information Technology
- ☐ Changing Regulations
- ☐ Changing Forms
- ☐ Miscellaneous Actions

If there is an increase due to agency discretion, please categorize it below:

- ☐ N/A
- ☐ Changing Regulations
- ☐ Miscellaneous Actions

Short Statement: Explain the reasons for any program changes or adjustments reported; that is, provide a short statement how the reduction in burden was achieved or why the increase in burden occurred. (If you need more space, please provide a short summary here and elaborate in the Supporting Statement.)

_____
_____
_____
_____
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