

Hospital Survey for Specified Covered Outpatient Drugs (SCODs)
(CMS-10709; OMB 0938-New)

PRA Disclosure Statement

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

0938-XXXX (Expires XX/XX/XXXX). The time required to complete this information collection is estimated to average

48 hours per response, including the time to review instructions, search existing data resources, gather

******CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any**

correspondence not pertaining to the information collection burden approved under the associated OMB

control number listed on this form will not be reviewed, forwarded, or retained. If you have

Hospital Name	CCN (Medicare Provider Number)	Contact Name

Contact Title	Hospital Address	Email	Phone Number

Provider CCN Number	HCPCS code for each SCOD	Drug Name/Short Descriptor	Dose (as reflected in HCPCS code descriptor)	NDC (11 digit) Optional
12345	J0885	Epoetin alfa, non-esrd	1,000 unit	59676032000
12345	J0885	Epoetin alfa, non-esrd	1,000 unit	59676031200
12345	J0878	Daptomycin injection	1 mg	25021017916

Q4 2018 Payment Rate (Obtain from OPPS Addendum B for Q4 2018)	Q1 2019 Payment Rate (Obtain from OPPS Addendum B for Q1 2019)	Average 340B Price of Drug for Q4 of CY 2018(October 1, 2018- December 31, 2018)	Average 340B Price of Drug for Q1 of CY 2019 (January 1- March 31, 2019)
\$12.27	\$11.95	\$X.XX	\$X.XX
\$12.27	\$11.95	\$X.XX	\$X.XX
\$0.32	\$0.41	\$X.XX	\$X.XX