MEDICAID DRUG REBATE PROGRAM

RECONCILIATION OF STATE INVOICE (ROSI)

LABELER NAME: _____ LABLER CONTACT: _____ STATE: _____

LABELER CODE: _____ PHONE: _____ INVOICE NO. _____

PERIOD COVERED: _____ EMAIL: _____ DATE: _____

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
PRODUCT/ PACKAGE CODE	PRODUCT NAME	FFS/MCO RECORD ID	UNIT REBATE AMOUNT	ADJUSTED UNIT REBATE AMOUNT	UNITS INVOICED	ADJUSTED UNITS + or -	LABELER DISPUTED UNITS	UNITS PAID	ADJM CODE	DISP CODE	REBATE AMOUNT INVOICED	INVOICE CORRECTION AMOUNT	WITHELD INVOICE AMOUNT	REBATE AMOUNT PAID
TOTALS														

CMS-304 (Exp. 06/30/2023
OMB No. 0938-0676

Plus Interest Payment
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TOTAL REMITTANCE

Form CMS-304 (ROSI: Reconciliation of State Invoice) is used by manufacturers to respond to the state's rebate invoice for current quarter utilization. The use of Form CMS-304 by manufacturers is considered mandatory under the authority of Section 1927 of the Social Security Act and the National Drug Rebate Agreement. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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 control number for this information collection is 0938-0676. The time required to complete this information collection is estimated to average 70 hours 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, Baltimore, Maryland, 21244-1850.