Medicaid Attestation Form on the Appropriateness of the Qualified Clinical Trial

Participant

Participant Name _____

Medicaid ID _____

Qualified Clinical Trial

National Clinical Trial Number _____
(From clinicaltrials.gov)

Principal Investigator Attestation

Principal Investigator Name _____
(Print First and Last Name)

☐ I hereby attest to the appropriateness of the qualified clinical trial in which the individual identified above is participating.

☐ The Principal Investigator is also the Health Care Provider and hereby attests to the appropriateness of the qualified clinical trial in which the individual identified above is participating.

Signature _____ Date _____
(Signature of Principal Investigator) (Month, Day, and Year)

Health Care Provider Attestation

Health Care Provider Name _____
(Print First and Last Name)

☐ I hereby attest to the appropriateness of the qualified clinical trial in which the individual identified above is participating.

Signature _____ Date _____
(Signature of Health Care Provider) (Month, Day, and Year)

Paperwork Reduction Act (PRA) Disclosure Statement

This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-0193. Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.