

**MEDICAID DRUG REBATE PROGRAM
STATE INVOICE RECORD FORMAT
(Form CMS-R-144)**

Effective: March 1, 2008

Source: State Agencies

Target: CMS & Manufacturers

Field	Size	Position	Remarks
Record ID	4	1 – 4	Constant of “UTIL”
State Code	2	5 – 6	P.O. Abbreviation
Labeler Code	5	7 – 11	NDC 1
Product Code	4	12 – 15	NDC 2
Package Size Code	2	16 – 17	NDC 3
Period Covered	5	18 – 22	QYYYY
Product FDA Reg. Name	10	23 – 32	Product name as appears on FDA listing form. (1 st 10 characters)
Unit Rebate Amount	12	33 – 44	9(5).9(6)
* Units Reimbursed	15	45 – 59	9(11).999
* Rebate Amount Claimed	12	60 – 71	9(9).99
* Number of Prescriptions	8	72 – 79	9(8)
** M’Caid Amount Reimb.	13	80 – 92	9(10).99
** Non-M’Caid Amount Reimb.	13	93 - 105	9(10).99
*Total Amt Reimbursed	14	106 – 119	9(11).99
Correction Flag	1	120 – 120	0 = Original record 1 = Correction record

All fields with decimals now require actual decimal

* Changed field length size

** New Field