

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

Effective: ~~March 1, 2008~~ December 1, 2011

Source: State Agencies

Target: CMS & Manufacturers

Field	Size	Position	Remarks
<u>*Record ID</u>	4	1 – 4	Constant of <del>“UTHL”</del> <u>“FFSU”</u> or <u>“MCOU”</u>
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 <sup>st</sup> 10 characters)
Unit Rebate Amount	12	33 – 44	9(5).9(6)
<del>*Units Reimbursed</del>	15	45 – 59	9(11).999
<del>* Rebate Amount Claimed</del>	12	60 – 71	9(9).99
<del>* Number of Prescriptions</del>	8	72 – 79	9(8)
<del>** M’Caid Amount Reimb.</del>	13	80 – 92	9(10).99
<del>** Non-M’Caid Amount Reimb.</del>	13	93 - 105	9(10).99
<del>*Total Amt Reimbursed</del>	14	106 – 119	9(11).99
<del>Correction Flag</del>	<del>1</del>	<del>120 – 120</del>	<del>0 = Original record 1 = Correction record</del>
<u>*Filler</u>	<u>1</u>	<u>120 – 120</u>	

All fields with decimals now require actual decimal

\* ~~Changed to field length-size~~

\*\* ~~New Field~~