**MEDICAID DRUG REBATE PROGRAM**

**STATE INVOICE RECORD FORMAT**

**(Form CMS-R-144)**

Effective: December 1, 2011

Source: State Agencies

Target: CMS & Manufacturers

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Size | Position | Remarks |
| \*Record ID | 4 | 1 – 4 | Constant of “FFSU” or “MCOU” |
| 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.(1st 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 |
| \*Filler | 1 | 120 – 120 |  |

All fields with decimals now require actual decimal

\* Change to field