

3/2019 (old version)	12/2019 (new version)	Type of Change	Reason for Change	Burden Change
Valid Values: 4Q2009 and earlier = Constant record ID of FFSU. 1Q2010 and beyond = FFSU & MCOU.	Valid Values: Within or earlier than 4Q2009 = Constant Record ID of FFSU Within or later than 1Q2010 = FFSU & MCOU	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
NOTE: Per the Affordable Care Act, MCO utilization data cannot be reported for periods prior to first quarter 2010. NOTE: Beginning with first quarter 2010, CMS will accept one utilization record per NDC per quarter/year combination per record ID type (FFSU vs. MCOU).	NOTE: Per the Affordable Care Act, MCO utilization data cannot be reported for quarter/year combinations earlier than 1Q2010. Beginning with 1Q2010, CMS will accept one utilization record (i.e., one line of data) per 11-digit NDC per quarter/year combination per Record ID type (FFSU vs. MCOU) on an individual utilization data file.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
State Code: Two-character post office abbreviation for the state. Alphabetic, 2 digits.	State Code: Two-character post office abbreviation for the state. Alphabetic; 2-character field.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Labeler Code: First segment of National Drug Code (NDC 1) that identifies the manufacturer, labeler, relabeler, packager, repackager or distributor of the drug. Numeric values only, 5-digit field, right justified and zero-filled for 4-digit labeler codes.	Labeler Code: First segment of National Drug Code (NDC) that identifies the labeler. Numeric values; 5-digit field; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Product Code: Second segment of NDC. Alphanumeric values, 4-digit field, right justified, zero-filled for 3-digit product codes.	Product Code: Second segment of NDC. Alpha-numeric values; 4-digit field; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Package Size Code: Third segment of NDC. Alphanumeric values, 2-digit field, right justified, zero-filled for 1-digit package size codes.	Package Size: Third segment of NDC. Alpha-numeric values; 2-digit field; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A

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<p>Period Covered: The calendar quarter and year in which the 11-digit NDC was paid for by the State. Numeric, 5-digit field, QYYYY</p> <p>Valid values for Q: 1 = January 1 – March 31 2 = April 1 – June 30 3 = July 1 – September 30 4 = October 1 – December 31</p> <p>Valid values for YYYY: 4-digit calendar year covered.</p>	<p>Period Covered: The calendar quarter and year in which the 11-digit NDC was paid for by the State (for FFS units), or the calendar quarter and year in which the 11-digit NDC was dispensed (for MCO units). Numeric values; 5-digit field; format: QYYYY; no blanks.</p> <p>Valid values for Q: 1 = January 1 – March 31 2 = April 1 – June 30 3 = July 1 – September 30 4 = October 1 – December 31</p> <p>Valid values for YYYY: 4-digit calendar year equal to 1991 or later.</p>	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
<p>Product FDA Reg. Name: (Abbreviated) – First 10 characters of product name as approved by the FDA. Alphanumeric values, 10 digits.</p>	<p>FDA Product Name: First 10 characters of product name as approved by and/or listed with the FDA. Alpha-numeric values; 10-digits.</p>	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
<p>Unit Rebate Amount: The CMS calculated amount (per reported unit type) to be multiplied by Units Reimbursed by the state during the period covered. Numeric values, 12 digits: 5 whole numbers, 6 decimal places, and a decimal point.</p>	<p>Unit Rebate Amount (URA): The CMS-calculated amount (per reported unit type) to be multiplied by Units Reimbursed by the state during the period covered. Numeric values; 12-digit field: 5 whole numbers the decimal point ('.') and 6 decimal places.</p>	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
<p>Units Reimbursed: The number of FFS or MCO units (based on Unit Type and Record ID) of the drug (11-digit NDC level) reimbursed by the state during the period covered. Numeric values, 15 digits: 11 whole numbers, 3 decimal places and a decimal point.</p>	<p>Units Reimbursed: The number of units (based on Unit Type) of the drug (11-digit NDC level) reimbursed by the state during the period covered (for FFS units), or the number of units (based on Unit Type) of the 11-digit NDC dispensed during the period covered (for MCO units). Numeric values; 15-digit field: 11 whole numbers the decimal point ('.') and 3 decimal places.</p>	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A

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<p>Rebate Amount Claimed: The rebate amount that the State Agency claims it is owed by the labeler for the period covered for this (11-digit NDC) FFS or MCO drug. It is calculated by multiplying the FFS or MCO units reimbursed by the rebate amount per unit. Numeric values, 12 digits: 9 whole numbers, 2 decimal places and a decimal point.</p>	<p>Rebate Amount Claimed: The rebate amount that the State Medicaid Agency claims it is owed by the labeler for the period covered for this (11-digit NDC) drug. It is calculated by multiplying the units reimbursed by the URA. Numeric values; 12-digit field: 9 whole numbers the decimal point ('.') and 2 decimal places.</p>	<p>Rev</p>	<p>To align verbiage with other Medicaid Drug Rebate Program documentation.</p>	<p>N/A</p>
<p>Number of Prescriptions: The number of FFS or MCO prescriptions reimbursed (by the Medicaid Program ONLY) to pharmacies for the (11-digit NDC) drug during the period covered. Numeric values, 8 digits, whole numbers only.</p>	<p>Number of Prescriptions: The number of prescriptions reimbursed by the State Medicaid Agency as outpatient drug claims during the period covered (for FFS units), or the number of prescriptions dispensed as outpatient drug claims during the period covered (for MCO units). Numeric values, 8-digit field; whole numbers only.</p>	<p>Rev</p>	<p>To align verbiage with other Medicaid Drug Rebate Program documentation.</p>	<p>N/A</p>
<p>M'caid Amount Reimb: Medicaid Amount Reimbursed – The amount reimbursed (by the Medicaid Program ONLY) to pharmacies for the (11-digit NDC) FFS or MCO drug in the period covered. Numeric values, 13 digits: 10 whole numbers, 2 decimal places and a decimal point.</p>	<p>Medicaid Amount Reimbursed (MAR): The amount reimbursed (by the Medicaid Program ONLY) to pharmacies or other providers for the (11-digit NDC) drug in the period covered. Numeric values; 13-digit field: 10 whole numbers the decimal point ('.') and 2 decimals places.</p> <p>NOTE: As capitated payment arrangements are sometimes utilized by states and MCOs, a zero value in this field could be appropriate for MCO data; however, FFS utilization records will reject if this field is reported with a value of zero.</p>	<p>Rev</p>	<p>To align verbiage with other Medicaid Drug Rebate Program documentation.</p>	<p>N/A</p>
<p>Non-M'caid Amount Reimb: Non-Medicaid Amount Reimbursed – The amount reimbursed (by non-Medicaid entities) to pharmacies for the (11-digit NDC) FFS or MCO drug in the period covered. The Non-Medicaid Amount Reimbursed includes any reimbursement amount for which the state is not eligible for Federal Matching Funds. Numeric values, 13 digits: 10 whole numbers, 2 decimal places and a decimal point.</p>	<p>Non-Medicaid Amount Reimbursed (NMAR): The amount reimbursed (by non-Medicaid entities) to pharmacies or other providers for the (11-digit NDC) drug in the period covered. The Non-Medicaid Amount Reimbursed includes any reimbursement amount for which the state is not eligible for Federal Matching Funds. Numeric values; 13-digit field: 10 whole numbers the decimal point ('.') and 2 decimal places.</p>	<p>Rev</p>	<p>To align verbiage with other Medicaid Drug Rebate Program documentation.</p>	<p>N/A</p>

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<p>Total Amount Reimbursed: The FFS or MCO total amount reimbursed by both Medicaid and non-Medicaid entities to pharmacies for the (11-digit NDC) drug in the period covered (two previous fields added together). This total is not reduced or affected by Medicaid rebates paid to the state. This amount represents both the Federal and State Reimbursement and is inclusive of dispensing fees. Numeric values, 14 digits: 11 whole numbers, 2 decimal places and a decimal point.</p>	<p>Total Amount Reimbursed (TAR): The total amount reimbursed by both Medicaid and non-Medicaid entities to pharmacies or other providers for the (11-digit NDC) drug in the period covered (i.e., the sum of the Medicaid Amount Reimbursed and Non-Medicaid Amount Reimbursed fields). This total is not reduced or affected by Medicaid rebates paid to the state. This amount represents both the Federal and State Reimbursement and is inclusive of dispensing fees. Numeric values; 14-digit field: 11 whole numbers the decimal point ('.') and 2 decimal places.</p> <p>NOTE: As capitated payment arrangements are sometimes utilized by states and MCOs, a zero value in this field could be appropriate for MCO data only; however, FFS utilization records will reject if this field is reported with a value of zero.</p>	<p>Rev</p>	<p>To align verbiage with other Medicaid Drug Rebate Program documentation.</p>	<p>N/A</p>
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