

12/2019 (old version)	10/2020 (new version)	Type of Change	Reason for Change	Burden Change
<b>Header:</b> MEDICAID DRUG REBATE PROGRAM STATE INVOICE FIELD DEFINITIONS (Form CMS-R-144) Effective February 1, 2020	<b>Header:</b> MEDICAID DRUG REBATE PROGRAM ELECTRONIC STATE INVOICE Form CMS-R-144 DATA DEFINITIONS Effective: July 1, 2021	Rev	To align Header with other Medicaid Drug Rebate Program documentation.	N/A
<b>Sub-Header:</b> Data Fields	<b>Sub-Header:</b> N/A	Del	No longer relevant	N/A
<b>Unit Rebate Amount (URA):</b> ...Numeric values; 12-digit field: 5 whole numbers, the decimal point ('.') and 6 decimal places.	<b>Unit Rebate Amount (URA):</b> ...Numeric values; 15-digit field: 8 whole numbers, the decimal point ('.') and 6 decimal places.	Rev	Updated verbiage to account for increased field size from 12 - 15 digits	N/A
<b>Units Reimbursed:</b> ...Numeric values; 15-digit field: 11 whole numbers, the decimal point ('.') and 3 decimal places.	<b>Units Reimbursed:</b> ...Numeric values; 16-digit field: 12 whole numbers, the decimal point ('.') and 3 decimal places.	Rev	Updated verbiage to account for increased field size from 15 - 16 digits	N/A
<b>Rebate Amount Claimed:</b> ...Numeric values; 12-digit field: 9 whole numbers, the decimal point ('.') and 2 decimal places.	<b>Rebate Amount Claimed:</b> ...Numeric values; 16-digit field: 13 whole numbers, the decimal point ('.') and 2 decimal places.	Rev	Updated verbiage to account for increased field size from 12 - 16 digits	N/A
<b>Number of Prescriptions:</b> 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.	<b>Number of Prescriptions:</b> 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). This number should include any prescription for which Medicaid paid only a portion of the claim, as well as those prescriptions for which Medicaid paid the claim in full. Numeric values, 8-digit field; whole numbers only.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
<b>Medicaid Amount Reimbursed (MAR):</b> ...Numeric values; 13-digit field: 10 whole numbers, the decimal point ('.') and 2 decimals places.	<b>Medicaid Amount Reimbursed (MAR):</b> ...Numeric values; 16-digit field: 13 whole numbers, the decimal point ('.') and 2 decimals places.	Rev	Updated verbiage to account for increased field size from 13 - 16 digits	N/A
<b>Non-Medicaid Amount Reimbursed (NMAR):</b> ...Numeric values; 13-digit field: 10 whole numbers, the decimal point ('.') and 2 decimal places.	<b>Non-Medicaid Amount Reimbursed (NMAR):</b> ...Numeric values; 16-digit field: 13 whole numbers, the decimal point ('.') and 2 decimal places.	Rev	Updated verbiage to account for increased field size from 13 - 16 digits	N/A

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

<p><b>Total Amount Reimbursed (TAR):</b> ...Numeric values; 14-digit field: 11 whole numbers, the decimal point ('.') and 2 decimal places.</p>	<p><b>Total Amount Reimbursed (TAR):</b> ...Numeric values; 16-digit field: 13 whole numbers, the decimal point ('.') and 2 decimal places.</p>	Rev	Updated verbiage to account for increased field size from 14 - 16 digits	N/A
<p><b>Filler:</b> 1 position filler. This field previously contained the Correction Flag Indicator which specified whether the record was the first submission (0=original record) or whether it is a correction (1 = correction) to an existing record. The CMS Medicaid Drug Rebate (MDR) system makes the determination: if the record does not exist within the MDR system, it processes as an original; if the record does exist within the MDR system, it processes as a correction.</p>	<p><b>Delete Flag</b> (Only pertains to State Drug Utilization Data (SDUD) Submissions to CMS): To delete a previously reported utilization record for a particular NDC and quarter/year combination from the MDP system. Alphabetic or blank 1-digit field; Delete = D, otherwise field is blank.</p> <p><b>Filler</b> (Only pertains to State Invoice): 1 position filler. This field previously contained the Correction Flag Indicator which specified whether the record was the first submission (0 = original record) or whether it is a correction (1 = correction) to an existing record. The CMS Medicaid Drug Rebate (MDR) system makes the determination: if the record does not exist within the MDR system, it processes as an original; if the record does exist within the MDR system, it processes as a correction.</p>	Rev	The Filler position pertains only to the State Invoice whereas a Delete Flag will be used in the SDUD Submission to CMS.	N/A