

12/2019 (old version)	10/2020 (new version)	Type of Change	Reason for Change	Burden Change
Header: MEDICAID DRUG REBATE PROGRAM STATE INVOICE RECORD FORMAT (Form CMS-R-144) Effective: February 1, 2020	Header: MEDICAID DRUG REBATE PROGRAM ELECTRONIC STATE INVOICE Form CMS-R-144 RECORD FORMAT Effective: July 1, 2021	Rev	To align Header with other Medicaid Drug Rebate Program documentation.	N/A
N/A	New File Format Column: Ordinal Position Corresponding Rows Numbered 1-15	Add	To update File Format to include .CSV Ordinal Numbering Column	N/A
File Format - Column Name Update: Field	File Format - Column Name Update: Field Name (.TXT) Header Row (.CSV)	Rev	To include .CSV Header Row in addition to the .TXT Field Name	N/A
File Format - Field Positions: 1 - 120	File Format - Field Positions: 1 - 136	Rev	Field positions were adjusted due to increased field sizes in several other fields	N/A
Unit Rebate Amount (URA) Size: 12 Position: 33 - 44 Remarks: 9(5).9(6)	Unit Rebate Amount Size: 15 Position: 33-47 Remarks: 99999.999999	Rev	To update the field size from 12 to 15 digits, to remove (URA).	N/A
Units Reimbursed Size: 15 Position: 45 - 59 Remarks: 9(11).999	Units Reimbursed Size: 16 Position: 48 - 63 Remarks: 999999999999.999	Rev	To update the field size from 15 to 16 digits	N/A
Rebate Amount Claimed Size: 12 Position: 60 - 71 Remarks: 9(9).99	Rebate Amount Claimed Size: 16 Position: 64 - 79 Remarks: 999999999999.99	Rev	To update the field size from 12 to 16 digits	N/A
Number of Prescriptions Size: 8 Position: 72 - 79 Remarks: 9(8)	Number of Prescriptions Size: 8 Position: 80 - 87 Remarks: 99999999	Rev	To update the field positions due to increased field sizes in preceding fields	N/A
Medicaid Amount Reimbursed (MAR) Size: 13 Position: 80 - 92 Remarks: 9(10).99	Medicaid Amount Reimbursed Size: 16 Position: 88 - 103 Remarks: 999999999999.99	Rev	To update the field size from 13 to 16 digits, and to remove (MAR)	N/A

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

Non-Medicaid Amount Reimbursed (NMAR) Size: 13 Position: 93 - 105 Remarks: 9(10).99	Non-Medicaid Amount Reimbursed Size: 16 Position: 104 - 119 Remarks: 999999999999.99	Rev	To update the field size from 13 to 16 digits, and to remove (NMAR)	N/A
Total Amount Reimbursed (TAR) Size: 14 Position: 106 - 119 Remarks: 9(11).99	Total Amount Reimbursed Size: 16 Position: 120 - 135 Remarks: 999999999999.99	Rev	To update the field size from 14 to 16 digits, and to remove (TAR)	N/A
Filler Position: 120 - 120 Remarks: N/A	Filler - State Invoice Delete Flag - SDUD Submission to CMS Position: 136 - 136 Remarks: See Data Definitions	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

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