

**MEDICAID DRUG REBATE PROGRAM
ELECTRONIC STATE INVOICE
Form CMS-R-144**

RECORD FORMAT

Effective: July 1, 2021

Source: State Agencies

Target: CMS & Manufacturers

| Ordinal Positon | Field (.TXT) Header Row (.CSV) | Size | Position | Remarks |
|----------------------------|--|-------------|-----------------|--|
| 1 | Record ID | 4 | 1 - 4 | Constant of "FFSU" or "MCOU" |
| 2 | State Code | 2 | 5 - 6 | P.O. Abbreviation |
| 3 | Labeler Code | 5 | 7 - 11 | NDC 1 |
| 4 | Product Code | 4 | 12 -15 | NDC 2 |
| 5 | Package Size | 2 | 16 - 17 | NDC 3 |
| 6 | Period Covered | 5 | 18 - 22 | QYYYY |
| 7 | FDA Product Name | 10 | 23 - 32 | Product name as appears on FDA listing form. (1 st 10 characters) |
| 8 | Unit Rebate Amount | 15 | 33 - 47 | 99999999.999999 |
| 9 | Units Reimbursed | 16 | 48 - 63 | 999999999999.999 |
| 10 | Rebate Amount Claimed | 16 | 64 - 79 | 999999999999.99 |
| 11 | Number of Prescriptions | 8 | 80 - 87 | 99999999 |
| 12 | Medicaid Amount Reimbursed | 16 | 88 - 103 | 999999999999.99 |
| 13 | Non-Medicaid Amount Reimbursed | 16 | 104 - 119 | 999999999999.99 |
| 14 | Total Amount Reimbursed | 16 | 120 - 135 | 999999999999.99 |
| 15 | Filler - State Invoice Delete Flag - SDUD Submission to CMS | 1 | 136 - 136 | See Data Definitions |