MEDICAID DRUG REBATE
RECONCILIATION OF STATE INVOICE (ROSI)   CMS-304
ELECTRONIC FORMAT

RECORD 1

FIELD	SIZE	REMARKS
Record ID	1	Constant of "1"
Labeler Name	25	First 25 Positions of Company Name
Labeler Code	5	NDC 1
Period Covered	5	QYYYY
Labeler Contact	20	Labeler's Contact Person
Phone	14	Area Code/Phone No./Ext. of Contact
Fax	10	Labeler's Contact Fax Number
State Code	2	Two Position Postal Abbreviation
Invoice Number	10	Corresponds to State Invoice Number
Date	8	Date Report was Created

RECORD 2

FIELD	SIZE	REMARKS
Record ID	1	Constant of "2"
Labeler Code	5	NDC 1
Product Code/Package	6	NDC 2 and 3
FDA Product Name	10	First 10 Positions of Product Name
FFS/MCO Record ID	4	Constant of "FFSU" or "MCOU"
Unit Rebate Amount	11	99999V999999
Adjusted Unit Rebate Amount	11	99999V999999
Units Invoiced	12	999999999V999
Adjusted Units (+/-)	13	9999999999V999
Labeler Disputed Units	12	999999999V999
Units Paid	12	999999999V999
Adjustment Code(s)	3	See Adjustment and Dispute Codes for CMS-304/304a
Dispute Code(s)	3	See Adjustment and Dispute Codes for CMS-304/304a
Rebate Amount Invoiced	9	9999999V99
Invoice Correction Amount (+/-)	10	99999999V99
Withheld Invoice Amount	9	9999999V99
Rebate Amount Paid	9	9999999V99

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	FIELD	SIZE	REMARKS
RECORD 3	Record ID	1	Constant of "3"
	Labeler Code	5	NDC 1
	Total Units Invoiced	12	999999999V999
	Total Adjusted Units (+/-)	13	9999999999V999
	Total Labeler Disputed Units	12	999999999V999
	Total Units Paid	12	999999999V999
	Total Rebate Amount Invoiced	10	99999999V99
	Total Invoice Correction Amt. (+/-)	11	999999999V99
	Total Withheld Invoice Amount	10	99999999V99
	Total Rebate Amount Paid	10	99999999V99
	Plus Interest Payment	8	999999V99
	Total Remittance	10	99999999V99