

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

**DATA DEFINITIONS**

Effective: July 1, 2021

**Record ID:** Constant “FFSU” or “MCOU.” The FFSU Record ID indicates that the information for this NDC represents a Fee-for-Service Utilization record. The MCOU Record ID indicates that the information for this NDC represents a Managed Care Organization Utilization record.

Valid Values:

Within or earlier than 4Q2009 = Constant Record ID of FFSU

Within or later than 1Q2010 = FFSU & 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.

**State Code:** Two-character post office abbreviation for the state. Alphabetic; 2-character field.

**Labeler Code:** First segment of National Drug Code (NDC) that identifies the labeler. Numeric values; 5-digit field; right-justified; zero-padded.

**Product Code:** Second segment of NDC. Alpha-numeric values; 4-digit field; right-justified; zero-padded.

**Package Size:** Third segment of NDC. Alpha-numeric values; 2-digit field; right-justified; zero-padded.

**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.

Valid Values for Q:

1 = January 1 – March 31

2 = April 1 – June 30

3 = July 1 – September 30

4 = October 1 – December 31

Valid Values for YYYY: 4-digit calendar year equal to 1991 or later.

**FDA Product Name:** First 10 characters of product name as approved by and/or listed with the FDA. Alpha-numeric values; 10-digits.

**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; 15-digit field: 8 whole numbers, the decimal point (‘.’) and 6 decimal places.

**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; 16-digit field: 12 whole numbers, the decimal point (‘.’) and 3 decimal places.

**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; 16-digit field: 13 whole numbers, the decimal point (‘.’) and 2 decimal places.

**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.

**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; 16-digit field: 13 whole numbers, the decimal point (‘.’) and 2 decimal places.

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.

**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; 16-digit field: 13 whole numbers, the decimal point (‘.’) and 2 decimal places.

**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; 16-digit field: 13 whole numbers, the decimal point (‘.’) and 2 decimal places.

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.

**Delete Flag (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. Alphanumeric or blank 1-digit field; Delete = D, otherwise field is blank.

**Filler (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.