Memorandum

DEC 22 1997

NEWS

MEDICAID DRUG REBATE PROGRAM Release No. 32

* * * IMMEDIATE ATTENTION REQUIRED * * *

NOTE TO: All Participating Drug Manufacturers

NEW RECORD SPECIFICATIONS FOR PARTICIPATING DRUG LABELERS TO SUBMIT PRICING DATA TO HCFA

Enclosed are record specifications for electronic submission by drug labelers electing to use the Ordernet electronic mailbox system or for those drug labelers choosing to submit their data on diskette. These changes are necessary to expand all date fields to accommodate the need for a four position year due to the coming millennium. Drug labelers submitting their quarterly data electronically through the Ordernet system **MUST** use the new record layout beginning with **ALL** submissions on or after **JULY 1,1998.**

Diskette Submitters

For those drug labelers currently using or who wish to change to the HCFA-generated MDRI diskette program, we have attached a survey form **that must be completed.** We need the survey completed and submitted so that we can verify which version (DOS or Windows) of the new MDRI diskette program to send to you. **Completed survey forms are to be returned to HCFA no later than March 31, 1998.** Please send the completed forms to us at: **Medicaid Drug Rebate Program, Post Office Box 26686, Baltimore, Maryland 21207 or FAX them to us at (410) 786-0390 to the attention of Judy Allison.** Questions can be referred to either Vince Powell at (410) 786-3314 or Judy Allison at (410) 786-3330.

Please note that we are asking anyone having responsibility for more than one labeler code to choose them all on the same diskette or on separate diskettes. **YOU CAN ONLY REQUEST LABELER CODE INFORMATION FOR LABELER CODES THAT ARE ASSIGNED TO YOUR DRUG COMPANY BY THE FOOD AND DRUG ADMINISTRATION (FDA). IF YOU ARE REPORTING PRICING DATA FOR "SOME" NDCs OF A LABELER CODE <u>NOT</u> ASSIGNED TO YOUR DRUG COMPANY BY THE FDA, YOU <u>*CANNOT REQUEST INFORMATION*</u> FOR THAT LABELER CODE.**
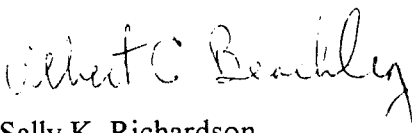
<u>CHANGE TO THE ELECTRONIC RECORD SPECIFICATIONS FOR INVOICES, THE RECONCILIATION OF STATE INVOICE (ROSI) AND THE PRIOR QUARTER ADJUSTMENT STATEMENT (PQAS)</u>

Enclosed are replacement pages **F27, F28, F41, F42, F44, F65, F66** and **F68** for the Medicaid Drug Rebate Operational Training Guide. These changes are necessary to expand to four positions the year in the invoice **Period Covered** field and the **Quarter Covered** field for both the HCFA Forms 304 (ROSI) and 304a (PQAS) and to expand the report creation date field to eight positions. This change is effective for all electronic transmissions of the ROSI or PQAS created by drug labelers on or after **July 1, 1998.** The change to the electronic invoice record will be effective for invoices created on or after **January 1, 1999.**

<u>OTHER ATTACHMENTS</u>

Copies of the topic index and a listing of the 90-day treasury bill auction rates for the period of September 15, 1997 through December 15, 1997 are attached.

Please remember to direct your other drug rebate questions to a staff member on the listing we provided with release number 18 or look in section "O" of the operations guide.

Sally K. Richardson
Director
Center for Medicaid and State Operations

6 Attachments

cc:
Regional Administrators
All Associate Regional Administrators, Division of Medicaid

HCFA RECORD SPECIFICATION
MFR PRICING INFORMATION
TELECOMMUNICATIONS FORMAT (ORDERNET)

Source: Manufacturers
Target: HCFA

Record #1

Field	Size	Position	Remarks
Record ID	1	1 - 1	Constant of " 1 "
Labeler Code	5	2 - 6	NDC #1
Product Code	4	7 - 10	NDC #2
Package Size Code	2	11 - 12	NDC #3
Period Covered	5	13 - 17	QYYYY
Drug Category	1	18 - 18	See Data Element Definitions
FDA Thera. EQ. CD.	2	19 - 20	See Data Element Definitions
DESI Indicator	1	21 - 21	See Data Element Definitions
Drug Type Indicator	1	22 - 22	See Data Element Definitions
* Average Mfg Price	11	23 - 33	99999V999999
*/** Best Price	11	34 - 44	99999V999999
** Baseline AMP	11	45 - 55	99999V999999
Termination Date	8	56 - 63	MMDDYYYY
Correction Flag	1	64 - 64	See Data Element Definitions
Filler	16	65 - 80	

* Zero filled and not used for initial Submission
** Only for Single Source and innovator Multiple Source Drugs, otherwise zero filled

HCFA RECORD SPECIFICATION
MFR PRICING INFORMATION
TELECOMMUNICATIONS FORMAT (ORDERNET)

Source: Drug Manufacturers
Target: HCFA

Record #2

Field	Size	Position	Remarks
Record ID	1	1 - 1	Constant of " 2 "
Labeler Code	5	2 - 6	NDC #1
Product Code	4	7 - 10	NDC #2
Package Size Code	2	11 - 12	NDC #3
Unit Type	3	13 - 15	See Data Element Definitions
Units Per Pkg Size	10	16 - 25	9999999V999
FDA Approval Date	8	26 - 33	MMDDYYYY
Date Entered Market	8	34 - 41	.MMDDYYYY
Filler	39	42 - 80	

Record #3

Field	Size	Position	Remarks
Record ID	1	1 - 1	Constant of " 3 "
Labeler Code	5	2 - 6	NDC #1
Product Code	4	7 - 10	NDC #2
Package Size Code	2	11 - 12	NDC #3
Product Name	63	13 - 75	FDA Registration Name
Filler	5	76 - 80	

HCFA RECORD SPECIFICATION
MEDICAID DRUG PRODUCT DATA
ASCII FORMAT FOR EXPORT TO HCFA

Source: Drug Manufacturers
Target: HCFA

Field	Size	Position	Remarks
Record ID	1	1 - 1	Constant of "3"
Labeler Code	5	2 - 6	NDC #1
Product Code	4	7 - 10	NDC #2
Package Size Code	2	11 - 12	NDC #3
Drug Category	1	13 - 13	See Data Element Definitions
Unit Type	3	14 - 16	See Data Element Definitions
FDA Approval Date	8	17 - 24	MMDDYYYY
FDA Thera. Eq. Cd.	2	25 - 26	See Data Element Definitions
Date Entered Market	8	27 - 34	MMDDYYYY
Termination Date	8	35 - 42	MMDDYYYY
DESI Indicator	1	43 - 43	See Data Element Definitions
Drug Type Indicator	1	44 - 44	See Data Element Definitions
Baseline AMP	11	45 - 55	99999V999999
Units Per Pkg Size	10	56 - 65	9999999V999
FDA Product Name	63	66 - 128	FDA Registration Name
Filler	12	129 - 140	
Correction Flag	1	141 - 141	See Data Element Definitions
Carriage Return	1	142 - 142	
Line Feed	1	143 - 143	

Submit this record for any changes to Product Data, ie. all fields except Best Price and AMP. Turn the Correction Flag on.

HCFA RECORD SPECIFICATION
MEDICAID DRUG PRICING DATA
ASCII FORMAT FOR EXPORT TO HCFA

Source: Drug Manufacturers
Target: HCFA

Field	Size	Position	Remarks
Record ID	1	1 - 1	Constant of "4"
Labeler Code	5	2 - 6	NDC #1
Product Code	4	7 - 10	NDC #2
Package Size Code	2	11 - 12	NDC #3
Period Covered	5	13 - 17	QYYYY (Qtr/Yr)
Average Mfr Price	11	18 - 28	99999V999999
Best Price	11	29 - 39	99999V999999
Filler	16	40 - 55	
Correction Flag	1	56 - 56	See Data Element Definitions
Drug Category	1	57 - 57	See Data Element Definitions
Line Feed	1	58 - 58	

This record can appear multiple times for each drug depending on the number of prior period adjustments included in the download.

DISKETTE SYSTEM - DOS OR WINDOWS VERSION

Please send me the **MDRI - Y2K Version 5 Diskette(s)** plus all my files, under the following Operating System:

DOS: _____   **WINDOWS:** _____   **(Check one _ONLY_)**

(Non-Diskette users _ONLY_ that wish to switch - please check one)
I am currently submitting under _____ Ordernet _____ Paper
and wish to change to Diskette.

NAME _____

COMPANY _____

LABELER CODE(S) _____

_____

(Multiple labeler codes can only be requested by the person/company responsible for them. Persons or companies having a select number of NDCs from another company CANNOT request history data for that labeler code!!)

NOTE: The following is for labelers having more than one labeler code **ONLY.**

I want all my labeler codes on the SAME DISKETTE _____

I want my labeler codes on SEPARATE DISKETTES _____

FAX this notice to HCFA on _(410) 786-0390_ **ATTENTION**: Judy Allison
- OR -
MAIL this notice to: Drug Rebate Operations   ATTN: Judy Allison C4-15-24
HCFA/CMSO/DSG/DSS
P.O. Box 26686
Baltimore, MD 21207-0486

* * * NO LATER THAN MARCH 31, 1998 * * *

NOTE: DISKETTES WILL BE SENT TO THE **TECHNICAL CONTACT**.

MEDICAID DRUG REBATE PROGRAM
ELECTRONIC FORMAT
STATE INVOICE
(FORM HCFA-R-144)

Source: State Agencies
Target: HCFA and Manufacturers

Field	Size	Position	Remarks
Record ID	4	1 - 4	Constant of "01**"
State Code	2	5 - 6	P.O. Abbreviation
Labeler Code	5	7 - 11	NDC#1
Product Code	4	12 - 15	NDC#2
Package Size Code	2	16 - 17	NDC#3
Period Covered	5	18 - 22	QYYYY
Product FDA Registration Name	10	23 - 32	
Rebate Amount Per Unit	11	33 - 43	99999V999999
Total Units Reimbursed	12	44 - 55	999999999V999
Total Rebate Amount Claimed	9	56 - 64	9999999V99
Number of Prescriptions	6	65 - 70	999999
Total Reimbursement Amount	10	71 - 80	99999999V99
Correction Flag	1	81 - 81	See Data Element Definitions

MEDICAID DRUG REBATE PROGRAM
STATE INVOICE
(FORM HCFA-R-144)
DATA DEFINITIONS

DATA ELEMENT NAME: State Code - Two-character post office abbreviation for State with individual agreement with labeler. Alphanumeric,   2 digits.

DATA ELEMENT NAME: Labeler Code - First segment of National Drug Code that identifies the manufacturer, labeler, relabeler, packager, repackager, or distributor of the drug. Numeric values only, 5 digit field, right justified, and 0-filled for 4 digit labeler codes.

DATA ELEMENT NAME: Product Code - Second segment of National Drug Code. Numeric values only, 4 digit field, right justified, 0-filled.

DATA ELEMENT NAME: Package Size Code - Third segment of National Drug Code. Two-digit field, right justified, 0-filled.

DATA ELEMENT NAME: Period Covered - Calendar quarter and year covered by data submission. Numeric, 5 digit field, QYYYY.
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: All four digits of calendar year covered.

FIELD	SIZE	REMARKS
Record ID	1	Constant of "1"
Company Name	25	First 25 Positions of Company Name
Labeler Code	5	NDC #1
Quarter Covered	5	QYYYY
Labeler Contact	20	Labeler's Contact Person
Phone	14	Area Code/Phone Number/Ext. of Contact
Fax	10	Labeler's Contact Fax Number
State	2	Two Position Postal Abbreviation
Invoice Number	10	Corresponds to State Invoice Number
Date	8	Date Report was Created

FIELD	SIZE	REMARKS
Record ID	1	Constant of "2"
Labeler Code	5	NDC #1
Product/Package Code	6	NDC #2 and #3
Product Name	10	First 10 Positions of Product Name
Rebate Per Unit	11	99999V999999
Adjusted Rebate Per Unit	11	99999V999999
Units Invoiced	12	999999999V999
Adjusted Units (+/-)	13	9999999999V999
Labeler Disputed Units	12	999999999V999
Units Paid	12	999999999V999
Adjustment Code(s)	3	See HCFA-304, Appendix C
Dispute Code(s)	3	See HCFA-304, Appendix C
Rebate Amount Invoiced	9	9999999V99
Invoice Correction Amount (+/-)	10	99999999V99
Withheld Invoice Amount	9	9999999V99
Rebate Amount Paid	9	9999999V99

FIELD	SIZE	REMARKS
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

MEDICAID DRUG REBATE
RECONCILIATION OF STATE INVOICE
(Form HCFA-304)
LABELER DATA DEFINITIONS

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DATA ELEMENT NAME: Company Name

DATA DEFINITION: Name of company as it appears on the signed
                     rebate agreement.

SPECIFICATIONS: Alpha-numeric values, first 25 positions of
                     company name, left justified, blank filled.

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DATA ELEMENT NAME: Labeler Code

DATA DEFINITION: First segment of National Drug Code that
                     identifies the manufacturer, labeler,
                     relabeler, packager, repackager or
                     distributor of the drug.

SPECIFICATIONS: Numeric values only, 5 positions right
                     justified, zero filled; no blanks.

:::

DATA ELEMENT NAME: Quarter Covered

DATA DEFINITION: This data element will always be the **current
                     quarter and year**.

SPECIFICATIONS: Numeric values, 5 position field, 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: All four digits of
                     calendar year covered.

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DATA ELEMENT NAME: Invoice Number

DATA DEFINITION: Identification number of invoice submitted by
                     the State for the current quarter and
                     associated with this report. If invoice
                     contains no identification number, this field
                     will be blank.

SPECIFICATIONS: Alpha-numeric values, 10 position field,
                     right justified, blank filled.

::

DATA ELEMENT NAME: Date

DATA DEFINITION: Date this report was <u>created</u>. (This date is
                     NOT regarded as the date the report was
                     mailed to the State.)

SPECIFICATIONS: Numeric only values, 8 position field;
                     <u>no blanks</u>.

::

DATA ELEMENT NAME: Product/Package Code (Column A)

DATA DEFINITION: Second and Third segments of National Drug
                     Code.

SPECIFICATIONS: Alpha-numeric values, 6 position field, right
                     justified, zero filled; <u>no blanks</u>.

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DATA ELEMENT NAME: Product Name (Column B)

DATA DEFINITION: First 10 positions of product name as it
                     appears on the FDA registration form.

SPECIFICATIONS: Alpha-numeric values, 10 positions, left
                     justified; blank filled.

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FIELD	SIZE	REMARKS
Record ID	1	Constant of "1"
Company Name	25	First 25 Positions of Company Name
Labeler Code	5	NDC #1
Quarter 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	2	Two Position Postal Abbreviation
Invoice Number	10	Corresponds to State Invoice Number
Date	8	Date Report was Created

FIELD	SIZE	REMARKS
Record ID	1	Constant of "2"
Labeler Code	5	NDC #1
Product/Package Code	6	NDC #2 and #3
Product Name	10	First 10 Positions of Product Name
Original Rebate Per Unit	11	99999V999999
Current Rebate Per Unit	11	99999V999999
Original Units Invoiced	12	999999999V999
Current Units to Date	12	999999999V999
Prior Units Paid	12	999999999V999
Current Units Paid to Date	12	999999999V999
Prior Units Disputed	12	999999999V999
Current Units Disputed to Date	12	999999999V999
Original Amount Invoiced	9	9999999V99
Revised Invoice Amount	9	9999999V99
Prior Amount Paid	9	9999999V99
Current Amount Paid to Date	9	9999999V99
Amount Paid This Transaction	9	9999999V99
Adjustment Code(s)	3	See HCFA-304a, Appendix C
Dispute Code(s)	3	See HCFA-304a, Appendix C

FIELD	SIZE	REMARKS
Record ID	1	Constant of "3"
Labeler Code	5	NDC #1
Total Original Units Invoiced	12	Total For All NDCs 999999999V999
Total Current Units to Date	12	Total For All NDCs 999999999V999
Total Prior Units Paid	12	Total For All NDCs 999999999V999
Total Current Units Paid to Date	12	Total For All NDCs 999999999V999
Total Prior Units Disputed	12	Total For All NDCs 999999999V999
Total Current Units Disputed to Date	12	Total For All NDCs 999999999V999
Total Original Amount Invoiced	10	Total For All NDCs 99999999V99
Total Revised Invoice Amount	10	Total For All NDCs 99999999V99
Total Prior Amount Paid	10	Total For All NDCs 99999999V99
Total Current Amount Paid to Date	10	Total For All NDCs 99999999V99
Total Amount Paid This Transaction	10	Total For All NDCs 99999999V99
Plus Interest Payment	8	Total For All NDCs 999999V99
Total Remittance	10	Total For All NDCs 99999999V99

MEDICAID DRUG REBATE
PRIOR QUARTER ADJUSTMENT STATEMENT
(Form HCFA-304a)
LABELER DATA DEFINITIONS

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DATA ELEMENT NAME: Company Name

DATA DEFINITION: Name of company as it appears on the signed rebate
                  agreement.

SPECIFICATIONS: Alpha-numeric values, first 25 positions of company name,
                  left justified, blank filled.

:::

DATA ELEMENT NAME: Labeler Code

DATA DEFINITION: First segment of National Drug Code that identifies the
                  manufacturer, labeler, relabeler, packager, repackager or
                  distributor of the drug.

SPECIFICATIONS: Numeric values only, 5 positions right justified, zero
                  filled; no blanks.

:::

DATA ELEMENT NAME: Quarter Covered

DATA DEFINITION: This data element will always be a prior quarter and year.

SPECIFICATIONS: Numeric values, 5 position field, 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: All four digits of calendar
                  year covered.

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F66

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DATA ELEMENT NAME: Invoice Number

DATA DEFINITION: Identification number of invoice submitted by State and
                   associated with this report. This could be the invoice
                   number for unit changes currently being submitted by the
                   State, or the most recent invoice number for the quarter
                   involved if you are initiating PPAs or revising prior
                   disputed units. If invoice contains no identification
                   number, this field will be blank.

SPECIFICATIONS: Alpha-numeric values, 10 position field, right justified,
                   blank filled.

:::

DATA ELEMENT NAME: Date

DATA DEFINITION: Date this report was created. (This date is not regarded as
                   the date the report was mailed to the State.)

SPECIFICATIONS: Numeric only values, 8 position field;
                        no blanks.

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DATA ELEMENT NAME: Product/Package Code (Column A)

DATA DEFINITION: Second and Third segments of National Drug Code.

SPECIFICATIONS: Alpha-numeric values, 6 position field, right justified,
                   zero filled; no blanks.

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DATA ELEMENT NAME: Product Name (Column B)

DATA DEFINITION: First 10 positions of product name as it appears on the FDA
                   registration form.

SPECIFICATIONS: Alpha-numeric values, 10 positions, left justified; blank
                   filled.

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