Sent:	Thursday, December 17, 2020 10:58 AM
Subject:	(State Technical and Rebate Contacts) .CSV File Format Examples / Additional MDRP MDP System Information
Attachments:	<u>.CSV File Format Examples.zip;</u> MDP CMS-R-144 State Invoice Record Format; MDP CMS-R-144 State Invoice Data Definitions 07.2021
Importance:	High
Follow Up Flag: Flag Status:	Follow up Flagged

Dear State Technical and Rebate Contacts:

Throughout 2020, CMS sent out several state and manufacturer emails introducing the updated MDP file formats/data definitions, which started with an initial email on March 9, 2020, and followed with subsequent emails on June 18, 2020, September 1, 2020, and October 27, 2020. We are currently working to post all of these updated MDP formats (effective July 1, 2021), as well as all the current file formats, to out MDRP Medicaid.gov page for easy reference. We anticipate these being posted to Medicaid.gov shortly after the New Year, and will send out a notification email and provide you with the specific Medicaid.gov link(s) when they are available.

We would also like clarify our October 27, 2020 email that included an update to the CMS-R-144 File Format, in which the 'Filler' field was replaced with a 'Delete Flag'. The CMS-R-144 File Format is used for the submission of State Drug Utilization Data (SDUD) to CMS as well as for the State Invoice, however, the 'Delete Flag' is only applicable for the SDUD submission. Previously this field contained the 'Correction Flag', 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 now makes this determination, so the 'Correction Flag' field was removed and replaced with the 'Filler' field. The current process for deleting a record is cumbersome with states having to zero-out various fields, so for our new MDP system we opted for the 'Delete Flag', where inputting a "D" will now delete the entire record.

The 'Delete Flag' is only applicable to the State Drug Utilization Data (SDUD) being submitted to CMS, and <u>not</u> the State Invoice, in which the 'Filler' field still applies. We have adjusted the CMS-R-144 File Format and Data Definition and have included them in this email. In the future, the State Invoice and the SDUD file formats and corresponding data definitions will be separated-out to avoid confusion.

We have additionally received requests asking for excel .CSV file formats, which we have created and attached to this email (and which will also be posted to Medicaid.gov):

- MDP CMS Monthly AMP File Format_CSV_07.2021
- MDP CMS Quarterly AMP File Format_CSV_07.2021
- MDP CMS Quarterly Rebate File Format_CSV_07.2021
- MDP CMS Quarterly UROA File Format_CSV_07.2021
- MDP CMS-R-144 SDUD File Format_CSV_07.2021

Please note that since the Reconciliation of State Invoice - ROSI (CMS-304), Prior Period Adjustment

Statement - PQAS (CMS-304a), and the State Invoice (R-144) are exchanged between states and labelers, and not CMS, those .CSV file formats have not been included. The attached .CSV file formats have been created as

a courtesy, and if you opt to use .CSV in lieu of .TXT, we would suggest that you reach out to your respective IT counterparts to ensure the accuracy and compatibility of your .CSV files and your system.

Additionally, in lieu of sending out test files, we are planning to open up our MDP test environment for states and manufacturers to practice uploading sample files they have created. We also intend to host state and manufacturer webinars. We are in the process of planning all the logistics and will provide additional updates as we get closer to the July 1, 2021 target implementation date.

Please direct any questions regarding MDP or the revised file formats to MDROperations@cms.hhs.gov.

Sincerely, CMS MDR Operations

The information in this response is limited to and based upon the facts described in this email and any attachments provided and our understanding of the facts as described in the emails and attachments submitted. If a subsequent review by CMS, by the Office of Inspector General, or another authorized government agency determines or reveals that additional adjustments or revisions are necessary, the manufacturer is responsible for complying with that determination. This response cannot be considered an advisory opinion under section 1128D(b) of the Social Security Act, since only the Inspector General of the U.S. Department of Health and Human Services has been authorized to issue advisory opinions relating to health care fraud and abuse under that section. This response should not be interpreted as acquiescence by the Government to the arrangements described herein. Further, this response is not a release of any liability.