

2017 (old version)	2019 (new version)	Type of Change	Reason for Change	Burden Change
Introduction - When the state invoice contains zero URAs.	Introduction - When the state invoice contains zero Unit Rebate Amounts (URAs).	Rev	The term "Unit Rebate Amount" needed to be spelled out prior to using the acronym.	N/A
Introduction - The adjustment and dispute codes found in Appendix C are used for both the ROSI and the PQAS.	Introduction - The adjustment and dispute codes found in the Adjustment and Dispute Codes for CMS 304/304a document are used for both the ROSI and the PQAS.	Rev	To remove the reference to "Appendix C", which is no longer applicable.	N/A
Labeler Name: Name of labeler as it appears on the signed rebate agreement. Alpha-numeric, first 25 letters of labeler name, left-justified, blank-filled.	Labeler Name: Name of labeler as it appears on the signed rebate agreement. Alpha-numeric; first 25 letters of labeler name; left-justified; blank-filled.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Labeler Code: The first segment of the national drug code (NDC 1) as assigned by the FDA. Numeric only, 5 positions, right-justified, zero-filled.	Labeler Code: The first segment of the National Drug Code (NDC) that identifies the labeler. Numeric values; 5-digit field; right-justified; zero-padded.	Rev	To align verbiage with PRA packages 0938-0582 and 0938-0578	N/A

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<p>Quarter Covered: Current quarter and year. Numeric, 5-digit field, QYYYY, no blanks.</p> <p>Valid values for Q:</p> <p>1 = January 1 - March 31 2 = April 1 - June 30 3 = July 1 - September 30 4 = October 1 - December 31</p> <p>Valid values for YYYY: Four-digit calendar year covered.</p>	<p>Period Covered: Current quarter and year. Numeric values; 5-digit field; format: QYYYY; no blanks.</p> <p>Valid values for Q:</p> <p>1 = January 1 - March 31 2 = April 1 - June 30 3 = July 1 - September 30 4 = October 1 - December 31</p> <p>Valid values for YYYY: 4-digit calendar year equal to 1991 or later.</p>	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
<p>Labeler Contact: Labeler's Invoice contact. Alphabetic, 20-character field, left-justified, first name and last name separated by 1 blank.</p>	<p>Labeler Contact: Labeler's Invoice contact. Alphabetic values; 20-character field; left-justified; first name and last name separated by 1 blank.</p>	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
<p>Phone: Labeler's Invoice contact phone number. Numeric, 14-digit field, 10-digit area code and phone number, and 4-digit extension or blanks.</p>	<p>Phone: Labeler's Invoice contact phone number. Numeric values; 14-digit field; 10-digit area code and phone number; 4-digit extension or blanks.</p>	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
<p>Fax: Labeler's Invoice contact fax number. Numeric, 10-digit field, area code and fax number.</p>	<p>Fax: Labeler's Invoice contact fax number. Numeric values; 10-digit field; area code and fax number.</p>	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
<p>State: State postal abbreviation. Alphabetic, 2-character field, no blanks.</p>	<p>State Code: State postal abbreviation. Alphabetic values; 2-character field; no blanks.</p>	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
<p>Invoice Number: If no invoice number, blank-filled. Alpha-numeric, 10-digit field, right-justified.</p>	<p>Invoice Number: If no invoice number, blank-filled. Alpha-numeric values; 10-digit field; right-justified.</p>	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A

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Date: Date ROSI was generated. Numeric only, 8-digit field, MMDDYYYY, no blanks.	Date: Date ROSI was generated. Numeric values; 8-digit field, format: MMDDYYYY; no blanks.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Product/Package Code (Column A): The second and third segments of the NDC. Alpha-numeric, 6-digit field, right-justified, zero-filled.	Product Code/Package (Column A): The second and third segments of the NDC. Alpha-numeric values; 6-digit field; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Product Name (Column B): First 10 characters of product name as approved by and/or listed with the FDA. Alpha-numeric, 10-digit field, left-justified, blank-filled.	FDA Product Name (Column B): First 10 characters of product name as approved by and/or listed with the FDA. Alpha-numeric values; 10-digit field; left-justified; blank-filled.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
FSS/MCO Record ID (Column C): Constant of "FFSU" or "MCOU": The FFSU Record ID indicates that the information for this NDC represents a Fee-For-Service record. The MCOU Record ID indicates that the information for this NDC represents a Managed Care Organization record.	FSS/MCO Record ID (Column C): Constant of "FFSU" or "MCOU": The FFSU Record ID indicates that the information for this NDC represents a Fee-For-Service record. The MCOU Record ID indicates that the information for this NDC represents a Managed Care Organization record. Valid Values: Within or earlier than 4Q2009 = Constant Record ID of FFSU Within or later than 1Q2010 = FFSU & MCOU	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Rebate Per Unit (Column D): CMS-calculated unit rebate amount (URA) as shown on the state invoice. Numeric, 11-digit field: 5 whole numbers and 6 decimals or zero-filled per invoice, right-justified.	Unit Rebate Amount (URA) (Column D): CMS-calculated URA as shown on the state invoice. Numeric values; 11-digit field: 5 whole numbers and 6 decimal places; zero-padded; right-justified.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Adjusted Rebate Per Unit (Column E): URA if adjusted from the amount in the Rebate Per Unit field or blank if not applicable. (The Adjustment Code field must be annotated.) Numeric, 11-digit field: 5 whole numbers and 6 decimals, right-justified. Calculate to five decimals and round to four, pad positions 5 & 6 with zeros.	Adjusted Unit Rebate Amount (Column E): URA if adjusted from the amount in the URA field or blank if not applicable. (The Adjustment Code field must be annotated.) Numeric values; 11-digit field: 5 whole numbers and 6 decimal places; right-justified. Calculate to five decimal places and round to four, pad positions 5 & 6 with zeros.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Units Invoiced (Column F): The total units reimbursed as shown on the invoice. Numeric, 12-digit field: 9 whole numbers and 3 decimals, right-justified, zero-filled.	Units Invoiced (Column F): The total units reimbursed as shown on the invoice. Numeric values; 12-digit field: 9 whole numbers and 3 decimal places; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A

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Adjusted Units (Column G): Adjusted units preceded by a + or – based on labeler and state agreement. Annotate Adjustment Code field if adjusted units are present. Numeric, 13-digit field: 9 whole numbers and 3 decimals, right-justified, blank-filled if not applicable.	Adjusted Units (Column G): Adjusted units preceded by a + or – based on labeler and state agreement. Annotate Adjustment Code field if adjusted units are present. Numeric values; 13-digit field: 10 whole numbers and 3 decimal places; right-justified; blank-filled if not applicable.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Labeler Disputed Units (Column H): Disputed units. Numeric, 12-digit field: 9 whole numbers and 3 decimals, right-justified, zero-filled.	Labeler Disputed Units (Column H): Disputed units. Numeric values; 12-digit field: 9 whole numbers and 3 decimal places; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Units Paid (Column I): Number of units paid after calculating adjustments and disputes. Numeric, 12-digit field: 9 whole numbers and 3 decimals, right-justified, zero-filled.	Units Paid (Column I): Number of units paid after calculating adjustments and disputes. Numeric values; 12-digit field: 9 whole numbers and 3 decimal places; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Adjustment Code(s) (Column J): Adjustment explanation(s). Alphabetic, 3-character field. Valid values per attached list of codes. Up to 3 Adjustment Codes per NDC; blanks for fewer than 3 codes.	Adjustment Code(s) (Column J): Adjustment explanation(s). Alphabetic values; 3-character field. Valid values per attached list of codes. Up to 3 Adjustment Codes per NDC; blanks for fewer than 3 codes.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Dispute Code(s) (Column K): Dispute explanation. Alphabetic only, 3-character field. Valid values per attached list of codes. Up to 3 Adjustment Codes per NDC; blank for fewer than 3 codes.	Dispute Code(s) (Column K): Dispute explanation(s). Alphabetic values; 3-character field. Valid values per attached list of codes. Up to 3 Dispute Codes per NDC; blanks for fewer than 3 codes.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Rebate Amount Invoiced (Column L): The total rebate amount the state agency has billed the labeler for the period covered for this 11-digit NDC. Numeric, 9-digit field: 7 whole numbers and 2 decimals, right-justified, zero-filled.	Rebate Amount Invoiced (Column L): The total rebate amount the State Medicaid Agency has billed the labeler for the period covered for this 11-digit NDC. Numeric values; 9-digit field: 7 whole numbers and 2 decimal places; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Invoice Correction Amount (+ or -) (Column M): Adjusted invoice amount based on any adjustments or disputes. Numeric, preceded by a + or -, 10-digit field: 7 whole numbers and 2 decimals, right-justified, zero-filled.	Invoice Correction Amount (+ or -) (Column M): Adjusted invoice amount based on any adjustments or disputes. Numeric values; preceded by a + or -; 10-digit field: 8 whole numbers and 2 decimal places; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Withheld Invoice Amount (Column N): Rebate amount withheld based on any adjustments or disputes. Numeric, 9-digit field: 7 whole numbers and 2 decimals, right-justified, zero-filled.	Withheld Invoice Amount (Column N): Rebate amount withheld based on any adjustments or disputes. Numeric values; 9-digit field: 7 whole numbers and 2 decimal places; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A

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Rebate Amount Paid (Column O): Total rebate amount paid for the NDC in the current quarter. Numeric, 9-digit field: 7 whole numbers and 2 decimals, right-justified, zero-filled.	Rebate Amount Paid (Column O): Total rebate amount paid for the NDC in the period covered. Numeric values; 9-digit field: 7 whole numbers and 2 decimal places; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Plus Interest Payment: Total amount of interest paid with this invoice. Numeric, 8-digit field: 6 whole numbers and 2 decimals, right-justified, zero-filled.	Plus Interest Payment: Total amount of interest paid with this invoice. Numeric values; 8-digit field: 6 whole numbers and 2 decimals; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Total Remittance: Total rebate amount paid for all NDCs, including any interest payment. Numeric, 10-digit field: 8 whole numbers and 2 decimals, right-justified, zero-filled.	Total Remittance: Total rebate amount paid for all NDCs, including any interest payment. Numeric values; 10-digit field: 8 whole numbers and 2 decimal places; right-justified; zero-padded.	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A

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