DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, Maryland 21244 -1850

August 15, 2007

MEDICAID DRUG REBATE PROGRAM **Release No. 79**

Bulletin

For
Participating Drug Manufacturers

MISSING TERMINATION DATES

The Drug Data Reporting for Medicaid (DDR) reporting application allows labelers to see what required pricing data is missing from previous labeler data submissions. If a product has been terminated, but the labeler never submitted a valid termination date, DDR will continue to identify the product as active and will expect pricing data to be submitted each reporting period. If such data is not reported, the labeler's data submissions are deemed incomplete, and the labeler is determined to be out of compliance with their data reporting provisions for failure to submit pricing data each reporting period. As a result, along with other required data, labelers should ensure that termination dates are submitted timely to CMS and that CMS received any previously submitted termination dates. It is important to know that while the termination date may be reflected in the labeler's own database, that data may not have been received by CMS due to formatting issues, etc.

Please take the time to review your data in DDR to see if you are missing termination dates or other data, and submit this data as soon as possible via DDR. If your labeler code is shown in DDR as being out of compliance for current and/or past reporting periods, please click the "details" button on the status screen to access an NDC-specific report that identifies the required pricing data not yet received by CMS.

NEW CPI TO THREE DECIMAL PLACES WILL BE EFFECTIVE 3Q2007

In Release 78, CMS informed labelers that, beginning 2Q2007, the expanded CPI-U would be used for 2Q2007 innovator rebate calculations. This expected change to our MDR database did not occur as planned. CMS expects this change to occur with the 3Q2007 rebate calculations.

MEDICAID DRUG REBATE DISPUTE RESOLUTION PROGRAM (DRP) NATIONAL MEETING, SEPTEMBER 10-14, 2007

Registration Due by August 27, 2007

We are pleased to announce that the next National DRP Meeting will be held September 10-14 in Baltimore, Maryland at the Brookshire Suites, 120 East Lombard Street.

While this meeting is open to all states and manufacturers, we strongly encourage those with significant amounts in dispute to attend. As in the past, prior planning is absolutely imperative to the success of these meetings; therefore, we are requesting that you register PROMPTLY by sending an email to the DRP email address at: drp@cms.hhs.gov.

Please use the format provided below when registering and indicate whether you will be attending the entire week or for just part of the week. Partial week attendees should specify on which days they will be attending. In addition, for each day you are participating, please indicate whether you will be attending both morning and afternoon sessions. For example, someone who is attending both sessions on all days of the conference will indicate that he or she is attending Monday-Friday a.m. and p.m., whereas someone who is only attending the morning sessions on Monday and Tuesday of the conference week will specifically indicate that he or she is attending Monday a.m. and Tuesday a.m. only.

Sample Registration Format

Name(s) of Attendee(s):
Manufacturer (Labeler Codes Required): To assist with the scheduling, manufacturers that register multiple representatives for purposes of holding separate meetings should provide the specific state/manufacturer breakdown.
State(s):
Phone:
Email:
Date of Arrival & Departure (a.m./p.m.):

Whenever possible, priority scheduling will be afforded those who register earliest. We will ensure that adequate DRP staff is available to conduct the meetings based on your timely responses.

Meeting details, hotel registration and list of attendees are provided on our web page at: http://www.cms.hhs.gov/MedicaidDrugRebateDispR/05_DRPMeetings.asp#TopOfPage.

The list of attendees on our web page will be updated weekly. If there is a manufacturer/state that you wish to meet that has not yet registered, feel free to contact them directly to request their attendance or let us know, and we can extend an invitation.

As always, feel free to contact any of the Regional Office DRP Team members for any state specific DRP issues. Any non-state specific DRP questions or issues concerning the April meeting may be emailed to drp@cms.hhs.gov.

REVISED STATE INVOICE/UTILIZATION DATA RECORD FORMAT

CMS is making some technical changes to the record format for the state invoice/utilization data. The updates to that record format are now complete and the revised version and field definitions are attached to this release. The format has been updated to reflect new sizes and positions of the data fields. Also, in order to more closely align the record format with the state invoice form itself (i.e., CMS Form R-144), the field name "Rebate Amount Per Unit" has been changed to "Unit Rebate Amount." The new format is being implemented on March 1, 2008, for the submission of fourth quarter 2007 data. State utilization data submitted in the new format prior to March 1, 2008, will be rejected. Furthermore, state utilization data submitted in the current format after March 1, 2008, will be rejected.

OTHER ATTACHMENTS

A copy of the current listing of the 91-day Treasury bill auction rates beginning with the period May 1, 2006, is attached.

Please direct any drug rebate data questions to mdroperations@cms.hhs.gov.

/s/

Edward C. Gendron
Director
Finance, Systems and Budget Group

3 Attachments

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

WEEKLY U.S. T-BILL INVESTMENT RATE

Weekly 91-day Treasury Bill Auction Rates

Date of Auction	Invest. Rate		Date of Auction	Invest. Rate		Date of Auction	Invest. Rate
05-01-06	4.807		12-04-06	4.999		07-02-07	4.930
05-08-06	4.864		12-11-06	4.926		07-09-07	4.956
05-15-06	4.864		12-18-06	4.952		07-16-07	4.982
05-22-06	4.828		12-25-06	5.004		07-23-07	5.029
05-30-06	4.843		01-01-07	5.062		07-30-07	4.966
06-05-06	4.833		01-08-07	5.072		08-06-07	4.909
06-12-06	4.926		01-15-07	5.108		08-13-07	4.763
06-19-06	4.958		01-22-07	5.129			
06-26-06	5.036		01-29-07	5.145			
07-03-06	5.088		02-05-07	5.145			
07-10-06	5.056		02-12-07	5.160			
07-17-06	5.098		02-19-07	5.171			
07-24-06	5.108		02-26-07	5.185			
08-07-06	5.124		03-05-07	5.112			
08-14-06	5.114		03-12-07	5.112			
08-21-04	5.109		03-19-07	5.075			
08-28-06	5.093		03-25-07	5.070			
09-04-06	4.984		04-02-07	5.055			
09-11-06	4.947		04-09-07	5.023			
09-18-06	4.942		04-16-07	5.008			
09-25-06	4.895		04-23-07	4.976			
10-02-06	4.890		04-30-07	4.924			
10-09-06	4.978		05-07-07	4.898			
10-16-06	5.072		05-14-07	4.867			
10-23-06	5.124		05-21-07	4.914			
10-30-06	5.108		05-28-07	4.919			
11-06-06	5.088		06-04-07	4.846			
11-13-06	5.088		06-11-07	4.773			
11-20-06	5.071		06-18-07	4.617			
11-27-06	5.036		06-25-07	4.820			

CMS RECORD SPECIFICATION
STATE INVOICE/MEDICAID DRUG REBATE DATA
UTILIZATION RECORD FORMAT
(Form CMS-F-144)
March 2008

Source: State Agencies
Target: CMS & Manufacturers

Field	Size	Position	Remarks
Record ID	4	1 – 4	Constant of "UTIL"
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 Reg. Name	10	23 – 32	Product name as appears on FDA listing form. (1st 10 characters)
Unit Rebate Amount	12	33 – 44	9(5).9(6)
* Units Reimbursed	15	45 – 59	9(11).999
* Rebate Amount Claimed	12	60 – 71	9(9).99
* Number of Prescriptions	8	72 – 79	9(8)
** M'Caid Amount Reimb.	13	80 – 92	9(10).99
** Non-M'Caid Amount Reimb.	13	93 - 105	9(10).99
*Total Amt Reimbursed	14	106 – 119	9(11).99
Correction Flag	1	120 – 120	0 = Original record 1 = Correction record

All fields with decimals now require actual decimal
* Changed field length size
** New Field

Effective: March 1, 2008

STATE INVOICE/UTILIZATION FIELD DEFINITIONS

Record ID: Constant "UTIL"

State Code: Two-character post office abbreviation for the state. Alphabetic, 2 digits.

Labeler Code:

First segment of National Drug Code (NDC) that identifies the manufacturer, labeler, relabeler, packager, repackager or distributor of the drug. Numeric values only, 5-digit field, right justified and zero-filled for 4-digit labeler codes.

Product Code:

Second segment of NDC. Alphanumeric values, 4-digit field, right justified, zero-filled for 3-digit product codes.

Package Size Code:

Third segment of NDC. Alphanumeric values, 2-digit field, right justified, zero-filled for 1-digit package size codes.

Period Covered:

Calendar quarter and year covered by data submission. Numeric, 5-digit field, Q/YYYY

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 covered.

Product FDA Reg. Name:

(Abbreviated) – First 10 characters of product name as it appears on the FDA listing form. Alphanumeric values, 10 digits.

Unit Rebate Amount:

The CMS calculated amount (per reported unit type) to be multiplied by Units Reimbursed by the state during the period covered. Numeric values, 12 digits: 5 whole numbers, 6 decimal places, and a decimal point.

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. Numeric values, 15 digits: 11 whole numbers, 3 decimal places and a decimal point.

Rebate Amount Claimed:

The rebate amount that the State 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 rebate amount per unit. Numeric values, 12 digits: 9 whole numbers, 2 decimal places and a decimal point.

Number of Prescriptions:

The number of prescriptions reimbursed (by the Medicaid Program ONLY) to pharmacies for the (11-digit NDC) drug during the period covered. Numeric values, 8 digits, whole numbers only.

M'caid Amount Reimb:

Medicaid Amount Reimbursed – The total amount reimbursed (by the Medicaid Program ONLY) to pharmacies for the (11-digit NDC) drug in the period covered. Numeric values, 13 digits: 10 whole numbers, 2 decimal places and a decimal point.

Non-M'caid Amount Reimb:

Non-Medicaid Amount Reimbursed – The amount reimbursed (by non-Medicaid entities) to pharmacies 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, 13 digits: 10 whole numbers, 2 decimal places and a decimal point.

Total Amount Reimbursed:

The total amount reimbursed by both Medicaid and non-Medicaid entities to pharmacies for the (11-digit NDC) drug in the period covered (above two fields added together). 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, 14 digits: 11 whole numbers, 2 decimal places and a decimal point.

Correction Flag:

Indictor as to whether this is the first submission (original record) or whether it is a correction to an existing record.
0 = Original record
1 = Correction