

**MEMORANDUM OF UNDERSTANDING (MOU)
BETWEEN
DELAWARE HEALTH AND SOCIAL SERVICES (DHSS)
AND
PRIVATE DRUG LABELERS**

This Memorandum of Understanding is hereby made and entered into by and between the Delaware Health and Social Services, hereinafter referred to as "DHSS," and the Private Drug Labeler identified on the signature page of this MOU, hereinafter referred to as "Labeler."

1. Purpose. DHSS is authorized to enable the designated drug labeler to retrieve, upon request, drug utilization information. This information will enable DHSS to invoice for Drug Rebate per the guidelines and requirements provided by the Centers of Medicare and Medicaid Services as they apply to all of the DHSS rebate invoices. The information shall be hereinafter referred to as the drug "Data Elements."

The purpose of this agreement is to establish the responsibilities of each party as it pertains to the administrative functions of Title 18 § 4006 of the Delaware Code regarding Data Sharing. This requirement is designed to promote electronic data sharing, which is easier to secure, reduces printing and mailing costs, and enables the Labeler to access information related to drug rebates and claims details more quickly.

2. Scope. Labeler will provide DHSS with an application and two contacts to certify that the applicant(s) are authorized to access rebate invoices and claim details. DHSS will provide the Labeler with the electronic file format required to view / retrieve invoices and claim-level details.

DHSS will post the drug rebate information on a secure Website no later than sixty (60) days after the end of each quarter. The Labeler will be notified via email that the data is available on the Website, unless that Labeler has not enrolled in paperless invoicing, in which case will receive invoices via United States mail. The Labeler has thirty-eight (38) days from the postmark date on the notification to pay the invoices, per CMS guidelines.

3. Data Elements. The data elements to be included on the electronic file are found in Appendix A and B of this MOU.

4. Contracting Period. This MOU is effective as of the date it is signed by all parties and shall continue until either party has terminated the agreement and notified the party as such with a 60-day notice. This agreement may be amended at any time upon mutual consent of both parties, consistent with Title 18 § 4006 of the Delaware Code.

Each party shall have procedures in place to ensure compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA), relating to the privacy and security of individually identifiable health information, if applicable.

If the terms of the MOU are not being fulfilled, one or both parties may terminate the agreement upon notification of such to the other party.

Authorized Signers:

Signature

(Name)

Director, Division of Medicaid and
Medical Assistance,
Delaware Health and Social Services

Signature

(Labeler)

(Title)

Date

Date

Appendix A

Drug Rebate Invoice Record layout

FIELD NUMBER	FIELD	FIELD SIZE	POSITION	FORMAT	DESCRIPTION / NOTES
	Field Name	Number of Characters	Start – End Position	Field Type	Any relevant information such as where field originated, unique or identifying information, acronyms spelled out, DB table / column, etc.
01	Record ID	4	000 - 003	Character	Constant of “FFSU” or “MCOU”
02	State Code	2	004 - 005	Character	P.O. Abbreviation
03	Labeler Code	5	006 - 010	Character	NDC 1
04	Product Code	4	011 - 014	Character	NDC 2
05	Package Size Code	2	015 - 016	Character	NDC 3
06	Period Covered	5	017 - 021	Character	QYYYY
07	Product FDA Reg. Name	10	022 - 031	Character	Product name as approved by and / or listed with the FDA (1st 10 characters)
08	Unit Rebate Amount	12	032 - 043	Character	9(5).9(6)
09	Units Reimbursed	15	044 - 058	Character	9(11).999
10	Rebate Amount Claimed	12	059 - 070	Character	9(9).99
11	Number of Prescriptions	8	071 – 078	Character	9(8)
12	M’Caid Amount Reimb.	13	079 - 091	Character	9(10).99
13	Non-M’Caid Amount Reimb.	13	092 - 104	Character	9(10).99
14	Total Amt reimbursed	14	105 - 118	Character	9(11).99
15	Correction Flag	1	119 - 119	Character	0 = Original record 1 = Correction record

- For non-required fields, if no data is available then the field will be populated with spaces or zeros.

Claim Level Detail File Format (App B) Revision Table

Revision Date	Description
1/1/2012	DRUG_RX_NUM field modified from 7 to 12 characters in length in order to support the new versions of HIPAA 5010 and NCPDP D.0.
8/1/2015	PROC_CDE (7 characters), CL_TYPE (1 character) and CL_DTL_NUM (3 numeric) fields added to the end of the file.
1/1/2017	New format to match layout of new system.
1/5/2018	Grammatical and formatting corrections made to content and table.

Appendix B

Claim Level Detail File Format

FIELD NUMBER	FIELD	FIELD SIZE	POSITION	FORMAT	DESCRIPTION / NOTES
	Field Name	Number of Characters	Start – End Position	Field Type	Any relevant information such as where field originated, unique or identifying information, acronyms spelled out, DB table / column, etc.
01	CDE_NDC	11	000 - 010	Character	National Drug Code (NDC). Drug manufacturer code is digits 1-5 and identifies the manufacturer. Drug code is digits 6-9 of the NDC. The code identifies the drug. Drug package size is digits 10-11 of the NDC. It is the package size for the drug.
02	CDE_CLM_TYPE	1	011 - 011	Character	Claim Type
03	CDE_ICN	13	012 - 024	Character	Internal Control Number (ICN) is a unique control number assigned by the system to each claim received.
04	IND_ADJ	1	025 - 025	Character	The header version number indicates the version of the claim being viewed. Original or adjusted.
05	NUM_DTL	4	026 - 029		Claim Detail Number
06	CDE_PROC	6	030 -035		Procedure Code
07	ID_PROVIDER	15	036 - 050	Character	Billing provider number. Please note this field is scrambled and not the actual value from the claim.
08	CDE_FUND_CODE	4	051 - 054	Character	Program Indicator
09	DTE_FDOS	8	055 - 062	Character	First Date of Service
10	DTE_PAID	8	063 - 070	Character	Date Paid
11	NUM_DAYS_SUPPLY	4	071 - 074	Character	Days' Supply
12	QTY_UNITS_BILLED	14 (10.3)	075 - 088	Character	Number of units for the service performed for a drug claim.
13	AMT_BILLED	11 (8.2)	089 - 099	Character	The billed amount submitted on the claim by the provider.
14	AMT_PD_MCAID	11 (8.2)	100 - 110	Character	Medicaid Paid Amount
15	AMT_PD_NON_MCAID	11 (8.2)	111 - 121	Character	Amount paid by third parties.
16	IND_TPL	1	122 - 122	Character	TPL Indicator
17	AMT_ALWD	11 (8.2)	123 - 133	Character	Allowed Amount
18	DTE_ADJUDICATED	8	134 - 141	Character	Date claim adjudicated.