DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CENTER FOR MEDICARE

TO: All Part D Sponsors

FROM: Amy Larrick Chavez-Valdez,
            Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Submission of 2018 Beneficiary-Level Medication Therapy Management (MTM)
            Program Data

DATE: December 31, 2018

The Centers for Medicare & Medicaid Services (CMS) requires that Part D sponsors with an approved Medication Therapy Management (MTM) program submit beneficiary-level MTM program data for Contract Year (CY) 2018. The reporting deadline for these data is **2/25/2019 11:59 p.m., PST.** This memo is intended to provide information regarding the submission process.

Methods of Transmission

Submit your CY 2018 beneficiary-level MTM data using the secure CMS Enterprise File Transfer (EFT) infrastructure that you currently use to submit other beneficiary-specific information to CMS. File submissions should exclude data from plan benefit packages (PBPs) participating in the Part D Enhanced MTM Model. Enhanced MTM Model data should be reported outside of the Part D reporting requirements in accordance with the model terms and conditions.

You will use your existing Gentran, TIBCO, or Connect:Direct service to upload your beneficiary-level MTM data files. If you utilize the services of a third party vendor to submit information to Gentran, TIBCO, or Connect:Direct, ensure they are prepared to assist you with the timely submission of these data and are authorized to accept and submit beneficiary protected health information (PHI).

Record Layout and Naming Conventions

You must use the record layout provided in **Appendix A** for the submission of your CY 2018 beneficiary-level MTM data.

Important Reminder: You must submit a separate file for each contract number.

Additionally, you must use the following file naming conventions to submit your data:

For Gentran and TIBCO Users: guid.racfid.MTM.freq.ccccc.FUTURE.P

For Connect:Direct Users: P#EFT.IN.MTMP.Rccccc.DYYMMDD.THHMMSST

Code Key:

guid – IACS assigned GUID
racfid – RACFID if available; else literal NONE
freq – Freq code of file (use A for ad-hoc)
ccccc – Contract Number (e.g., H0000)
yymmdd – year, month, day
hhmmsst – hour, minute, second, tenth of second

If Connect:Direct users include "DYYMMDD.THHMMSST" in the incoming file name as a literal value, Connect:Direct will automatically convert the value to the current date and time.

All files must include an end of file marker (i.e., mark the file with an enter or a new line after the last record is written).

Do not submit data using double byte character sets (i.e., Unicode). All submissions should use a single byte character set (i.e., ASCII).

Timely Submission and Resubmissions

Your beneficiary-level MTM data file must be submitted by the **reporting deadline of 2/25/2019 11:59 p.m., PST** and must successfully pass validation to be considered timely.

Please Note: You may submit your file more than once; however, only the latest submission will be considered for CMS review. It may take up to a week for the validation process to complete, so please allow adequate time should you need to make corrections and resubmit your file by the reporting deadline.

If you need to correct errors in your initial submitted and validated file, you may do so by resubmitting a corrected file from 2/25/2019 through 3/31/2019 11:59 p.m., PST. A file that is resubmitted after 2/25/2019 must be received and successfully pass validation by 3/31/2019 11:59 p.m., PST to be accepted into the system. The system does not retain records of prior validated submissions or files that failed to pass validation. Any submissions sent after 3/31/2019 11:59 p.m., PST will not be validated or accepted. In addition to facing compliance actions for late or missing files, contracts also will not have MTM data for Data Validation or for CMS' analyses for performance measures.

Please consider the following sample scenarios regarding submissions:

Timely submissions:

- If you submit your file on or before the reporting deadline, 2/25/2019 11:59 p.m., PST, and your file passes validation, this will count as a timely submission and your file will be accepted into the system.

Late submissions:

- If you submit your file on or before the reporting deadline of 2/25/2019 11:59 p.m., PST, and your file fails validation, this counts as a late submission and no data file submission will be recognized.
- If you submit multiple files on or before the reporting deadline of 2/25/2019 11:59 p.m., PST and one or more files pass validation, but your last file fails validation, this will count as a late submission and no data file submission will be recognized (the system does not retain your earlier submissions, even if they passed validation).
- If you submit your file on or before the reporting deadline of 2/25/2019 but your file fails validation, and you resubmit a second file on or before 3/31/2019 11:59 p.m., PST which passes validation, this will count as a late submission but your file will be accepted into the system.

Please review the section entitled "Validation Process and Response Files" for information on the submission and validation process.

Validation Process and Response Files

CMS, with contractor support from Softrams, will access your beneficiary-level MTM data through the same secure EFT system, perform validations on your data, and provide you with a response file to indicate acceptance of the file or to indicate corrections that are needed.[1] This process could take up to a week.

- If you use Gentran to submit your data, then you should expect to see the following response file name: P.Rccccc.MTMRSP.Dyymmdd.Thhmmsst.pn.
- If you use TIBCO to submit your data, then you should expect to see the following response file name: P.Rccccc.MTMRSP.Dyymmdd.Thhmmsst.
- If you use Connect:Direct to submit your data, then you should expect to see the following response file name: site-HLQ.Rccccc.MTMRSP.Dyymmdd.Thhmmsst.

It is imperative that you log back into the system to receive your response file. The response file will be located on the same system in which you uploaded your beneficiary-level MTM data.

- If your file passes validation, there is nothing further that needs to be done as your file has been successfully validated.
- If your file fails validation, the response file will identify the errors that need to be addressed in order for your file to be successfully validated.

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[1] CMS and CMS' contractor, Softrams, are accountable for adhering to Federal laws and regulations regarding security and confidentiality of personally identifiable information and PHI.

Please refer to **Appendices B and C** for sample response files, **Appendix D** for the response file layout and **Appendix E** for a listing of the reasons for rejection.

If your response file indicates that corrections are needed, please resubmit or have your third party vendor resubmit **a complete replacement file** for your contract number as soon as possible.

Submission Status Emails

Throughout the reporting period, MTM contacts in your organization will receive emails indicating the latest status for each of your contract(s) as validated, not validated, or not submitted. These emails will remind your organization to check your response files if applicable.

Status Email 1 - will be sent one week prior to the 2/25 reporting deadline.
Status Email 2 - will be sent 3 days after the 2/25 reporting deadline.
Status Email 3 - will be sent one week prior to the 3/31 final deadline.
Status Email 4 - will be sent 3 days after the 3/31 final deadline.

Please note some email systems may direct emails to your junk email folder. If you discover after checking your junk email folder that you have not received the emails within the specified period given above, please contact the HPMS Help Desk to verify the status of your file.

Support

If you need access to Gentran, TIBCO, or Connect:Direct or have any issues with the transmission of your file(s), please contact the MAPD Help Desk at 1-800-927-8069 or mapdhelp@cms.hhs.gov.

For technical questions about the CY 2018 beneficiary-level MTM file specifications and validation process, please contact the HPMS Help Desk at either 1-800-220-2028 or HPMS@cms.hhs.gov.

For general questions about the CY 2018 beneficiary-level MTM data, please contact the Part D Plan Reporting mailbox at partd-planreporting@cms.hhs.gov. Also refer to the 2018 Medicare Part D Plan Reporting Requirements Technical Specifications document located on the CMS website at cms.gov > Medicare > Prescription Drug Coverage Contracting > Part D Reporting Requirements

Appendix A – MTM File Record Layout

NOTE: For 2018, CMS will accept either the Health Insurance Claim number (HICN) or Medicare Beneficiary Identifier (MBI). You must not include additional information outside of what is dictated in the record layout. You must not include a header row or any delimiters (tab, comma, etc.). Submissions that do not strictly adhere to the record layout will be rejected.

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
A.	CONTRACT_ID	CHAR REQUIRED	5	1	5	The Contract Number (e.g., H1234, S1234) for your organization.
B.	HIC	CHAR REQUIRED	12	6	17	Provide the unique number that the Social Security Administration assigns to each Medicare beneficiary, which is the Health Insurance Claim number (HICN) or Medicare Beneficiary Identifier (MBI). For Railroad Retirement Board (RRB) beneficiaries, provide the RRB number in this field instead of the HICN. Distinct beneficiaries should only be reported once per contract year per contract file. If the beneficiary's HICN changed during the reporting period, only report the most current HICN. Do not report beneficiary if deceased or retroactively disenrolled prior to their MTM eligibility date. Do not report Enhanced MTM Model data.

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
C.	BENE_FIRST_NAME	CHAR REQUIRED	30	18	47	Provide the first name of the beneficiary.
D.	BENE_MID_INIT	CHAR OPTIONAL	1	48	48	Provide the middle initial of the beneficiary.
E.	BENE_LAST_NAME	CHAR REQUIRED	30	49	78	Provide the last name of the beneficiary.
F.	BENE_DOB	DATE REQUIRED	8	79	86	Provide the date of birth for the beneficiary (CCYYMMDD, e.g., 19400130).
G.	TARG_CRITERIA_MET	CHAR REQUIRED	1	87	87	Indicate if the beneficiary met the specified targeting criteria per CMS – Part D requirements. This should be Y (yes) or N (no).
H.	COG_IMPAIRED	CHAR REQUIRED	1	88	88	Indicate if the beneficiary was identified as being cognitively impaired at time of the CMR offer or delivery of the CMR. This should be Y (yes), N (no), or U (unknown).
I.	ENROLLMENT_DT	DATE REQUIRED	8	89	96	Provide the date the beneficiary was enrolled in the MTM program within the reporting period (CCYYMMDD, e.g., 20180102).
J.	TARG_CRITERIA_MET_DT	DATE Conditionally REQUIRED (if element G is 'Yes')	8	97	104	Provide the date the beneficiary met the specified targeting criteria per CMS – Part D requirements within the reporting period (CCYYMMDD, e.g. 20180102).

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						This date must be provided if the beneficiary met the specified targeting criteria per CMS – Part D requirements. Leave blank if beneficiary was enrolled based upon other expanded, plan-specific targeting criteria and never met the specified targeting criteria per CMS – Part D requirements within the reporting period. This date should be the same as Date of MTM program enrollment if the beneficiary was first enrolled based on meeting the targeting criteria per CMS – Part D requirements. This date should be different from the MTM enrollment date if the beneficiary was first enrolled based on other expanded plan-specific targeting criteria and then met the targeting criteria per CMS – Part D requirements later in the reporting period. In this scenario, this date would be after the Date of MTM program enrollment. The date should be blank if the beneficiary was only enrolled in the MTM program based on other expanded, plan-specific targeting criteria.
K.	OPT_OUT_DT	DATE Conditionally REQUIRED	8	105	112	Provide the date the beneficiary opted-out within the reporting period (CCYYMMDD, e.g., 20180130).

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						The date must be provided if the beneficiary opted-out of the MTM program.
L.	OPT_OUT_REASON	CHAR Conditionally REQUIRED (If element K is provided)	2	113	114	For each beneficiary who opted-out of the MTM program, provide the reason. Reasons for opting out must be one of the following: 01 - Death; 02 - Disenrollment from Plan; 03 - Request by beneficiary; or 04 - Other. *If Date MTM program opt-out is provided, then Reason participant opted-out of MTM program is required.*
M.	CMR_OFFERED	CHAR REQUIRED	1	115	115	Indicate if the beneficiary was offered a CMR per CMS – Part D requirements within the reporting period. This should be Y (yes) or N (no).
N.	CMR_OFFERED_DT	DATE Conditionally REQUIRED (If element M is 'Yes')	8	116	123	Provide the date the CMR was offered within the reporting period (CCYYMMDD, e.g. 20180601). *The date must be provided if the beneficiary was offered a CMR.*

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
O.	CMR_RECEIVED	CHAR REQUIRED	1	124	124	Indicate if the beneficiary received an annual CMR per CMS – Part D requirements with written summary in CMS' standardized format within the reporting period. This should be Y (yes) or N (no).
P.	CMR_RECEIVED_NUM	NUMERIC REQUIRED	2	125	126	Indicate the number of CMRs received per CMS – Part D requirements with written summary in CMS' standardized format within the reporting period. This is a numeric field. If the beneficiary received no CMRs per CMS – Part D requirements with written summary in CMS' standardized format, report 0.
Q.	CMR_RECEIVED_DT1	DATE Conditionally REQUIRED (If element O is 'Yes')	8	127	134	For each beneficiary enrolled who received at least one annual CMR per CMS – Part D requirements with written summary in CMS' standardized format, provide the date of the first CMR within the reporting period. This is a date field (CCYYMMDD, e.g. 20180615). *The date must be provided if the beneficiary received a CMR per CMS – Part D requirements with written summary in CMS' standardized format.*

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
	CMR_RECEIVED_DT2	DATE Conditionally REQUIRED (If element O is 'Yes' and element P is greater than 1)	8	135	142	For each beneficiary who received more than 1 CMR per CMS – Part D requirements with written summary in CMS' standardized format, provide the date of the last CMR. This is a date field (CCYYMMDD, e.g. 20180615). *The date must be provided if the beneficiary received more than 1 CMR per CMS – Part D requirements with written summary in CMS' standardized format.*
R.	CMR_DELIVERY_METHOD	CHAR Conditionally REQUIRED (If element O is 'Yes')	2	143	144	For each beneficiary who received a CMR per CMS – Part D requirements with written summary in CMS' standardized format within the reporting period, indicate the method of delivery for the CMR. The method of delivery must be one of the following: 01 – Face-to-face; 02 – Telephone; 03 – Telehealth consultation (e.g. video-conference); or 04 – Other *If the beneficiary received a CMR per CMS – Part D requirements with written summary in CMS' standardized format, then method of delivery of the annual CMR is required.*

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						If the beneficiary received more than 1 CMR, report the method of delivery for the initial CMR.
S.	CMR_PROVIDER	CHAR Conditionally REQUIRED (If element O is 'Yes')	2	145	146	For each beneficiary who received a CMR per CMS – Part D requirements with written summary in CMS' standardized format, indicate the Qualified Provider who performed the CMR. Qualified Provider must be one of the following: 01 – Physician; 02 – Registered Nurse; 03 – Licensed Practical Nurse; 04 – Nurse Practitioner; 05 – Physician's Assistant; 06 – Local Pharmacist; 07 – LTC Consultant Pharmacist; 08 – Plan Sponsor Pharmacist; 09 – Plan Benefit Manager (PBM) Pharmacist; 10 – MTM Vendor Local Pharmacist; 11 – MTM Vendor In-house Pharmacist; 12 – Hospital Pharmacist; 13 – Pharmacist – Other; 14 - Supervised Pharmacy Intern 15 – Other *If beneficiary received a CMR, then the Qualified Provider who performed the CMR is required.*

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						If the beneficiary received more than 1 CMR, report the Qualified Provider who performed the initial CMR.
T.	CMR_RECIPIENT	CHAR Conditionally REQUIRED (If element O is 'Yes')	2	147	148	For each beneficiary who received a CMR per CMS – Part D requirements with written summary in CMS' standardized format, indicate the recipient of the CMR. Report the recipient of the CMR interaction and not the recipient of the CMR documentation. The recipient of the CMR must be one of the following: 01 – Beneficiary 02 – Beneficiary's prescriber 03 – Caregiver 04 – Other authorized individual *If the beneficiary received a CMR, then the recipient of the CMR is required.* If the beneficiary received more than 1 CMR, report the recipient of the initial CMR.
U.	TARG_MED_REV_NUM	NUMERIC REQUIRED	3	149	151	Indicate the number of targeted medication reviews conducted per CMS – Part D requirements within the reporting period.

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						This is a numeric field. If no targeted medication reviews were performed for the beneficiary, report 0.
V.	PRESCRIBER_INTERV_NUM	NUMERIC REQUIRED	2	152	153	Indicate the number of drug therapy problem recommendations made to beneficiary's prescriber(s) as a result of MTM services. For reporting purposes, a recommendation is defined as a suggestion to take a specific course of action related to the beneficiary's drug therapy. If the same recommendation is made to multiple prescribers or repeated on multiple dates, then that recommendation should only be counted and reported once. Examples include, but are not limited to, Needs additional therapy; Unnecessary drug therapy; Dosage too high; Dosage too low; More effective drug available; Adverse drug reaction; or Medication Non-compliance/Non-adherence. This is a numeric field. If there were no drug therapy problem recommendations made to the beneficiary's prescriber(s) as a result of MTM services, report 0.
W.	DRUG_THER_CHG_NUM	NUMERIC	2	154	155	Indicate the number of drug therapy problem resolutions resulting from recommendations made

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
		REQUIRED				to beneficiary's prescriber(s) as a result of MTM services.
						For reporting purposes, a resolution is defined as a change or variation from the beneficiary's previous drug therapy. Examples include, but are not limited to, Initiate drug; Change drug (such as product in different therapeutic class, dose, dosage form, quantity, or interval); Discontinue or substitute drug (such as discontinue drug, generic substitution, or formulary substitution); Medication compliance/ Adherence.
						This is a numeric field. If there were no drug therapy problem resolutions resulting from recommendations made to beneficiary's prescriber(s) as a result of MTM services, report 0.

Appendix B – Sample Response File Format for a Passing Submission

```
FILE NAME: P#HPM.IN.EFT.MTMP.RH1234.D190125.T1155560
CONTRACT NUMBER: H1234
RECORDS PROCESSED: ###
PROCESSED DATE: 2019-01-26
*******************

FILE PASSED

*******************
```

Note: The file name provided in the response file will not exactly match the file name submitted.

Appendix C – Sample Response File Format for a Failing Submission

```
FILE NAME: P#HPM.IN.EFT.MTMP.RH1234.D190125.T1155560
CONTRACT NUMBER: H1234
RECORDS PROCESSED: ###
PROCESSED DATE: 2019-01-26


********************

FILE REJECTED

    Your submission was rejected for one or more reasons. If you
    did not follow the specified record layout exactly, the
    errors identified may be misleading. Data indicating which
    field(s) had a problem can be found below. There will be one
    record for each HICN or RRB submitted that had one or more
    validation issues. The submitted HICN or RRB will be in
    positions 1-12. Flags in positions 13-36 will indicate
    whether the field is valid or invalid. The layout can be
    found in Appendix D. Criteria for validity can be found in
    Appendix E. Please make the necessary corrections and
    resubmit a complete replacement file, not just the records
    that had a problem. Thank you.


 ********************

123456789A   000100000000000000000000
123456789B   000000100000000000000000
123456789C1  000010000010001000000000
```

Note: The file name provided in the response file will not exactly match the file name submitted.

Appendix D – Response File Layout

NOTE: The first several rows will indicate whether your file has passed or failed validation. If your submission failed, data indicating which field(s) had a problem will follow. There will be one record for each HICN or RRB submitted that had a problem. The submitted HICN or RRB will be in positions 1-12. Flags in positions 13-36 will indicate whether the field is valid or invalid. Criteria for validity can be found in Appendix E.

MTM Response File Record Layout

Field Name	Field Type	Field Length	Start Position	End Position	Field Description
HIC	CHAR	12	1	12	Submitted HICN or RRB
CONTRACT_ID_FLAG	CHAR	1	13	13	0 = valid 1 = invalid
HIC_FLAG	CHAR	1	14	14	0 = valid 1 = invalid
BENE_FIRST_NAME_FLAG	CHAR	1	15	15	0 = valid 1 = invalid
BENE_MID_INIT_FLAG	CHAR	1	16	16	0 = valid 1 = invalid
BENE_LAST_NAME_FLAG	CHAR	1	17	17	0 = valid 1 = invalid
BENE_DOB_FLAG	CHAR	1	18	18	0 = valid 1 = invalid
TARG_CRITERIA_MET_FLAG	CHAR	1	19	19	0 = valid 1 = invalid
COG_IMPAIRED_FLAG	CHAR	1	20	20	0 = valid 1 = invalid
ENROLLMENT_DT_FLAG	CHAR	1	21	21	0 = valid 1 = invalid
TARG_CRITERIA_MET_DT_FLAG	CHAR	1	22	22	0 = valid 1 = invalid
OPT_OUT_DT_FLAG	CHAR	1	23	23	0 = valid 1 = invalid
OPT_OUT_REASON_FLAG	CHAR	1	24	24	0 = valid

Field Name	Field Type	Field Length	Start Position	End Position	Field Description
					1 = invalid
CMR_OFFERED_FLAG	CHAR	1	25	25	0 = valid 1 = invalid
CMR_OFFERED_DT_FLAG	CHAR	1	26	26	0 = valid 1 = invalid
CMR_RECEIVED_FLAG	CHAR	1	27	27	0 = valid 1 = invalid
CMR_RECEIVED_NUM_FLAG	CHAR	1	28	28	0 = valid 1 = invalid
CMR_RECEIVED_DT1_FLAG	CHAR	1	29	29	0 = valid 1 = invalid
CMR_RECEIVED_DT2_FLAG	CHAR	1	30	30	0 = valid 1 = invalid
CMR_DELIVERY_METHOD_FLAG	CHAR	1	31	31	0 = valid 1 = invalid
CMR_PROVIDER_FLAG	CHAR	1	32	32	0 = valid 1 = invalid
CMR_RECIPIENT_FLAG	CHAR	1	33	33	0 = valid 1 = invalid
TARG_MED_REV_NUM_FLAG	CHAR	1	34	34	0 = valid 1 = invalid
PRESCRIBER_INTERV_NUM_FLAG	CHAR	1	35	35	0 = valid 1 = invalid
DRUG_THER_CHG_NUM_FLAG	CHAR	1	36	36	0 = valid 1 = invalid

Appendix E – Reasons for Rejection

Submitted File Name:

Must have valid contract number eligible to submit MTM data and match contract numbers in file.
If required, must have valid date submitted in YYMMDD format.
If required, must have valid time submitted in HHMMSST format.

CONTRACT_ID:
Must be non-missing.
Must be 5 alphanumeric characters.
Must be valid contract number eligible to submit MTM data.
Must match contract number in file name and all other records.

HIC:
Must be non-missing.
Must be in valid HICN or RRB format.

BENE_FIRST_NAME:
Must be non-missing.
Must have at least one alpha character.

BENE_MID_INIT:
If present, must contain one alpha character.

BENE_LAST_NAME:
Must be non-missing.
Must have at least one alpha character.

BENE_DOB:
Must be non-missing.
Must be in CCYYMMDD format.
Must be greater than 18900101.
Must not be after file submission date.
Must not be after ENROLLMENT_DT.
Must not be after OPT_OUT_DT.

TARG_CRITERIA_MET
Must be non-missing.
Must be only one of the following values: Y or N.
In addition:
If Y then TARG_CRITERIA_MET_DT must be present.

COG_IMPAIRED:
Must be non-missing.
Must be only one of the following values: Y, N or U.

ENROLLMENT_DT:

Must be non-missing.
Must be in CCYYMMDD format.
Must be greater than 18900101.
Must not be after file submission date.
Must be greater than or equal to BENE_DOB.
Must be less than or equal to OPT_OUT_DT.

TARG_CRITERIA_MET_DT:
If present:
Must be in CCYYMMDD format.
Must be greater than 18900101.
Must not be after file submission date.

In addition:
Must be present if TARG_CRITERIA_MET is Y.

OPT_OUT_DT:
If present:
Must be in CCYYMMDD format.
Must be greater than 18900101.
Must not be after file submission date.
Must be greater than or equal to ENROLLMENT_DT.
In addition:
OPT_OUT_REASON must be present.

OPT_OUT_REASON:
If present:
Must be one of the following values: 01, 02, 03 or 04.
In addition:
OPT_OUT_DT must be present.

CMR_OFFERED:
Must be non-missing.
Must be only one of the following values: Y or N.
In addition:
If Y then CMR_OFFERED_DT must be present.

CMR_OFFERED_DT:
If present:
Must be in CCYYMMDD format.
Must be greater than 18900101.
Must not be after file submission date.
Must be greater than or equal to ENROLLMENT_DT.
In addition:
CMR_OFFERED must be Y.

CMR_RECEIVED:
Must be non-missing.
Must be only one of the following values: Y, N.
In addition:
If Y then CMR_RECEIVED_DT1, CMR_DELIVERY_METHOD, CMR_PROVIDER and

CMR_RECIPIENT must be present and CMR_RECEIVED_NUM must be greater than 0.

CMR_RECEIVED_NUM:
Must be non-missing.
Must be a number from 0-99.
In addition:
If CMR_RECEIVED is Y then must be 1-99.
If CMR_RECEIVED is N then must be 0.

CMR_RECEIVED_DT1:
If present:
Must be in CCYYMMDD format.
Must be greater than 18900101.
Must not be after file submission date.
Must be greater than or equal to ENROLLMENT_DT.
Must not be after OPT_OUT_DT.
In addition:
CMR_RECEIVED must be Y.
CMR_RECEIVED_NUM must be greater than 0.

CMR_RECEIVED_DT2:
If present:
Must be in CCYYMMDD format.
Must be greater than 18900101.
Must not be after file submission date.
Must be greater than or equal to ENROLLMENT_DT.
Must be greater than or equal to CMR_RECEIVED_DT1.
Must not be after OPT_OUT_DT.
In addition:
CMR_RECEIVED must be Y.
CMR_RECEIVED_NUM must be greater than 1.

CMR_DELIVERY_METHOD:
If present:
Must be one of the following values: 01, 02, 03 or 04.
In addition:
CMR_RECEIVED must be Y.

CMR_PROVIDER:
If present:
Must be one of the following values: 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14 or 15.
In addition:
CMR_RECEIVED must be Y.

CMR_RECIPIENT:
If present:
Must be one of the following values: 01, 02, 03 or 04.
In addition:
CMR_RECEIVED must be Y.

TARG_MED_REV_NUM:
Must be non-missing.
Must be a number from 0-999.

PRESCRIBER_INTERV_NUM:
Must be non-missing.
Must be a number from 0-99.

DRUG_THER_CHG_NUM:
Must be non-missing.
Must be a number from 0-99.