



CENTER FOR MEDICARE

DATE: January 31, 2014

TO: All Part D Sponsors

FROM: Tracey McCutcheon, M.H.S.A., M.B.A., Acting Director
Medicare Drug Benefit and C & D Data Group

SUBJECT: Submission of 2013 Beneficiary-Level Medication Therapy Management (MTM)
Program Data

The Centers for Medicare & Medicaid Services (CMS) requires that Part D organizations with an approved Medication Therapy Management (MTM) program submit beneficiary-level MTM program data for Contract Year (CY) 2013. The reporting deadline for these data is **February 28, 2014**. This memo is intended to provide information regarding the submission process.

Methods of Transmission

You must submit your CY 2013 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. 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, you must 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 CY2013 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.Rcccc.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)

cccc – 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.

In addition, 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).

Timely Submission and Resubmissions

Your beneficiary-level MTM data file must be submitted by the **reporting deadline of February 28, 2014** and must successfully pass validation to be considered timely.

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 February 28, 2014 through March 31, 2014. A file that is resubmitted after February 28, 2014 must be received by March 31, 2014 and successfully pass validation 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 March 31, 2014 will not be validated or accepted. In addition to facing compliance actions for late or missing files, contracts will also 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 of February 28, 2014 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 February 28, 2014, and your file fails validation, this file will count as a late submission and no data file submission will be recognized.
- If you submit multiple files on or before the reporting deadline of February 28, 2014 and one or more files pass validation, but your last file fails validation, this file will count as a late submission and no data file 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 February 28, 2014, but your file fails validation, and you resubmit a second file on or before March 31, 2014 that passes validation, this file will count as a late submission, but 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 Fu Associates, 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 needed¹. This process could take up to a week.

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

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 from 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.

¹CMS and CMS’ contractor, Fu Associates, 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 February 28, 2014 reporting deadline.

Status Email 2 - will be sent 3 days after the February 28, 2014 reporting deadline.

Status Email 3 - will be sent one week prior to the March 31, 2014 final deadline.

Status Email 4 - will be sent 3 days after the March 31, 2014 final deadline.

Please note some email systems may direct emails to your junk email folder. If you discover upon 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, please contact the MAPD Help Desk at 1-800-927-8069 or mapdhelp@cms.hhs.gov.

For technical questions about the CY 2013 beneficiary-level MTM file specifications and submission process, please contact the HPMS Help Desk at either 1-800-220-2028 or HPMS@cms.hhs.gov.

For general questions about the CY2013 beneficiary-level MTM data, please contact the Part D Plan Reporting mailbox at partd-planreporting@cms.hhs.gov. Also you may refer to the 2013 Medicare Part D Plan Reporting Requirements Technical Specifications document located on the CMS website at www.cms.gov > Medicare > Prescription Drug Coverage Contracting > Plan Reporting and Oversight.

Appendix A – MTM File Record Layout

NOTE: 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	For each distinct beneficiary identified to be eligible for MTM (either met the specified targeting criteria per CMS – Part D requirements or other expanded plan-specific targeting criteria) at any time in the reporting period, provide the unique number that the Social Security Administration assigns to each Medicare beneficiary, which is the Health Insurance Claim

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						<p>number (HICN). For Railroad Retirement Board (RRB) beneficiaries, provide the RRB number in this field instead of the HICN.</p> <p>Distinct beneficiaries should only be reported once per file. If the beneficiary's HICN changed during the reporting period, only report the most current HICN.</p>
C.	BENE_FIRST_NAME	CHAR REQUIRED	30	18	47	For each beneficiary eligible for MTM, the first name of each beneficiary identified to be eligible for MTM in the reporting period.
D.	BENE_MID_INIT	CHAR OPTIONAL	1	48	48	For each beneficiary eligible for MTM, the middle initial of each beneficiary identified to be eligible for MTM in the reporting period.
E.	BENE_LAST_NAME	CHAR REQUIRED	30	49	78	For each beneficiary eligible for MTM, the last name of each

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						beneficiary identified to be eligible for MTM in the reporting period.
F.	BENE_DOB	DATE REQUIRED	8	79	86	For each beneficiary eligible for MTM, the date of birth for each beneficiary identified to be eligible for MTM in the reporting period (CCYYMMDD, e.g., 19400130).
G.	TARG_CRITERIA_MET	CHAR REQUIRED	1	87	87	For each beneficiary eligible for MTM, indicate if the beneficiary met the specified targeting criteria per CMS – Part D requirements. This should be Y (yes) or N (no).
H.	LTC_ENROLLMENT	CHAR REQUIRED	1	88	88	For each beneficiary eligible for MTM, indicate if the beneficiary was a long-term care (LTC) resident <u>at any time</u> they were enrolled in MTM during the reporting period. This should be Y (yes), N (no), or U (unknown). If the beneficiary opted-out of MTM enrollment,

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						indicate whether they were an LTC resident with Y (yes), N (no), or U (unknown).
I.	COG_IMPAIRED	CHAR REQUIRED	1	89	89	For each beneficiary eligible for MTM, indicate if the beneficiary was identified as being cognitively impaired. Report the beneficiary's cognitive impairment status as of the date of the CMR offer. This should be Y (yes), N (no), or U (unknown).
J.	ENROLLMENT_DT	DATE REQUIRED	8	90	97	For each beneficiary identified to be eligible for the MTM program in the reporting period, enter the date they were automatically enrolled (CCYYMMDD, e.g., 20130102).
K.	TARG_CRITERIA_ME T_DT	DATE Conditionally REQUIRED (if element G is 'Yes')	8	98	105	For each beneficiary identified to be eligible for MTM, enter the date the beneficiary met the specified targeting criteria per CMS – Part D requirements (CCYYMMDD, e.g. 20130102). <i>This</i>

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						<p><i>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, plan- specific requirements</i></p> <p>This date may be the same as date of MTM program enrollment.</p>
L.	OPT_OUT_DT	DATE Conditionally REQUIRED	8	106	113	For each beneficiary who opted-out of the MTM program, enter the date the beneficiary opted- out (CCYYMMDD, e.g., 20130130). <i>The date must be provided if the beneficiary opted out of MTM.</i>
M.	OPT_OUT_REASON	CHAR Conditionally REQUIRED (If element L is provided)	2	114	115	For each beneficiary with a disposition status of opted out of MTM program, the reason must be provided. Reasons for opting out must be one of the following: 01 - Death; 02 - Disenrollment from Plan; 03 - Request by

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						beneficiary; or 04 - Other. If Date MTM opt- out is provided, then Reason participant Opted- out of MTM program is required.
N.	CMR_OFFERED	CHAR REQUIRED	1	116	116	For each beneficiary enrolled in MTM program, indicate if the beneficiary was offered a CMR per CMS – Part D requirements. This should be Y (yes) or N (no).
O.	CMR_OFFERED_D T	DATE Conditionally REQUIRED (If element N is provided)	8	117	124	For each beneficiary enrolled in MTM program who was offered a CMR per CMS – Part D requirements, enter the date of the CMR offer (CCYYMMDD, e.g. 20130601). <i>The date must be provided if the beneficiary was offered a CMR.</i>

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
P.	CMR_RECEIVED	CHAR REQUIRED	1	125	125	For each beneficiary enrolled in MTM program, indicate if the beneficiary received an annual CMR per CMS – Part D requirements with written summary in CMS standardized format. This should be Y (yes) or N (no).
Q.	CMR_RECEIVED_NUM	NUMERIC REQUIRED	2	126	127	For each beneficiary enrolled in MTM program, indicate the number of CMRs received per CMS – Part D requirements with written summary in CMS standardized format. This is a numeric field. If the beneficiary received no CMRs per CMS – Part D requirements with written summary in CMS standardized format, then enter 0.
R.	CMR_RECEIVED_DT1	DATE Conditionally REQUIRED (If element P is 'Yes')	8	128	135	For each beneficiary enrolled in MTM program who received an annual CMR per CMS – Part D requirements with written summary in CMS standardized

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						<p>format, enter the date of the CMR. This is a date field (CCYYMMDD, e.g. 20130615).</p> <p><i>The date must be provided if the beneficiary received an annual CMR per CMS – Part D requirements with written summary in CMS standardized format.</i></p> <p>If more than 1 CMR is received, up to 5 dates will be allowed.</p> <p>In the case of multiple CMRs for a beneficiary, the plan should always report the first and last CMR dates, and then choose other CMR dates based upon the significance of the CMR purpose or findings.</p>

CMR_RECEIVED_DT2	DATE Conditionally REQUIRED (If element P is 'Yes' and element Q is greater than 1)	8	136	143	<p>This is a date field (CCYYMMDD, e.g. 20130815). <i>The date must be provided if the beneficiary received an annual CMR per CMS – Part D requirements with written summary in CMS standardized format.</i></p> <p>If more than 1 CMR is received, up to 5 dates will be allowed.</p> <p>In the case of multiple CMRs for a beneficiary, the plan should always report the first and last CMR dates, and then choose other CMR dates based upon the significance of the CMR purpose or findings.</p>
CMR_RECEIVED_DT3	DATE Conditionally REQUIRED (If element P is 'Yes' and element Q is greater than 2)	8	144	151	<p>This is a date field (CCYYMMDD, e.g. 20130601). The date must be provided if the beneficiary received an interactive, person-</p>

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						<p>to-person comprehensive medication review. If more than 1 CMR is received, up to 5 dates will be allowed. In the case of multiple CMRs for a beneficiary, the plan should always report the first and last CMR dates, and then choose other CMR dates based upon the significance of the CMR purpose or findings.</p>

<p>CMR_RECEIVED_DT 4</p>	<p>DATE Conditionally REQUIRED (If element P is 'Yes' and element Q is greater than 3)</p>	<p>8</p>	<p>152</p>	<p>159</p>	<p>This is a date field (CCYYMMDD, e.g. 20130930). <i>The date must be provided if the beneficiary received an annual CMR per CMS – Part D requirements with written summary in CMS standardized format.</i> If more than 1 CMR is received, up to 5 dates will be allowed. In the case of multiple CMRs for a beneficiary, the plan should always report the first and last CMR dates, and then choose other CMR dates based upon the significance of the CMR purpose or findings.</p>
<p>CMR_RECEIVED_DT 5</p>	<p>DATE Conditionally REQUIRED (If element P is 'Yes' and element Q is greater than 4)</p>	<p>8</p>	<p>160</p>	<p>167</p>	<p>This is a date field (CCYYMMDD, e.g. 20131115). <i>The date must be provided if the beneficiary received an annual CMR per CMS – Part D requirements with written summary in CMS standardized format.</i> <i>interactive, person-</i> If more than 1 CMR is received, up to 5 dates will be allowed. In the case of multiple CMRs for</p>

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						a beneficiary, the plan should always report the first and last CMR dates, and then choose other CMR dates based upon the significance of the CMR purpose or findings.
S.	CMR_DELIVERY_METHODOD	CHAR Conditionally REQUIRED (If element P is 'Yes')	2	168	169	<p>For each beneficiary enrolled in the MTM program that received the annual CMR, indicate the method of delivery for the annual CMR. The method of delivery must be one of the following:</p> <p>01 – Face-to-face; 02 – Telephone; 03 – Telehealth consultation (e.g. video- conference); or 04 – Other</p> <p><u>If beneficiary received an annual CMR per CMS – Part D requirements with written summary in CMS standardized format, then method of delivery of the annual CMR is required.</u></p> <p>If more than one</p>

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						CMR is received, report the method of delivery for the initial CMR.
T.	CMR_PROVIDER	CHAR Conditionally REQUIRED (If element P is 'Yes')	2	170	171	For each beneficiary enrolled in the MTM program that received an <i>annual CMR per CMS – Part D requirements with written summary in CMS standardized format.</i> Indicate the Qualified Provider who performed the CMR. Qualified Provider must be identified by 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

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						<p>In-house Pharmacist; 12 – Hospital Pharmacist; 13 – Pharmacist – Other; 14 – Other</p> <p><i>If beneficiary received the annual CMR, then the Qualified Provider who performed the initial CMR is required.</i></p> <p>If more than one CMR is received, report the Qualified Provider who performed the initial CMR.</p>
U.	CMR_RECIPIENT	CHAR Conditionally REQUIRED (If element P is 'Yes')	2	172	173	<p>For each beneficiary enrolled in MTM, indicate the recipient of the annual CMR per CMS – Part D requirements with written summary in CMS standardized format.</p> <p>Plans should report the recipient of the CMR interaction and not the recipient of the CMR documentation. The recipient of the CMR must be identified by one of</p>

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						<p>the following: 01 – Beneficiary 02 – Beneficiary’s prescriber 03 – Caregiver 04 – Other authorized individual</p> <p><i>If beneficiary received the annual CMR, then the recipient of the CMR is required.</i></p> <p>If more than one CMR is received, report the recipient of the initial CMR.</p>
V.	TARG_MED_REV_NUM	NUMERIC REQUIRED	2	174	175	For each beneficiary enrolled in MTM, indicate the number of targeted medication reviews conducted. This is a numeric field. If the beneficiary had no targeted medication reviews, enter 0.
W.	PRESCRIBER_INTERV_NUM	NUMERIC REQUIRED	2	176	177	For each beneficiary enrolled in MTM, indicate the number of drug therapy problem recommendations made to prescriber(s) as a result of MTM services. For reporting purposes, a

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						<p>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, <u>but are not limited to</u>, Needs additional therapy; Unnecessary drug therapy; Dosage too high; More effective Non-compliance/Non-adherence. This is a numeric field. If the beneficiary had no drug therapy problem recommendations made to prescriber(s) as a result of MTM services, enter 0.</p>
X.	DRUG_THER_CHG_NUM	NUMERIC REQUIRED	2	178	179	For each beneficiary enrolled in MTM, indicate the number of drug therapy problem

Beneficiaries Eligible for MTM Record Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
						<p>resolutions made as a result of MTM recommendations. For reporting purposes, a resolution is defined as a change or variation from the beneficiary's previous drug therapy. Examples include, <u>but are not limited to</u>, 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 the beneficiary had no drug therapy problem resolutions made as a result of MTM recommendations, enter 0.</p>

Appendix B – Sample Response File Format for a Passing Submission

FILE NAME: P#HPM.IN.EFT.MTMP.RH1234.D140125.T1155560
CONTRACT NUMBER: H1234
PROCESSED DATE: 2014-01-26

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.D140125.T1155560
CONTRACT NUMBER: H1234
PROCESSED DATE: 2014-01-26

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. The submitted HICN or RRB will be in positions 1-12. Flags in positions 13-40 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	000100000000000000000000000000
123456789B	000000100000000000000000000000
123456789C1	000010000010001000000000000000

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. The submitted HICN or RRB will be in positions 1-12. Flags in positions 13-40 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	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
LTC_ENROLLMENT_FLAG	CHAR	1	20	20	0 = valid 1 = invalid
COG_IMPAIRED_FLAG	CHAR	1	21	21	0 = valid 1 = invalid
ENROLLMENT_DT_FLAG	CHAR	1	22	22	0 = valid 1 = invalid

TARG_CRITERIA_MET_DT_FLAG	CHAR	1	23	23	0 = valid 1 = invalid
OPT_OUT_DT_FLAG	CHAR	1	24	24	0 = valid 1 = invalid
OPT_OUT_REASON_FLAG	CHAR	1	25	25	0 = valid 1 = invalid
CMR_OFFERED_FLAG	CHAR	1	26	26	0 = valid 1 = invalid
CMR_OFFERED_DT_FLAG	CHAR	1	27	27	0 = valid 1 = invalid
CMR_RECEIVED_FLAG	CHAR	1	28	28	0 = valid 1 = invalid
CMR_RECEIVED_NUM_FLAG	CHAR	1	29	29	0 = valid 1 = invalid
CMR_RECEIVED_DT1_FLAG	CHAR	1	30	30	0 = valid 1 = invalid
CMR_RECEIVED_DT2_FLAG	CHAR	1	31	31	0 = valid 1 = invalid
CMR_RECEIVED_DT3_FLAG	CHAR	1	32	32	0 = valid 1 = invalid
CMR_RECEIVED_DT4_FLAG	CHAR	1	33	33	0 = valid 1 = invalid
CMR_RECEIVED_DT5_FLAG	CHAR	1	34	34	0 = valid 1 = invalid

CMR_DELIVERY_METHOD_FLAG	CHAR	1	35	35	0 = valid 1 = invalid
CMR_PROVIDER_FLAG	CHAR	1	36	36	0 = valid 1 = invalid
CMR_RECIPIENT_FLAG	CHAR	1	37	37	0 = valid 1 = invalid
TARG_MED_REV_NUM_FLAG	CHAR	1	38	38	0 = valid 1 = invalid
PRESCRIBER_INTERV_NUM_FLAG	CHAR	1	39	39	0 = valid 1 = invalid
DRUG_THER_CHG_NUM_FLAG	CHAR	1	40	40	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.

LTC_ENROLLMENT:

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

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.
Must be greater than or equal to ENROLLMENT_DT.
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_RECEIVED_DT3:

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_DT2.

Must not be after OPT_OUT_DT.

In addition:

CMR_RECEIVED must be Y.

CMR_RECEIVED_NUM must be greater than 2.

CMR_RECEIVED_DT4:

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_DT3.

Must not be after OPT_OUT_DT.

In addition:

CMR_RECEIVED must be Y.
CMR_RECEIVED_NUM must be greater than 3.

CMR_RECEIVED_DT5:

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_DT4.
Must not be after OPT_OUT_DT.
In addition:
CMR_RECEIVED must be Y.
CMR_RECEIVED_NUM must be greater than 4.

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, or 14.
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 0-99.

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.