

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

TO: All Prescription Drug Plans, Medicare Advantage-Prescription Drug Plans, Section 1876 Cost Plans, and Medicare-Medicaid Plans

FROM: Amy Larrick Chavez-Valdez,
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SUBJECT: Submission of 2021 Beneficiary-Level Medication Therapy Management (MTM) Program Data

DATE: December 21, 2021

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) 2021. Submission of CY 2021 beneficiary-level MTM data will be submitted through the Health Plan Management System (HPMS).

The reporting deadline for these data is **2/28/2022, 11:59 p.m. PT**. This memorandum provides information regarding the submission process.

Submission

For CY 2021, Part D sponsors should submit the beneficiary-level MTM data file in the HPMS Plan Reporting Module via upload. 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.

Naming Conventions

You must use the following file naming conventions to submit your data: H1234.CY2021.MTMP

Important Reminders:

- You must submit a separate file for each contract number. 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).
- Only the Medicare Beneficiary Identifier (MBI) number should be used.¹

Timely Submission and Resubmissions

Your beneficiary-level MTM data file must be submitted by the **reporting deadline of 2/28/2022, 11:59 p.m. PT** and must successfully pass validation to be considered timely.

Please Note: You may submit your file more than once before the deadline; however, only the latest submission will be considered for CMS review. It may take up to 36 hours 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 3/1/2022 through 3/31/2022, 11:59 p.m. PT. A file that is resubmitted during this window must be received and successfully pass validation by 3/31/2022, 11:59 p.m. PT, 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 3/31/2022, 11:59 p.m. PT, will not be validated or accepted. As a result, contracts will not have data for Data Validation, or for CMS' use to calculate the MTM Star Rating measure.

Please consider the following sample scenarios regarding submissions:

Timely submissions:

- If you submit your file on or before the reporting deadline, 2/28/2022, 11:59 p.m. PT, and your file passes validation, this will count as a timely submission and your file will be accepted into the system.

Overdue and Late submissions:

- If you upload your file on or before the reporting deadline of 2/28/2022, 11:59 p.m. PT, but your file is processed after the deadline and your file fails validation, your contract will be identified as overdue and no data file submission will be recognized.
- If you submit multiple files on or before the reporting deadline of 2/28/2022, 11:59 p.m. PT, one or more files pass validation, but your last file is processed after the deadline and the file fails validation, your contract will be identified as overdue 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 2/28/2022 but your file fails validation, and you resubmit a second file on or before 3/31/2022, 11:59 p.m. PT, which

¹ HPMS Memorandum, "New Medicare Beneficiary Identifier (MBI) in the Health Plan Management Systems (HPMS)."

passes validation, this will count as a late submission but your file will be accepted into the system.

Please review the section of this memorandum 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 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.² This process may take up to 36 hours.

A notification email will be sent to inform you when your MTMP file has been processed and the response file is ready for pick up at:

HPMS > Quality and Performance/Plan Reporting > Plan Reporting Start Page > CY 2021 > View Submission >

- 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.
- Blue indicates the file passed validation and red indicates the file failed validation. Click the view icon to populate the View Submitted Data screen/View Upload Error screen to download the response file.

Please refer to **Appendices A and B** for sample response files, **Appendix C** for the response file layout, and **Appendix D** 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.

Support

For technical questions regarding the CY 2021 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 2021 beneficiary-level MTM data, please contact the Part D Plan Reporting mailbox at partd-planreporting@cms.hhs.gov. Also refer to the 2021 Medicare Part D Plan Reporting Requirements Technical Specifications document located on the CMS website at [cms.gov](https://www.cms.gov) > Medicare > Prescription Drug Coverage Contracting > Part D Reporting Requirements

² CMS and CMS' contractor, Softrams, are accountable for adhering to federal laws and regulations regarding security and confidentiality of personally identifiable information and protected health information.

Appendix A – Sample Response File Format for a Passing Submission

FILE NAME: H1234.CY2021.MTMP

CONTRACT NUMBER: H1234

RECORDS PROCESSED: ###

PROCESSED DATE: 2022-01-26

FILE PASSED

Appendix B – Sample Response File Format for a Failing Submission

FILE NAME: H1234.CY2021.MTMP
CONTRACT NUMBER: H1234
RECORDS PROCESSED: ###
PROCESSED DATE: 2021-01-26

***** 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 MBI submitted that had one or more validation issues. The submitted MBI will be in positions 1-12. Flags in positions 13-39 will indicate whether the field is valid or invalid. The layout can be found in Appendix C. Criteria for validity can be found in Appendix D. Please make the necessary corrections and resubmit a complete replacement file, not just the records that had a problem. Thank you.

1MM2WX0YM03 00010000000000000000000000000000
1N2E340CD99 00000010000000000000000000000000
9Y99X89XX88 000010000010001000000000000000

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

Appendix C – 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 MBI submitted that had a problem. The submitted MBI will be in positions 1-12. Flags in positions 13-39 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
MBI	CHAR	12	1	12	Submitted MBI
Contract Number FLAG	CHAR	1	13	13	0 = valid 1 = invalid
MBI Number FLAG	CHAR	1	14	14	0 = valid 1 = invalid
Beneficiary First Name FLAG	CHAR	1	15	15	0 = valid 1 = invalid
Beneficiary Last Name FLAG	CHAR	1	16	16	0 = valid 1 = invalid
Beneficiary Date of Birth FLAG	CHAR	1	17	17	0 = valid 1 = invalid
Met the specified targeting criteria per CMS – Part D requirements FLAG	CHAR	1	18	18	0 = valid 1 = invalid
Beneficiary identified as cognitively impaired at time of Comprehensive Medication Review (CMR) offer or delivery of CMR FLAG	CHAR	1	19	19	0 = valid 1 = invalid
Beneficiary in a long term care facility at the time of the first CMR offer or delivery of CMR FLAG	CHAR	1	20	20	0 = valid 1 = invalid
Date of MTM program enrollment FLAG	CHAR	1	21	21	0 = valid 1 = invalid
Date met the specified targeting criteria per CMS – Part D requirements FLAG	CHAR	1	22	22	0 = valid 1 = invalid
Targeting criteria met FLAG	CHAR	1	23	23	0 = valid 1 = invalid

Date MTM program opt-out, if applicable FLAG	CHAR	1	24	24	0 = valid 1 = invalid
Reason participant opted out of MTM program (Death; Disenrollment from Plan; Request by beneficiary; or Other). Required if Date of MTM Opt-out is applicable FLAG	CHAR	1	25	25	0 = valid 1 = invalid
Offered annual Comprehensive Medication Review (CMR) FLAG	CHAR	1	26	26	0 = valid 1 = invalid
If offered a CMR, date of (initial) offer FLAG	CHAR	1	27	27	0 = valid 1 = invalid
If offered a CMR, recipient of (initial) offer FLAG (Beneficiary, Beneficiary's prescriber; Caregiver; or Other authorized individual).	CHAR	1	28	28	0 = valid 1 = invalid
Received annual CMR with written summary in CMS standardized format FLAG	CHAR	1	29	29	0 = valid 1 = invalid
Date(s) of CMR(s) FLAG	CHAR	1	30	30	0 = valid 1 = invalid
Date CMR written summary in CMS' standardized format was provided or sent FLAG	CHAR	1	31	31	0 = valid 1 = invalid
Method of delivery for the annual CMR FLAG (Face-to-face; Telephone; Telehealth consultation; or Other)	CHAR	1	32	32	0 = valid 1 = invalid
Qualified Provider who performed the initial CMR FLAG (Physician; Registered Nurse; Licensed Practical Nurse; Nurse Practitioner; Physician's Assistant; Local Pharmacist; LTC Consultant Pharmacist; Plan Sponsor Pharmacist; Plan Benefit Manager (PBM) Pharmacist; MTM Vendor Local Pharmacist; MTM Vendor In-house Pharmacist; Hospital Pharmacist; Pharmacist – Other; Supervised Pharmacy Intern; or Other)	CHAR	1	33	33	0 = valid 1 = invalid

Recipient of CMR FLAG (Beneficiary, Beneficiary's prescriber; Caregiver; or Other authorized individual).	CHAR	1	34	34	0 = valid 1 = invalid
Number of targeted medication reviews FLAG	CHAR	1	35	35	0 = valid 1 = invalid
Date the first TMR was performed FLAG	CHAR	1	36	36	0 = valid 1 = invalid
Number of medication therapy problem recommendations made to beneficiary's prescriber(s) as a result of MTM services FLAG	CHAR	1	37	37	0 = valid 1 = invalid
Number of medication therapy problem resolutions resulting from recommendations made to beneficiary's prescriber(s) as a result of MTM recommendation FLAG	CHAR	1	38	38	0 = valid 1 = invalid
Number of communications sent to beneficiary regarding safe disposal of medications FLAG	CHAR	1	39	39	0 = valid 1 = invalid

Appendix D – Reasons for Rejection

Duplicate Records

More than one record reported for a single beneficiary (regardless if records are exact duplicates).

No row should have the same MBI (Data Element B).

Submitted File Name:

Must have a valid contract number eligible to submit MTM data and match contract numbers in file.

Must have the following filename convention - H1234.CY2021.MTMP.txt.

A. Contract Number:

Must be not missing.

Must be 5 alphanumeric characters.

Must be a valid contract number eligible to submit MTM data.

Must match the contract number in the file name and all other records.

B. MBI Number:

Must be not missing.

Must be in the valid MBI format.

C. Beneficiary first name:

Must be not missing.

Must have at least one alpha character.

D. Beneficiary last name:

Must be not missing.

Must have at least one alpha character.

E. Beneficiary date of birth:

Must be not missing.

Must be in CCYYMMDD format.

Must be a date after 18900101.

Must not be after file submission date.

Must not be after the Date of MTM program enrollment (Data Element I).

Must not be after the Date of MTM program opt-out (Data Element L).

F. Met the specified targeting criteria per CMS – Part D requirements:

Must be not missing.

Must be only one of the following values: Y or N.

G. Beneficiary identified as cognitively impaired at time of Comprehensive Medication Review (CMR) offer or delivery of CMR:

Must be not missing.

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

H. Beneficiary in a long term care facility at the time of the first CMR offer or delivery of CMR:

Must be not missing.

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

I. Date of MTM program enrollment:

Must be not missing.

Must be in the CCYYMMDD format.

Must be within the reporting period (between 1/1/2021 and 12/31/2021).

J. Date met the specified targeting criteria per CMS – Part D requirements:

If Met the specified targeting criteria element (Data Element F) = N, then the Date met the specified targeting criteria element (Data Element J) must be missing.

If Met the specified targeting criteria element (Data element F) = Y, then the Date met the specified targeting criteria element (Data Element J) must be not missing.

Must be in CCYYMMDD format.

Must be a date after 18900101.

Must not be after the file submission date.

Must be a date equal to or after MTM program enrollment (Data Element I).

K. Targeting criteria met:

If Met the specified targeting criteria element (Data Element F) = N, then the **Targeting criteria met** (Data Element K) must be missing.

If Met the specified targeting criteria element (Data Element F) = Y, then the Targeting criteria met (Data Element K) must not be missing.

Targeting criteria met (K) must be '01'

L . Date MTM program opt-out, if applicable:

Date of MTM program opt-out (Data Element L) is optional. If present:

Must be in the CCYYMMDD format.

Must be a date after 18900101.

Must be a date equal to or after the Date of MTM program enrollment (Data Element I).

M. Reason participant opted out of MTM program (Death; Disenrollment from Plan; Request by beneficiary; or Other). Required if Date of MTM Opt-out is applicable:

If Date of MTM program opt-out (Data Element L) is missing, then Reason participant opted-out of MTM program (Data Element M) must be missing.

If Date of MTM program opt-out (Data Element L) is present, Reason participant opted-out of MTM program (Data Element M) must be not missing.

Must be one of the following values: 01 (Death), 02 (Disenrollment from plan), 03 (Request by beneficiary or beneficiary's authorized representative) and 04 (Other).

If Date of MTM program opt-out, (Data Element L) = 12/31/2021 then Reason participant opted-out of MTM program (Data Element M) must not be the value = 02 (Disenrollment from plan).

N. Offered annual Comprehensive Medication Review (CMR):

Must be not missing.

Must be only one of the following values: Y or N.

O. If offered a CMR, date of (initial) offer:

If Offered annual CMR. (Data Element N) = N, then date of (initial) offer (Data element O) must be missing.

If Offered annual CMR. (Data Element N) = Y, then date of (initial) offer (Data Element O) must be not missing.

Must be in the CCYYMMDD format.

Must be within the reporting period (between 1/1/2021 and 12/31/2021).

P. If offered a CMR, recipient of (initial) offer:

If Offered annual CMR (Data Element N) = N, then recipient of (initial) offer (Data Element P) must be missing.

If Offered annual CMR (Data Element N) = Y, then recipient of (initial) offer (Data Element P) must be not missing.

Must be one of the following values: 01 (Beneficiary), 02 (Beneficiary's Prescriber), 03 (Beneficiary's Caregiver) or 04 (Other authorized individual).

Q. Received annual CMR with written summary in CMS standardized format:

Must be not missing.

Must be only one of the following values: Y or N.

If Y then Date(s) of CMR(s) (Data Element R), Date CMR written summary in CMS standardized format was provided or sent (Data Element S), Method of delivery for the annual CMR (Data Element T), Qualified Provider who performed the initial CMR (Data Element U), and the Recipient of the initial CMR (Data Element V) must be not missing.

R. Date(s) of CMR(s):

If Received annual CMR with written summary in CMS standardized format (Data Element Q) = Y, then Date(s) of CMR(s) (Data Element R) must be not missing.

Must be in the CCYYMMDD format.

Must be within the reporting period (between 1/1/2021 and 12/31/2021).

Must be a date equal to or after the date of (initial) offer. (Data Element O).

Date(s) of CMR(s) (Data Element R) must not be before Date of MTM program enrollment (Element I) or after the Date MTM program opt-out, if applicable (Data Element L). Such as:

Date of (initial) CMR offer (Data Element O) must not be before Date of MTM program enrollment (Element I) or after the Date MTM program opt-out, if applicable (Data Element L).

S. Date written summary in CMS' standardized format was provided or sent:

If Received annual CMR with written summary in CMS standardized format (Data Element Q) = Y, then Date CMR written summary in CMS standardized format was provided or sent (Data Element S) must be not missing.

Must be a date equal to or after Date(s) of CMR(s) (Data Element R)

Must be in the CCYYMMDD format.

T. Method of delivery for the annual CMR:

If Received annual CMR with written summary in CMS standardized format (Data Element Q) = Y, then Method of delivery for the annual CMR (Data Element T) must be not missing.

Method of delivery for the annual CMR (Data Element T) must be one of the following values: 01 (Face-to-Face), 02 (Telephone), 03 (Telehealth Consultation) or 04 (Other).

U. Qualified Provider who performed the initial CMR:

If Received annual CMR with written summary in CMS standardized format (Data Element Q) = Y, then Qualified Provider who performed the initial CMR (Data Element U) must be not missing.

Qualified Provider who performed the initial CMR (Data Element U) must be one of the following values: 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) or 15 (Other).

V. Recipient of CMR:

If Received annual CMR with written summary in CMS standardized format (Data Element Q) = Y, then Recipient of initial CMR (Data Element V) must be not missing.

Recipient of initial CMR (Data element V) must be one of the following values: 01 (Beneficiary), 02 (Beneficiary's prescriber), 03 (Caregiver) or 04 (Other authorized individual).

W. Number of targeted medication reviews:

Must be not missing.

Must be a number from 0-999.

X. Date the first TMR was performed:

If Number of targeted medication reviews (Data Element W) = 0, then Date the first TMR was performed (Data element X) must be missing.

If Number of targeted medication reviews (Data Element W) is greater than 0, then Date the first TMR was performed (Data Element X) must be not missing.

Must be in the CCYYMMDD format.

Must be within the reporting period (between 1/1/2021 and 12/31/2021).

Y. Number of medication therapy problem recommendations made to beneficiary's prescriber(s) as a result of MTM services:

Must be not missing.

Must be a number from 0-99.

Z. Number of medication therapy problem resolutions resulting from recommendations made to beneficiary's prescriber(s) as a result of MTM recommendation:

Must be not missing.

Must be a number from 0-99.

Number of medication therapy problem resolutions resulting from recommendations made to beneficiary's prescriber(s) as a result of MTM recommendations (Data Element Z) must be less than or equal to Number of drug therapy problem recommendations made to beneficiary's prescriber(s) as a result of MTM services (Data Element Y).

AA. Number of communications sent to beneficiary regarding safe disposal of medications:

Must be a number = 0.