



CENTER FOR MEDICARE

DATE: December 16, 2024

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

FROM: Vanessa S. Duran, Director
Medicare Drug Benefit and C & D Data Group

SUBJECT: Submission of 2024 Beneficiary-Level Medication Therapy Management (MTM) Program Data

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) 2024 per the Part D Reporting Requirements. Submission of CY 2024 beneficiary-level MTM data will be submitted through the Health Plan Management System (HPMS).

The reporting deadline for these data is **2/24/2025 11:59 p.m., PT**. This memo provides information regarding the submission process.

Submission

For CY 2024, Part D sponsors should submit the beneficiary-level MTM data file in the HPMS Plan Reporting Module via upload.

Naming Conventions

You must use the following file naming convention to submit your data: H1234.CY2024.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 most current Medicare Beneficiary Identifier (MBI) number should be used. In the rare situation where a beneficiary's MBI changes in the middle of a reporting period, a

sponsor may collapse the beneficiary's reporting data into one line item using the most current MBI during the reporting period. There should not be more than one record reported for a single beneficiary (regardless of whether the records are exact duplicates).

Timely Submission and Resubmissions

Your beneficiary-level MTM data file must be submitted by the **reporting deadline of 2/24/2025 11:59 p.m., PT** and must successfully pass validation by the deadline 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. The validation process may take up to 36 hours 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 3/01/2025 through 3/31/2025 11:59 p.m., PT. A file resubmitted during this window must be received and successfully pass validation by 3/31/2025 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 3/31/2025 11:59 p.m., PT will not be validated or accepted. In addition to compliance actions for not submitting MTM data, contracts will also not have data for data validation or for CMS' use in performance measures such as the Star Rating MTM measure.

Please consider the following sample scenarios regarding submissions:

Timely submissions:

- If you submit your file on or before the reporting deadline, 2/24/2025 11:59 p.m., PT, and your file passes validation by the deadline, 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 2/24/2025 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 2/24/2025 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 2/24/2025 but your file fails validation, and you resubmit a second file on or before 3/31/2025 11:59 p.m., PT 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 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 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 2024 > 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 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, 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 2024 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 2024 beneficiary-level MTM data, please contact the Part D Plan Reporting mailbox at partd-planreporting@cms.hhs.gov. Also, refer to the 2024 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.

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.

Appendix A – Sample Response File Format for a Passing Submission

FILE NAME: H1234.CY2024.MTMP
CONTRACT NUMBER: H1234
RECORDS PROCESSED: ###
PROCESSED DATE: 2025-01-26

FILE PASSED

Appendix B – Sample Response File Format for a Failing Submission

FILE NAME: H1234.CY2024.MTMP

CONTRACT NUMBER: H1234

RECORDS PROCESSED: ###

PROCESSED DATE: 2025-01-26

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 13-38 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 00001000001000100000000000000000

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 13-38 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 Number	CHAR	12	1	12	MBI Number
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
Beneficiary identified as cognitively impaired at time of Comprehensive Medication Review (CMR) offer or delivery of CMR FLAG	CHAR	1	18	18	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	19	19	0 = valid 1 = invalid
Date of MTM program enrollment FLAG	CHAR	1	20	20	0 = valid 1 = invalid

Field Name	Field Type	Field Length	Start Position	End Position	Field Description
Targeting criteria met 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
Date MTM program opt-out, if applicable FLAG	CHAR	1	23	23	0 = valid 1 = invalid

Field Name	Field Type	Field Length	Start Position	End Position	Field Description
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	24	24	0 = valid 1 = invalid
Offered annual Comprehensive Medication Review (CMR) FLAG	CHAR	1	25	25	0 = valid 1 = invalid
If offered a CMR, date of (initial) offer FLAG	CHAR	1	26	26	0 = valid 1 = invalid
Received annual CMR with written summary in CMS standardized format FLAG	CHAR	1	27	27	0 = valid 1 = invalid
Date(s) of CMR(s) FLAG	CHAR	1	28	28	0 = valid 1 = invalid
Date written summary in CMS standardized format was provided or sent FLAG	CHAR	1	29	29	0 = valid 1 = invalid
Method of delivery for the annual CMR FLAG	CHAR	1	30	30	0 = valid 1 = invalid
Qualified Provider who performed the initial CMR FLAG	CHAR	1	31	31	0 = valid 1 = invalid

Field Name	Field Type	Field Length	Start Position	End Position	Field Description
Recipient of initial CMR FLAG	CHAR	1	32	32	0 = valid 1 = invalid
Number of targeted medication reviews FLAG	CHAR	1	33	33	0 = valid 1 = invalid
Date the first TMR was performed FLAG	CHAR	1	34	34	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	35	35	0 = valid 1 = invalid
Number of medication therapy problem resolutions resulting from recommendations made to beneficiary's prescriber(s) as a result of MTM recommendations FLAG	CHAR	1	36	36	0 = valid 1 = invalid
Number of communications sent to beneficiary regarding safe disposal of medications FLAG	CHAR	1	37	37	0 = valid 1 = invalid
Method of delivery for information regarding safe disposal of medications FLAG	CHAR	1	38	38	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.CY2024.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 Upper case for valid MBI format.

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

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 H).

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

F. 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.

G. 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.

H. Date of MTM program enrollment:

Must be not missing.

Must be in the CCYYMMDD format.

Must be within the reporting period (between 1/1/2024 and 12/31/2024).

I. Targeting criteria met:

Must not be missing.

Must be one of the following values: 01 (Multiple chronic diseases/multiple Part D drugs/cost threshold), 02 (Drug management program at-risk beneficiary), 03 (Both), or 04 (None).

If targeting criteria met (Data Element I) = '01', '02', or '03', then Date met the specified targeting criteria per CMS – Part D requirements (Data Element J) must be not missing.

If targeting criteria met (Data Element I) = '04', then Date met the specified targeting criteria per CMS – Part D requirements (Data Element J) must be missing.

If targeting criteria met (Data Element I) = '01', '02', or '03', then the number of communications sent to beneficiary regarding safe disposal of medications (Data Element Y) must not be missing.

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

If targeting criteria met (Data Element I) = '04', then Date met the specified targeting criteria per CMS – Part D requirements (Data Element J) must be missing.

If targeting criteria met (Data Element I) = '01', '02', or '03', then Date met the specified targeting criteria per CMS – Part D requirements (Data Element J) must be not missing.

Must be in CCYYMMDD format.

Must be a date after 18900101.

Must not be after file submission date.

Date met the specified targeting criteria per CMS – Part D requirements (Data Element J) must be within the reporting period (between 1/1/2024 and 12/31/2024).

Date met the specified targeting criteria per CMS – Part D requirements (Data Element J) must be a date equal to or after Date of MTM program enrollment (Data Element H)

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

Date of MTM program opt-out (Data Element K) 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 H).

Must be within the reporting period (between 01/01/2024-12/31/2024).

L. 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:

The Reason participant opted-out of MTM program (Data Element L) 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 K) is missing, then Reason participant opted-out of MTM program (Data Element L) must be missing.

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

If Date of MTM program opt-out, (Data Element K) = 12/31/2024 then Reason participant opted-out of MTM program (Data Element L) must not be the value = 02 (Disenrollment from plan).

M. Offered annual Comprehensive Medication Review (CMR):

Must be not missing.

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

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

If Offered annual Comprehensive Medication Review (CMR) (Data Element M) = N, then the date of (initial) offer (Data Element N) must be missing.

If Offered annual Comprehensive Medication Review (CMR) (Data Element M) = Y, then the date of (initial) offer (Data Element N) must be not missing.

Date of (initial) CMR offer (N) must be in the CCYYMMDD format.

Date of (initial) CMR offer (N) must be within the reporting period (between 1/1/2024 and 12/31/2024).

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

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

Must be non-missing.

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

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

If Received annual CMR with written summary in CMS standardized format (Data Element O) = N, then recipient of the CMR (Data Element T) must be missing or can be 01 (Beneficiary), 02 (Beneficiary's prescriber), 03 (Caregiver) or 04 (Other authorized individual).

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

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

Date(s) of CMR(s) (Data Element P) must be in the CCYYMMDD format.

Date(s) of CMR(s) (Data Element P) must be within the reporting period (between 1/1/2024 and 12/31/2024).

Date(s) of CMR(s) (Data Element P) must be a date equal to or after the date of initial offer (Data Element N).

Date(s) of CMR(s) (Data Element P) must not be before Date of MTM program enrollment (Element H) or after the Date MTM program opt-out, if applicable (Data Element K).

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

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

Date CMR written summary in CMS standardized format was provided or sent (Data Element Q) must be in the CCYYMMDD format.

Date CMR written summary in CMS standardized format was provided or sent (Data Element Q) must be a date equal to or after Date(s) of CMR(s) (Data Element P).

R. Method of delivery for the annual CMR:

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

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

S. Qualified Provider who performed the initial CMR:

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

Qualified Provider who performed the initial CMR (Data Element S) 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).

T. Recipient of CMR:

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

Recipient of initial CMR (Data Element T) must be one of the following values: 01 (Beneficiary), 02 (Beneficiary's prescriber), 03 (Caregiver) or 04 (Other authorized individual).

If Received annual CMR with written summary in CMS standardized format (Data Element O) = N, then recipient of the CMR (Data Element T) must be missing or can be 01 (Beneficiary), 02 (Beneficiary's prescriber), 03 (Caregiver) or 04 (Other authorized individual).

U. Number of targeted medication reviews:

Must be not missing.

Must be a number from 0-999.

V. Date the first TMR was performed:

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

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

Date the first TMR was performed (Data Element V) must be in the CCYYMMDD format.

Date the first TMR was performed (Data Element V) must be within the reporting period (between 1/1/2024 and 12/31/2024).

Date of first TMR (Data Element V) must be within the period covered by the MTM program enrollment date (H) and MTM program opt out date (K – if populated).

W. 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.

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

Must be non-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 X) must be less than or equal to Number of medication therapy problem recommendations made to beneficiary's prescriber(s) as a result of MTM services (Data Element W).

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

If targeting criteria met (Data Element I) = '01', '02', or '03', then the number of communications sent to beneficiary regarding safe disposal of medications (Data Element Y) must not be missing and must be a number from 0-99.

Z. Method of delivery for information regarding safe disposal of medications

The method of delivery for information regarding safe disposal of medications (Element Z) is missing if the number of communications sent to beneficiary regarding safe disposal of medications (Element Y) is missing or 0.

The method of delivery for information regarding safe disposal of medications (Element Z) is '01', '02', '03', or '04' if the number of communications sent to beneficiary regarding safe disposal of medications (Element Y) is greater than 0.