

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



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,
Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Submission of 2019 Beneficiary-Level Medication Therapy Management (MTM) Program Data – New HPMS Submission

DATE: November 25, 2019

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) 2019 per the Part D reporting requirements¹. Beginning with the submission of CY 2019 beneficiary-level MTM data, these data will be submitted to CMS through the Health Plan Management System (HPMS).

The reporting deadline for these data is **2/24/2020 11:59 p.m., PST**. This memo is intended to provide information regarding the new HPMS submission process.

Submission

For CY 2019, Part D sponsors will submit the beneficiary-level MTM data file in the HPMS Plan Reporting Module via upload instead of using the secure CMS Enterprise File Transfer (EFT) infrastructure. 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.CY2019.MTMP.DYYMMDD.THHMMSS

¹ Part D Reporting Requirements: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxContracting_ReportingOversight.html

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).

Timely Submission and Resubmissions

Your beneficiary-level MTM data file must be submitted and successfully pass HPMS validation by the **reporting deadline of 2/24/2020 11:59 p.m., PST** to be considered timely.

Please Note: You may submit your file more than once; however, only the latest validated submission will be considered for CMS review. It may take up to 36 hours for the validation process to complete. Please allow adequate time should you need to make corrections and resubmit and validate your file by the resubmission 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 2/24/2020 through 3/31/2020 11:59 p.m., PST. A file that is resubmitted after 2/24/2020 must be received and successfully pass validation by 3/31/2020 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 3/31/2020 11:59 p.m., PST will not be validated or accepted, and as a result, those contracts will not have data for Data Validation, or for CMS' use in performance measures such as the MTM CMR Star Rating measure.

Please consider the following sample scenarios regarding submissions:

Timely submissions:

- If you submit your file on or before the reporting deadline, 2/24/2020 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.

Overdue and Late submissions:

- If you upload your file on or before the reporting deadline of 2/24/2020 11:59 p.m., PST, 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 2/24/2020 11:59 p.m., PST, 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 2/24/2020 but your file

fails validation, and you resubmit a second file on or before 3/31/2020 11:59 p.m., PST which passes validation, this will count as a late submission but your file will be accepted into the system.

- If you upload your file after the reporting deadline of 2/24/2020 11:59 p.m., PST, and your file passes validation, your file will be identified 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 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 Again, please note 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 the following HPMS page:

HPMS > Quality and Performance/Plan Reporting > CY2019 > Plan Reporting Start Page > Uploads > MTMP>Select one or more contracts > Data Collection Element Reporting Page > View

- 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.

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, based on your response file, you determine that data 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 2019 beneficiary-level MTM file specifications and validation process, please contact the HPMS Help Desk at either 1-800-220-2028 or

² CMS and CMS’ contractor, Softrams, are accountable for adhering to Federal laws and regulations regarding security and confidentiality of personally identifiable information and PHI.

HPMS@cms.hhs.gov.

For general questions about the CY 2019 beneficiary-level MTM data, please contact the Part D reporting requirements mailbox at partd-planreporting@cms.hhs.gov. Also refer to the 2019 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.

Appendix A – Sample Response File Format for a Passing Submission

FILE NAME: H1234.CY2019.MTMP.DYYMMDD.THHMMSS
CONTRACT NUMBER: H1234
RECORDS PROCESSED: ###
PROCESSED DATE: 2020-01-26

FILE PASSED

Appendix B – Sample Response File Format for a Failing Submission

FILE NAME: H1234.CY2019.MTMP.DYYMMDD.THHMMSS

CONTRACT NUMBER: H1234

RECORDS PROCESSED: ###

PROCESSED DATE: 2020-01-26

***** 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 13-37 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 0001000000000000000000000000

123456789B 0000001000000000000000000000

123456789C1 000010000010001000000000000

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 HICN or RRB submitted that had a problem. The submitted HICN or RRB will be in positions 1-12. Flags in positions 13-37 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 Number FLAG	CHAR	1	13	13	0 = valid 1 = invalid
HICN (or MBI) or RRB 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
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
If offered a CMR, recipient of (initial) offer FLAG	CHAR	1	27	27	0 = valid 1 = invalid
Received annual CMR with written summary in CMS standardized format FLAG	CHAR	1	28	28	0 = valid 1 = invalid
Date(s) of CMR(s) FLAG	CHAR	1	29	29	0 = valid 1 = invalid
Date written summary in CMS' standardized format was provided or sent FLAG	CHAR	1	30	30	0 = valid 1 = invalid
Method of delivery for the annual CMR FLAG	CHAR	1	31	31	0 = valid 1 = invalid
Qualified Provider who performed the initial CMR FLAG	CHAR	1	32	32	0 = valid 1 = invalid
Recipient of CMR FLAG	CHAR	1	33	33	0 = valid 1 = invalid
Number of targeted medication reviews FLAG	CHAR	1	34	34	0 = valid 1 = invalid
Date the first TMR was performed FLAG	CHAR	1	35	35	0 = valid 1 = invalid
Number of drug therapy problem recommendations made to beneficiary's prescriber(s) as a result of MTM services FLAG	CHAR	1	36	36	0 = valid 1 = invalid
Number of drug therapy problem resolutions resulting from recommendations made to beneficiary's prescriber(s) as a result of MTM recommendation FLAG	CHAR	1	37	37	0 = valid 1 = invalid

Appendix D – 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 HHMMSS format.

Must have the following filename convention - H1234.CY2019.MTMP.DYYMMDD.THHMMSS

A. Contract Number:

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.

B. HICN (or MBI) or RRB Number:

Must be non-missing.

Must be in valid HICN or RRB or MBI format.

C. Beneficiary first name:

Must be non-missing.

Must have at least one alpha character.

D. Beneficiary last name:

Must be non-missing.

Must have at least one alpha character.

E. Beneficiary date of birth:

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.

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

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.

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

Must be non-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 non-missing.

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

I. Date of MTM program enrollment:

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.

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

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.

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

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.

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:

If present:

Must be one of the following values: 01, 02, 03 or 04.

In addition:

OPT_OUT_DT must be present.

M. Offered annual Comprehensive Medication Review (CMR):

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.

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

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.

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

If present:

Must be one of the following values: 01, 02, 03 or 04.

In addition:

CMR_OFFERED must be Y.

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

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.

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

If present:

Must be in CCYYMMDD format.

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.

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

If present:

Must be in CCYYMMDD format.

In addition:

CMR_RECEIVED must be Y.

S. Method of delivery for the annual CMR:

If present:

Must be one of the following values: 01, 02, 03 or 04.

In addition:

CMR_RECEIVED must be Y.

T. Qualified Provider who performed the initial CMR:

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.

U. Recipient of CMR:

If present:

Must be one of the following values: 01, 02, 03 or 04.

In addition:

CMR_RECEIVED must be Y.

V. Number of targeted medication reviews:

Must be non-missing.

Must be a number from 0-999.

W. Date the first TMR was performed:

If present:

Must be in CCYYMMDD format.

In addition:

TARG_MED_REV_NUM must be greater than 0.

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

Must be non-missing.

Must be a number from 0-99.

Y. Number of drug 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.