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

CMS/
CENTERS for MEDICARE & MEDICAID SERVICES

CENTER FOR DRUG and HEALTH PLAN CHOICE

DATE: October 8, 2008

TO: All Part D Prescription Drug Plans

FROM: Cynthia G. Tudor, Ph.D., Director
                 Medicare Drug Benefit and C & D Data Group

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

The Centers for Medicare & Medicaid Services (CMS) requires that certain Part D organizations submit beneficiary-level Medication Therapy Management (MTM) program data for Contract Year (CY) 2008. CMS will be prepared to begin receiving the MTM data submissions on January 1, 2009 with data due no later than February 28, 2009. This memo is intended to provide information regarding the submission process.

You will be submitting your CY 2008 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 or Connect:Direct account to upload your beneficiary-level MTM data files. If you utilize the services of a 3rd party vendor to submit information to Gentran or Connect:Direct, please notify them that you are required to submit beneficiary-level MTM data so that, if you desire, they can submit the file you create.

You must use the record layout provided at the end of this document for the submission of your CY 2008 beneficiary-level MTM data. Accompanying this memo is also a sample MTM file submission; please use this as a guide. Additionally you must use the following file naming conventions to submit your data:

For Gentran Mailbox Users: guid.racfid.MTM.freq.ccccccc.FUTURE.P
For Connect:Direct Users: P#EFT.IN.MTMP.Rccccccc.DYYMMDD.THHMMSST

Key:
guid – IACS assigned GUID
racfid – RACFID if available; else literal NONE
freq – Freq code of file
ccccccc – Mailbox/Contract Number

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

CMS, with contractor support from Fu Associates, will access your beneficiary-level MTM data through the same secure system, perform validations on your data, and provide you with a response file to indicate acceptance of the file or to indicate corrections that are needed.

- If you use Gentran to submit your data, then you should expect to see the following response file name: P.Rccccccc.MTMRSP.Dyymmdd.Thhmmsst.pn.

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

Fu Associates is performing this activity under contract to CMS and is accountable for adhering to Federal laws and regulations regarding security and confidentiality of personally identifiable information and PHI. If your response file indicates that corrections are needed, please resubmit or have your 3rd party vendor resubmit a complete replacement file for your contract number as soon as possible.

If you need access to Gentran or Connect:Direct, please contact the MMA Help Desk at 1-800-927-8069 or mmahelp@cms.hhs.gov.

For technical questions about the 2008 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 2008 beneficiary-level MTM data, please contact the Part D Plan Reporting mailbox at partd-planreporting@cms.hhs.gov.

ATTACHMENT 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. Submissions that do not strictly adhere to the record layout will be rejected.

Beneficiaries Eligible for MTM Record Layout					
Field Name	**Field Type**	**Field Length**	**Start Position**	**End Position**	**Field Description**
Contract Number	CHAR REQUIRED	5	1	5	The Contract Number (e.g. H1234, S1234) for your organization.
HICN or RRB Number	CHAR REQUIRED	12	6	17	For each beneficiary identified to be eligible for MTM in the reporting period, provide the unique number that the Social Security Administration assigns to every Medicare beneficiary which is the Health Insurance Claim number (HICN). For Railroad Retirement Board (RRB) beneficiaries, provide the RRB number in this field instead of the HICN.
Beneficiary first name	CHAR REQUIRED	30	18	47	The first name of each beneficiary identified to be eligible for MTM in the reporting period.
Beneficiary middle initial	CHAR OPTIONAL	1	48	48	The middle initial of each beneficiary identified to be eligible for MTM in the reporting period.
Beneficiary last name	CHAR REQUIRED	30	49	78	The last name of each beneficiary identified to be eligible for MTM in the reporting period.
Beneficiary date of birth	DATE REQUIRED	8	79	86	The date of birth of each beneficiary identified to be eligible for MTM in the reporting period. (CCYYMMDD, e.g. 19400101).
LTC Enrollment	CHAR REQUIRED	1	87	87	For each beneficiary enrolled in MTM, indicate if the beneficiary was a long-term care (LTC) resident for the entire time they were enrolled in MTM. This should be Y (yes), N (no), or U (unknown).
Date of MTM enrollment	DATE OPTIONAL	8	88	95	For each beneficiary identified to be eligible for the MTM in the reporting period, who enrolled in MTM, the date MTM enrollment began. (CCYYMMDD, e.g. 20060101).

					Beneficiaries Eligible for MTM Record Layout
Field Name	**Field Type**	**Field Length**	**Start Position**	**End Position**	**Field Description**
Date MTM participation was declined	DATE OPTIONAL	8	96	103	This should be a date field (CCYYMMDD, e.g. 20060101).
Date participant discontinued MTM	DATE OPTIONAL	8	104	111	For each beneficiary who enrolled in MTM and then discontinued participation, the date their participation ended. This should be a date field (CCYYMMDD, e.g. 20060101).
Reason participant discontinued MTM	CHAR Conditionally REQUIRED	02	112	114	For each beneficiary with a MTM disposition status of discontinued participation, the reason for discontinuation must be provided. Reasons for discontinuation must be one of the following: 01 - Death; 02 - Disenrollment from Plan; 03 - Request by beneficiary; or 04 - Other. Note: If Date Participant Discontinued MTM provided, then Reason participant discontinued MTM is required.