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CODEBOOK:

Medicare Part D Medication Therapy Management Enrollment File

APRIL 2021 | VERSION 1.2

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Revision Log

Date	Changed by	Revisions	Version
April 2021	S. Pietzsch	Added new 2019 variables: LTC_CMR, CMR_RECIPIENT_INI, WRIT_SUMM_DT, and TMR_PERF_DT. Noted discontinuance of variables: CMR_RECEIVED_DT2 and CMR_RECEIVED_NUM.	1.2
August 2018	K. Schneider C. Alleman	Recoded “other” values consistently over time.	1.1
May 2017	K. Schneider C. Alleman	Initial release of codebook	1.0

Tips on Navigating the Codebook

This document is a detailed codebook that describes each variable in the Medicare Part D Medication Therapy Management Enrollment research files. Because the files have many variables, we have included several ways for users to quickly find the information they need:

- A complete listing of all variables in the files, in alphabetical order based on their SAS variable names.
- Individual entries for each variable that contain a short description of the variable, the possible values for the variable, and, in many cases, notes that discuss how the variable was constructed and should be used.

We have included hyperlinks throughout the codebook to make it easier for analysts to navigate between the table of contents and the detailed entries for the individual variables:

- Clicking on any variable name in the Table of Contents will take you to the detailed description for that variable.
- From the detailed description for any individual variable, clicking on the [^Back to TOC^](#) link after each variable description will take you back to the Table of Contents.

Table of Contents

This section of the codebook contains a list of all variables in alphabetical order based on the SAS variable name.

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Variable Details

This section of the codebook contains one entry for each variable in Medicare Part D Medication Therapy Management Enrollment file. Each entry contains variable details to facilitate understanding and use of the variables.

BENE_ID

LABEL: Encrypted CCW Beneficiary ID

DESCRIPTION: The unique CCW identifier for a beneficiary. The CCW assigns a unique beneficiary identification number to each individual who receives Medicare and/or Medicaid and uses that number to identify an individual's records in all CCW data files (e.g., Medicare claims, MAX claims, MDS assessment data).

This number does not change during a beneficiary's lifetime and each number is used only once.

The BENE_ID is specific to the CCW and is not applicable to any other identification system or data source.

TYPE: CHAR

LENGTH: 15

SOURCE: CCW

VALUES: —

COMMENT: —

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CMR_DELIVERY_METHOD

LABEL:	Comprehensive Medication Review (CMR) delivery method
DESCRIPTION:	This variable indicates the delivery method for the comprehensive medication review (CMR).
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS (HPMS files)
VALUES:	01 = Face-to-face 02 = Telephone 03 = Telehealth consultation (e.g., video conferencing) 99 = Other Null/missing = beneficiary did not receive a CMR
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS). If more than one CMR is received, this applies to the initial CMR.

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CMR_OFFERED

LABEL:	Comprehensive Medication Review (CMR) offered
DESCRIPTION:	This variable indicates whether the beneficiary was offered an annual comprehensive medication review (CMR).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CMR_OFFERED_DT

LABEL:	Date Comprehensive Medication Review (CMR) offered
DESCRIPTION:	This variable is the date of the initial comprehensive medication review (CMR) within the reporting period.
TYPE:	DATE
LENGTH:	9
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CMR_PROVIDER

LABEL:	Comprehensive Medication Review (CMR) provider type
DESCRIPTION:	This variable indicates the type of qualified provider who performed the initial comprehensive medication review (CMR)
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS (HPMS files)
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 (new in 2016) 99 = Other Null/missing = beneficiary did not receive a CMR
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS). If more than one CMR is received, this applies to the initial CMR.

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CMR_RECEIVED

LABEL:	Comprehensive Medication Review (CMR) received
DESCRIPTION:	This variable indicates whether the beneficiary received the annual comprehensive medication review (CMR) with written summary in the CMS standardized format
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CMR_RECEIVED_DT1

LABEL:	Date First Comprehensive Medication Review (CMR) received
DESCRIPTION:	This variable indicates the date of the initial Comprehensive Medication Review (CMR) with written summary in CMS standardized format was received
TYPE:	DATE
LENGTH:	9
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

This field is only populated if the variable CMR_RECEIVED is "Y" (YES). For 2013–2015, there are fields for five CMR dates, see variables (CMR_RECEIVED_DT1–CMR_RECEIVED_DT5). Note that for 2016–2018 there are only two CMR_RECEIVED_DT fields — one for the initial CMR (this field) and one for the last CMR provided (in the CMR_RECEIVED_DT2 field). Beginning in 2019, only the initial CMR date (CMR_RECEIVED_DT1) exists in the file.

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CMR_RECEIVED_DT2

LABEL:	Date Second Comprehensive Medication Review (CMR) received
DESCRIPTION:	This variable indicates the date the second Comprehensive Medication Review (CMR) with written summary in CMS standardized format was received. Note that for 2016–2018 this is the date of the last CMR review during the year, if more than one CMR was provided.
TYPE:	DATE
LENGTH:	9
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS’s Health Plan Management System (HPMS).

This field is only populated if the variable CMR_RECEIVED_NUM is greater than 1. For 2013–2015, there are fields for five CMR dates, see variables (CMR_RECEIVED_DT1–CMR_RECEIVED_DT5). Note that for 2016–2018 there are only two CMR_RECEIVED_DT fields — one for the initial CMR (the field called CMR_RECEIVED_DT1) and one for the final date (this field). Beginning in 2019, only the initial CMR date (CMR_RECEIVED_DT1) exists in the file.

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CMR_RECEIVED_DT3

LABEL:	Date Third Comprehensive Medication Review (CMR) received
DESCRIPTION:	This variable indicates the date the third Comprehensive Medication Review (CMR) with written summary in CMS standardized format was received
TYPE:	DATE
LENGTH:	9
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS’s Health Plan Management System (HPMS).

For 2013–2015, this field is only populated if the variable CMR_RECEIVED_NUM is greater than 4. There are fields for five CMR dates, see variables (CMR_RECEIVED_DT1–CMR_RECEIVED_DT5). Note that for 2016–2018 there are only two CMR_RECEIVED_DT fields; this field is not available. Beginning in 2019, only the initial CMR date (CMR_RECEIVED_DT1) exists in the file.

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CMR_RECEIVED_DT4

LABEL:	Date Fourth Comprehensive Medication Review (CMR) received
DESCRIPTION:	This variable indicates the date the fourth Comprehensive Medication Review (CMR) with written summary in CMS standardized format was received
TYPE:	DATE
LENGTH:	9
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

For 2013–2015, this field is only populated if the variable CMR_RECEIVED_NUM is greater than 4. There are fields for five CMR dates, see variables (CMR_RECEIVED_DT1–CMR_RECEIVED_DT5). Note that for 2016–2018 there are only two CMR_RECEIVED_DT fields; this field is not available. Beginning in 2019, only the initial CMR date (CMR_RECEIVED_DT1) exists in the file.

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CMR_RECEIVED_DT5

LABEL:	Date Fifth Comprehensive Medication Review (CMR) received
DESCRIPTION:	This variable indicates the date the fifth Comprehensive Medication Review (CMR) with written summary in CMS standardized format was received
TYPE:	DATE
LENGTH:	9
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

For 2013–2015, this field is only populated if the variable CMR_RECEIVED_NUM is greater than 4. There are fields for five CMR dates, see variables (CMR_RECEIVED_DT1–CMR_RECEIVED_DT5). Note that for 2016–2018 there are only two CMR_RECEIVED_DT fields; this field is not available. Beginning in 2019, only the initial CMR date (CMR_RECEIVED_DT1) exists in the file.

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CMR_RECEIVED_NUM

LABEL: Number of Comprehensive Medication Reviews (CMRs) received

DESCRIPTION: This variable indicates the number of Comprehensive Medication Reviews (CMRs) with written summary in CMS standardized format the beneficiary received

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS files)

VALUES: 0–XX

COMMENT: This variable is populated in the 2013–2018 data files.

CMS created the MTM file from information submitted by Part D plan sponsors to CMS’s Health Plan Management System (HPMS).

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CMR_RECIPIENT

LABEL:	Comprehensive Medication Review (CMR) recipient
DESCRIPTION:	This variable indicates the recipient of the comprehensive medication review (CMR) interaction and not the recipient of the CMR documentation
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS (HPMS files)
VALUES:	01 = Beneficiary 02 = Beneficiary's prescriber 03 = Caregiver 99 = Other authorized individual Null/missing = beneficiary did not receive a CMR
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CMR_RECIPIENT_INI

LABEL:	Indicates the recipient of the initial comprehensive medication review (CMR) offer
DESCRIPTION:	Indicates the recipient of the initial comprehensive medication review (CMR) offer
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS (HPMS files)
VALUES:	01 = Beneficiary 02 = Beneficiary's prescriber 03 = Caregiver 99 = Other authorized individual Null/missing = beneficiary did not receive a CMR
COMMENT:	If the beneficiary received a CMR offer, then the recipient of the CMR offer is required. If the beneficiary received more than 1 CMR offer, report the recipient of the initial CMR offer. This field is available beginning in 2019.

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COG_IMPAIRED

LABEL:	Beneficiary Identified as Cognitively Impaired
DESCRIPTION:	This variable indicates if the beneficiary was identified as being cognitively impaired at the time of the CMR offer or delivery
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No U = Unknown
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID

LABEL: Part D Contract Number

DESCRIPTION: This variable is the Medicare Part D contract number for the beneficiary's Medicare Part D plan.
CMS assigns an identifier to each contract that a Part D plan has with CMS.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: XXXXX

COMMENT: —

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DRUG_THER_CHG_NUM

LABEL:	Number of drug therapy problem resolutions with prescribers
DESCRIPTION:	This variable indicates the number of drug therapy problem resolutions with prescribers resulting from recommendations made to beneficiary's prescriber(s) as a result of Medication Therapy Management (MTM) services
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS files)
VALUES:	0–xx
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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ENROLLMENT_DT

LABEL: Date of MTM program enrollment

DESCRIPTION: This variable is the date of the Medication Therapy Management (MTM) program enrollment

TYPE: DATE

LENGTH: 9

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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LTC_CMV

LABEL:	Indicates whether the beneficiary was identified as residing in a long-term care facility when the CMV was offered or delivered
DESCRIPTION:	Indicates whether the beneficiary was identified as residing in a long-term care facility when the CMV was offered or delivered
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No U = Unknown
COMMENT:	This field is available beginning in 2019.

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LTC_ENROLLMENT

LABEL: Long-term care (LTC) facility resident

DESCRIPTION: This variable indicates if the beneficiary was a long-term care (LTC) facility resident

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: Y = Yes
N = No
U = Unknown

COMMENT: This field is available only in 2013.

CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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OPT_OUT_DT

LABEL: Date of MTM program opt-out

DESCRIPTION: This variable is the date the beneficiary opted out of the Medication Therapy Management (MTM) program, if applicable.

TYPE: DATE

LENGTH: 9

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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OPT_OUT_REASON

LABEL:	Reason participant opted-out of MTM program
DESCRIPTION:	This variable indicates the reason the participant opted-out of the Medication Therapy Management (MTM) program, if applicable
TYPE:	CHAR
LENGTH:	2
SOURCE:	CMS (HPMS files)
VALUES:	01 = Death 02 = Disenrollment from plan 03 = Request from beneficiary 99 = Other Null/missing = beneficiary did not opt-out
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS). This field is required if there is an opt-out date (field called OPT_OUT_DT).

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PRESCRIBER_INTERV_NUM

LABEL:	Number of drug therapy problem recommendations to prescribers
DESCRIPTION:	This variable indicates the number of drug therapy problem recommendations made to beneficiary's prescriber(s) as a result of Medication Therapy Management (MTM) services
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS files)
VALUES:	0–xx
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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RFRNC_YR

LABEL:	Year of Part D Medication Therapy Management (MTM) file
DESCRIPTION:	Year of Part D Medication Therapy Management (MTM) file. The data files are partitioned into calendar year files.
TYPE:	NUM
LENGTH:	4
SOURCE:	CMS (HPMS files)
VALUES:	2013+
COMMENT:	—

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TARG_CRITERIA_MET

LABEL: Beneficiary Met Targeting criteria

DESCRIPTION: This variable indicates if the beneficiary met the specified targeting criteria for Medication Therapy Management (MTM) per CMS's Part D requirements.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: Y = Yes
N = No

COMMENT: CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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TARG_CRITERIA_MET_DT

LABEL:	Date Part D Targeting Criteria Met
DESCRIPTION:	This variable is the date of the beneficiary met the specified targeting criteria for Medication Therapy Management (MTM) per CMS's Part D requirements
TYPE:	DATE
LENGTH:	9
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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TARG_MED_REV_NUM

LABEL:	Number of targeted medication reviews conducted
DESCRIPTION:	This variable indicates the number of targeted medication reviews conducted
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS files)
VALUES:	0–XXX
COMMENT:	CMS created the MTM file from information submitted by Part D plan sponsors to CMS’s Health Plan Management System (HPMS).

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TMR_PERF_DT

LABEL: Date the first targeted medication review (TMR) was performed

DESCRIPTION: This variable indicates the date the first targeted medication review (TMR) was performed

TYPE: DATE

LENGTH: 8

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable is new in 2019.

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WRIT_SUMM_DT

LABEL:	Date the written summary of the required CMR (CMS standardized format) was provided or sent
DESCRIPTION:	This variable indicates the date the written summary of the required CMR (CMS standardized format) was provided or sent
TYPE:	DATE
LENGTH:	8
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable is new in 2019.</p> <p>The date must be provided if the beneficiary received a CMR per CMS — Part D requirements with written summary in CMS' standardized format.</p>