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### Revision Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Changed by</th>
<th>Revisions</th>
<th>Version</th>
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<tr>
<td>April 2021</td>
<td>S. Pietzsch</td>
<td>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.</td>
<td>1.2</td>
</tr>
<tr>
<td>August 2018</td>
<td>K. Schneider, C. Alleman</td>
<td>Recoded “other” values consistently over time.</td>
<td>1.1</td>
</tr>
<tr>
<td>May 2017</td>
<td>K. Schneider, C. Alleman</td>
<td>Initial release of codebook</td>
<td>1.0</td>
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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:** —
**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).
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).
**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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<thead>
<tr>
<th><strong>CMR_RECEIVED</strong></th>
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<tr>
<td><strong>LABEL:</strong></td>
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<tr>
<td><strong>DESCRIPTION:</strong></td>
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<tr>
<td><strong>VALUES:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>COMMENT:</strong></td>
</tr>
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</table>
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.
**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.
**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.
**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).
**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).
**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:** —
**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).
**LTC_CMR**

**LABEL:** Indicates whether the beneficiary was identified as residing in a long-term care facility when the CMR was offered or delivered

**DESCRIPTION:** Indicates whether the beneficiary was identified as residing in a long-term care facility when the CMR 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.
**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).
**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).
**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).
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: —
**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).

[^ Back to TOC ^]
**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).
**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.
**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:** This variable is new in 2019.

The date must be provided if the beneficiary received a CMR per CMS — Part D requirements with written summary in CMS’ standardized format.