

# Chronic Conditions Warehouse

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## Chronic Conditions Warehouse Virtual Research Data Center

**CODEBOOK:**

# Medicare Part D Medication Therapy Management Enrollment File

MAY 2024 | VERSION 1.3

## Revision Log

Date	Changed by	Revisions	Version
May 2024	K. Schneider	Added new 2022 variables: DSPSL_MDCTNS_MTHD, NUM_COMMS_SAFE_DSPSL_MDCTNS, and TARG_CRITERIA_MET_REASON. Noted discontinuation of variables: CMR_RECIPIENT_INI and TARG_CRITERIA_MET	1.3
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.

**Quick links:**     [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

<b>Variable Details.....</b>	<b>1</b>
BENE_ID .....	1
CMR_DELIVERY_METHOD.....	2
CMR_OFFERED .....	3
CMR_OFFERED_DT .....	4
CMR_PROVIDER.....	5
CMR_RECEIVED .....	6
CMR_RECEIVED_DT1 .....	7
CMR_RECEIVED_DT2 .....	8
CMR_RECEIVED_DT3 .....	9
CMR_RECEIVED_DT4 .....	10
CMR_RECEIVED_DT5 .....	11
CMR_RECEIVED_NUM .....	12
CMR_RECIPIENT.....	13
CMR_RECIPIENT_INI .....	14
COG_IMPAIRED .....	15
CONTRACT_ID.....	16
DSPSL_MDCTNS_MTHD .....	17
DRUG_THER_CHG_NUM.....	18
ENROLLMENT_DT .....	19
LTC_CMR .....	20
LTC_ENROLLMENT.....	21
NUM_COMMS_SAFE_DSPSL_MDCTNS .....	22
OPT_OUT_DT.....	23
OPT_OUT_REASON .....	24
PRESCRIBER_INTERV_NUM.....	25
RFRNC_YR.....	26
TARG_CRITERIA_MET .....	27
TARG_CRITERIA_MET_REASON.....	28
TARG_CRITERIA_MET_DT .....	29
TARG_MED_REV_NUM.....	30
TMR_PERF_DT.....	31
WRIT_SUMM_DT.....	32

## 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:** —

[^ Back to TOC ^](#)

## CMR\_DELIVERY\_METHOD

<b>LABEL:</b>	Comprehensive Medication Review (CMR) delivery method
<b>DESCRIPTION:</b>	This variable indicates the delivery method for the comprehensive medication review (CMR).
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	2
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	01 = Face-to-face 02 = Telephone 03 = Telehealth consultation (e.g., video conferencing) 99 = Other Null/missing = beneficiary did not receive a CMR
<b>COMMENT:</b>	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.

[^ Back to TOC ^](#)

## CMR\_OFFERED

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

[^ Back to TOC ^](#)

## CMR\_OFFERED\_DT

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

[^ Back to TOC ^](#)



## CMR\_PROVIDER

<b>LABEL:</b>	Comprehensive Medication Review (CMR) provider type
<b>DESCRIPTION:</b>	This variable indicates the type of qualified provider who performed the initial comprehensive medication review (CMR)
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	2
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	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
<b>COMMENT:</b>	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.

[^ Back to TOC ^](#)

## CMR\_RECEIVED

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

[^ Back to TOC ^](#)

## CMR\_RECEIVED\_DT1

<b>LABEL:</b>	Date First Comprehensive Medication Review (CMR) received
<b>DESCRIPTION:</b>	This variable indicates the date of the initial Comprehensive Medication Review (CMR) with written summary in CMS standardized format was received
<b>TYPE:</b>	DATE
<b>LENGTH:</b>	9
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	—
<b>COMMENT:</b>	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.

[^ Back to TOC ^](#)

## CMR\_RECEIVED\_DT2

<b>LABEL:</b>	Date Second Comprehensive Medication Review (CMR) received
<b>DESCRIPTION:</b>	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.
<b>TYPE:</b>	DATE
<b>LENGTH:</b>	9
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	—
<b>COMMENT:</b>	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.

[^ Back to TOC ^](#)

### CMR\_RECEIVED\_DT3

<b>LABEL:</b>	Date Third Comprehensive Medication Review (CMR) received
<b>DESCRIPTION:</b>	This variable indicates the date the third Comprehensive Medication Review (CMR) with written summary in CMS standardized format was received
<b>TYPE:</b>	DATE
<b>LENGTH:</b>	9
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	—
<b>COMMENT:</b>	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.

[^ Back to TOC ^](#)

## CMR\_RECEIVED\_DT4

<b>LABEL:</b>	Date Fourth Comprehensive Medication Review (CMR) received
<b>DESCRIPTION:</b>	This variable indicates the date the fourth Comprehensive Medication Review (CMR) with written summary in CMS standardized format was received
<b>TYPE:</b>	DATE
<b>LENGTH:</b>	9
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	—
<b>COMMENT:</b>	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.

[^ Back to TOC ^](#)

## CMR\_RECEIVED\_DT5

<b>LABEL:</b>	Date Fifth Comprehensive Medication Review (CMR) received
<b>DESCRIPTION:</b>	This variable indicates the date the fifth Comprehensive Medication Review (CMR) with written summary in CMS standardized format was received
<b>TYPE:</b>	DATE
<b>LENGTH:</b>	9
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	—
<b>COMMENT:</b>	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.

[^ Back to TOC ^](#)

## 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).

[^ Back to TOC ^](#)



## CMR\_RECIPIENT

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

[^ Back to TOC ^](#)

## CMR\_RECIPIENT\_INI

<b>LABEL:</b>	Indicates the recipient of the initial comprehensive medication review (CMR) offer
<b>DESCRIPTION:</b>	Indicates the recipient of the initial comprehensive medication review (CMR) offer
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	2
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	01 = Beneficiary 02 = Beneficiary's prescriber 03 = Caregiver 99 = Other authorized individual Null/missing = beneficiary did not receive a CMR
<b>COMMENT:</b>	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 in the 2019–2021 data files.

[^ Back to TOC ^](#)

## COG\_IMPAIRED

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

[^ Back to TOC ^](#)

## 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:** —

[^ Back to TOC ^](#)

## DSPSL\_MDCTNS\_MTHD

<b>LABEL:</b>	Method of delivery for information regarding safe disposal of medications
<b>DESCRIPTION:</b>	This variable indicates the method of delivery for information regarding safe disposal of medications, if applicable
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	2
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	01 = Face-to-face 02 = Telephone 03 = Telehealth consultation (e.g., video conferencing) 99 = Other Null/missing = No communications sent to beneficiary regarding safe disposal of medications
<b>COMMENT:</b>	This field is available in the 2022+ data files.

[^ Back to TOC ^](#)

## DRUG\_THER\_CHG\_NUM

<b>LABEL:</b>	Number of drug therapy problem resolutions with prescribers
<b>DESCRIPTION:</b>	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
<b>TYPE:</b>	NUM
<b>LENGTH:</b>	8
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	0–xx
<b>COMMENT:</b>	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

[^ Back to TOC ^](#)

## 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).

[^ Back to TOC ^](#)

## LTC\_CMV

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

[^ Back to TOC ^](#)



## 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).

[^ Back to TOC ^](#)

## NUM\_COMMS\_SAFE\_DSPSL\_MDCTNS

<b>LABEL:</b>	Number of communications sent to beneficiary regarding safe disposal of medications
<b>DESCRIPTION:</b>	This variable is the number of communications sent to beneficiary regarding safe disposal of medications.
<b>TYPE:</b>	NUM
<b>LENGTH:</b>	8
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	0-xx or Null/missing
<b>COMMENT:</b>	This field is available in the 2022+ data files.

[^ Back to TOC ^](#)

## 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).

[^ Back to TOC ^](#)

## OPT\_OUT\_REASON

<b>LABEL:</b>	Reason participant opted-out of MTM program
<b>DESCRIPTION:</b>	This variable indicates the reason the participant opted-out of the Medication Therapy Management (MTM) program, if applicable
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	2
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	01 = Death 02 = Disenrollment from plan 03 = Request from beneficiary 99 = Other Null/missing = beneficiary did not opt-out
<b>COMMENT:</b>	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).

[^ Back to TOC ^](#)

## **PRESCRIBER\_INTERV\_NUM**

<b>LABEL:</b>	Number of drug therapy problem recommendations to prescribers
<b>DESCRIPTION:</b>	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
<b>TYPE:</b>	NUM
<b>LENGTH:</b>	8
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	0–xx
<b>COMMENT:</b>	CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

[^ Back to TOC ^](#)

## RFRNC\_YR

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

[^ Back to TOC ^](#)

## TARG\_CRITERIA\_MET

<b>LABEL:</b>	Beneficiary Met Targeting criteria
<b>DESCRIPTION:</b>	This variable indicates if the beneficiary met the specified targeting criteria for Medication Therapy Management (MTM) per CMS's Part D requirements.
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	1
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	Y = Yes N = No
<b>COMMENT:</b>	<p>CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>This field is available in the 2013–2021 data files. Starting with 2022, the TARG_CRITERIA_MET_REASON field contains expanded information, documenting the reason why beneficiary met the targeting criteria</p>

[^ Back to TOC ^](#)

## TARG\_CRITERIA\_MET\_REASON

<b>LABEL:</b>	Reason why beneficiary met the targeting criteria
<b>DESCRIPTION:</b>	This variable indicates the reason why the beneficiary met the targeting criteria for Medication Therapy Management (MTM) per CMS's Part D requirements.
<b>TYPE:</b>	CHAR
<b>LENGTH:</b>	2
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	01 = Multiple chronic diseases/multiple Part D drugs/cost threshold 02 = Drug management program at-risk beneficiary 03 = Both 04 = None
<b>COMMENT:</b>	<p>CMS created the MTM file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>This field is available in the 2022+ data files. Prior to 2022, the TARG_CRITERIA_MET field contains a dichotomous variable indicating whether the beneficiary met the targeting criteria.</p>

[^ Back to TOC ^](#)



## TARG\_CRITERIA\_MET\_DT

<b>LABEL:</b>	Date Part D Targeting Criteria Met
<b>DESCRIPTION:</b>	This variable is the date of the beneficiary met the specified targeting criteria for Medication Therapy Management (MTM) per CMS's Part D requirements
<b>TYPE:</b>	DATE
<b>LENGTH:</b>	9
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	—
<b>COMMENT:</b>	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

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

[^ Back to TOC ^](#)

## **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.

[^ Back to TOC ^](#)

## WRIT\_SUMM\_DT

<b>LABEL:</b>	Date the written summary of the required CMR (CMS standardized format) was provided or sent
<b>DESCRIPTION:</b>	This variable indicates the date the written summary of the required CMR (CMS standardized format) was provided or sent
<b>TYPE:</b>	DATE
<b>LENGTH:</b>	8
<b>SOURCE:</b>	CMS (HPMS files)
<b>VALUES:</b>	—
<b>COMMENT:</b>	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.