

Identification of Pharmacy Provider Clinical Documentation for Medicare Part D Medication Therapy Management (MTM) Programs Beneficiary-Level Data Reporting

Version 10

July 2023



The purpose of this document is to bring awareness about the sources of data required by the Centers for Medicare & Medicaid Services (CMS) Standardized Format for Medicare Part D Medication Therapy Management (MTM) Program, known by the industry as the beneficiary-level report (BLR).

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Published by:
National Council for Prescription Drug Programs, Inc.

Publication History:
Version 10 July 2023

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1. Purpose

The purpose of this document is to bring awareness about the sources of data required by the Centers for Medicare & Medicaid Services (CMS) Standardized Format for Medicare Part D Medication Therapy Management (MTM) Program, known by the industry as the beneficiary-level report (BLR)¹. The MTM service provider gives only a subset of the data to the Medicare Part D plan sponsor for the submission of beneficiary-level data to CMS. It is the responsibility of the Medicare Part D plan sponsor to complete the remaining data for submission to CMS to meet the BLR requirements.

¹ <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM>

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2. Background and Identification of the Problem

Under 42 CFR §423.153(d), a Medicare Part D plan sponsor must have an established MTM program that ensures covered Medicare Part D drugs are appropriately used to optimize therapeutic outcomes through improved medication use, designed to reduce the risk of adverse events including drug interactions and may be furnished by pharmacists or other qualified providers. The Medicare Part D plan sponsor must offer a minimum level of medication therapy management services for each beneficiary enrolled in the MTM program that includes: (1) interventions for both beneficiaries and prescribers, (2) quarterly targeted medication reviews with follow-up interventions, (3) an annual comprehensive medication review with written summaries and (4) when necessary, standardized action plans and summaries that comply with requirements as specified by CMS for the standardized format. These written summaries include a beneficiary's comprehensive medication review which must include an interactive in-person or telehealth consultation performed by a pharmacist or other qualified provider and may result in a recommended medication action plan.

CMS requires Medicare Part D plan sponsors with an approved MTM program submit beneficiary-level MTM data according to the Medicare Part D reporting requirements through the Health Plan Management System (HPMS).² In order to capture this data for submission, NCPDP recommends using a standard export for the beneficiary-level data. This standardization will assist clinicians providing MTM services to maximize their workflow productivity by leveraging their system vendor to extract the data needed for the Medicare Part D MTM BLR.

CMS can make updates to the beneficiary-level data reporting requirements which typically occurs annually. Updates to the reporting requirements can be found on the CMS website, including proposed rules that identify future proposed MTM program requirements. MTM reporting requirements are updated to meet the needs of the program changes after a proposed rule, annual notice and/or MTM submission guidelines.

Some clinical documentation systems used by MTM providers are proprietary and may not capture the CMS-required data necessary for delivery to Medicare Part D plan sponsors. This lack of uniformity causes inconsistent documentation in the workflow by the MTM providers, as well as inconsistencies in the delivery of information to the plan that feeds into the BLR.

This white paper highlights the importance of standardizing the MTM encounters data exports that map to the BLR. Standardization will also increase workflow efficiencies, capture consistent data for BLR inputs, and encourage more participation in MTM programs.

² Part D Reporting Requirements: <https://www.cms.gov/files/document/cy2022part-d-reporting-requirements012022.pdf-0>

3. Recommended Action

To reduce the interfaces needed for data collection and to standardize the sourcing of data pertinent to providers of MTM services, vendors (e.g., MTM platform service provider, payers) are encouraged to become familiar with and capture the data points outlined in Appendix A to ensure proper submission of the MTM data.

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Appendix A – Medicare Part D Reporting Requirements - Medication Therapy Management Programs (Effective January 1, 2023)

The following information will be collected for each beneficiary identified as being eligible for the Part D MTM program, whether based on CMS' specifications or other plan-specific targeting criteria within the reporting period. Regardless of this designation, the corresponding MTM services delivered to each beneficiary (such as targeted medication review (TMR) or comprehensive medication review (CMR)) must meet CMS definitions. The reported beneficiaries must receive MTM services that meet or exceed CMS' MTM program requirements.

The data displayed in the MTM layout below is updated for the CMS contract year 2023^{3,4}. For future updates, reference the following link: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxContracting_ReportingOversight

Column description (Table columns are based on the 2018 CMS MTM Record table layout⁵. NCPDP added the columns “Source of Data” and “CMS Allowable Values” to bring awareness to those providing MTM services):

- CMS Element Letter: Associated letter assigned by CMS designating the field name.
- CMS Data Element: CMS defined name for the field.
- CMS Data Type: CMS defined data type for the field (e.g., Character, Date, Numeric).
- CMS Required: CMS designation if the field is required (e.g., Yes/No).
- CMS Description: CMS defined description of the field name.
- Source of Data: Refers to the entity providing the information to be contained in the MTM Record Layout document. The following types of entities are contained within the document:
 - Plan – Compiler of the data. (e.g., Part D Sponsor)
 - MTM Provider – MTM Provider refers to a qualified provider who performed any initial and subsequent review (CMR(s) and/or TMR(s)) who could be a:
 - physician, physician’s assistant
 - registered nurse, licensed practical nurse, nurse practitioner
 - local pharmacist, long-term care (LTC) consultant pharmacist, plan sponsor pharmacist, plan benefit manager (PBM) pharmacist, MTM vendor local pharmacist, MTM vendor inhouse pharmacist, hospital pharmacist, pharmacist in other settings, supervised pharmacy intern
 - other qualified provider

³ <https://www.cms.gov/files/document/cy2023-part-d-technical-specifications12132022.pdf>

⁴ <https://www.cms.gov/files/document/cy2023part-d-reporting-requirements11032022.pdf>

⁵ <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/2018-MTM-Submission-Instructions-Memo-12312018.pdf>

- MTM Provider or Plan – Plan may obtain from other MTM providers as contracted by plan.
- CMS Allowable Values: CMS defined values for the associated categories.

A.1 2023 Revised version of 2018 CMS MTM Record Layout

CMS Element Letter	CMS Data Element	CMS Data Type	CMS Required	CMS Description	Source of Data	CMS Allowable Values
A	Contract Number	CHAR	Yes	The Contract Number (e.g., H1234, S1234) for your organization.	Plan	
B	MBI number	CHAR	Yes	Provide the unique number Medicare Beneficiary Identifier (MBI) Distinct beneficiaries should only be reported once per contract year per contract file. Do not report beneficiary if deceased or retroactively disenrolled prior to their MTM eligibility date. Do not report Enhanced MTM Model data. NOTE: For the plan not the MTM provider and system vendor.	Plan	
C	Beneficiary first name	CHAR	Yes	Provide the first name of the beneficiary.	Plan	
D	Beneficiary last name	CHAR	Yes	Provide the last name of the beneficiary.	Plan	
E	Beneficiary date of birth	DATE	Yes	Provide the date of birth for the beneficiary.	Plan	CCYYMMDD, e.g., 19400130
F	Beneficiary identified as cognitively impaired at time of Comprehensive Medication Review (CMR)	CHAR	Yes	Indicate if the beneficiary was identified as being cognitively impaired at time of the CMR offer or delivery of the CMR.	MTM Provider	Y (yes), N (no) or U (unknown)

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CMS Element Letter	CMS Data Element	CMS Data Type	CMS Required	CMS Description	Source of Data	CMS Allowable Values
	offer or delivery of CMR					
G	Beneficiary in a long term care facility at the time of the first CMR offer or delivery of CMR	CHAR	Yes	Indicate if the beneficiary was identified as residing in a long term care facility at time of the CMR offer or delivery of the CMR.	MTM Provider	Y (yes), N (no) or U (unknown)
H	Date of MTM program enrollment	DATE	Yes	Provide the date the beneficiary was enrolled in the MTM program within the reporting period.	Plan	CCYYMMDD, e.g., 20200102
I	Targeting criteria met	CHAR	Conditionally REQUIRED	Required if met the specified targeting criteria per CMS – Part D requirements in § 423.153(d)(2). (Multiple chronic diseases/multiple Part D drugs/cost threshold; Drug management program at-risk beneficiary; Both; None).	Plan	
J	Date met the specified targeting criteria per CMS – Part D requirements in § 423.153(d)(2).	DATE	Conditionally REQUIRED (if element I is met)	<p>Provide the date the beneficiary met the specified targeting criteria per CMS – Part D requirements within the reporting period.</p> <p>This date must be provided if the beneficiary met the specified targeting criteria per CMS – Part D requirements. Leave blank if beneficiary was enrolled based upon other expanded, plan-specific targeting criteria and never met the specified targeting criteria per CMS – Part D requirements within the reporting period.</p> <p>This date should be the same as the Date of MTM program enrollment if the beneficiary was first enrolled based on meeting the targeting criteria per CMS – Part D requirements.</p> <p>This date should be different from the MTM enrollment date if the beneficiary was first enrolled based on other expanded plan-specific targeting criteria and then met the targeting criteria per CMS – Part D requirements later in the reporting</p>	Plan	CCYYMMDD, e.g., 20200102

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CMS Element Letter	CMS Data Element	CMS Data Type	CMS Required	CMS Description	Source of Data	CMS Allowable Values
				<p>period. In this scenario, this date would be after the Date of MTM program enrollment.</p> <p>The date should be blank if the beneficiary was only enrolled in the MTM program based on other expanded, plan-specific targeting criteria.</p>		
K	Date MTM program opt-out, if applicable	DATE	Conditionally REQUIRED	<p>Provide the date the beneficiary opted-out within the reporting period.</p> <p>The date must be provided if the beneficiary opted-out of the MTM program.</p>	MTM Provider or Plan (plan may obtain from other MTM providers as contracted by plan)	CCYYMMDD, e.g., 20200130
L	Reason participant opted out of MTM program (Death; Disenrollment from Plan; Request by beneficiary; or Other).	CHAR	Conditionally REQUIRED (If element I is provided)	<p>For each beneficiary who opted out of the MTM program, provide the reason.</p> <p>If Date MTM program opt-out is provided, then Reason participant opted-out of MTM program is required.</p>	MTM Provider or Plan (plan may obtain from other MTM providers as contracted by plan)	01 – Death 02 – Disenrollment from Plan 03 – Request by beneficiary 04 – Other
M	Offered annual Comprehensive Medication Review (CMR)	CHAR	REQUIRED	Indicate if the beneficiary was offered a CMR per CMS – Part D requirements within the reporting period.	MTM Provider or Plan (plan may obtain from other MTM providers as contracted by plan)	Y (yes) or N (no).
N	If offered a CMR, date of (initial) offer	DATE	Conditionally REQUIRED (If element M is 'Yes')	<p>Provide the date the CMR was offered within the reporting period.</p> <p>The date must be provided if the beneficiary was offered a CMR.</p>	MTM Provider or Plan (plan may obtain from other MTM providers)	CCYYMMDD, e.g., 20200601

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CMS Element Letter	CMS Data Element	CMS Data Type	CMS Required	CMS Description	Source of Data	CMS Allowable Values
					as contracted by plan)	
O	Received annual CMR with written summary in CMS standardized format	CHAR	REQUIRED	Indicate if the beneficiary received an annual CMR per CMS – Part D requirements with written summary in CMS’ standardized format within the reporting period.	MTM Provider	Y (yes) or N (no).
P	Date(s) of CMR(s)	DATE	Conditionally REQUIRED (If element O is ‘Yes’)	For each beneficiary enrolled who received at least one annual CMR per CMS – Part D requirements with written summary in CMS’ standardized format, provide the date of the first CMR within the reporting period. The date must be provided if the beneficiary received a CMR per CMS – Part D requirements with written summary in CMS’ standardized format. (If more than 1 CMR is received, report the date of the initial CMR.)	MTM Provider	CCYYMMDD, e.g., 20200615
Q	Date CMR written summary in CMS standardized format was provided or sent	DATE	Conditionally REQUIRED (If element O is ‘Yes’)	For each beneficiary who received a CMR per CMS – Part D requirements with written summary in CMS’ standardized format, provide the date that the CMR written summary in CMS standardized format was provided or sent. The date must be provided if the beneficiary received a CMR per CMS – Part D requirements with written summary in CMS’ standardized format. (If more than 1 CMR was performed, report the date the initial CMR written summary was provided or sent.)	MTM Provider	CCYYMMDD, e.g., 20200615
R	Method of delivery for the annual CMR	CHAR	Conditionally REQUIRED (If element O is ‘Yes’)	For each beneficiary who received a CMR per CMS – Part D requirements with written summary in CMS’ standardized format within the reporting period, indicate the method of delivery for the CMR. If the beneficiary received a CMR per CMS – Part D requirements with written summary in CMS’ standardized format, then method of delivery of the annual CMR is required.	MTM Provider	01 – Face-to-face 02 – Telephone 03 – Telehealth consultation 04 – Other

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CMS Element Letter	CMS Data Element	CMS Data Type	CMS Required	CMS Description	Source of Data	CMS Allowable Values
				If the beneficiary received more than 1 CMR, report the method of delivery for the initial CMR.		
S	Qualified Provider who performed the initial CMR	CHAR	Conditionally REQUIRED (If element O is 'Yes')	<p>For each beneficiary who received a CMR per CMS – Part D requirements with written summary in CMS’ standardized format, indicate the Qualified Provider who performed the CMR.</p> <p>If the beneficiary received a CMR, then the Qualified Provider who performed the CMR is required.</p> <p>If the beneficiary received more than 1 CMR, report the Qualified Provider who performed the initial CMR.</p>	MTM Provider	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 15 – Other
T	Recipient of initial CMR	CHAR	Conditionally REQUIRED (If element O is 'Yes')	<p>For each beneficiary who received a CMR per CMS – Part D requirements with written summary in CMS’ standardized format, indicate the recipient of the CMR.</p> <p>Report the recipient of the CMR interaction and not the recipient of the CMR documentation.</p> <p>If the beneficiary received a CMR, then the recipient of the CMR is required.</p> <p>If the beneficiary received more than 1 CMR, report the recipient of the initial CMR.</p>	MTM Provider	01 – Beneficiary 02 – Beneficiary’s prescriber 03 – Caregiver 04 – Other authorized individual
U	Number of targeted medication reviews	Numeric	REQUIRED	Indicate the number of targeted medication reviews conducted per CMS – Part D requirements within the reporting period.	MTM Provider or Plan (plan may obtain from other)	

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CMS Element Letter	CMS Data Element	CMS Data Type	CMS Required	CMS Description	Source of Data	CMS Allowable Values
				This is a numeric field. If no targeted medication reviews were performed for the beneficiary, report 0.	MTM providers as contracted by plan)	
V	Date the first TMR was performed	DATE	Conditionally REQUIRED (If element T is provided)	Provide the date the first TMR was performed reporting period.	MTM Provider or Plan (plan may obtain from other MTM providers as contracted by plan)	CCYYMMDD, e.g., 20200102
W	Number of medication therapy problem recommendations made to beneficiary's prescriber(s) as a result of MTM services	Numeric	Yes	<p>Indicate the number of medication therapy problem recommendations made to beneficiary's prescriber(s) as a result of MTM services.</p> <p>For reporting purposes, a recommendation is defined as a suggestion to take a specific course of action related to the beneficiary's medication therapy.</p> <p>If the same recommendation is made to multiple prescribers, or repeated on multiple dates, then that recommendation should only be counted and reported once. Examples include, but are not limited to, needs additional therapy; Unnecessary medication therapy; Dosage too high; Dosage too low; More effective drug available; Adverse drug reaction; or Medication Noncompliance/Nonadherence.</p> <p>This is a numeric field. If there were no medication therapy problem recommendations made to the beneficiary's prescriber(s) as a result of MTM services, report 0.</p>	MTM Provider or Plan (plan may obtain from other MTM providers as contracted by plan)	
X	Number of medication therapy problem resolutions resulting from recommendations made to	Numeric	Yes	<p>Indicate the number of medication therapy problem resolutions resulting from recommendations made to beneficiary's prescriber(s) as a result of MTM services.</p> <p>For reporting purposes, a resolution is defined as a change or variation from the beneficiary's previous medication therapy. Examples include, but are not limited to, Initiate drug; Change drug (such as product in different therapeutic</p>	MTM Provider or Plan (plan may obtain from other MTM providers as contracted by plan)	

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CMS Element Letter	CMS Data Element	CMS Data Type	CMS Required	CMS Description	Source of Data	CMS Allowable Values
	beneficiary's prescriber(s) as a result of MTM recommendation			class, dose, dosage form, quantity, or interval); Discontinue or substitute drug (such as discontinue drug, generic substitution, or formulary substitution); Medication compliance/ Adherence. This is a numeric field. If there were no medication therapy problem resolutions resulting from recommendations made to beneficiary's prescriber(s) as a result of MTM services, report 0.		
Y	Number of communications sent to beneficiary regarding safe disposal of medications	Numeric	Conditionally REQUIRED (if element I is met)	Indicate the number of communications sent to beneficiary regarding safe disposal of medications. This is a numeric field. Do not enter comma. If there were no communications sent to beneficiary regarding safe disposal of medications, report 0.	MTM Provider	
Z	Method of delivery for information regarding safe disposal of medications (CMR; TMR; Welcome Letter; Other)	CHAR	Conditionally REQUIRED (if element I is met)	If more than one communication is sent, report the method of the initial communication.	MTM Provider or Plan (plan may obtain from other MTM providers as contracted by plan)	

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July 2023

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Appendix B – History of Changes

Version 10

- Original publication.

Version 1.0

XXXX 2023

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