DEPARTMENT OF HEALTH & HUMAN SERVICES
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MEDICARE DRUG BENEFIT AND C&D DATA GROUP

TO: All Part D Plan Sponsors

FROM: Amy K. Larrick
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SUBJECT: Long-Term Institutionalized Resident Report

DATE: May 30, 2014

The second 2014 Long-Term Institutionalized (LTI) Resident Report will be distributed to plans on May 30, 2014. Your organization will only receive an LTI Resident Report if you have LTI enrollees. This report will be distributed to each Part D sponsor through the secure CMS Enterprise File Transfer (EFT) process. The report can be retrieved using your existing Gentran or Connect:Direct service. If your organization utilizes the services of a 3rd party vendor for Gentran or Connect:Direct access, please notify them that you may be receiving this report.

There may be differences between the LTI Resident Report and your current enrollment as this report is based on data from the Minimum Data Set (MDS) of nursing home assessments as of March, 2014. As listed in the attached chart, there is also a Prospective Payment System (PPS) Indicator. This indicator identifies the long-term nursing home residents whose last reported resident MDS assessment between November 1, 2013 and March 31, 2014 was a Medicare PPS assessment. Therefore, the presence of the PPS indicator denotes that at least a portion of the admission either before or between these dates was part of a Medicare Part A stay.

The layout specifications of the file are shown in Appendix A. Appendix B contains a description of best practices related to sponsor's use of this LTI Resident Report.

If you have any questions concerning this memorandum, please send an e-mail to PartDMetrics@cms.hhs.gov . Include "LTI Resident Report" in the subject line.

For any technical inquiries related to Gentran or Connect:Direct, please contact the MMA Help Desk at 1-800-927-8069 or mapdhelp@cms.hhs.gov.

APPENDIX A: Long Term Institutionalized Resident Report Data Layout Specifications

The LTI Resident Report uses the following naming conventions:

Gentran Mailbox Users: P.Rccccc.LTCRPT.Dyymmdd.Thhmmsst.pn Connect:Direct Users: site-HLQ.Rccccc.LTCRPT.Dyymmdd.Thhmmsst Code Key: ccccc - Contract Number (e.g., S0000)

pn - Sequentially Assigned Number site-HLQ - A high-level qualifier currently used by the contract number to receive files.

Part D Beneficiaries/Long Term Institutionalized Residents: Record Layout			
Field Name	**Field Type**	**Field Length**	**Field Description**
Part D Contract Number	CHAR	5	Part D Contract Number associated with the resident during the month of the last nursing home assessment date. (Source: CME)
Part D Plan Number	CHAR	3	Part D Plan Number associated with the resident during the month of the last nursing home assessment date. (Source: CME)
Part D Plan Name	CHAR	50	Part D Plan Name associated with the resident during the month of the last nursing home assessment date. (Source: MARx)
Last Name	CHAR	24	Beneficiary Last Name (Source: EDB)
First Name	CHAR	15	Beneficiary First Name (Source: EDB)
Health Insurance Claim Number (HIC)	CHAR	12	Health Insurance Claim Number associated with the resident. (Source: Fu Associates matching algorithm)
Date of Birth	DATE	8	Beneficiary Date of Birth (Source: EDB) Format CCYYMMDD
Gender	CHAR	1	Beneficiary Gender (Source: EDB) 1 = Male 2 = Female 0 = Unknown
Nursing Home Length of Stay	CHAR	6	Nursing Home Length of Stay in Days (0-999999) at the time of the last Nursing Home assessment. (Source: Derived)
Nursing Home Admission Date	DATE	8	Admission date associated with the last assessment for the resident. (Source: Derived) Format CCYYMMDD
Last Nursing Home Assessment Date	DATE	8	Target date of last assessment for the resident. (Source: MDS Unload). Format CCYYMMDD

Part D Beneficiaries/Long Term Institutionalized Residents: Record Layout

Field Name	Field Type	Field Length	Field Description
PPS Indicator	CHAR	1	The PPS Indicator identifies those long-term nursing home residents whose last reported resident assessment was a Medicare-PPS type assessment. (Data source: Minimum Data Set (MDS) system, field A0310B). This field was formerly known as the Part A Indicator.
Nursing Home Name	CHAR	50	Name of Nursing Home associated with last assessment for the resident. (Source: MDC Facility File Unload)
Medicare Provider ID	CHAR	12	Medicare Provider ID of Nursing Home associated with last assessment for the resident. (Source: MDS Facility File Unload)
Provider Telephone Number	CHAR	13	Telephone Number of Nursing Home associated with last assessment for the resident. (Source: MDS Facility File Unload)
Provider Address	CHAR	50	Address of Nursing Home associated with last assessment for the resident. (Source: MDS Facility File Unload)
Provider City	CHAR	20	City of Nursing Home associated with last assessment for the resident. (Source: MDS Facility File Unload)
Provider State Code	CHAR	2	State Code of Nursing Home associated with last assessment for the resident. (Source: MDS Facility File Unload)
Provider Zip Code	CHAR	11	Zip Code of Nursing Home associated with last assessment for the resident. (Source: MDS Facility File Unload)

APPENDIX B: Best Practices Related to Use of the LTI Resident Report

Identification of Institutionalized Enrollees and Follow-up Facility Contact
The LTI Resident Report can assist sponsors in identifying the facilities in which their institutionalized enrollees reside to ensure that network pharmacies are available to serve these beneficiaries. For newly enrolling beneficiaries, LTC facility information, if provided on the enrollment application, can enable sponsors to contact facilities to determine the availability of network pharmacies to serve new enrollees. For enrollees who are institutionalized during the coverage year, sponsors should have procedures in place to receive notification of institutionalization and identification of the facility to determine the availability of a network pharmacy.

In all these situations, if a network pharmacy is not available to serve the sponsor's institutionalized enrollees, the Part D sponsor should contract with the facility's contracted LTC pharmacy. If that pharmacy will not sign a contract, the Part D sponsor should contract with another LTC pharmacy that can serve the facility. In some cases, a retroactive contract may be necessary.

Additional Uses of the LTI Resident Report
Part D versus Part A payment for LTC drugs: CMS recognizes the value of this report to assist with preventing Part D payment of drugs covered by Medicare Part A. However, in addition to being used prospectively to avoid payment for drugs during Part A skilled nursing facility stays, the report data may also be used by sponsors for retrospective reviews of paid claims to identify claims that should have been billed under Part A; thus, permitting sponsors to recover inappropriate Part D payments and work with LTC providers to ensure future compliance.

Part D Medication Therapy Management (MTM) Programs: This report can help sponsors identify which beneficiaries who are eligible for their MTM program are in LTC settings to better coordinate care, offer MTM services, and improve accurate reporting of LTC status per the Part D reporting requirements.

Use of Point-of-Sale Data
To ensure uninterrupted access to covered Part D drugs upon admission to a LTC facility, sponsors may review point-of-sale claims data to confirm that LTC claims submission process are operating effectively. Specifically, the sponsor's claims review should confirm the pharmacy's use of a patient location code of "03" (the industry standard for identifying a LTC claim) and identify claims being denied for NCPDP reject codes: 50- non-network pharmacy; 40 invalid patient location code; or, 05 missing/invalid pharmacy ID. Whenever claims for institutionalized enrollees are being denied for these reject reasons, sponsors should have procedures in place to assist in their prompt resolution. This might be accomplished by educating the pharmacy on proper claims submission, or in the instance of a non-network pharmacy, by undertaking to contract with the pharmacy or with another LTC pharmacy that can serve the facility.