

## Reference Sheet for Documentation From Long-Term Care Pharmacies and Facilities

The Centers for Medicare & Medicaid Services (CMS) is conducting a review of Prescription Drug Event (PDE) records submitted to CMS by Part D sponsors to validate the accuracy of Part D payments. As part of this data validation activity, Part D sponsors are required to submit supporting documentation for a sample of PDE records. Federal regulation 42 C.F.R. § 423.322(a) regarding disclosure of information states that CMS' payments to Medicare Part D sponsors are conditioned upon provision of information needed to administer the program.

This reference sheet is designed to provide information to Part D sponsors and long-term care (LTC) pharmacies and facilities about the components and format of valid and acceptable documentation so that Part D sponsors can comply with the submission requirements of the Part D Improper Payment Measure (Part D IPM).

The following features must be present and legible on the LTC medication order. (Note that an incomplete medication order should still be submitted if it is the only documentation available.)

- Patient Name
- Date of Prescription
- Drug Name and Strength
- Directions
- Prescriber Name
- Signature of Prescriber With Prescriptive Authority
- Dispense as Written Code, if applicable

### Acceptable Forms of an LTC Medication Order

For the purposes of this calendar year (CY) 2024 CMS Part D IPM review activity, the following checklist includes documentation and combinations of documentation ("supplemental documentation") that constitute acceptable forms of LTC medication orders. Supplemental documentation must be scanned together with the LTC medication order into one PDF using the current prescription record hardcopy naming convention.

- ☐ LTC medication order:
  - An LTC medication order must be signed by a provider with prescriptive authority (e.g., MD, DO, CRNP, PA, ANP, NP, DDS).
  - An LTC medication order signed solely by a licensed nurse (e.g., RN, LPN, LVN) or another provider WITHOUT prescriptive authority will not be sufficient when submitted alone.
- ☐ LTC medication order not signed by a provider with prescriptive authority (e.g., is unsigned or signed by an RN, LPN, LVN) **PLUS** a completed Physician Attestation. An official, blank Physician Attestation form is provided to Part D sponsors selected for the Part D IPM review activity. Sponsors must use the form provided by CMS.
- ☐ LTC medication order not signed by a provider with prescriptive authority (e.g., RN, LPN, LVN) **PLUS** a medical record/chart entry validating the LTC medication order for the controlled substance (e.g., signature of a provider with prescriptive authority on progress notes, dictation notes referencing review and authorization, or a patient or provider chart review log).