DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTERS for MEDICARE & MEDICAID SERVICES

CENTER FOR DRUG and HEATH PLAN CHOICE

TO: All Part D Sponsors

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C&D Data
Group

SUBJECT: Long-Term Institutionalized Resident Report

DATE: January 13, 2009

The purpose of this communication is to provide additional information on the new
Long-Term Institutionalized (LTI) Resident Report that CMS will begin to transmit to
sponsors starting in 2009. As stated in the 11/25/2008 HPMS memo titled "Reminder on
Long-Term Care Pharmacy Contracting", CMS will begin sending Part D sponsors a new
report that lists their institutionalized enrollees. This report will be sent from HPMS
twice per year (in late April and late September) via secure Gentran mailboxes.

This new report will provide information to Part D Sponsors on which of their enrollees
are institutionalized, as well as the names and addresses of the particular long-term care
(LTC) facilities in which those beneficiaries reside. This information is obtained by
linking Medicare enrollment information with data from the Mininum Data Set (MDS) of
nursing home assessments. The list of beneficiaries represents those who are LTI
residents as of July and January of each year who have a reported length of stay of over
90 days. Details on the specific data fields provided in this report and the data layout
specifications are provided in Attachment A.

CMS expects that Part D sponsors will utilize this information to help ensure that all of
their enrollees residing in LTC facilities have convenient access to a network LTC
pharmacy. We believe this information can greatly facilitate LTC pharmacy contracting
efforts and potentially assist with preventing Part D payment for drugs covered by
Medicare Part A.

We appreciate your continuing efforts to ensure that institutionalized Part D enrollees
have convenient access to their Part D benefits via network LTC pharmacies. If you have
any questions concerning this memorandum, please send an e-mail to
PartDMetrics@cms.hhs.gov and include "LTI Resident Report" in the subject line.

APPENDIX A:
Long Term Institutionalized Residents in Medicare Prescription Drug Plans Data Layout Specifications

The Long Term Institutionalized (LTI) Resident Report provides Part D sponsors a list of their beneficiaries who are LTI residents during July and January of each year. This report contains basic information on the beneficiaries and their institutions (Skilled Nursing Home or Nursing Home). The report is provided in a fixed-length text format and the record layout is described below.

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) (External format)	CHAR	12	Health Insurance Claim Number associated with the resident. (External format) (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 A Indicator	CHAR	1	Reason for assessment (AA8B) associated with the last assessment for the resident. (Source: Derived) 0=No 1=Yes

Part D Beneficiaries/Long Term Institutionalized Residents: Record Layout			
Field Name	**Field Type**	**Field Length**	**Field Description**
Nursing Home Name	CHAR	50	Name of Nursing Home associated with last assessment for the resident. (Source: MDS 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)