Recipient Roster Report Specifications:

In conjuction with the new Long Term Care (LTC) Direct Billing process, a new report is being developed that lists recipient eligibility and LTC admission information for LTC providers. Following much of the current logic used to create LTC claims via the LTC pre payment report and the Day Training (DT) Reimbursement request processes, this new report should list recipients who are in LTC billable status for a given period of time. Only recipients that are Medicaid eligible and have a LTC admission in the HFS system should be listed. When applicable, Medicare Advantage Plan coverage, Managed Care coverage or DT enrollment information in the system for any portion of the previous month should be included.

The report should be created on the tenth of each month listing the recipients in billable status during any part of the previous month. The report should only display a list of recipients who are Medicaid eligible and have admission on system for the specific provider during the month being reported.

Below are the data elements that the created report should list:

Report Data Elements:
Provider Name
Provider ID
Recipient Name (Last, First MI)
Recipient ID
Eligibility Range within the previous month. (Begin and End)
- The same eligibility interrogation used by the prepayment report process to create claims should be used to create information for this data element. i.e. recipient is considered ineligible if in Unmet Spendown status, has QMB = QI1, is considered a correctional inmate or has no regular eligibility segment.
LTC Admit
- Admit date(s) that cover the month being reported.
LTC Discharge Date
- Discharge date(s) that correspond to the admit dates reported in LTC Admit element of report.
LTC Discharge Destination
- LTC admission information should only be given if recipient is also eligible and only the admission applicable to the service period being reported should be displayed.
Managed Care Program Coverage
- MCO program coverage should be determined from the MCO exclusion code when any of the months being reported falls within an MCO segment. Note: Do not consider MCO segments that have a begin date that is same as its end date. One day MCO segments are not to be reported as MCO coverage.
Managed Care Organization
- Report the name of the MCO derived from the MCO facility code of the MCO eligibility segment which covers the month being reported.
DT Agency Code
- DT information should only be given if recipient is eligible and has an admission on system for the service period being reported and if the DT enrollment segment provider matches the LTC admission provider for the same period.

- The same eligibility and enrollment logic used to create the Developmental Training (DT) claims for the Reimbursement Request process could be utilized to determine and report the Developmental Training Agency Code(s) that recipient has an active DT enrollment segment with the LTC provider for the month being reported.

DT Agency Name
- DT information should only be given if recipient is eligible and has an admission on system for the service period being reported and if the DT enrollment segment provider matches the LTC admission provider for the same period.
- The same eligibility and enrollment logic used to create the Developmental Training (DT) claims for the Reimbursement Request process could be utilized to determine and report the Developmental Training Agency Name(s) that recipient has an active DT enrollment segment with the LTC provider for the month being reported.

DT Enrollment Date
- DT information should only be given if recipient is eligible and has an admission on system for the service period being reported and if the DT enrollment segment provider matches the LTC admission provider for the same period.
- Enrollment begin date(s) that covers the month being report

DT Disenrollment Date
- DT information should only be given if recipient is eligible and has an admission on system for the service period being reported and if the DT enrollment segment provider matches the LTC admission provider for the same period.
- Disenrollment date(s) that correspond to the enrollment dates reported in DT Enrollment Date element of report.

Medicare Part A Coverage
- Indicate that recipient has Medicare Part A coverage if any part of the month being reported falls within the HIB segments.

Medicare Advantage Plan
- Indicate that recipient has Medicare Advantage Plan if any part of the month being reported falls within the Medicare Advantage eligibility segments.