

## One Care Data Entry Key for SHINE Client Contact Forms

### **What is the source of this referral into the Duals Program? (select one)**

- 1 – Referred from State Medicaid Office
- 2 – Referred from Enrollment Broker
- 3 – Referred from 1-800-MEDICARE
- 4 – Referred from CMS Federal Coordinated Health Care Office (FCHCO)
- 5 – Referred from the appeals process
- 6 – Self referred
- 7 – Other

### **Was Enrollment Broker Assistance a topic discussed or service provided?**

- Y – Yes
- N – No

### **Was a letter received from State Medicaid Office a topic discussed or Service provided?**

- Y – Yes
- N – No

### **Were managed care options a topic discussed or service provided?**

- Y – Yes
- N – No

### **Was enrollment assistance a topic discussed or service provided?**

- Y – Yes
- N – No

### **Were other Medicare issues a topic discussed or service provided?**

- Y – Yes
- N – No

### **Were publications or other materials provided?**

- Y – Yes
- N – No

### **Was the dual-eligible client referred out and if so, to where?**

- 1 – Referred to State Medicaid Office
- 2 – Referred to Enrollment Broker
- 3 – Referred to 1-800-MEDICARE
- 4 – Referred to CMS Federal Coordinated Health Care Office (FCHCO)
- 5 – Referred to the appeals process
- 6 – Referred to the State Ombudsman
- 7 – Not referred out
- 9 – Other

### **Beneficiary Disposition: (select one)**

- 1 – Beneficiary decided to opt out of the Duals Program
- 2 – Beneficiary enrolled in the program but enrolled in a different managed care plan instead of the one to which he/she was assigned
- 3 – Beneficiary actively enrolled in the program and managed care plan of his/her choice
- 4 – Beneficiary chose to remain enrolled in the program and managed care plan to which he/she was assigned
- 5 – Beneficiary decision in progress

### **CMS Special Use Fields:**

**MIPPA: 1 – LIS 2 – MSP 3 – Both**

#### **One Care:**

Dual Ref In Srce	1	2	3	4	5	6	7	
Enrol Broker Asst	Y	N						
Letter Stat Mcaid	Y	N						
Managed Care Optn	Y	N						
Enrollment Assist	Y	N						
Other Mcare Issue	Y	N						
Pubs Other Mater	Y	N						
Dual Refer Out	1	2	3	4	5	6	7	8
Bene Disposition	1	2	3	4	5			

## Competitive Bidding Program Data Entry Key for SHINE Client Contact Forms

If assisting client with an issue related to the DMEPOS Competitive Bidding Program, the following codes should be used in the “Other” section of the Client Contact Form.

**DMEPOSCB1** – *Immediate need*; the beneficiary has a remaining supply of less than 2 days of oxygen or other life sustaining product or unless the beneficiary is able to access the medically necessary competitive bidding equipment in a timely way, the beneficiary’s medical condition will be further exacerbated/worsened or result in increased pain or discomfort.

**DMEPOSCB2** – *Item locate*; the beneficiary needs help locating a supplier for a DMEPOS item.

**DMEPOSCB3** – *Item specific brand*; the beneficiary is interested in a specific brand of DMEPOS item.

**DMEPOSCB4** – *Repairs*; the beneficiary needs help locating a supplier who will repair their DMEPOS item or is having difficulty with a supplier related to a repair.

**DMEPOSCB5** – *Traveling beneficiary*; the beneficiary needs information regarding how to obtain supplies while traveling outside of their Competitive Bidding Area (CBA), i.e., a “snowbird” who resides in one CBA but spends a significant amount of time in another CBA or non-CBA.

### **Example:**

A client comes to you because his CPAP machine is not functioning properly. He wants to know if you can help him find a Medicare contracted supplier to repair the equipment.

The Client Contact Form should be completed as follows:

#### **Other:**

- Long Term Care (LTC) Insurance
- LTC Partnership
- LTC Other
- Military Health Benefits
- Employer/Federal Employee Health Benefits (FEHB)
- COBRA
- Other Health Insurance
- Other: DMEPOSCB4