

## GROUP HEALTH ORGANIZATION DATASET

**FULL NAME:** BENEFICIARY GROUP HEALTH ORGANIZATION CONTRACT NUMBER

SAS ALIAS: GHOCNT

DESCRIPTION:

A NUMBER THAT UNIQUELY IDENTIFIES A GROUP HEALTH ORGANIZATION (GHO). USE CMS'S 'PICS' OR 'BERT' ONLINE SYSTEMS TO ASSOCIATE THE CONTRACTOR NUMBER WITH A GHO PLAN NAME.

**FULL NAME:** BENEFICIARY GROUP HEALTH ORGANIZATION DISENROLLMENT DATE

SAS ALIAS: GHOEND

DESCRIPTION:

THE DATE THAT A BENEFICIARY'S ENROLLMENT IN A GROUP HEALTH ORGANIZATION TERMINATES.

**FULL NAME:** BENEFICIARY GROUP HEALTH ORGANIZATION ENROLLMENT START DATE

SAS ALIAS: GHOBEG

DESCRIPTION:

THE DATE THAT A BENEFICIARY'S ENROLLMENT IN A GHO, AS INDICATED BY BENE\_GHO\_CNTRCT\_NUM, IS EFFECTIVE.

**FULL NAME:** BENEFICIARY GHO LOCK-IN PAYMENT OPTION CODE

SAS ALIAS: GHOLKN

DESCRIPTION:

A CODE THAT INDICATES A BENEFICIARY'S GROUP HEALTH ORGANIZATION (GHO) 'LOCKED-IN' ENROLLMENT STATUS. THE CODE ALSO INDICATES THE SOURCE OF REIMBURSEMENT FOR GHO PROVIDER SERVICES. A 'LOCKED-IN' BENEFICIARY MUST RECEIVE MEDICAL CARE FROM THE MANAGED CARE ORGANIZATION. A 'NON-LOCKED-IN' BENEFICIARY CAN CHOOSE TO RECEIVE CARE FROM A NON-PLAN PROVIDER AND CAN HAVE MEDICARE PAY THAT PROVIDER. THE CODE IS USED IN DECISIONS ABOUT FEE FOR SERVICE CLAIMS AND INCLUDES ALL MANAGED CARE ORGANIZATIONS AND MEDICARE+CHOICE PLANS.

CODES:

A = RISK PLAN, LOCKED-IN BENE - CMS PROCESSES ALL PROVIDER CLAIMS

B = RISK PLAN, LOCKED-IN BENE - GHO PROCESSES ONLY IN-PLAN PART A CLAIMS AND IN-AREA PART B CLAIMS

C = RISK PLAN, LOCKED-IN BENE - GHO PROCESSES ALL PART A AND PART B CLAIMS (INCLUDES MEDICARE+CHOICE PLANS)

1 = NON-LOCKED-IN BENE - CMS PROCESSES ALL PROVIDER CLAIMS

2 = NON-LOCKED-IN BENE - GHO PROCESSES ONLY IN-PLAN PART A CLAIMS AND IN-AREA PART B CLAIMS

Definitions taken from the Medicare Enrollment Database Data Dictionary (Version 6.2), May 2008.