



MEDICARE ENROLLMENT & APPEALS GROUP

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TO: All Medicare Advantage Organizations (MA), Prescription Drug Plan Sponsors (PDP), Cost Plans, Program of All-Inclusive Care for the Elderly (PACE), and Demonstration Organizations

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SUBJECT: **Advance Announcement of January 2025 Software Release** - Additions to the Model Individual Enrollment Request Form to Enroll in a Medicare Advantage Plan (MA) or a Medicare Prescription Drug Plan (Part D)

This memorandum announces the addition of new fields to the model Individual Enrollment Request Form (OMB No. 0938-1378) to enroll in an MA or Part D Plan. The additions include new fields to indicate sexual orientation and gender identity, fields to capture information relative to individuals who assisted enrollees in completing the application, and a field to indicate that an individual would prefer to receive information via a data compact disc (CD) format for accessibility purposes. This memo also provides high-level advance notice of the associated system changes scheduled for release in January 2025.

Additions to the Model Individual Enrollment Request Form (OMB No. 0938-1378)

The new fields on the model enrollment form must be included on the form; however, applicant response to these additional questions is optional. Responses to the new questions or lack of response will not impact an individual's Plan eligibility, benefits, or premiums.

Sexual orientation and gender identity data fields

CMS expects Plans to submit the individual's response to the new sexual orientation and gender identity fields, including confirming if the individual did not provide the optional data as part of the enrollment transaction. The field is not considered complete until all sexual orientation and gender identity data is accepted by CMS, including noting that the individual did not answer the question.

CMS is committed to addressing health inequities and the underlying disparities within the health care system. To reduce gaps, we must begin with accurate data collection. We believe collecting this data will meaningfully advance equity mandates by resulting in a more granular

and better understanding of the diversity of the Medicare population, including important differences in health and health care needs and experiences. Having more detailed data will allow CMS to better understand the needs of the communities that we serve and identify solutions that close gaps in health and health care access, quality, and outcomes. The addition of these questions will enable individuals to complete an enrollment form accurately in a way that better reflects and affirms their identity.

Enrollee assistance data fields

CMS is also adding two (2) new data fields to capture information about individuals who help applicants fill out the form. Individuals (for example, State Health Insurance Assistance Program counselors, agents, and brokers) must indicate if they helped the applicant fill out the form and must disclose their relationship to the applicant. Agents and brokers will also be expected to provide their assigned National Producer Number (NPN) if they assisted the applicant with completing the enrollment form. Previous versions of the model enrollment form requested information about individuals providing assistance to applicants completing the form, and this is a long-standing requirement codified in §§ 422.60(c) and 423.32(b). However, previous versions of the form did not request information about an individual's relationship to the applicant and the agent or broker's NPN.

Accessible format preference data field

Finally, we are adding data compact disc (CD) as an accessible format preference. Plans are required to provide information to individuals in accessible/alternate formats (for example, Large Print, Braille) upon request and thereafter, as outlined in Section 504 of the Rehabilitation Act of 1973.

Effective Date:

MA and Part D Plans are expected to use the new form for enrollment requests received on or after January 1, 2025. Changes noted in this memo and the attachments apply to all model enrollment forms in the enrollment guidance.

The enrollment form is considered a “model” for purposes of communication and marketing review and approval¹; therefore, MA and Part D Plans can modify the language, content, format, or order of the enrollment form. The model form consists of the following parts outlined below.

1. Cover Page

The cover page includes information to help the applicant complete the enrollment form. Plans can modify as needed, as they are not required to include this page with the enrollment form.

2. Model Enrollment Request Form

Section 1 of the model enrollment form includes the minimal amount of information needed to process the enrollment and other limited information, located in Section 2, that includes information that the MA and Part D Plans are required to include on the form (e.g., new sexual orientation and gender identity data, accessible format preference), as well as optional information the Plan can include on the form (e.g., premium payment information). All data elements in Section 2 are optional for the applicant to complete. Plan enrollment will not be

¹ The enrollment form is considered communications and must be approved by CMS based on the requirements outlined in 42 CFR 422.2261 and 423.2261. Plans must submit the enrollment form with any changes to CMS under the 45-day “review” period. If a document is submitted using the model without any changes to it, then it may be submitted via the 10-day “review” period.

affected if the applicant does not complete this additional information in Section 2.

The Model MA and Part D Enrollment Request Forms are available in the ‘Download’ section at the links below:

- MA Individual Enrollment Request Form: <https://www.cms.gov/medicare/enrollment-renewal/managed-care-eligibility-enrollment>
- Part D Individual Enrollment Request Form: <https://www.cms.gov/medicare/enrollment-renewal/part-d-plans>

A second memo will be released in Fall 2024, that will detail the transaction reply codes (TRCs) and MARx UI screens related to these updates for calendar year 2025 ; these updates will not impact the model enrollment form exhibits.

Please direct questions on enrollment policy and submitting enrollment forms first to your CMS Account Manager. If you need additional help, please submit your inquiry to the Division of Enrollment and Eligibility Policy mailbox at <https://enrollment.lmi.org>.

Advance Notice of System Changes in the January 2025 release. New Fields for MARx - Medicare Advantage & Prescription Drug System (MARx) Enrollment Transactions

Plans are encouraged to contact the MAPD Help Desk for any issues or questions during the systems update process. The MAPD Help Desk is available at 1-800-927-8069 or mapdhelp@cms.hhs.gov.

For technical assistance with the HPMS Online Enrollment Center (OEC) Management module, please contact the HPMS Help Desk at 1-800-220-2028 or hpms@cms.hhs.gov.

For questions about the OEC form on Medicare Plan Finder, please contact mpf_cms_support@adhocteamhelp.zendesk.com.

The enrollment form will contain six (6) new fields for the addition of new sexual orientation and gender identity fields, enrollee assistance fields, and a data CD format option for enrollment processing. The fields are required to be included on the enrollment form; however, applicant response to these questions is optional. These fields must be included in the MARx enrollment transaction if the applicant includes this information on their enrollment request. Plans must submit a value for each of the questions in Section 2 even if the individual does not submit a response.

Note: Enrollment changes for the Online Enrollment Center (OEC) will be addressed in a separate memo.

The updates associated with these system changes are as follows:

- Update to Transaction Code 61 Layout ([Attachment A](#))
- Update to Transaction Code 92 Layout ([Attachment B](#))
- Updated Daily Transaction Reply Report (DTRR) Layout ([Attachment C](#))

Attachment A: Updated Transaction Code 61

MARx Batch Input Detail – Enrollment Transaction – TC 61					
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
30.	Accessible Format	1	125	MARx will provide an informational TRC 396 if the value provided is not valid. This represents an accessible format if chosen. Valid Values: <ul style="list-style-type: none"> • B – Braille • L – Large Print • A – Audio CD • D – Data CD • Blank (Space) Note: Both of the following personal information fields must be valid. If either of the fields are invalid, both are ignored: <ul style="list-style-type: none"> • Preferred Language Other than English (field 28) • Accessible Format (field 29) 	Optional
47.	Gender	1	292	1= Woman 2= Man 3= Non-binary 4= I use a different term 5= I choose not to answer 6= Form left blank	Required
48.	Different Gender	25	293-317	Value of number 4 in field 47, Gender	Optional
49.	Self-Identify	1	318	1= Lesbian or gay 2= Straight, that is, not gay or lesbian 3= Bisexual 4= I use a different term 5= I don't know 6= I choose not to answer 7= Form left blank	Required
50.	Different Self-Identify	25	319-343	Value of Number 4 in field 49, Self-Identify	Optional
51.	Relationship to enrollee	1	344	1= Agent 2= Broker 3= SHIP counselors 4= Authorized representatives 5= Other (third parties) 6= Self 7= Form left blank	Required
52.	National Producer Number	10	345-354	For agent/brokers only: Numeric only and can't begin with a zero	Required when field 51 is 1 or 2 only
53.	Filler	150	355-504	N/A	N/A

Attachment B: Updated Transaction Code 92

92 Tx Layout for Personal Information Change Transaction					
Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
17.	Accessible Format	1	125	<p>MARx will provide an informational TRC 396 if the value provided is not valid.</p> <p>This represents an accessible format if chosen.</p> <p>Valid Values:</p> <ul style="list-style-type: none"> • B – Braille • L – Large Print • A – Audio CD • D – Data CD • Blank (Space) <p>Note: Both of the following personal information fields must be valid. If either of the fields are invalid, both are ignored:</p> <ul style="list-style-type: none"> • Preferred Language Other than English (field 28) • Accessible Format (field 29) 	Optional
19.	Gender	1	142	<p>1= Woman 2= Man 3= Non-binary 4= I use a different term 5= I choose not to answer 6= Form left blank</p>	Required
20.	Different Gender	25	143-167	Value of number 4 in field 19, Gender	Optional
21.	Self-Identify	1	168	<p>1= Lesbian or gay 2= Straight, that is, not gay or lesbian 3= Bisexual 4= I use a different term 5= I don't know 6= I choose not to answer 7= Form left blank</p>	Required
22.	Different Self-Identify	25	169-193	Value of number 4 in field 21, Self-Identify	Optional
23.	Relationship to enrollee	1	194	<p>1= Agent 2= Broker 3= SHIP counselors 4= Authorized representatives 5= Other (third parties) 6= Self 7= Form left blank</p>	Required
24.	National Producer Number	10	195-204	For agent/brokers only: Numeric only and can't begin with a zero	Required when field 23 is 1 or 2 only

Item	Field	Size	Position	Validation (Edits and TRCs for the transaction fields)	Is Item Required, Optional, or N/A
25.	Plan Transaction Tracking ID	15	205-219	Fifteen-character tracking ID	Optional
26.	Filler	150	220 – 369	N/A	N/A

NOTE: Spaces are substituted for all fields marked as “N/A”.

Attachment C: DTRR Data File Detail Record

DTRR Detail Record				
Item	Field	Size	Position	Description
49	Accessible Format	1	197	Present only when Transaction Code is 61 or 92 and the Accessible Format was provided. ‘B’= Braille ‘L’= Large Print ‘A’= Audio CD ‘D’= Data CD ‘X’= remove current value in MARx and set to Blank (Space) Space = not applicable (no update)
93	Gender	1	472	1= Woman 2= Man 3= Non-binary 4= I use a different term 5= I choose not to answer 6= Form left blank
94	Different Gender	25	473 – 497	Value of number 4 in field 93, Gender
95	Self-Identify	1	498	1= Lesbian or gay 2= Straight, that is, not gay or lesbian 3= Bisexual 4= I use a different term 5= I don’t know 6= I choose not to answer 7= Form left blank
96	Different Self-Identify	25	499 - 523	Value of number 4 in field 95, Self-Identify
97	Relationship to enrollee	1	524	1= Agent 2= Broker 3= SHIP counselors 4= Authorized representatives 5= Other (third parties) 6= Self 7= Form left blank
98	National Producer Number	10	525 - 534	For agent/brokers only: Numeric only and can’t begin with a zero
99	Filler	150	535 – 684	spaces
100	System Assigned Transaction Tracking ID	11	685 - 695	System assigned transaction tracking ID.
101	Plan Assigned Transaction Tracking ID	15	696 - 710	Plan submitted batch input transaction tracking ID.