



CENTERS FOR MEDICARE & MEDICAID SERVICES

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TO: All Medicare Advantage (MA) Plans, Prescription Drug Plans (PDP), Religious Fraternal Benefit Plans (RFB), Special Needs Plans (SNP), and Cost Plans

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SUBJECT: Contract Year (CY) 2021 Online Enrollment Center (OEC) Timeline and Requirements

This memo provides technical guidance for participation in the CY 2021 OEC. Medicare beneficiaries can use the OEC to submit enrollment applications online for Medicare Advantage (MA), Prescription Drug Plan (PDP), and Cost plans. Alternatively, they can submit applications via OEC with assistance from the 1-800-Medicare call center.

OEC participation status is described in the following table:

Organization and/or Plan Type	OEC Status
MA (Local CCP, PFFS, and Regional CCP)	Participation is Required
PDP	Participation is Required
SNP, 1876 Cost, and RFB	Participation is Voluntary
MSA, PACE, MMP, 1833 Cost, and Employer-Only	Participation is Prohibited

For CY 2021, organizations will continue to use the Health Plan Management System (HPMS) OEC Management module to download their OEC enrollment applications, and for select plan types, to “opt-in” or “opt-out” of the OEC process.

This module can be accessed using the following navigation path:

HPMS Home Page > Plan Bids > OEC Management

Getting Access to the OEC Management Module

In order to access the OEC module, each user must have the following:

1. An active CMS user ID with the HPMS production job code assigned (HPMS_Prod_AWS);
2. One or more contract numbers assigned to the user ID in HPMS; and
3. One or more of the following HPMS access types assigned to the user ID:
 - a. OEC File Download
 - i. Organizations must request that this access type be assigned to individual plan users via hpms_access@cms.hhs.gov.
 - b. OEC Opt-In Management
 - i. Organizations must request that this access type be assigned to individual plan users via hpms_access@cms.hhs.gov.
 - c. OEC Reports - Plan
 - i. This access type will be assigned by default to eligible plan users.

Consultants may also perform this work on behalf of plan sponsors in HPMS. Please refer to the April 13, 2020 memo entitled “Instructions for Requesting Consultant Access to the Health Plan Management System (HPMS)” for detailed guidance on requesting this type of access.

Please note that there is **no limit** on the number of users permitted access to HPMS per organization.

General HPMS user access guidance is available at the following website:
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/UserIDProcess.html>

OEC Downloads

Changes for CY 2021

- ✓ The OEC module will use a revised layout for CY 2021 enrollments.
- ✓ Organizations will have the option to retrieve OEC enrollments by API.
- ✓ Organizations will be able to look up enrollments by confirmation ID or contract number/enrollment file date.
- ✓ Organizations will be able to download a populated enrollment form PDF for a given beneficiary.

When accessing the OEC Management module, organizations will be able to download enrollments for one or more contracts at a time. Each download will contain all enrollments received for that time period. Enrollments will remain available on HPMS, and users can download previous and current files at any time. All downloads will be provided in a zip file

containing one or more tab-delimited files (.txt) using the following file naming convention:
H9999_YYYY-MM-DD_PPPP.txt

As discussed in the July 28, 2020 memo entitled “Contract Year (CY) 2021 Online Enrollment Center (OEC) Record Layout Changes,” CMS has modified the OEC download format for enrollments with an effective date on or after January 1, 2021. For enrollments with a 2020 effective date, the OEC download format on HPMS will adhere to the CY 2020 record layout. HPMS will provide the CY 2020 and 2021 OEC transactions in separate files, which will be distinguishable by the contract year in the file name (i.e., PPPP). **Appendix A** contains the revised CY 2021 layout; **Appendix B** provides a detailed list of the CY 2021 layout changes. **Appendix C** contains the special enrollment period (SEP) codes for CY 2021.

For CY 2021, organizations also have the option to retrieve their OEC transactions using an Application Programming Interface (API). CMS has been administering an API pilot comprised of organizations that expressed interest in response to the February 10, 2020 memo entitled “Health Plan Management System Application Programming Interface Testing Opportunity - Responses Due by February 19, 2020.”

In September 2020, CMS will provide organizations with an opportunity to receive test OEC enrollments in the new CY 2021 format.

Guidance on the OEC API and the OEC test period will be provided under separate cover.

Participation in the OEC will not preclude any organization from seeking approval for use of its own customized plan enrollment form for non-OEC enrollments.

OEC Download Expectations

All organizations must promptly retrieve enrollment requests from the HPMS OEC module and should check for requests at least daily.¹ Plans that are participating in the OEC and do not download and process enrollments on a timely basis will not be in compliance with their obligations to accept and process enrollment elections from beneficiaries eligible to make a plan election, including during the annual coordinated election period/open enrollment. Such plans may be subject to a compliance action taken by CMS.

The OEC uses Coordinated Universal Time (UTC), which is four hours earlier than Eastern Daylight Time. As such, all enrollments received through the OEC use the UTC as the system time to generate the timestamp of when an enrollment was received. Organizations must: (1) calculate the application date on enrollments received via the OEC to be 11 hours earlier than the

¹ Please refer to the Medicare Managed Care Manual (Chapter 2 - Medicare Advantage Enrollment and Disenrollment) and the Medicare Prescription Drug Benefit Manual (Chapter 3 - Eligibility, Enrollment and Disenrollment).

time and date CMS “stamps” on the request, and (2) use the adjusted application date to determine eligibility for election periods and proper effective date for coverage.²

Medicare.gov sends the OEC transactions to HPMS on a real-time basis. In other words, when a Medicare beneficiary submits the enrollment request in OEC, the transaction is automatically sent to HPMS. Each OEC transaction contains an enrollment date, which is the date on which the beneficiary submitted the OEC request in medicare.gov. HPMS groups all OEC transactions for each contract for each day using the enrollment date field. For download delinquency purposes, HPMS defines a day as 3:00 a.m. ET to 2:59 a.m. ET of the next day. The 24-hour download delinquency clock then starts at 3:00 a.m. ET.

Example: Medicare beneficiaries submit OEC transactions for Z9999 beginning at 3:00 a.m. ET on October 18, 2020 through 2:59 a.m. ET on October 19, 2020. To avoid enrollment downloads being marked as delinquent, Z9999 users must download all of these transactions no later than 2:59 a.m. ET on October 20, 2020.

OEC “Opt-In” and “Opt-Out” Process

For organizations participating in OEC, an “Enroll” button will appear for the applicable plan(s) on Medicare Plan Finder (MPF) beginning on October 15, 2020.

SNP, 1876 Cost, and RFB plans will opt-in or opt-out of OEC using the following navigation path:

HPMS Home Page > Plan Bids > OEC Management > OEC Opt-In/Out

Regardless of their OEC participation status for CY 2020, all SNP, 1876 Cost, and RFB plans will be in an “opt-out” status when the module becomes available for CY 2021. SNP, 1876 Cost, and RFB plans can change their OEC participation status at any time. Each time an election is made, HPMS will send a confirmation email to the Medicare Compliance Officer, OEC Contacts, and the user who initiated the change in the OEC Management module. Changes to the opt-in or opt-out status for a given plan will be reflected on MPF within approximately 24 hours.

All participating plans shall meet the full set of requirements related to the downloading and processing of enrollments. All plans participating in the OEC are obligated to accept enrollments received as complete in terms of the information required to be provided by the applicant. Plans should follow up with the member to obtain any optional information that is required by the plan, but the processing of the enrollment cannot be delayed while the plan waits for the requested information. Additional requirements apply, such as verification of Medicare entitlement, and for SNPs, confirmation of the applicant’s special needs status. Plans should refer to the MA and/or PDP enrollment guidance for a complete description of enrollment processing requirements.

² Please refer to the Medicare Managed Care Manual (Chapter 2 - Medicare Advantage Enrollment and Disenrollment) and the Medicare Prescription Drug Benefit Manual (Chapter 3 - Eligibility, Enrollment and Disenrollment).

End User Support Resources

Please refer to the resources below for assistance.

Support Resource	Contact Information
Technical support for the HPMS OEC Management module	HPMS Help Desk 1-800-220-2028 hpms@cms.hhs.gov
General HPMS user access questions	hpms_access@cms.hhs.gov
HPMS consultant user access requests	HPMSConsultantAccess@cms.hhs.gov
General MPF questions	MPF@cms.hhs.gov

Appendix A: CY 2021 Online Enrollment Center (OEC) File Layout

This record layout applies to enrollments with effective dates on or after January 1, 2021.

#	Field	Format	Required (Plan Type)	Example	Comment
1	ConfirmationNumber	Alpha/Numeric	All	XYZ1234	The confirmation associated to the application.
2	SubmitDate	Numeric	All	MMDDYYYY	The submission date of the application.
3	ContractID	Alpha/Numeric	All	H0001	The Contract ID of the plan the applicant is applying
4	PlanID	Numeric	All	001	The Plan ID of the plan the applicant is applying.
5	SegmentID	Numeric	All	000	The Segment ID of the plan the applicant is applying (when this does not apply 000 will still be passed).
6	ApplicantTitle	Alpha	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
7	ApplicantFirstName	Alpha/Numeric	All	John	The first name of the applicant.
8	ApplicantMiddleInitial	Alpha	No	H.	The middle initial of the applicant.
9	ApplicantLastName	Alpha/Numeric	All	Smith	The last name of the applicant.
10	ApplicantBirthDate	Numeric	All	MMDDYYYY	The birth date of the applicant.
11	ApplicantGender	Alpha	All	F	The gender of the applicant.
12	ApplicantAddress1	Alpha/Numeric	All	1234 Orange	Address of applicant
13	ApplicantAddress2	Alpha/Numeric	No	Apt 24	Address of applicant
14	ApplicantAddress3	Alpha/Numeric	No	#21	Address of applicant
15	ApplicantCity	Alpha/Numeric	All	Any city	City of applicant
16	ApplicantCounty	Alpha/Numeric	All	Orange	County of applicant
17	ApplicantState	Alpha	All	CA	State of applicant
18	ApplicantZip	Numeric	All	90010	Zip of applicant
19	ApplicantPhone	Numeric	All	1234567890	Phone number of applicant

#	Field	Format	Required (Plan Type)	Example	Comment
20	ApplicantEmailAddress	Alpha/Numeric	*	applicant@123xyz.com	Email address of applicant
21	ApplicantMBI	Alpha/Numeric	All	1AB2CD3FG45	Medicare Beneficiary Identifier of applicant
22	ApplicantSSN	Alpha/Numeric	SNP DE	555-55-5555	SSN of applicant for SNP DE
23	MailingAddress1	Alpha/Numeric	No	1234 Street	Mailing Address of applicant
24	MailingAddress2	Alpha/Numeric	No	Apt 24	Mailing Address of applicant
25	MailingAddress3	Alpha/Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
26	MailingCity	Alpha/Numeric	No	Any City	Mailing City of applicant
27	MailingState	Alpha	No	CA	Mailing State of applicant
28	MailingZip	Numeric	No	90010	Mailing Zip Code of applicant
29	MedicarePartA	Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
30	MedicarePartB	Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
31	EmergencyContact	Alpha/Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
32	EmergencyPhone	Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
33	EmergencyRelationship	Alpha/Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
34	PremiumDeducted	Alpha	All	Yes	Answer if the applicant wants their plan premium deducted from monthly Social Security or Railroad Retirement Board (RRB) benefit check. Note, this value should always be the opposite of PremiumDirectPay below, i.e. YES to PremiumDeducted = NO to PremiumDirectPay.

#	Field	Format	Required (Plan Type)	Example	Comment
35	PremiumSource	Alpha	No	NULL	Starting 11/15/2006, this field will no longer include data as PremiumPremiumDirrectPay now dictates beneficiary premium.
36	OtherCoverage	Alpha	No	No	Answer if applicant has other coverage for MAPD, PDP, SNP DE PFFS-PD, and CP-PD enrollments.
37	OtherCoverageName	Alpha/Numeric	**	My Coverage	Name of applicants other coverage for MAPD, PDP, SNP DE, PFFS-PD, and CP-PD Enrollments.
38	OtherCoverageID	Alpha/Numeric	**	1234567890	ID # of applicants other coverage
39	LongTerm	Alpha	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
40	LongTermName	Alpha/Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
41	LongTermAddress	Alpha/Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
42	LongTermPhone	Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
43	AuthorizedRepName	Alpha/Numeric	No	Joe Smith	Name of Authorized Representative
44	AuthorizedRepAddress	Alpha/Numeric	No	1234 Street	Address of Authorized Representative
45	AuthorizedRepCity	Alpha/Numeric	No	Any City	City of Authorized Representative
46	AuthorizedRepState	Alpha	No	CA	State of Authorized Representative
47	AuthorizedRepZip	Numeric	No	90010	Zip of Authorized Representative
48	AuthorizedRepPhone	Numeric	No	1234567890	Phone of Authorized Representative
49	AuthorizedRepRelationship	Alpha	No	Caregiver	Relationship of Authorized Representative
50	Language	Alpha	No	Spanish	Starting with 2021 enrollment effective dates, this field will have three possible values: Spanish, Other, or null.

#	Field	Format	Required (Plan Type)	Example	Comment
51	ESRD	Alpha	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
52	StateMedicaid	Alpha	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
53	WorkStatus	Alpha	No	Yes	Indicates if the applicant works.
54	PrimaryCarePhysician	Alpha/Numeric	No	Dr. Jones	Name of Primary Care Physician For MAPD, MA, SNP DE, PFFS- PD, PFFS-MA, CP-PD, and CP-MA Enrollments
55	OtherCoverageGroup	Alpha/Numeric	No	Plan001	Group information about the Other Coverage, if applicable.
56	AgentID	Alpha/Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
57	SubmitTime	Alpha	All	2005-11-14 00:27:44.023	Indicates full time stamp of enrollment in Coordinated Universal Time (UTC).
58	PartDSubAppInd	Alpha	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
59	DeemedInd	Alpha	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
60	SubsidyPercentage	Alpha	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
61	DeemedReasonCode	Alpha/Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
62	LISCopayLevelID	Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
63	DeemedCopayLevelID	Numeric	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
64	PartDOptOutSwitch	Alpha	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.

#	Field	Format	Required (Plan Type)	Example	Comment
65	SEPReasonCode	Alpha/Numeric	No	XXX MMDDYYYY, YYY MMDDYYYY	Comma separated list of codes from SEP Reason Code Lookup below indicating why the beneficiary is enrolling outside of the standard enrollment period. If applicable, date for selected SEP is included.
66	SEPCMSReasonCODE	Alpha	No	Special Exceptions Enrollment Approved by CMS	Only used by CMS staff indicating why the beneficiary has been approved for Special Exceptions Enrollment. Entries in this field will be standardized with regards to content and characters. The list of acceptable data elements will be published separately.
67	PremiumDirectPay	Alpha	All	No	Answer if the applicant wants to pay their premium using plan's premium payment options. Note, this value should always be the opposite of PremiumDeducted above, i.e. YES to PremiumDeducted = NO to PremiumDirectPay.
68	EnrollmentPlanYear	Numeric	All	2021	Indicates Plan Year of the plan the applicant is applying.
69	PremiumWithhold	Alpha	No	"SSI" or "RRB"	Indicates which source, monthly Social Security (SSI) or Railroad Retirement Board (RRB) benefit check, applicant wants their plan premium deducted from. Note, this field is optional for the beneficiary to answer, but will always output blank when PremiumDirectPay = YES.
70	SpouseWorkStatus	Alpha	No	Yes	Starting with 2021 enrollment effective dates, this field indicates if the applicant's spouse works: Yes or No.

#	Field	Format	Required (Plan Type)	Example	Comment
71	AccessibilityFormat	Alpha	No	Braille	Starting with 2021 enrollment effective dates, this field indicates the applicant's preferred accessibility format: Braille, LargePrint, or AudioCD.
72	EmailOptIn	Alpha	No	Yes	Starting with 2021 enrollment effective dates, this field indicates if the applicant has opted into receive plan materials via email: Yes or No.

Key:

* If "EmailOptIn" is Yes, then this field is required.

** If "Other Coverage" is Yes, then this field is required.

Plan type:

MAPD: Medicare Advantage plan with drug coverage

MA: Medicare Advantage plan without drug coverage

SNP DE: Dual Eligible Special Needs Plan

PFFS-PD: Private Fee For Service plan with drug coverage

PFFS-MA: Private Fee For Service plan without drug coverage

PDP: Stand-alone Medicare Prescription Drug Plan

CP-PD: Cost plan with drug coverage

CP-MA: Cost plan without drug coverage

Appendix B: List of CY 2021 OEC Record Layout Changes

#	Field	Reason for Change	Description of Change
6	ApplicantTitle	Removed from the new model enrollment form.	Field will remain in the layout as a null value.
21	ApplicantHICN	Updated to reflect the MBI field.	Field renamed to ApplicantMBI. Example updated to reflect the MBI format.
25	MailingAddress3	Removed from the OEC form.	Field will remain in the layout as a null value.
29	MedicarePartA	Removed from the new model enrollment form.	Field will remain in the layout as a null value.
30	MedicarePartB	Removed from the new model enrollment form.	Field will remain in the layout as a null value.
31	EmergencyContact	Removed from the new model enrollment form.	Field will remain in the layout as a null value.
32	EmergencyPhone	Removed from the new model enrollment form.	Field will remain in the layout as a null value.
33	EmergencyRelationship	Removed from the new model enrollment form.	Field will remain in the layout as a null value.
39	LongTerm	Removed from the new model enrollment form.	Field will remain in the layout as a null value.
40	LongTermName	Removed from the new model enrollment form.	Field will remain in the layout as a null value.
41	LongTermAddress	Removed from the new model enrollment form.	Field will remain in the layout as a null value.
42	LongTermPhone	Removed from the new model enrollment form.	Field will remain in the layout as a null value.
50	Language	Revised on the new model enrollment form.	Field will have three possible values: Spanish, Other, or null.
51	ESRD	Removed from the new model enrollment form.	Field will remain in the layout as a null value.
52	StateMedicaid	Removed from the new model enrollment form.	Field will remain in the layout as a null value.
53	WorkStatus	Modified on the new model enrollment form.	Field has become optional.
56	AgentID	Removed from the OEC form.	Field will remain in the layout as a null value.
58	PartDSUBAppInd	Removed from the OEC form.	Field will remain in the layout as a null value.
59	DeemedInd	Removed from the OEC form.	Field will remain in the layout as a null value.
60	SubsidyPercentage	Removed from the OEC form.	Field will remain in the layout as a null value.
61	DeemedReasonCode	Removed from the OEC form.	Field will remain in the layout as a null value.
62	LISCopayLevelID	Removed from the OEC form.	Field will remain in the layout as a null value.
63	DeemedCopayLevelID	Removed from the OEC form.	Field will remain in the layout as a null value.
64	PartDOptOutSwitch	Removed from the OEC form.	Field will remain in the layout as a null value.

#	Field	Reason for Change	Description of Change
70	SpouseWorkStatus	Added to the new model enrollment form.	Field has been added as optional.
71	AccessibilityFormat	Added to the new model enrollment form.	Field has been added as optional. Field will have three possible values: Braille, LargePrint, or AudioCD.
72	EmailOptIn	Added to the new model enrollment form.	Field has been added as optional.

Appendix C: CY 2021 Special Enrollment Period (SEP) Codes

Question	Reason Code
I'm new to Medicare.	NEW
I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.	ICE
I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started.	RET
I had Medicare prior to now, but I'm now turning 65.	MRD
Between 1/1-3/31: I'm in a Medicare Advantage Plan and want to make a change. Between 4/1-12/31: I'm in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change.	OEP
I moved to a new address that's outside my current plan's service area, or I recently moved and this plan is a new option for me.	MOV
I moved back to the U.S. after living outside the country.	RUS
I was released from jail.	INC
I recently got lawful presence status in the U.S.	LAW
I live in a long-term care facility, like a nursing home or a rehabilitation hospital.	LT2
I recently moved out of a long-term care facility, like a nursing home or a rehabilitation hospital.	LTC
I left coverage from my employer or union (including COBRA coverage)	LEC

Question	Reason Code
I lost other, non-Medicare drug coverage that's as good as Medicare drug coverage (creditable coverage), or my other, non-Medicare coverage changed and is no longer considered creditable.	LCC
I lost my coverage because my plan no longer covers the area that I live or it ended its contract with Medicare.	EOC
I lost my coverage because Medicare ended its contract with my plan. I got a letter from Medicare saying I could join another plan.	MYT
I dropped my coverage in a PACE (Programs of All-Inclusive Care for the Elderly) plan.	PAC
I lost my Special Needs Plan because I no longer have a condition required for that plan.	SNP
I want to join a Special Needs Plan that tailors its benefits to my chronic condition.	CSN
I have both Medicare and Medicaid, my state helps pay for my Medicare premiums, or I get Extra Help paying my Medicare drug coverage.	MDE
I recently had a change in my Medicaid (newly got Medicaid, had a change in my level of Medicaid, or lost Medicaid).	MCD
I recently had a change in my Extra Help paying for my drug costs (newly got Extra Help, had a change in my level of Extra Help, or lost Extra Help)	NLS
I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.	DIF
I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.	PAP
I dropped a Medicare Supplement Insurance (Medigap) policy when I first joined a Medicare Advantage Plan. It's been less than 12 months since I left my Medigap policy. I want to switch to Original Medicare so I can go back to my Medigap policy, and I'm joining a Drug Plan (Part D).	12G
I was affected by an emergency or a major disaster (as declared by the Federal Emergency Management Agency, or by Federal, my state, or my local government). One of the other statements on this page applied to me, but I was unable to make my request because of the disaster.	DST

Question	Reason Code
I joined a Medicare Advantage Plan with drug coverage when I turned 65. It's been less than 12 months since I joined this plan. I want to switch to Original Medicare, and I'm joining a Drug Plan.	12J
I am enrolling in a 5-star Medicare plan.	5ST
I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.	LPI
I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.	REC
Other	OTH
Other explanation	N/A