



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: July 13, 2022

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

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SUBJECT: Online Enrollment Center (OEC) Record Layout Changes

As described in the July 5, 2022 memo entitled “Model Individual Enrollment Request Form to Enroll in a Medicare Advantage Plan (MA) or a Medicare Prescription Drug Plan (Part D), and Advance Announcement of January 2023 Software Release - Addition of Race and Ethnicity Data Fields on Enrollment Transactions,” race and ethnicity data fields are being added to the model individual enrollment request form used to enroll in an MA or Part D plan (see OMB No. 0938-1378). These new fields are required to be included on the enrollment form; however, applicant response to these questions is optional. MA and Part D plans are expected to use the new form for enrollment requests received on or after January 1, 2023.

This memo provides notice of the corresponding changes to the OEC record layout used by the Health Plan Management System (HPMS) OEC Management module. **Appendix A** contains the revised layout, while **Appendix B** provides a list of the layout changes.

The layout changes described in this memo apply only to enrollment requests received on or after January 1, 2023. Enrollment requests received prior to January 1, 2023 will adhere to the current OEC record layout. CMS will provide further information on the implementation plan for the January 1, 2023 OEC record layout cut-over under separate cover.

For questions regarding the modifications to the model individual MA/PDP enrollment request form, please submit inquiries to the Division of Enrollment and Eligibility Policy mailbox at <https://enrollment.lmi.org>.

For questions regarding the HPMS OEC record layout, please contact Adam Foltz at adam.foltz@cms.hhs.gov.

Appendix A: Online Enrollment Center (OEC) File Layout for Enrollments Received on or After January 1, 2023

The OEC file is provided in tab-delimited format.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
1	ConfirmationNumber	Alpha/Numeric	12	All	XYZ123456789	Confirmation number associated with the OEC application.
2	SubmitDate	Numeric	8	All	MMDDYYYY	Submission date of the OEC application.
3	ContractID	Alpha/Numeric	5	All	H0001	Contract ID of the organization to which the applicant is applying.
4	PlanID	Numeric	3	All	001	Plan ID of the plan benefit package to which the applicant is applying.
5	SegmentID	Numeric	3	All	000	Segment ID of the plan segment to which the applicant is applying. When not applicable, the file will use 000.
6	ApplicantTitle	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
7	ApplicantFirstName	Alpha/Numeric	Variable	All	John	First name of the applicant.
8	ApplicantMiddleInitial	Alpha	1	No	H	Middle initial of the applicant.
9	ApplicantLastName	Alpha/Numeric	Variable	All	Smith	Last name of the applicant.
10	ApplicantBirthDate	Numeric	8	All	MMDDYYYY	Birth date of the applicant.
11	ApplicantGender	Alpha	1	All	F	Gender of the applicant. Valid values: F, M
12	ApplicantAddress1	Alpha/Numeric	Variable	All	1234 Orange	Address of the applicant.
13	ApplicantAddress2	Alpha/Numeric	Variable	No	Apt 24	Address of the applicant.
14	ApplicantAddress3	Alpha/Numeric	Variable	No	#21	Address of the applicant.
15	ApplicantCity	Alpha/Numeric	Variable	All	Any city	City of the applicant.
16	ApplicantCounty	Alpha/Numeric	Variable	All	Orange	County of the applicant.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
17	ApplicantState	Alpha	2	All	CA	State of the applicant.
18	ApplicantZip	Numeric	5	All	90010	Zip code of the applicant.
19	ApplicantPhone	Numeric	10	All	1234567890	Phone number of the applicant.
20	ApplicantEmailAddress	Alpha/Numeric	Variable	*	applicant@123xyz.com	E-mail address of the applicant.
21	ApplicantMBI	Alpha/Numeric	11	All	1AB2CD3FG45	Medicare Beneficiary Identifier (MBI) assigned to the applicant.
22	ApplicantSSN	Alpha/Numeric	9	SNP DE	555555555	Social Security Number (SSN) assigned to the applicant for SNP DE enrollments.
23	MailingAddress1	Alpha/Numeric	Variable	No	1234 Street	Mailing address of the applicant.
24	MailingAddress2	Alpha/Numeric	Variable	No	Apt 24	Mailing address of the applicant.
25	MailingAddress3	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
26	MailingCity	Alpha/Numeric	Variable	No	Any City	Mailing city of the applicant.
27	MailingState	Alpha	2	No	CA	Mailing state of the applicant.
28	MailingZip	Numeric	5	No	90010	Mailing zip code of the applicant.
29	MedicarePartA	Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
30	MedicarePartB	Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
31	EmergencyContact	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
32	EmergencyPhone	Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
33	EmergencyRelationship	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
34	PremiumDeducted	Alpha	3	All	Yes	Indicates if the plan premium should be deducted from the applicant's monthly Social Security or Railroad Retirement Board (RRB) benefit check. Valid values: Yes, No <u>Note:</u> This value will be the opposite of the "PremiumDirectPay" field (i.e., Yes for "PremiumDeducted" results in No for "PremiumDirectPay").
35	PremiumSource	Alpha	N/A	No	NULL	Starting on 11/15/2006, this field will no longer include data as "PremiumPremiumDircectPay" dictates the beneficiary premium.
36	OtherCoverage	Alpha	3	No	No	Indicates whether the applicant has other coverage for MAPD, PDP, SNP DE PFFS-PD, and CP-PD enrollments. Valid values: Yes, No
37	OtherCoverageName	Alpha/Numeric	Variable	**	My Coverage	Name of the applicant's other coverage for MAPD, PDP, SNP DE, PFFS-PD, and CP-PD enrollments.
38	OtherCoverageID	Alpha/Numeric	Variable	**	1234567890	ID# of the applicant's other coverage.
39	LongTerm	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
40	LongTermName	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
41	LongTermAddress	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
42	LongTermPhone	Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
43	AuthorizedRepName	Alpha/Numeric	Variable	No	Joe Smith	Name of the applicant's authorized representative.
44	AuthorizedRepAddress	Alpha/Numeric	Variable	No	1234 Street	Address of the applicant's authorized representative.
45	AuthorizedRepCity	Alpha/Numeric	Variable	No	Any City	City of the applicant's authorized representative.
46	AuthorizedRepState	Alpha	2	No	CA	State of the applicant's authorized representative.
47	AuthorizedRepZip	Numeric	5	No	90010	Zip code of the applicant's authorized representative.
48	AuthorizedRepPhone	Numeric	10	No	1234567890	Phone number of the applicant's authorized representative.
49	AuthorizedRepRelationship	Alpha	Variable	No	Caregiver	Relationship of the authorized representative to the applicant.
50	Language	Alpha	7	No	Spanish	Indicates if the applicant wants to receive information in a language other than English. Valid values: Spanish, Other, Null
51	ESRD	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
52	StateMedicaid	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
53	WorkStatus	Alpha	3	No	Yes	Indicates if the applicant works. Valid values: Yes, No
54	PrimaryCarePhysician	Alpha/Numeric	Variable	No	Dr. Jones	Name of the applicant's primary care physician for MAPD, MA, SNP DE, PFFS- PD, PFFS- MA, CP-PD, and CP-MA enrollments.
55	OtherCoverageGroup	Alpha/Numeric	Variable	No	Plan001	Group information about the applicant's other coverage.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
56	AgentID	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
57	SubmitTime	Alpha	22	All	2005-11-14 00:27:44.023	Indicates the full time stamp of the enrollment in Coordinated Universal Time (UTC).
58	PartDSubAppInd	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
59	DeemedInd	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
60	SubsidyPercentage	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
61	DeemedReasonCode	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
62	LISCopayLevelID	Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
63	DeemedCopayLevelID	Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
64	PartDOptOutSwitch	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
65	SEPReasonCode	Alpha/Numeric	Variable	No	XXX MMDDYYYY, YYY MMDDYYYY	Provides a comma separated list of SEP reason codes to explain why the applicant is enrolling outside of the standard enrollment period. If applicable, the date for the selected SEP reason code is included. See the SEP Reason Code Lookup below.
66	SEPCMSReasonCODE	Alpha	Variable	No	Special Exceptions Enrollment Approved by CMS	Field used only by CMS staff to indicate why the applicant has been approved for special exceptions enrollment. Entries in this field will be standardized with regard to content and characters.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
67	PremiumDirectPay	Alpha	3	All	No	<p>Indicates if the applicant wants to pay their premium using the plan's premium payment options.</p> <p>Valid values: Yes, No</p> <p><u>Note:</u> This value will be the opposite of the "PremiumDeducted" field (i.e., Yes for "PremiumDeducted" results in No for "PremiumDirectPay").</p>
68	EnrollmentPlanYear	Numeric	4	All	2022	<p>Indicates the contract year for which the applicant is applying.</p>
69	PremiumWithhold	Alpha	3	No	SSI	<p>Indicates whether the plan premium should be deducted from the applicant's monthly Social Security (SSI) or the Railroad Retirement Board (RRB) benefit check.</p> <p>Valid values: SSI, RRB, null</p> <p><u>Note:</u> OEC will populate this field null when "PremiumDirectPay" is Yes.</p>
70	SpouseWorkStatus	Alpha	3	No	Yes	<p>Indicates if the applicant's spouse works.</p> <p>Valid values: Yes, No</p>
71	AccessibilityFormat	Alpha	10	No	Braille	<p>Indicates the applicant's preferred accessibility format.</p> <p>Valid values: Braille, LargePrint, AudioCD, null</p>

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
72	EmailOptIn	Alpha	3	No	Yes	Indicates if the applicant has opted in to receive plan materials via email. Valid values: Yes, No
73	Race ***	Alpha	3	MAPD MA SNP DE PFFS-PD PFFS-MA PDP	NR	Provides a comma separated list of race codes, as selected by the applicant. Valid values: See key below.
74	Ethnicity ***	Numeric	3	MAPD MA SNP DE PFFS-PD PFFS-MA PDP	999	Provides a comma separated list of ethnicity codes, as selected by the applicant. Valid values: See key below.

Key:

* If “EmailOptIn” is Yes, then this field is required.

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

*** These fields are being added to the model individual MA/PDP enrollment request form, per OMB No. 0938-1378.

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

Race:

300	American Indian or Alaska Native
401	Asian Indian
201	Black or African American
411	Chinese
421	Filipino
521	Guamanian or Chamorro
431	Japanese
441	Korean
501	Native Hawaiian
499	Other Asian
599	Other Pacific Islander
511	Samoan
451	Vietnamese
101	White
999	I choose not to answer

Ethnicity:

NA	Not of Hispanic, Latino/a or Spanish origin
PR	Puerto Rican
OTH	Another Hispanic, Latino or Spanish origin
MX	Mexican, Mexican American, Chicano/a
CUB	Cuban
NR	I choose not to answer

Special Enrollment Period (SEP) Codes

OEC Question	OEC SEP Code	MARx SEP Reason Code
I'm new to Medicare.	NEW	ETC-E (IEP)
I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.	ICE	ETC-I (ICEP)
I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started.	RET	32
I had Medicare prior to now, but I'm now turning 65.	MRD	ETC-F (IEP2)
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	ETC-M (MA 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	ETC-V Perm Residence
I moved back to the U.S. after living outside the country.	RUS	ETC-V Perm Residence
I was released from jail.	INC	ETC-V Perm Residence
I recently got lawful presence status in the U.S.	LAW	37

OEC Question	OEC SEP Code	MARx SEP Reason Code
I live in a long-term care facility, like a nursing home or a rehabilitation hospital.	LT2	ETC-T (OEPI)
I recently moved out of a long-term care facility, like a nursing home or a rehabilitation hospital.	LTC	ETC-T (OEPI)
I left coverage from my employer or union (including COBRA coverage)	LEC	ETC-W (EGHP SEP)
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	22
I lost my coverage because my plan no longer covers the area that I live or it ended its contract with Medicare.	EOC	12
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	11
I dropped my coverage in a PACE (Programs of All-Inclusive Care for the Elderly) plan.	PAC	27
I lost my Special Needs Plan because I no longer have a condition required for that plan.	SNP	35
I want to join a Special Needs Plan that tailors its benefits to my chronic condition.	CSN	30
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	ETC-L (Dual/ LIS Quarterly)
I recently had a change in my Medicaid (newly got Medicaid, had a change in my level of Medicaid, or lost Medicaid).	MCD	ETC-U (LIS)
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	ETC-U (LIS)
I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.	DIF	ETC-U (LIS)

OEC Question	OEC SEP Code	MARx SEP Reason Code
I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.	PAP	38
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	29
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	01
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	33
I am enrolling in a 5-star Medicare plan.	5ST	ETC-R (5star)
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	40
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	39
I requested Medicare information in an accessible format. I got less time to make my decision, or I didn't get it in time to make a choice before my enrollment period ended.	ACC	21
I lost my Medicare Advantage Plan with drug coverage because I lost Medical (Part B) coverage. I want to join a Medicare drug plan.	INV	25
I live in a long-term care facility, like a nursing home or a rehabilitation hospital. I dropped my Medicare Advantage Plan with drug coverage and I want to join a Medicare drug plan.	IIP	26
Plans are reminded to use election type code "T" for OEPI transactions.		

OEC Question	OEC SEP Code	MARx SEP Reason Code
I dropped my Cost Plan with drug coverage and switched to Original Medicare. I want to join a Medicare drug plan.	OSD	36
I live in or (within the past 2 months) moved out of a long-term care facility, like a nursing home or a rehabilitation hospital. I want to join a Medicare drug plan.	IND	31
I had Medicare before, but I'm now turning 65.	IEP	41
OEC Options Available to 1-800-Medicare Customer Service Representatives Only		
I wasn't properly notified that my private drug coverage wasn't creditable, or was no longer creditable	CRE	90
I was notified by my plan that it had or will have a significant provider network change.	PRO	91
I'm in a plan that violated its contract with me.	VIO	92
Marketing Misrepresentation SEP: I was enrolled in a plan based on misleading or incorrect information, or I was enrolled into a plan without my knowledge or consent.	EXC	93
I was affected by an item directly related to my plan's sanction.	SAN	23
Other	OTH	N/A
Other explanation	N/A	N/A

Appendix B: List of OEC Record Layout Changes for Enrollments Received on or After January 1, 2023

#	Field	Reason for Change	Description of Change
73	Race	Addition to the model enrollment form.	Field has been added.
74	Ethnicity	Addition to the model enrollment form.	Field has been added.