



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: July 28, 2020

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: Contract Year (CY) 2021 Online Enrollment Center (OEC) Record Layout Changes

This memo provides advanced notice of the upcoming changes to the CY 2021 OEC record layout used by the Health Plan Management System (HPMS) OEC Management module. **Appendix A** contains the revised layout; **Appendix B** provides a detailed list of the layout changes.

For enrollments with a 2020 effective date, both the OEC form on www.medicare.gov and the OEC record layout on HPMS will adhere to the current CY 2020 record layout. The changes described in this memo apply **only** to enrollments with an effective date on or after January 1, 2021.

CMS anticipates sending the annual OEC timeline and requirements memo in August 2020.

Please direct questions regarding the CY 2021 OEC record layout changes to Sandesh Sreenivas at sandesh.sreenivas@cms.hhs.gov.

Appendix A: CY 2021 Online Enrollment Center (OEC) Record 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 two possible values: Spanish and Other.

#	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	2009	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.

#	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, Large Print, or Audio CD.
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.

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 two possible values: Spanish and Other.
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, Audio CD, or Large Print.
72	EmailOptIn	Added to the new model enrollment form.	Field has been added as optional.