



# **Annual Enrollment Plan Connectivity Overview**

**MAPD Help Desk**

**1-800-927-8069 [MAPDHelp@cms.hhs.gov](mailto:MAPDHelp@cms.hhs.gov)**

**<https://www.cms.gov/MAPD-Helpdesk>**





# Objectives

- ❖ Introduce available resources
- ❖ Provide an overview of the process
- ❖ Develop familiarity of forms used in the process
- ❖ Review the suggested preparation timeline for the Annual Enrollment Period



# Resources and Forms

## Resources

- ❖ Data Exchange Preparation Procedures (DEPP)
- ❖ Plan Connectivity Checklist
- ❖ Planned Communication User Guide (PCUG)

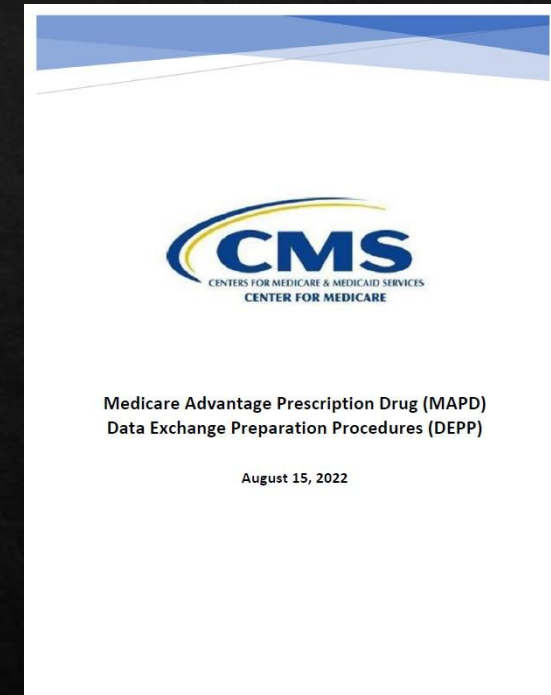
## Forms

- ❖ Request for Server to Server Access to CMS for Enterprise File Transfer (EFT) Corporate Secure Point Of Entry (SPOE) ID Form
- ❖ EFT Partner Server Form
- ❖ External Point Of Contact (EPOC) Designation Letter
- ❖ EPOC Access Acknowledgement Form
- ❖ Plan Connectivity Data Module PCD form

# Resource: DEPP

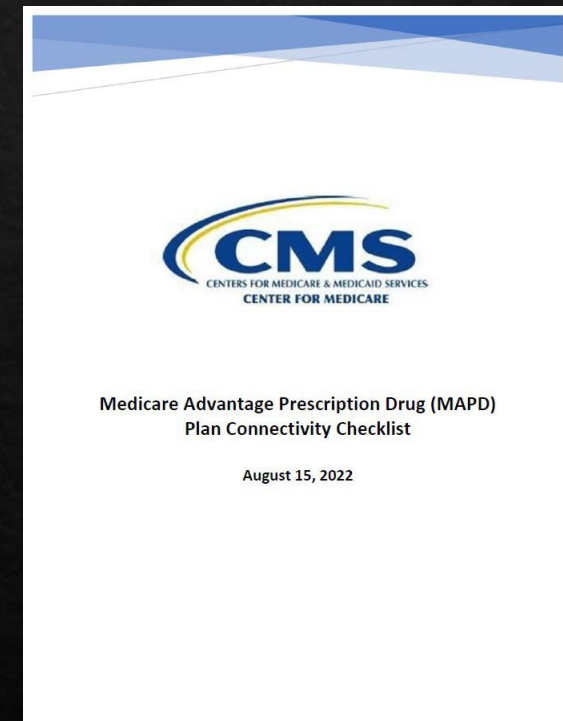
## Data Exchange Preparation Procedures

- ❖ The DEPP is a grand overview of the connectivity process and connectivity types.
- ❖ To access the DEPP you will navigate to the download section at the following URL:  
[Plan Connectivity Preparation | CMS](#)



# Resource: Plan Connectivity Checklist

- ❖ The Planned Connectivity Checklist is a general outline you can follow to complete the connectivity process.
- ❖ The process has specific timing for steps to be completed; please review the timeline for more detailed information. To access plan connectivity checklist, you will navigate to the downloads section at the following URL:
  - ❖ [Plan Connectivity Preparation | CMS](#)





# Resource: PCUG

## Plan Communication User Guide

- ❖ The Plan Connectivity User Guide is a valuable resource for those who submit files. It provides users an overview of the different file naming conventions and line coding that are utilized to assist in submitting files for their Plans.
- ❖ The PCUG outlines the functions within the MARx - Medicare Advantage and Prescription Drug System (MARx) User Interface application that most will find useful.
- ❖ The PCUG is updated regularly. To access the most up-to-date version of the planned Communication User Guide you will navigate to the download section at the following URL:  
[MAPD Plan Communications User Guide \(PCUG\) | CMS](#)



# Form:

## Request to Server to Server Access to CMS for Enterprise File Transfer (EFT) Corporate Secure Point of Entry (SPOE) ID

**The SPOE ID Request Form is needed when a Plan does not have a current ID to connect to CMS. Instances where you will need the SPOE ID request form:**

- All Connect: Direct setups
- All TIBCO MFT Internet Server (SFTP & HTTPS) & TIBCO Platform Servers (PS) setups
- Gentran setups (required only when automating file transfers)

**Instances where you may not need the SPOE ID Request Form:**

- Plan is using an established third party with an existing SPOE ID
- Plan has an existing SPOE ID that they will utilize
- Set up will be Gentran and plan will not be automating

**The SPOE ID is needed by the Plan to access CMS's SFTP server for submitting files.**

**To access the SPOE ID Request Form you will navigate to the downloads section at the following URL:**

[Plan Connectivity Preparation | CMS](#)

Request for Server to Server Access to CMS for Enterprise File Transfer (EFT) Corporate Secure Point of Entry (SPOE) ID

- Organization Contact\* and CMS Approver\*\* must read and sign page 2.
- The CMS Approver must send the completed form to CMS EFT\_GTL mailbox

1. CMS Application  
Service Request number for EFT setup requiring this SPOE ID: \_\_\_\_\_  
CMS Application(s) connected to: \_\_\_\_\_

2. TYPE OF USER ID NEEDED: (Please only check one)  
☒ SFTP - MFT Internet Server ☐ Gentran B2BI  
☐ MFT Platform Server (CyberFusion) ☐ Connect:Direct (C:D)

3. Organization/Company Information  
Organization/Company Name: \_\_\_\_\_  
Organization/Company EIN: \_\_\_\_\_  
Organization Contact Name: \_\_\_\_\_  
Organization Contact Phone: \_\_\_\_\_  
Organization Contact Email: \_\_\_\_\_  
MAPD Plan Contract #/MAC ID: \_\_\_\_\_

4. Organization/Company Technical Contact Information  
Technical Contact Name: \_\_\_\_\_  
Technical Contact Phone: \_\_\_\_\_  
Technical Contact Email: \_\_\_\_\_  
Company Node Name (C:D): \_\_\_\_\_

5. CMS Business Owner Approver Information  
CMS Approver Name: \_\_\_\_\_  
CMS Approver Phone: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR CMS USE ONLY**

SPOE ID: \_\_\_\_\_ ID's Assigned By: \_\_\_\_\_  
Tech Contact Notified: \_\_\_\_\_ Date: \_\_\_\_\_

(SPOE Request - 2022-08-10)

# Form: Enterprise File Transfer (EFT) Partner Server Form

- ❖ Plans must print, fill out, sign, and email these forms to: EFTAdmin@cms.hhs.gov. It is not required but would be helpful to cc: [MAPDHelp@cms.hhs.gov](mailto:MAPDHelp@cms.hhs.gov)
- ❖ The partner server form is used for new connections into EFT. The EFT Partner Server Form provides the IP address and connectivity details for the connection that EFT needs for routing.  
The EFT Partner Server Form is needed to allow CMS access to the Plan's SFTP server to successfully send and receive files to the Plan.
- ❖ To access the Partner Server Form, you will navigate to the download section at the following URL:  
[Plan Connectivity Preparation | CMS](#)

The screenshot shows the 'Enterprise File Transfer (EFT) Partner Server Information' form. At the top is the CMS logo. Below it, the title 'Enterprise File Transfer (EFT) Partner Server Information' is centered. The form includes fields for 'Date:' and 'Organization:'. Section A, 'SERVER INFORMATION', contains checkboxes for 'Type of Server' (Connect: Direct, SSH, MFT Platform Server), 'Operating System' (Unix, Linux, Windows, z/OS), and text fields for 'Node Name', 'IP Address', and 'Port Number'. A note states 'Please provide the EFT team with server login credentials.' Section B, 'LOGIN INFORMATION', has fields for 'Username:', 'Password:' (with a note 'Please send password separately'), and 'Directory or High Level Qualifier EFT will send files to:'. Section C, 'PASSWORD EXPIRATION PROCESS (IF APPLICABLE)', lists three numbered questions about password expiration and contact information. Section D, 'PUBLIC KEY for SSH users (SSH DSA KEY)', is a text area. At the bottom, a note directs questions to the EFT contact or team, with the email [eft\\_admin@cms.hhs.gov](mailto:eft_admin@cms.hhs.gov). The footer includes 'Confidential' and 'Last Update: February, 2017'.



# Form: EPOC Designation Letter & EPOC Access Acknowledgement Form

EPOC Letter Template

Please use Company Letterhead – Letter must be emailed to [DPOEPOCS@cms.hhs.gov](mailto:DPOEPOCS@cms.hhs.gov) and [MAPDHelp@cms.hhs.gov](mailto:MAPDHelp@cms.hhs.gov)

Date: mm/dd/yyyy

The Centers for Medicare & Medicaid Services  
Center for Medicare  
7500 Security Boulevard, Mail Stop – C1-13-07  
Baltimore, MD 21244

RE: EPOC Designation Letter Request for Plan [Plan Number]

To: CMS EPOC APPROVAL

[Name of Plan Or Company] requests that CMS designate the following person as the External Point of Contact (EPOC) for plan contract(s) listed below:

Full Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contract Number(s): \_\_\_\_\_  
(List all contract numbers this EPOC will be responsible for.)

As an official of [Name of company], I have the authority to designate the person identified above as the EPOC for the contract number(s) listed above. My contact information is:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Signature of the Company's official, title)

- ❖ Plans must print, fill out, sign, and e-mail the forms to: [DPOEPOCS@cms.hhs.gov](mailto:DPOEPOCS@cms.hhs.gov) and CC: [MAPDHelp@cms.hhs.gov](mailto:MAPDHelp@cms.hhs.gov)
- ❖ Both forms are required for EPOC role approval.
- ❖ Forms can be sent in at any time; however, during preparation for Annual Enrollment Period (AEP), the role cannot be requested in the Enterprise Portal until the contracts are loaded into the Enterprise Portal ([portal.cms.gov](http://portal.cms.gov)). Usually, this occurs the first weekend in October.
- ❖ Once EPOCHs are approved, MA Submitters and MA Representatives can request roles for approval by the EPOC.
- ❖ Plans are required to have at least one EPOC and one MA Submitter to establish connectivity.
- ❖ To access the EPOC Designation Letter and EPOC Access Acknowledgement Form you will navigate to the download section at the following URL:  
[Plan Connectivity Preparation | CMS](#)

EPOC ACCESS ACKNOWLEDGEMENT FORM

1. TYPE OF REQUEST (Check only one):  
☐ NEW EPOC Designation ☐ CERTIFY  
☐ DISCONNECT EPOC Access

2. USER INFORMATION

User ID: \_\_\_\_\_

First Name (As you want it published) MI Last Name (As you want it published)

CompanyName

Mailing Address (Include Suite/Apt/Box)

City State ZIP Code

Office Telephone (Include Extension) Company Telephone (If different) E-Mail Address

3. WORKLOAD INFORMATION

Contract Number(s)

4. JUSTIFICATION

5. APPROVALS:  
PROVIDE SIGNATURES BELOW  
Authorization: We acknowledge that our Organization is responsible for all resources to be used by the person identified above and the requested access is required to perform their duties. We have reviewed and verified the workload information supplied is accurate and appropriate. We understand that any change in employment status or access needs are to be reported immediately via submittal of this form or email request.

1st APPROVER (Company Official authorized to designate a plan EPOC)

Printed Name Telephone Number

Signature Date

2nd APPROVER (CMS EPOC Authorized)

Printed Name Telephone Number

Signature Date

APPLICANT: Read, complete and sign following pages.

# Additional EPOC Details

- ❖ EPOCs will NOT have access to MARx application. This specific role is only tasked with approving/removing users access when needed.
- ❖ To access the EPOC Role Request Guide, navigate to the download section at the following URL:  
[Plan Connectivity Preparation | CMS](#)



# Form: Plan Connectivity Data (PCD)

Located in the HPMS.cms.gov site.

CMS user and Technical user guides for the PCD are in the side tabs.

- User must be logged in to navigate to the guides.

Access issues or concerns with the HPMS site or the PCD module need to be directed to the HPMS Help Desk.

## PCD roles

- Organization Contact – The point of contact to talk about the setup or needs.
- Organization Technical Point of contact – The contact available for technical needs such as setup and testing.
- EPOC Approver – The contact that has signed the EPOC forms as a user who designated the Plan EPOC.
- SPOE Contact – The main contact on the Request for Server to Server Access to CMS for Enterprise File Transfer (Eft) Corporate Secure Point of Entry (SPOE) ID.

The screenshot shows a web form titled "H0001 - SAMPLE MA CONTRACT". The form is divided into several sections:

- Data Entry By:** TESTER, SITE
- Organization's Technical Contact Information:**
  - Name: John Doe
  - Phone Number: 1234567898
  - Fax Number: 1234567899
  - Email Address: Email@email.com
  - Position: Leader
  - Effective Date: 06/15/2023
- Connectivity Types:**
  - Connectivity Type: Gentran
  - PCD Submission Method Connectivity Type: Gentran
  - SAPS Submission Method Connectivity Type: Gentran
- RACI ID:** ABBA
- Organization Representative:**
  - Name: \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
  - Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Plan EPOC Approver:**
  - Name: \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
  - Signature: \_\_\_\_\_ Date: \_\_\_\_\_

At the bottom, there is a note: "When complete email form to MAPDHelp@cms.hhs.gov" and a final instruction: "Please complete the steps outlined above before proceeding."

## Additional Available Resources (Included in Welcome Packet):

- ❖ Connectivity Type Summary (a summary of connection types)
- ❖ Connectivity Frequently Asked Questions (FAQs)
- ❖ Who Do I Contact? (list of Help Desk contacts by role)
- ❖ MAPD Plan Connectivity Checklist (steps for establishing connectivity)



# Basic Outline of the Connectivity Process

01

SELECT A  
CONNECTIVITY TYPE  
BASED ON YOUR  
INFRASTRUCTURE  
AND GOALS

02

COMPLETE FORMS  
ASSOCIATED TO THE  
CHOSEN  
CONNECTIVITY TYPE

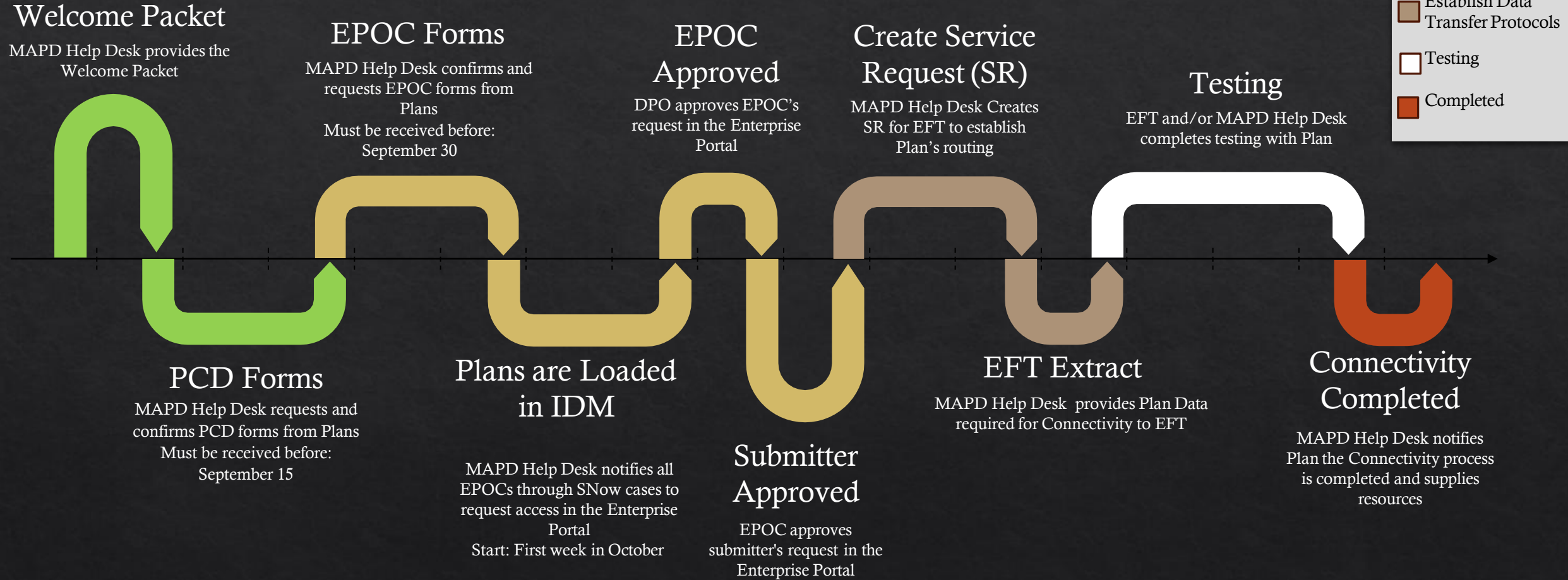
03

INITIATE USER  
ACCESS WITH  
FORMS AND  
WEB APPLICATION  
REQUESTS

04

COMPLETE ROUTING  
SETUP AND TESTING

# General Events for all Plans





# **New Plans Participating in the Medicare Advantage Prescription Drug (MAPD) Program**



**The  
Start**

All new Plans participating in the Medicare Advantage Prescription Drug (MAPD) Program must receive a contract number(s) from CMS or the Health Plan Management System (HPMS) before they can begin. After obtaining a contract number(s), Plans must register a designated person(s) to enter the Plan's connectivity data into the HPMS Plan Connectivity Data (PCD) Module.

# Connectivity Types

## 01 Connect: Direct

A private CMS WAN Ethernet connection directly connects the Plan to the CMS network. The software to support the data transfer across the private connection is Connect: Direct, a product that can be licensed from IBM. Plans are expected to fund the cost of the Ethernet connection and software license.

## 02 TIBCO MFT

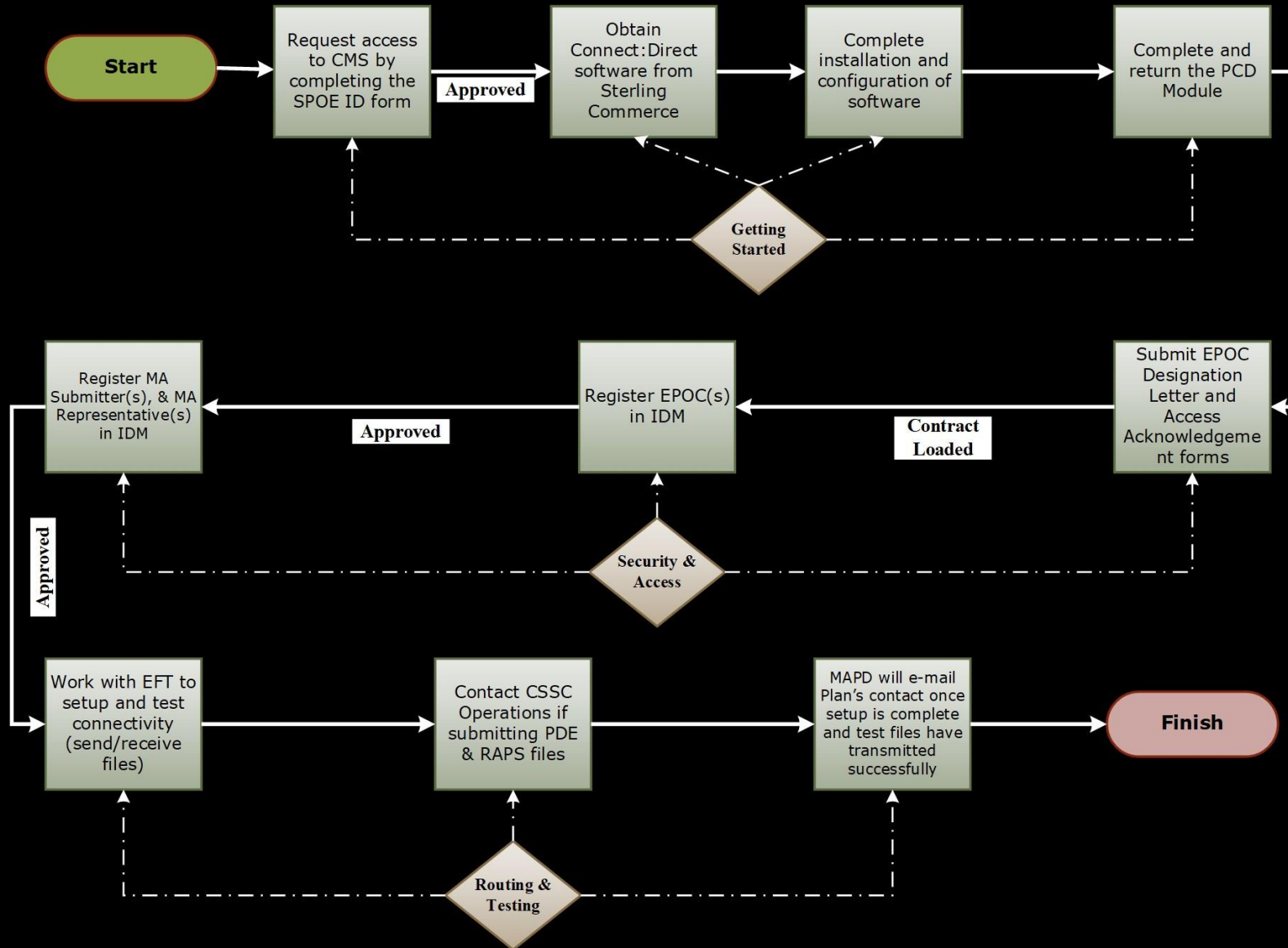
Secure File Transfer Protocol (SFTP) is a secure internet server hosted by the Plan. Organizations opting to use the SFTP with the TIBCO MFT Internet Server will be required to obtain a Secure Point of Entry (SPOE) ID from CMS and to host a Secure Shell (SSH) server with a Digital Signature Algorithm (DSA) or Rivest-Shamir-Adleman (RSA) public key.

Hypertext Transfer Protocol Secure (HTTPS) is a secure web interface to provide connectivity to the TIBCO MFT internet server hosted by CMS. Users will log in to the TIBCO MFT internet server web interface to send data to CMS.

## 03 Gentran

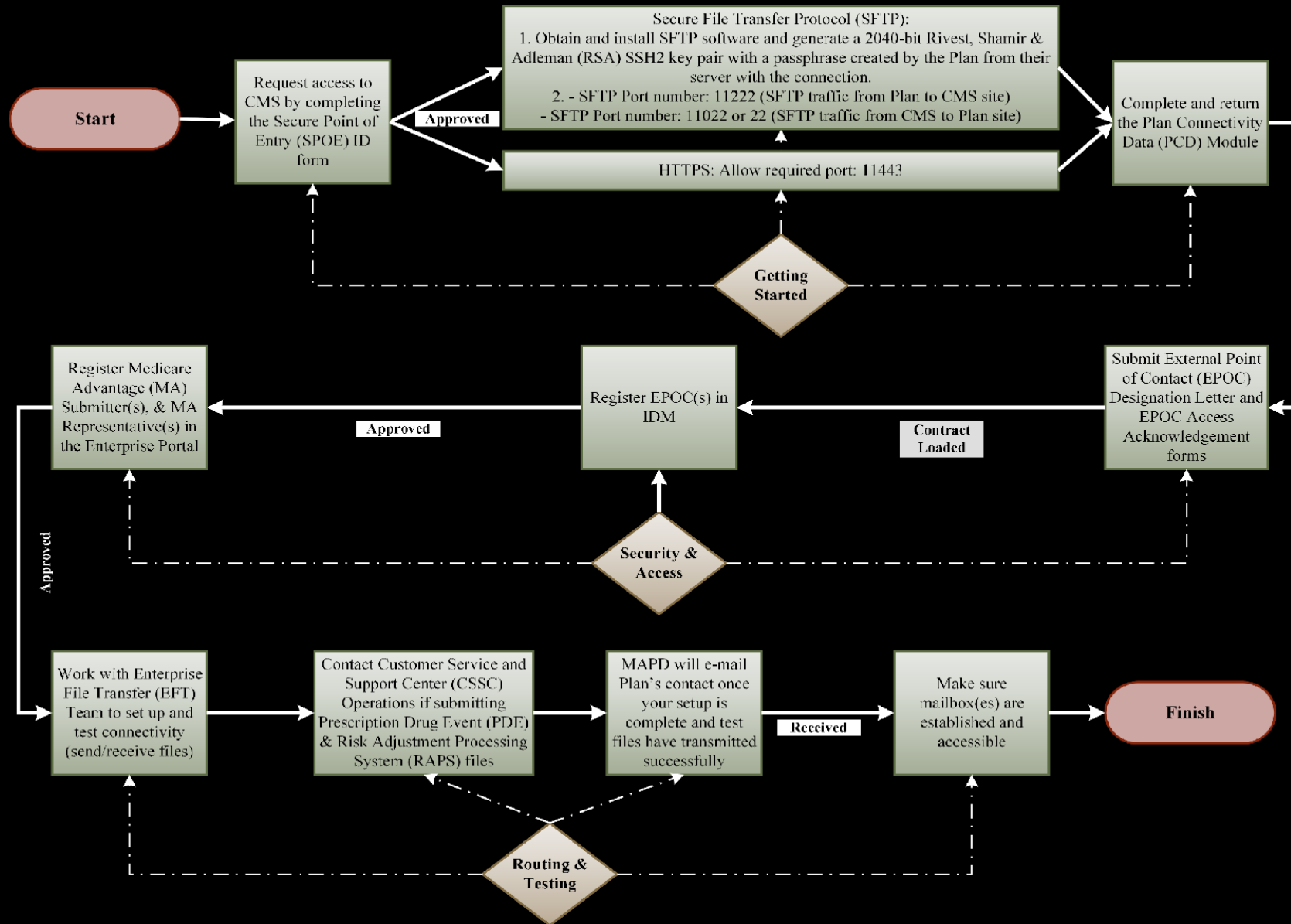
This connectivity type is for small Plans, with less than 100,000 beneficiaries, participating in the MAPD program. File size is limited to less than 2GB. Gentran is an option limited to small Plans because of its file size restriction. With Gentran, Plans have the option to manually submit files (individual IDM user ID required) or to do an automated SFTP pull (SPOE ID required).

# Connectivity Type: T1 Connect: Direct

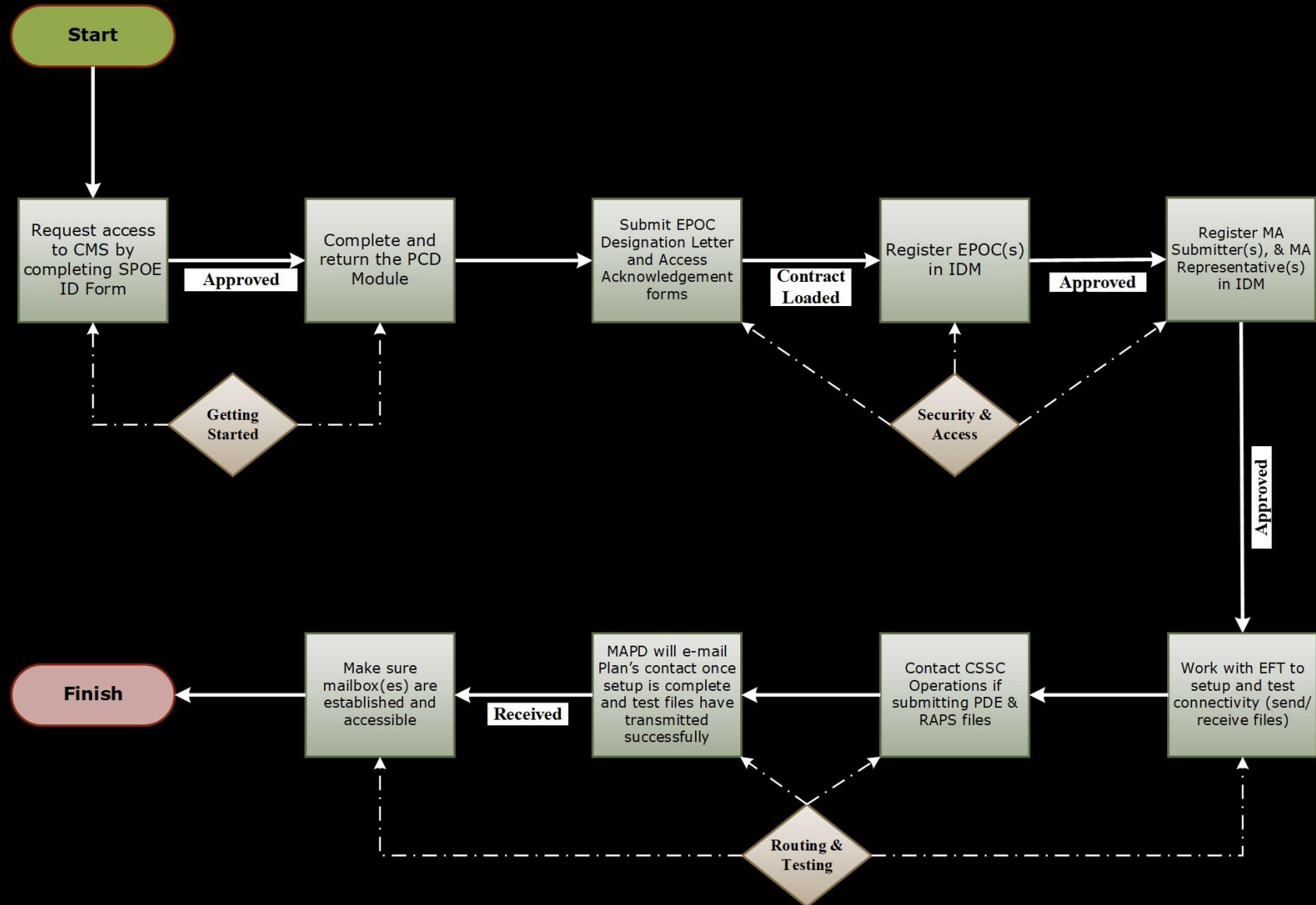




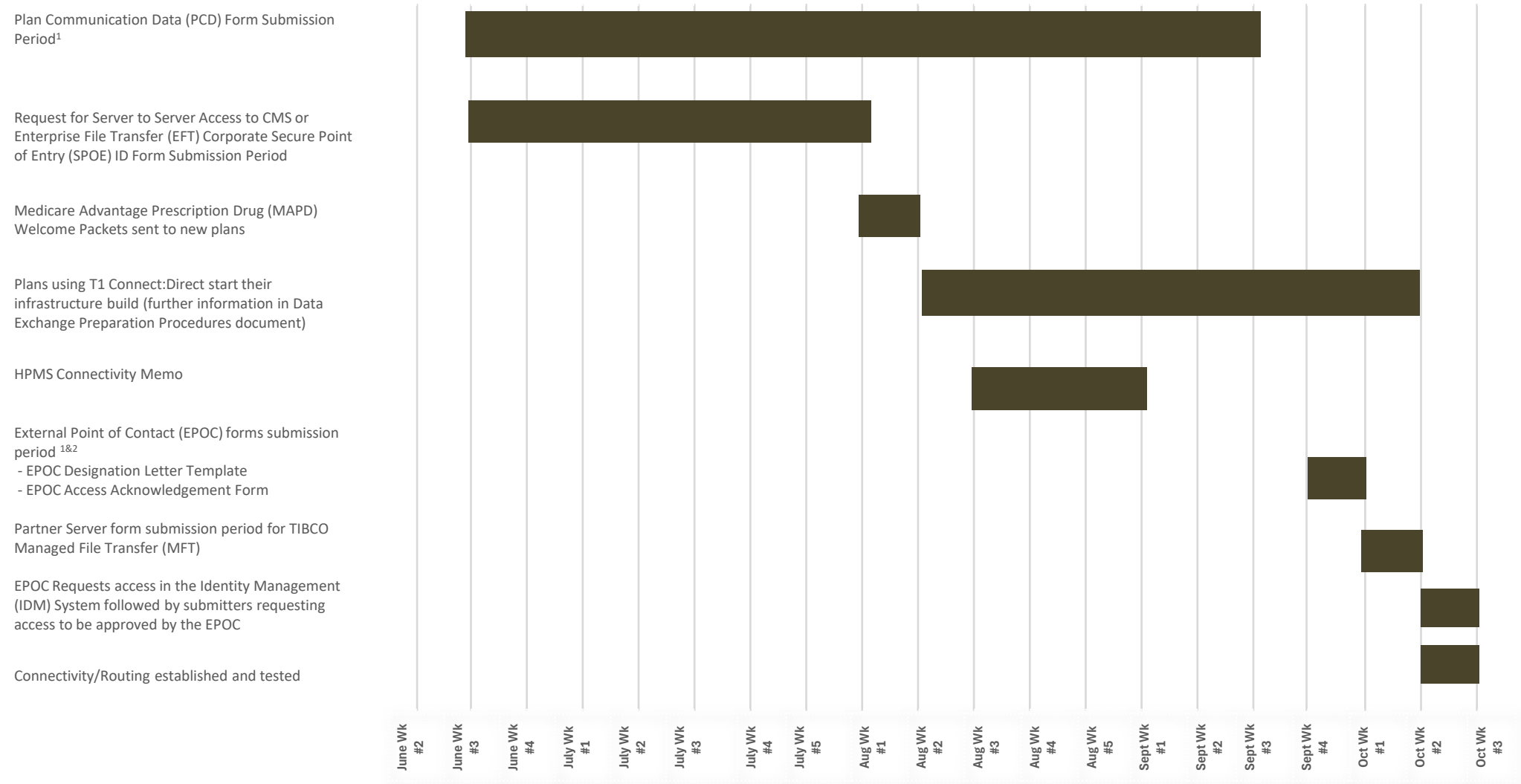
## Connectivity Type: TIBCO MFT SFTP/HTTPS



# Connectivity Type: GENTRAN



# Annual Enrollment Period Suggested Timeline



<sup>1</sup>Prior to submitting your EPOC forms, a user must create an account in the Enterprise Portal. After the first weekend in October EPOC users will need to request the EPOC role from their account.

<sup>2</sup> For the Plan's convenience, Plans may submit PCD and EPOC documents earlier than the suggested times.



## For More Information



**For more information and answers to common questions, navigate to the document labeled “AEP Connectivity FAQ” found within your Welcome Packet.**



# **Points of Contact**

**MAPD Help Desk: 1-800-927-8069**

**HPMS Help Desk: 1-800-220-2028**

**CSSC Operations Help Desk: 1-877-534-2772**

**For more information, please see the  
'Who Do I Contact?' document within your  
Welcome Packet**