



Annual Enrollment Plan Connectivity Overview

MAPD Help Desk

1-800-927-8069 • 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)

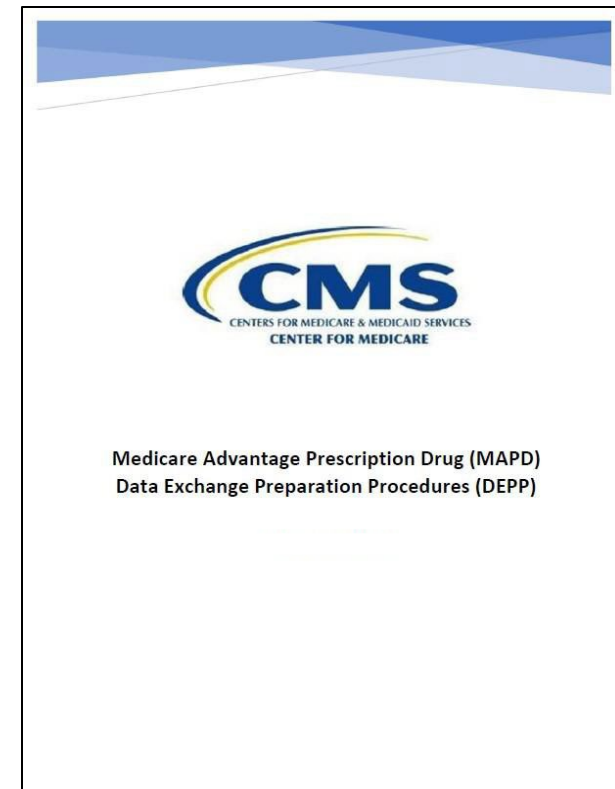
Forms

- ☐ Request for Servier to Server Access to Centers for Medicare & Medicaid Services (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

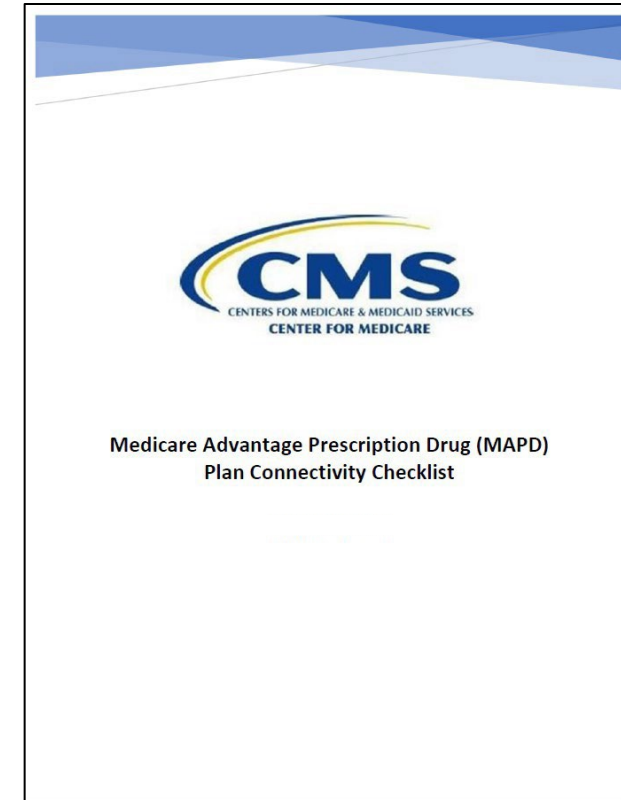
Data Exchange Preparation Procedure

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



Resource: Plan Connectivity Checklist

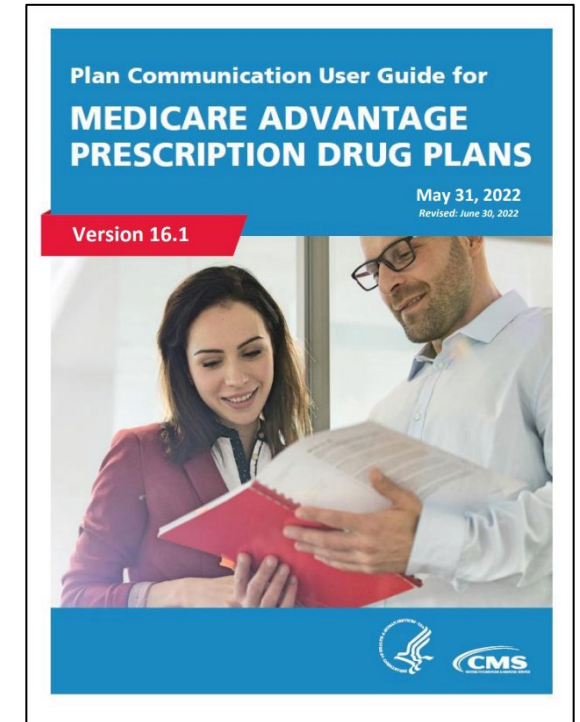
- The Plan Connectivity Checklist is a general outline you can follow to complete the connectivity process.
- The process has specific timing for steps to be completed; please review the timeline for more detailed information.
- To access plan connectivity checklist, navigate to the **downloads** section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



Resource: PCUG

Plan Communications User Guide

- The Plan Communications 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 PCUG you will navigate to the **download** section at the following URL:
 - [Communications User Guide \(PCUG\) | CMSMAPD Plan](#)



Form: SPOE ID Request Form

Request for 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 when Plans will need the SPOE ID Request form:**
 - All Connect: Direct
 - All The Information Bus Company (TIBCO) Managed File Transfer (MFT) Internet Server (IS) Secure File Transfer Protocol (SFTP) & TIBCO Platform Server (PS)
 - Gentran when utilizing a 3rd party or automating file transfers
- **Instances when Plans may not need the SPOE ID Request form:**
 - Plan has an existing SPOE ID for other contract(s)
 - Gentran without 3rd party or automation/use of SFTP.

To access the SPOE ID Request form, navigate to the **download** section here: [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: _____ IDs Assigned By: _____ Date: _____
Tech Contact Notified: _____

(SPOE Request - 2022-08-10)

Form: Enterprise File Transfer (EFT) Partner Server Form

- Plans must print, fill out, and sign these forms. Email completed forms to: EFTAdmin@cms.hhs.gov.
It is strongly recommended you cc: 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 form is titled "Enterprise File Transfer (EFT) Partner Server Information" and features the CMS logo at the top. It includes fields for "Date:" and "Organization:". The form is divided into four main sections: A. SERVER INFORMATION, B. LOGIN INFORMATION, C. PASSWORD EXPIRATION PROCESS (IF APPLICABLE), and D. PUBLIC KEY for SSH users (SSH DSA KEY). Section A includes checkboxes for "Type of Server" (Connect: Direct, SSH, MFT Platform Server), "Operating System" (Unix, Linux, Windows, z/OS), and fields for "Node Name", "IP Address", and "Port Number". Section B includes fields for "Username:", "Password:" (with a note to send password separately), and "Directory or High Level Qualifier EFT will send files to:". Section C includes three numbered questions about password expiration. Section D is a text area for the public key. At the bottom, there is a note to direct questions to the EFT contact or team, with the email eft_admin@cms.hhs.gov. The footer indicates the form is "Confidential" and was last updated in February 2017.

**Enterprise File Transfer (EFT)
Partner Server Information**

Date: _____
Organization: _____

A. SERVER INFORMATION

Type of Server: ☐ Connect: Direct ☐ SSH ☐ MFT Platform Server
Operating System: ☐ Unix ☐ Linux ☐ Windows ☐ z/OS
Node Name: _____
IP Address: _____
Port Number: _____

Please provide the EFT team with server login credentials.

B. LOGIN INFORMATION

Username: _____
Password: _____ Please send password separately
Directory or High Level Qualifier EFT will send files to: _____

C. PASSWORD EXPIRATION PROCESS (IF APPLICABLE)

1. If the password expires, how often will EFT need to reset it?
2. Please provide the contact information for the group EFT needs to contact to reset the password (if necessary).
3. Please provide the URL EFT needs to use to reset our password (if necessary).

D. PUBLIC KEY for SSH users (SSH DSA KEY)

Please direct any questions to your EFT contact or the EFT Team
(eft_admin@cms.hhs.gov).

Confidential 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 and 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 and CC: 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 (portal.cms.gov) until the contracts are loaded. Typically, during the first weekend in October.
- Once EPOCs 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 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/Apartment)

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 Authorizer)

Printed Name Telephone Number

Signature Date

APPLICANT: Read, complete and sign following pages.

Additional EPOC Details

- EPOCs will NOT have access to the 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 within the Health Plan Management System (HPMS) - hpms.cms.gov. Login is with an Enterprise User Administration (EUA) (CMS 4-character) ID.
- A Technical User's Manual can be found on the side panel under "Documentation" to assist with navigation and entering data.
- If unable to access the site or see the Plan Connectivity Data Module, please email HPMS_Access@cms.hhs.gov. All other questions can be answered by the MAPD Help Desk.
- PCD Roles:
 - Organization Technical Contact – contact who can answer technical questions such as setup, testing, or file issues.
 - Organization Representative – contact from the Plan with the authority to approve the connectivity setup and form.
 - Plan EPOC Approver – individual with the authority to designate the Plan's EPOC.
 - Organization Contact Information for Enrollment SPOE (Secure Point of Entry) - contact from the SPOE ID Request form.

H0001 - SAMPLE MA CONTRACT

Data Entry By:
TESTER, STE

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

Enrollment Submission Method Connectivity Type *
Gentran

PDE Submission Method Connectivity Type *
Gentran

RAPS Submission Method Connectivity Type *
Gentran

RACE ID *
ABBA

Organization Representative:
Name _____
Phone _____
Email Address _____
Signature _____ Date _____

Plan EPOC Approver:
Name _____
Phone _____
Email Address _____
Signature _____ Date _____

When complete email form to MAPDHelp@cms.hhs.gov

Please complete the steps outlined above before proceeding.

Additional Available Resources

- **Welcome Packet Resources:** (packet for all new Plans for the coming year)
 - Welcome Letter
 - AEP Timeline - Overview of steps and suggested timeline
 - Connectivity Type Summary - A summary of connectivity types
 - MAPD Plan Connectivity Frequently Asked Questions (FAQ)
 - Who Do I Contact? - List of help desk contacts by role
- MAPD Plan Connectivity Checklist - Steps for establishing connectivity by type
- All documents can be found in the download section at this site:

<https://www.cms.gov/data-research/cms-information-technology/access-cms-data-application/plan-connectivity-preparation>

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

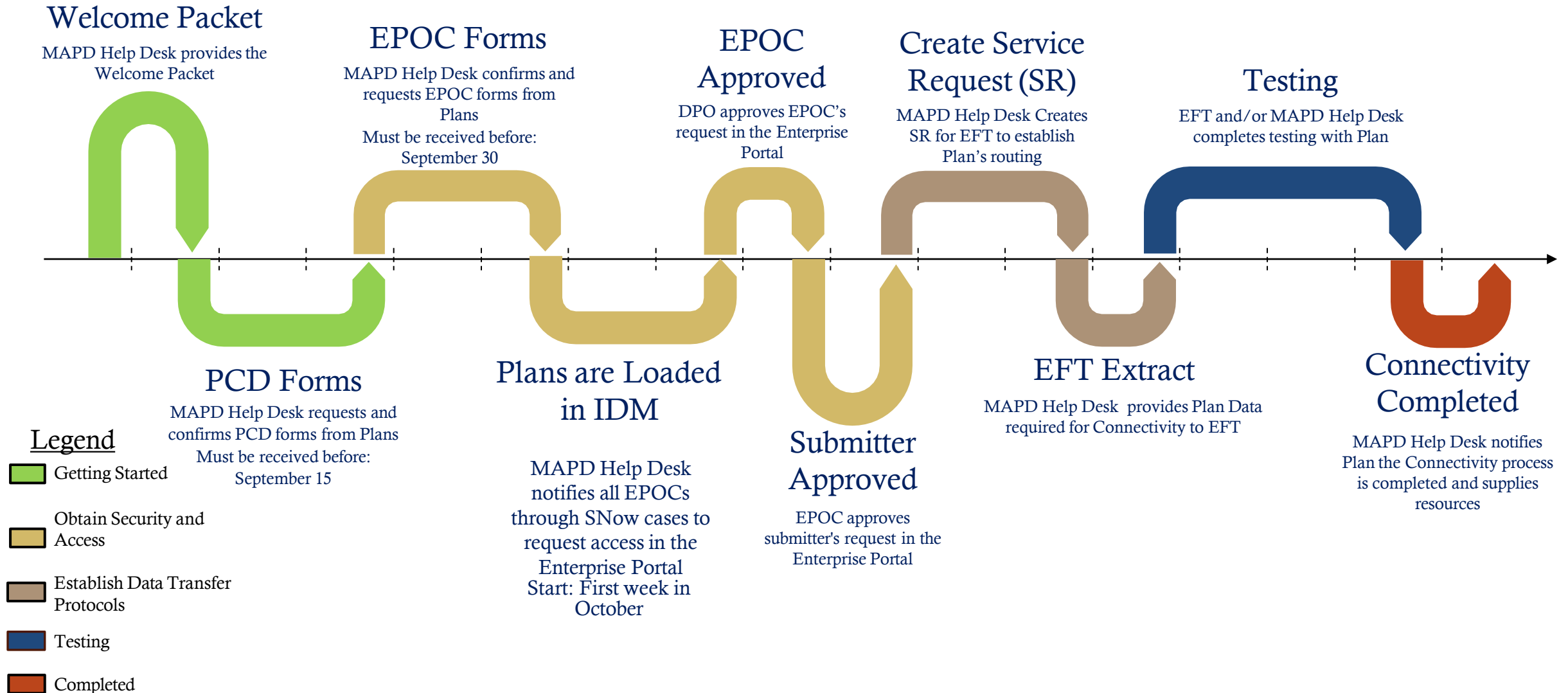
03

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

A yellow diamond shape with a black border, containing the text "The Start" in bold black font.

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 Wide Area Network (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 International Business Machines (IBM).

Plans are expected to fund the cost of any additional hardware 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.

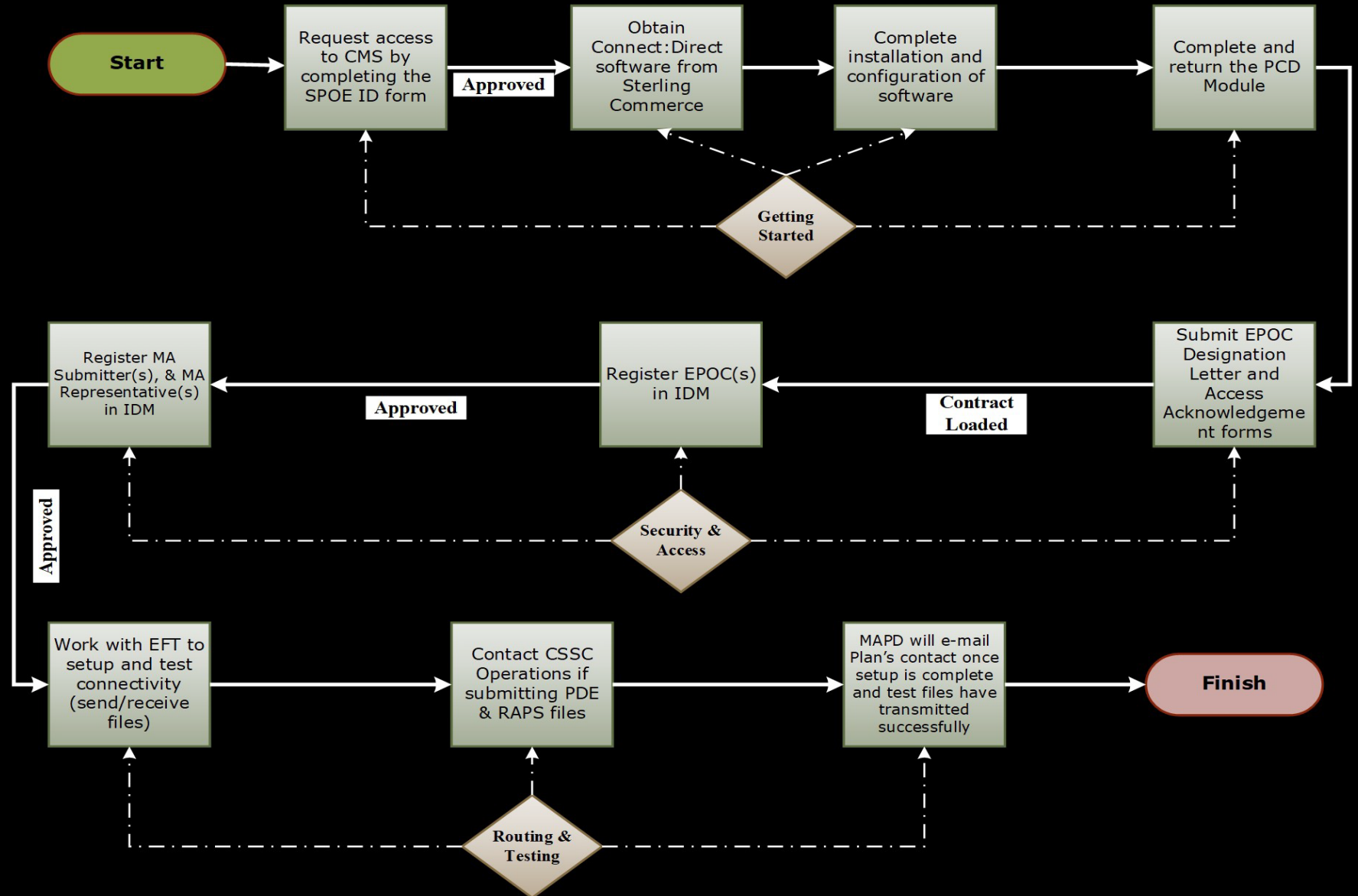
Hypertext Transfer Protocol Secure (HTTPS) is a secure web interface to provide connectivity to the TIBCO MFT internet server hosted by CMS. Users will log in to the TIBCO MFT internet server web interface to send data to CMS.

03 Gentran

This connectivity type is for small Plans, with less than 100,000 beneficiaries, participating in the MAPD program.

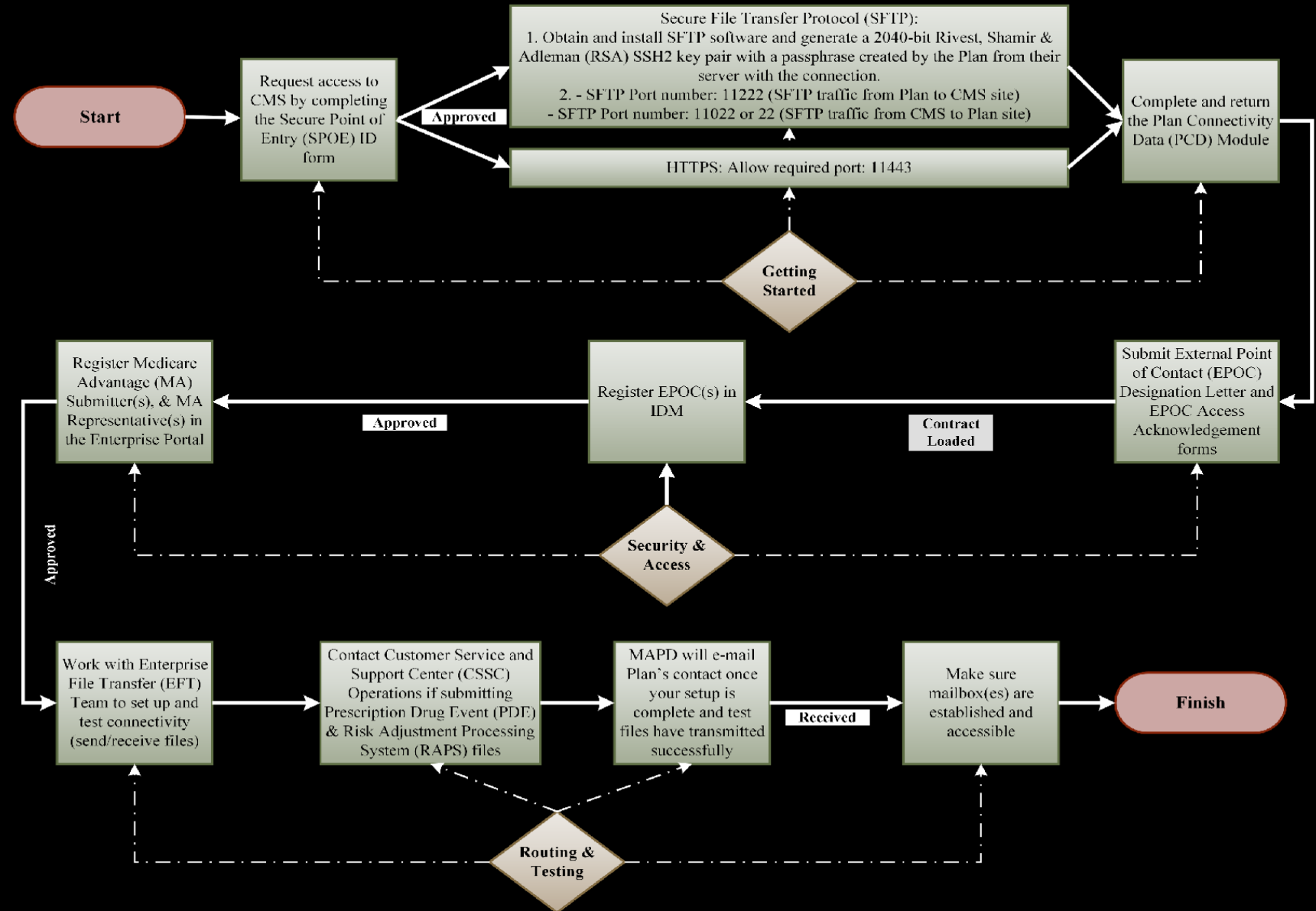
File size is limited to less than 2GB. Gentran is an option limited to small Plans because of its file size restriction. With Gentran, Plans have the option to manually submit files (individual IDM user ID required) or to do an automated SFTP pull (SPOE ID required).

Connectivity Type: T1 Connect:Direct

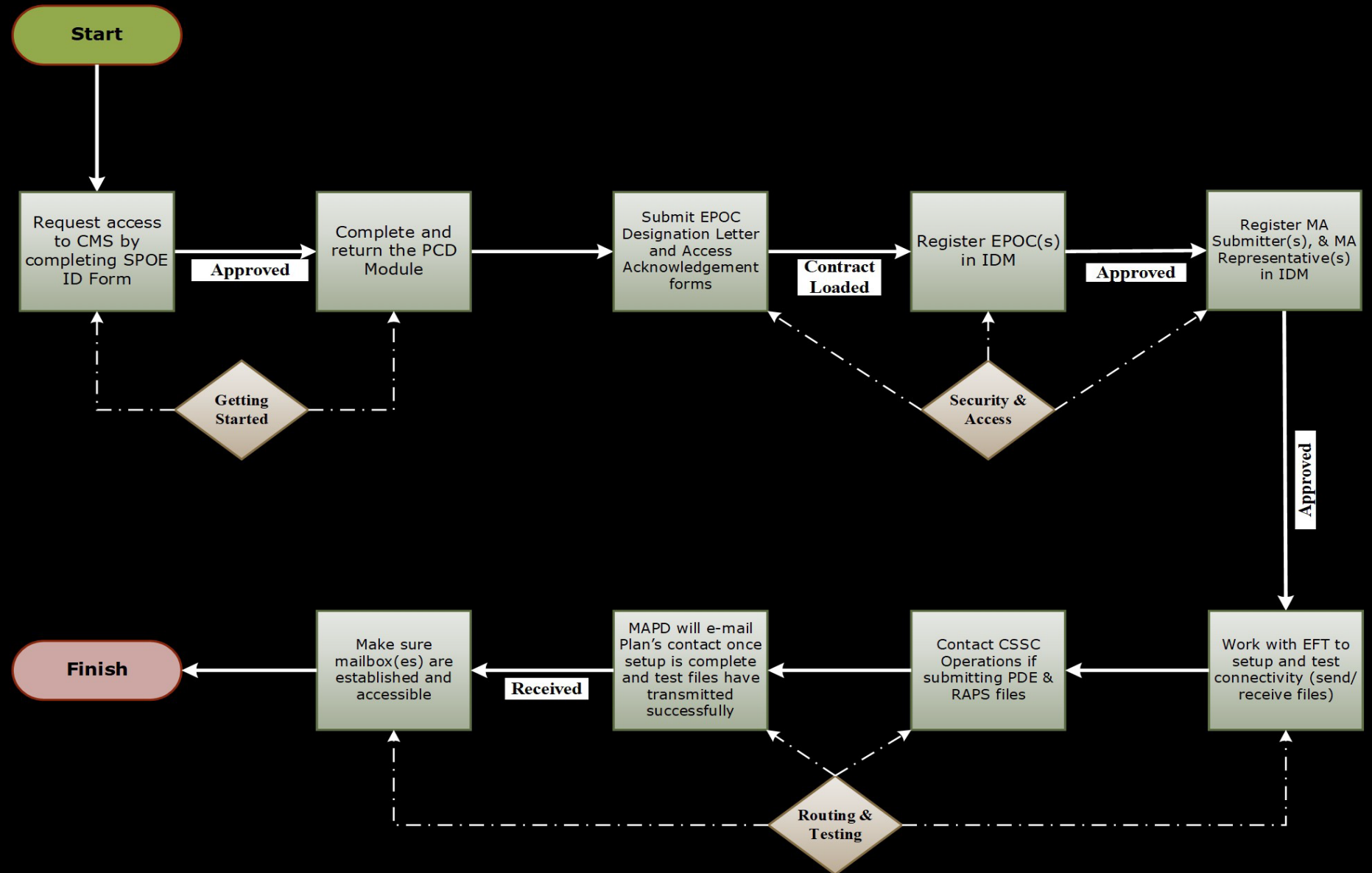


Connectivity Type: TIBCO MFT

SFTP/ HTTPS



Connectivity Type: GENTRAN



Additional 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**