DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850

CENTER FOR MEDICARE

TO: All Part C and Part D Sponsors, 1876 Cost Plans,
               Medicare Savings Accounts (MSA), and Provider-Fee-For Service (PFFS) Plans

FROM: Amy Larrick Chavez-Valdez
               Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Submission of CY 2016 Sponsor Oversight of Agents Enrollment File Data
               (SOA)

DATE: December 30, 2016

The Centers for Medicare & Medicaid Services (CMS) requires that Part C and Part D Sponsors, 1876 Cost Plans, Medicare Savings Accounts (MSA), and Provider-Fee-For Service (PFFS) Plans submit agent/broker-level Sponsor Oversight of Agents Enrollment File (SOA) data for Contract Year (CY) 2016. The reporting deadline for these data is **2/6/2017 11:59 p.m. (PST).** This memo is intended to provide information regarding the submission process.

Methods of Transmission

SOA has two sections - one is Agent/Broker and one is New Enrollments. The New Enrollments section is to be submitted via Gentran/Connect:Direct and the Agent/Broker section is to be submitted in HPMS.

Submit your CY 2016 SOA New Enrollments data using the secure CMS Enterprise File Transfer (EFT) infrastructure that you currently use to submit beneficiary-specific information to CMS. You will use your existing Gentran, TIBCO, or Connect:Direct service to upload your New Enrollments SOA data files. If you utilize the services of a third party vendor to submit information to Gentran, TIBCO, or Connect:Direct, ensure they are prepared to assist you with the timely submission of these data and are authorized to accept and submit New Enrollments data.

Record Layout and Naming Conventions

You must use the record layout provided in **Appendix A** for the submission of your CY 2016 New Enrollments SOA data. You must use a separate file for each contract number. Appendix B is the sample response file format for a passing submission. Appendix C is the sample response file format for a failing submission. Appendix D is the response file layout indicating valid and

invalid fields. Appendix E lists reasons for file rejection.

Additionally, you must use the following file naming conventions to submit your SOA data:

For Gentran and TIBCO Users: guid.racfid.POA.freq.ccccc.FUTURE.P[1]

For Connect:Direct Users: P#EFT.ON.POA.Rccccc.DYYMMDD.THHMMSST[1]

Code Key:

guid – IACS assigned GUID
racfid – RACFID if available; else literal NONE
freq – Freq code of file (use A for ad-hoc)
ccccc – Contract Number (e.g., H0000)
yymmdd – year, month, day
hhmmsst – hour, minute, second, tenth of second

If Connect:Direct users include "DYYMMDD.THHMMSST" in the incoming file name as a literal value, Connect:Direct will automatically convert the value to the current date and time.

In addition, all files must include an end of file marker (i.e., mark the file with an enter or a new line after the last record is written).

Timely Submission and Resubmissions

Your New Enrollments SOA data file must be submitted by the **reporting deadline of 2/6/2017 11:59 p.m. (PST)** and must successfully pass validation to be considered timely.

Please Note: You may submit your file more than once; however, only the latest submission will be considered for CMS review. It may take up to a week for the validation process to complete, so please allow adequate time should you need to make corrections and resubmit your file by the reporting deadline.

If you need to correct errors in your initial submitted and validated file, you may do so by resubmitting a corrected file by 3/31/2017 11:59 p.m. (PST). A file that is resubmitted after 2/6/2017 must be received by 3/31/2017 11:59 p.m. (PST) and successfully pass validation to be accepted into the system. The system does not retain records of prior validated submissions or files that failed to pass validation. Any submissions sent after 3/31/2017 11:59 p.m. (PST) will not be validated or accepted. In addition to facing compliance actions for late or missing files, contracts also will not have SOA data for Data Validation or for CMS' analyses for performance measures.

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[1] Sponsor Oversight of Agents (SOA) was previously named Plan Oversight of Agents (POA). For New Enrollment submission file names, POA will continue to be used for technical reasons.

Please consider the following sample scenarios regarding submissions:

Timely submissions:

- If you submit your file on or before the reporting deadline 2/6/2017 11:59 p.m. (PST) and your file passes validation, this will count as a timely submission and your file will be accepted into the system.

Late submissions:

- If you submit your file on or before the reporting deadline of 2/6/2017 11:59 p.m. (PST), and your file fails validation, this counts as a late submission and no data file submission will be recognized.
- If you submit multiple files on or before the reporting deadline of 2/6/2017 11:59 p.m. (PST) and one or more files pass validation, but your last file fails validation, this will count as a late submission and no data file will be recognized (the system does not retain your earlier submissions, even if they passed validation).If you submit your file on or before the reporting deadline of 2/6/2017 but your file fails validation, and you resubmit a second file on or before 3/31/2017 11:59 p.m.(PST) which passes validation, this will count as a late submission but your file will be accepted into the system.

Please review the section entitled "Validation Process and Response Files" for information on the submission and validation process.

Validation Process and Response Files

CMS, with contractor support from Fu Associates, will access your SOA data through the same secure EFT system, perform validations on your data, and provide you with a response file to indicate acceptance of the file or to indicate corrections that are needed[2]. This process could take up to a week.

- If you use Gentran to submit your data, then you should expect to see the following response file name: P.Rccccc.POARSP.Dyymmdd.Thhmmsst.pn.
- If you use TIBCO to submit your data, then you should expect to see the following response file name: P.Rccccc.POARSP.Dyymmdd.Thhmmsst.
- If you use Connect:Direct to submit your data, then you should expect to see the following response file name: site-HLQ.Rccccc.POARSP.Dyymmdd.Thhmmsst.

It is imperative that you log back into the system to receive your response file. The response file will be located on the same system in which you uploaded your New Enrollments SOA data.

- If your file passes validation, there is nothing further that needs to be done as your file has been successfully validated.

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[2] CMS and CMS' contractor, Fu Associates, are accountable for adhering to Federal laws and regulations regarding security and confidentiality of personally identifiable information and PHI.

- If your file fails validation, the response file will identify the errors that need to be addressed in order for your file to be successfully validated.

If your response file indicates that corrections are needed, please resubmit or have your third party vendor resubmit a complete replacement file for your contract number as soon as possible.

Submission Status Emails

Throughout the reporting period, Part C and Part D Reporting Contacts in your organization will receive emails indicating the latest status for each of your contract(s) as validated, not validated, or not submitted. These emails will remind your organization to check your response files if applicable.

Status Email 1 - will be sent one week prior to the 2/6 reporting deadline.
Status Email 2 - will be sent 3 days after the 2/6 reporting deadline.
Status Email 3 - will be sent one week prior to the 3/31 final deadline.
Status Email 4 - will be sent 3 days after the 3/31 final deadline.

Please note some email systems may direct emails to your junk email folder.

Support

If you need access to Gentran, TIBCO, or Connect:Direct, or have any issues with the transmission of your file(s) please contact the MAPD Help Desk at 1-800-927-8069 or mapdhelp@cms.hhs.gov.

For technical questions about the CY 2016 New Enrollments SOA file specifications and validation process, please contact the HPMS Help Desk at either 1-800-220-2028 or HPMS@cms.hhs.gov.

For general questions about the CY 2016 New Enrollments SOA data, please contact the Part C Plan Reporting mailbox at partcplanreporting@cms.hhs.gov. Also refer to the 2016 Part C Reporting Requirements Technical Specifications document located on the CMS website at cms.gov > Medicare > Health Plans \ Health Plans – General Information > Part C Reporting Requirements

Appendix A: New Enrollments File Layout

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
A.	Contract Number CONTRACT_ID	CHAR REQUIRED	5	1	5	Please provide the Contract Number (e.g., H1234, S1234) for your organization.
B.	Plan Number PLAN_ID	CHAR REQUIRED	3	6	8	Please provide Plan Beneficiary Package (PBP) Number (e.g., 001).
C.	Beneficiary Last Name BENE_LAST_NAME	CHAR REQUIRED	30	9	38	For each eligible beneficiary, please provide the last name of each beneficiary identified to be eligible in the reporting period.
D.	Beneficiary First Name BENE_FIRST_NAME	CHAR REQUIRED	30	39	68	For each eligible beneficiary, the first name of each beneficiary identified to be eligible in the reporting period.
E.	Beneficiary Middle Initial BENE_MID_INIT	CHAR OPTIONAL	1	69	69	For each eligible beneficiary, please provide the middle initial of each beneficiary identified to be eligible in the reporting period.

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
F.	Beneficiary HICN or RRB Number HIC	CHAR REQUIRED	12	70	81	For each distinct beneficiary identified to be eligible at any time in the reporting period, please provide the unique number that the Social Security Administration assigns to each Medicare beneficiary, which is the Health Insurance Claim number (HICN). For Railroad Retirement Board (RRB) beneficiaries, provide the RRB number in this field instead of the HICN.
G.	Agent/Broker Last Name AB_LAST_NAME	CHAR REQUIRED	30	82	111	Please provide the assigned Agent/Broker's last name.
H.	Agent/Broker First Name AB_FIRST_NAME	CHAR REQUIRED	30	112	141	Please provide the assigned Agent/Broker's first name.
I.	Agent/Broker Middle Initial AB_MID_INIT	CHAR OPTIONAL	1	142	142	Please provide the assigned Agent/Broker's middle initial.
J.	Agent/Broker National Producer Number (NPN) NPN	CHAR REQUIRED	25	143	167	Please provide the Agent/Broker National Producer Number (NPN).

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
K.	Plan Assigned Agent/Broker Identification Number AB_ID	CHAR REQUIRED	25	168	192	Please provide the Plan Assigned Agent/Broker Identification Number.
L.	Enrollment Mechanism ENROLL_MECH	CHAR REQUIRED	1	193	193	Select the numeric value that corresponds to the Enrollment Mechanism: (1 - Organization Representative Online; 2 - CMS Online Enrollment Center; 3- Organization Call Center; 4- 1-800-MEDICARE; 5 - Paper Application; 6 - Auto-Assigned/Facilitated; 7 - Other).
M.	Enrollment Application Date ENROLL_APP_DT	DATE REQUIRED	8	194	201	Provide the Enrollment Application Date (YYYYMMDD).
N.	Enrollment Effective Date ENROLL_EFF_DT	DATE REQUIRED	8	202	209	Provide the Enrollment Effective Date (YYYYMMDD).
O.	Number of Agent/Broker complaints AB_COMPL_NUM	NUMERIC REQUIRED	3	210	212	Please provide the number of Agent/Broker complaints filed by the beneficiary in the reporting period.

Element Letter	Field Name	Field Type	Field Length	Start Position	End Position	Field Description
P.	Number of Marketing related complaints MARKET_COMPL_NUM	NUMERIC REQUIRED	3	213	215	Of the number reported in O, please provide the number of Marketing related complaints.
Q.	No data to report for this plan NO_DATA_TO_REPORT	CHAR OPTIONALLY REQUIRED	1	216	216	Please provide Y if you have no data to report for this plan. Otherwise leave blank.

For data elements G and H, a company name can be entered for Agent Last Name (G) and N/A be entered into Agent First Name (H).

Appendix B– Sample Response File Format for a Passing Submission for New Enrollments File

```
FILE NAME: P#HPM.IN.EFT.POA.RH1234.D170125.T1155560
CONTRACT NUMBER: H1234
RECORDS PROCESSED: ###
PROCESSED DATE: 2017-01-26


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FILE PASSED

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Note: The file name provided in the response file will not exactly match the file name submitted.

Appendix C – Sample Response File Format for a Failing Submission for New Enrollments File

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FILE NAME: P#HPM.IN.EFT.POA.RH1234.D170125.T1155560
CONTRACT NUMBER: H1234
RECORDS PROCESSED: ###
PROCESSED DATE: 2017-01-26


 ********************

 FILE REJECTED

     Your submission was rejected for one or more reasons. If you did
     not follow the specified record layout exactly, the errors
     identified may be misleading. Data indicating which field(s) had
     a problem can be found below. There will be one record for each
     HICN or RRB submitted that had one or more validation issues.
     The submitted HICN or RRB will be in positions 1-12. Flags in
     positions 13-29 will indicate whether the field is valid or
     invalid. The layout can be found in Appendix D. Criteria for
     validity can be found in Appendix E. Please make the necessary
     corrections and resubmit a complete replacement file, not just
     the records that had a problem. Thank you.



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123456789A  00010000000000000
123456789B  00000010000000000
123456789C1 00001000001000100
```

Note: The file name provided in the response file will not exactly match the file name submitted.

Appendix D – Response File Layout For New Enrollments File

NOTE: The first several rows will indicate whether your file has passed or failed validation. If your submission failed, data indicating which field(s) had a problem will follow. There will be one record for each HICN or RRB submitted. The submitted HICN or RRB will be in positions 1-12. Flags in positions 13-29 will indicate whether the field is valid or invalid. Criteria for validity can be found in Appendix E.

MTM Response File Record Layout

Field Name	Field Type	Field Length	Start Position	End Position	Field Description
HIC	CHAR	12	1	12	Submitted HICN or RRB
CONTRACT_ID_FLAG	CHAR	1	13	13	0 = valid 1 = invalid
PLAN_ID_FLAG	CHAR	1	14	14	0 = valid 1 = invalid
BENE_LAST_NAME_FLAG	CHAR	1	15	15	0 = valid 1 = invalid
BENE_FIRST_NAME_FLAG	CHAR	1	16	16	0 = valid 1 = invalid
BENE_MID_INIT_FLAG	CHAR	1	17	17	0 = valid 1 = invalid
HIC_FLAG	CHAR	1	18	18	0 = valid 1 = invalid
AB_LAST_NAME_FLAG	CHAR	1	19	19	0 = valid 1 = invalid
AB_FIRST_NAME_FLAG	CHAR	1	20	20	0 = valid 1 = invalid
AB_MID_INIT_FLAG	CHAR	1	21	21	0 = valid 1 = invalid
NPN_FLAG	CHAR	1	22	22	0 = valid 1 = invalid
AB_ID_FLAG	CHAR	1	23	23	0 = valid 1 = invalid
ENROLL_MECH_FLAG	CHAR	1	24	24	0 = valid 1 = invalid

Field Name	Field Type	Field Length	Start Position	End Position	Field Description
ENROLL_APP_DT_FLAG	CHAR	1	25	25	0 = valid 1 = invalid
ENROLL_EFF_DT_FLAG	CHAR	1	26	26	0 = valid 1 = invalid
AB_COMPL_NUM_FLAG	CHAR	1	27	27	0 = valid 1 = invalid
MARKET_COMPL_NUM_FLAG	CHAR	1	28	28	0 = valid 1 = invalid
NO_DATA_TO_REPORT_FLAG	CHAR	1	29	29	0 = valid 1 = invalid

Appendix E – Reasons for Rejection for New Enrollments File

Submitted File Name:

Must have a valid contract number eligible to submit SOA data and match contract numbers in file. If required, must have valid date submitted in YYMMDD format.
If required, must have valid time submitted in HHMMSST format.

CONTRACT_ID:
Must be non-missing.
Must be 5 alphanumeric characters.
Must be valid contract number eligible to submit SOA data.
Must match contract number in file name and all other records.

PLAN_ID:
Must be non-missing.
Must be at least one record for every plan id eligible to submit including those with no data to report.

BENE_LAST_NAME:
Must be non-missing*.
Must have at least one alpha character.

BENE_FIRST_NAME:
Must be non-missing*.
Must have at least one alpha character.

BENE_MID_INIT:
If present, must contain one alpha character.

HIC:
Must be non-missing*.
Must be in valid HICN or RRB format.

AB_LAST_NAME:
Must be non-missing*.
Must have at least one alpha character.

AB_FIRST_NAME:
Must be non-missing*.
Must have at least one alpha character.

AB_MID_INIT:
If present, must contain one alpha character.

NPN:
Must be non-missing*.

AB_ID:
Must be non-missing*.

ENROLL_MECH:
Must be non-missing*.

ENROLL_APP_DT:
Must be non-missing*.
Must be in CCYYMMDD
format. Must be greater than
18900101.
Must not be after file submission date.

ENROLL_EFF_DT:
If present:
Must be in CCYYMMDD
format. Must be greater than
18900101.
Must not be after file submission date.
Must be greater than or equal to ENROLL_APP_DT.

AB_COMPL_NUM:
Must be non-missing*.

MARKET_COMPL_NUM :
Must be non-missing*.

NO_DATA_TO_REPORT:
If Y :
The CONTRACT_ID and PLAN_IDmust be present and all other fields must not be present.

* Must be non-missing unless there is no data to report for the plan.