



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: September 12, 2019

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) 2020 Online Enrollment Center (OEC) Timeline and Requirements

This memo provides technical guidance for participation in the CY 2020 OEC. Medicare beneficiaries can use the OEC to submit enrollment applications online for Medicare Advantage (MA), Prescription Drug Plan (PDP), and Cost plans. Alternatively, they can submit applications via OEC with assistance from the 1-800-Medicare call center.

OEC participation status is described in the following table:

Organization and/or Plan Type	OEC Status
MA (Local CCP, PFFS, and Regional CCP)	Participation is Required
PDP	Participation is Required
SNP, 1876 Cost, and RFB	Participation is Voluntary
MSA, PACE, MMP, 1833 Cost, and Employer-Only	Participation is Prohibited

Beginning with CY 2020, organizations will use the new Health Plan Management System (HPMS) OEC Management module to download their OEC enrollment applications, and for select plan types, to “opt-in” or “opt-out” of the OEC process. While the new module was made available in August to participating plans for pilot use,¹ CMS will release the CY 2020 module to all organizations on September 20, 2019.

¹ The initial pilot test group was comprised of organizations that expressed interest in providing feedback on the new HPMS OEC process in response to the February 11, 2019 memo entitled “Medicare Coverage Tools Initiative - Responses Due by February 18, 2019.”

The new module can be accessed using the following navigation path:

HPMS Home Page > Plan Bids > OEC Management

Ongoing CY 2019 OEC Downloads

Organizations will continue to download their CY 2019 OEC files in accordance with the instructions provided in the August 27, 2018 memo entitled “Online Enrollment Center (OEC) Timeline and Requirements for the 2019 Plan Year.” Specifically, CY 2019 OEC files will be downloaded via the Administrative Console per the August 27, 2018 memo, while CY 2020 OEC file downloads and the “opt-in” and “opt-out” process will be conducted in HPMS, per this memo. The “opt-in” and “opt-out” process is closed for CY 2019.

The CY 2019 online enrollments in the Administrative Console will continue to be available until **November 30, 2019** and require a Special Enrollment Period (SEP) code, per the existing CMS enrollment criteria.

Getting Access to the OEC Management Module

Changes for CY 2020

- ✓ Plans will obtain access to the new module in HPMS in order to perform OEC functions.

In order to access the new module, each user must have the following:

1. An active CMS user ID with the HPMS production job code assigned (HPMS_Prod_AWS);
2. One or more contract numbers assigned to the user ID in HPMS; and
3. One or more of the following HPMS access types assigned to the user ID:
 - a. OEC File Download
 - i. Organizations must request that this access type be assigned to individual users via hpms_access@cms.hhs.gov.
 - b. OEC Opt-In Management
 - i. Organizations must request that this access type be assigned to individual users via hpms_access@cms.hhs.gov.
 - c. OEC Reports – Plan
 - i. This access type will be assigned by default to eligible plan users.

Consultants may also perform this work on behalf plan sponsors in HPMS. Please refer to the April 10, 2019 memo entitled “Instructions for Requesting Consultant Access to the Health Plan Management System (HPMS)” for detailed guidance on requesting this type of access.

Please note that there is **no limit** on the number of users permitted access to HPMS per organization.

General HPMS user access guidance is available at the following website:
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/HPMS/UserIDProcess.html>

CY 2020 Online Enrollment Center Downloads

Changes for CY 2020

- ✓ OEC enrollments will be available for download on HPMS for 14 days.
- ✓ OEC enrollments can be downloaded multiple times.
- ✓ A new OEC Dashboard and new OEC reports will be available to organizations.

When accessing the OEC Management Module, organizations will be able to able to download enrollments for one or more contracts at a time. Each download will contain all enrollments received for that time period. Enrollments will be available for 14 days on HPMS, and users can download files at any time. All downloads will be provided in a zip file containing one or more tab-delimited files (.txt) using the following file naming convention: **H9999_YYYY-MM-DD_PPPP.txt**

All organizations must promptly retrieve enrollment requests from the HPMS OEC module and should check for requests at least daily.² Plans that are participating in the OEC and do not download and process enrollments on a timely basis will not be in compliance with their obligations to accept and process enrollment elections from beneficiaries eligible to make a plan election, including during the annual coordinated election period /open enrollment. Such plans may be subject to a compliance action taken by CMS.

The OEC uses Coordinated Universal Time (UTC) which is four hours earlier than Eastern Daylight Time. As such, all enrollments received through the OEC use the UTC as the system time to generate the timestamp of when an enrollment was received. Organizations must: (1) calculate the application date on enrollments received via the OEC to be 11 hours earlier than the time and date CMS “stamps” on the request, and (2) use the adjusted application date to determine eligibility for election periods and proper effective date for coverage.³

² Please refer to the Medicare Managed Care Manual (Chapter 2 - Medicare Advantage Enrollment and Disenrollment) and the Medicare Prescription Drug Benefit Manual (Chapter 3 - Eligibility, Enrollment and Disenrollment).

³ Please refer to the Medicare Managed Care Manual (Chapter 2 - Medicare Advantage Enrollment and Disenrollment) and the Medicare Prescription Drug Benefit Manual (Chapter 3 - Eligibility, Enrollment and Disenrollment).

The CY 2020 online enrollment forms and download format will remain the same as in CY 2019. Please refer to **Appendix A** for the CY 2020 file layout.

Participation in the OEC will not preclude any organization from seeking approval for use of its own customized plan enrollment form for non-OEC enrollments.

CY 2020 OEC “Opt-In” and “Opt-Out” Process

Changes for CY 2020

- ✓ Eligible plans will “opt-in” or “opt-out” of the OEC process using HPMS.
- ✓ Eligible plans may opt-in or opt-out of the OEC at any time (i.e., no windows).
- ✓ Eligible plans will receive email confirmation of “opt-in” or “opt-out” activity.
- ✓ OEC status changes will be processed within approximately 24 hours.

For organizations participating in OEC, an “Enroll” button will be presented for the applicable plan(s) on Medicare Plan Finder (MPF) on www.medicare.gov beginning on October 15, 2019.

SNP, 1876 Cost, and RFB plans will opt-in or opt-out of OEC using the following navigation path:

HPMS Home Page > Plan Bids > OEC Management > OEC Opt-In/Out

SNP, 1876 Cost, and RFB plans will be in an “opt-out” status when the module becomes available for use. SNP, 1876 Cost, and RFB plans can then change their OEC participation status at any time. Each time an election is made, HPMS will send a confirmation email to the Medicare Compliance Officer, OEC Contacts, and the user who initiated the change in the OEC Management module. Changes to the opt-in or opt-out status for a given plan will be reflected on MPF within approximately 24 hours.

All participating plans shall meet the full set of requirements related to the downloading and processing of enrollments. All plans participating in the OEC are obligated to accept enrollments received as complete in terms of the information required to be provided by the applicant. Plans should follow up with the member to obtain any optional information that is required by the plan, but the processing of the enrollment cannot be delayed while the plan waits for the requested information. Additional requirements apply, such as verification of Medicare entitlement, and for SNPs, confirmation of the applicant’s special needs status. Plans should refer to the MA and/or PDP enrollment guidance for a complete description of enrollment processing requirements.

End User Support Resources

Changes for CY 2020

- ✓ The HPMS Help Desk will serve as the primary contact for all technical support items related to the CY 2020 OEC download and “opt-in” and “opt-out” processes.

Support Resource	Contact Information
Technical support for the new CY 2020 OEC Management Module in HPMS	HPMS Help Desk 1-800-220-2028 hpms@cms.hhs.gov
Technical support for CY 2019 OEC downloads via the Administrative Console	Plan Compare Help Desk 1-888-203-8497 plancompare@drx.com
General HPMS user access questions	hpms_access@cms.hhs.gov
HPMS consultant user access requests	HPMSConsultantAccess@cms.hhs.gov
General MPF questions	MPF@cms.hhs.gov

Appendix A: Online Enrollment Center (OEC) File Layout

#	Field	Format	Required (Plan Type)	Example	Comment
1	ConfirmationNumber	Alpha/Numeric	All	XYY1234	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	All	Mr.	The title of the applicant.
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	No	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
20	ApplicantEmailAddress	Alpha/Numeric	No	applicant@123xyz.com	Email address of applicant

#	Field	Format	Required (Plan Type)	Example	Comment
21	ApplicantHICN	Alpha/Numeric	All	123456789A	HICN, Railroad Number, or Medicare Number 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	#21	Mailing Address of applicant
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	*	MMYYYY	Effective Date of Medicare Part A
30	MedicarePartB	Numeric	*	MMYYYY	Effective Date of Medicare Part B
31	EmergencyContact	Alpha/Numeric	No	Jane Smith	Name of emergency contact
32	EmergencyPhone	Numeric	No	1234567890	Phone of emergency contact
33	EmergencyRelationship	Alpha/Numeric	No	Friend	Relationship of emergency contact
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.
35	PremiumSource	Alpha	No	NULL	Starting 11/15/2006, this field will no longer include data as PremiumPremiumDircectPay 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.

#	Field	Format	Required (Plan Type)	Example	Comment
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	All	Yes	Answer to if applicant is a resident of a Longer Term Facility
40	LongTermName	Alpha/Numeric	*****	Institution Name	Name of Long Term Institution
41	LongTermAddress	Alpha/Numeric	*****	1234 Street	Street of Long Term Institution
42	LongTermPhone	Numeric	*****	1234567890	Phone of Long Term Institution
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	NULL	Starting 11/15/2009, this field will no longer contain any data.
51	ESRD	Alpha	Yes: MAPD, MA, SNP DE, PFFS-PD, PFFS-MA, CP-PD, and CP-MA No – PDP	Yes	Answer to End State Renal Disease (ESRD) For MAPD, MA, SNP DE, PFFS-PD, PFFS-MA, CP-PD, and CP-MA Enrollments
52	StateMedicaid	Alpha	Yes – MAPD, MA, SNP DE, PFFS-PD, PFFS-MA, CP-PD, and CP-MA No - PDP	Yes	Answer to Enrolled in State Medicaid For MAPD, MA, SNP DE, PFFS-PD, PFFS-MA, CP-PD, and CP-MA Enrollments

#	Field	Format	Required (Plan Type)	Example	Comment
53	WorkStatus	Alpha	Yes – MAPD, MA, SNP DE, PFFS-PD, PFFS-MA, and CP-MA No – PDP, CP- PD	Yes	Answer to if enrollee or spouse works For MAPD, MA, SNP DE, PFFS-PD, PFFS-MA, and CP-MA Enrollments
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	AlphaNumeric	No	MC8889995555	For enrollments from a sponsor’s enrollment portal only, the agent ID entered.
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	“Y” or “N”	Indicates the LIS approval status of the user.
59	DeemedInd	Alpha	No	“Y” or “N”	Indicates whether the user is deemed as eligible for subsidy by CMS or not. If DeemedInd = Y then user is considered to be at Full subsidy with subsidy level of 100.
60	SubsidyPercentage	Alpha	No	000, 025, 050, 075, 100	The subsidy level of the user. Only matters if the DeemedInd = N and PartDSubAppInd = Y.
61	DeemedReasonCode	Alpha/Numeric	No	“2A”, “12”	Indicates whether the user is full dual or full subsidy. Only look at this when DeemedInd = Y
62	LISCopayLevelID	Numeric	No	“1”, “4”	Indicates whether the user is full subsidy or partial subsidy. Only look at this when DeemedInd = N and PartDSubAppInd = Y

#	Field	Format	Required (Plan Type)	Example	Comment
63	DeemedCopayLevelID	Numeric	No	“1”, “2”, “3”	Indicates the different co-pays that the user is required to pay based on his/her situation. Look at this element when DeemedInd = Y
64	PartDOptOutSwitch	Alpha	No	“Y” or “N”	Indicates whether the user opted out or in for the part D enrollment. If the value of this parameter is “Y”, then the beneficiary will not be auto-enrolled by the system.
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.

#	Field	Format	Required (Plan Type)	Example	Comment
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.

Key:

* Either Medicare Part A or Part B (or both) must be filled in.

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

**** If “Long Term” is Yes, then this value 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