DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: July 17, 2024

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

FROM: Jon Booth, Director
Web and Emerging Technologies Group
Office of Communications

Vanessa S. Duran, Director
Medicare Drug Benefit and C & D Data Group
Center for Medicare

SUBJECT: Online Enrollment Center (OEC) Record Layout Changes

As described in the July 2, 2024 memo entitled "Advance Announcement of January 2025
Software Release - Additions to the Model Individual Enrollment Request Form to Enroll in a
Medicare Advantage Plan (MA) or a Medicare Prescription Drug Plan (Part D)," CMS has made
the following changes to the model individual enrollment request form (OMB No. 0938-1378):
(a) added sexual orientation and gender identity data fields, (b) added enrollee assistance data
fields, and (c) added CD as an accessible format option. MA and Part D plans are expected to use
the new form for enrollment requests received on or after January 1, 2025.

This memo provides notice of the corresponding changes to the OEC record layout used by the
Health Plan Management System (HPMS) OEC Management module. **Appendix A** contains the
revised layout, while **Appendix B** provides a list of the layout changes.

The layout changes described in this memo apply only to enrollment requests <u>received on or
after January 1, 2025</u>. Enrollment requests received prior to January 1, 2025 will adhere to the
current OEC record layout. CMS will provide further information on the implementation plan for
the January 1, 2025 OEC record layout cut-over in the annual OEC timeline and requirements
memo.

For questions regarding the modifications to the model individual MA/PDP enrollment request
form, please submit inquiries to the Division of Enrollment and Eligibility Policy mailbox at
https://enrollment.lmi.org.

For questions regarding the HPMS OEC record layout, please contact Adam Foltz at
adam.foltz@cms.hhs.gov.

Appendix A: Online Enrollment Center (OEC) File Layout for Enrollments Received on or After January 1, 2025

The OEC file is provided in tab-delimited format.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
1	ConfirmationNumber	Alpha/Numeric	12	All	XYY123456789	Confirmation number associated with the OEC application.
2	SubmitDate	Numeric	8	All	MMDDYYYY	Submission date of the OEC application.
3	ContractID	Alpha/Numeric	5	All	H0001	Contract ID of the organization to which the applicant is applying.
4	PlanID	Numeric	3	All	001	Plan ID of the plan benefit package to which the applicant is applying.
5	SegmentID	Numeric	3	All	000	Segment ID of the plan segment to which the applicant is applying. When not applicable, the file will use 000.
6	ApplicantTitle	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
7	ApplicantFirstName	Alpha/Numeric	Variable	All	John	First name of the applicant.
8	ApplicantMiddleInitial	Alpha	1	No	H	Middle initial of the applicant.
9	ApplicantLastName	Alpha/Numeric	Variable	All	Smith	Last name of the applicant.
10	ApplicantBirthDate	Numeric	8	All	MMDDYYYY	Birth date of the applicant.
11	ApplicantGender	Alpha	1	All	F	Gender of the applicant. Valid values: F, M
12	ApplicantAddress1	Alpha/Numeric	Variable	All	1234 Orange	Address of the applicant.
13	ApplicantAddress2	Alpha/Numeric	Variable	No	Apt 24	Address of the applicant.
14	ApplicantAddress3	Alpha/Numeric	Variable	No	#21	Address of the applicant.
15	ApplicantCity	Alpha/Numeric	Variable	All	Any city	City of the applicant.
16	ApplicantCounty	Alpha/Numeric	Variable	All	Orange	County of the applicant.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
17	ApplicantState	Alpha	2	All	CA	State of the applicant.
18	ApplicantZip	Numeric	5	All	90010	Zip code of the applicant.
19	ApplicantPhone	Numeric	10	All	1234567890	Phone number of the applicant.
20	ApplicantEmailAddress	Alpha/Numeric	Variable	*	applicant@123xyz.com	E-mail address of the applicant.
21	ApplicantMBI	Alpha/Numeric	11	All	1AB2CD3FG45	Medicare Beneficiary Identifier (MBI) assigned to the applicant.
22	ApplicantSSN	Alpha/Numeric	9	SNP DE	555555555	Social Security Number (SSN) assigned to the applicant for SNP DE enrollments.
23	MailingAddress1	Alpha/Numeric	Variable	No	1234 Street	Mailing address of the applicant.
24	MailingAddress2	Alpha/Numeric	Variable	No	Apt 24	Mailing address of the applicant.
25	MailingAddress3	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
26	MailingCity	Alpha/Numeric	Variable	No	Any City	Mailing city of the applicant.
27	MailingState	Alpha	2	No	CA	Mailing state of the applicant.
28	MailingZip	Numeric	5	No	90010	Mailing zip code of the applicant.
29	MedicarePartA	Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
30	MedicarePartB	Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
31	EmergencyContact	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
32	EmergencyPhone	Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
33	EmergencyRelationship	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
34	PremiumDeducted	Alpha	3	All	Yes	Indicates if the plan premium should be deducted from the applicant's monthly Social Security or Railroad Retirement Board (RRB) benefit check. Valid values: Yes, No <u>Note</u>: This value will be the opposite of the "PremiumDirectPay" field (i.e., Yes for "PremiumDeducted" results in No for "PremiumDirectPay").
35	PremiumSource	Alpha	N/A	No	NULL	Starting on 11/15/2006, this field will no longer include data as "PremiumDirectPay" dictates the beneficiary premium.
36	OtherCoverage	Alpha	3	No	No	Indicates whether the applicant has other coverage for MAPD, PDP, SNP DE, PFFS-PD, and CP-PD enrollments. Valid values: Yes, No
37	OtherCoverageName	Alpha/Numeric	Variable	**	My Coverage	Name of the applicant's other coverage for MAPD, PDP, SNP DE, PFFS-PD, and CP-PD enrollments.
38	OtherCoverageID	Alpha/Numeric	Variable	**	1234567890	ID# of the applicant's other coverage.
39	LongTerm	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
40	LongTermName	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
41	LongTermAddress	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
42	LongTermPhone	Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
43	AuthorizedRepName	Alpha/Numeric	Variable	No	Joe Smith	Name of the applicant's authorized representative.
44	AuthorizedRepAddress	Alpha/Numeric	Variable	No	1234 Street	Address of the applicant's authorized representative.
45	AuthorizedRepCity	Alpha/Numeric	Variable	No	Any City	City of the applicant's authorized representative.
46	AuthorizedRepState	Alpha	2	No	CA	State of the applicant's authorized representative.
47	AuthorizedRepZip	Numeric	5	No	90010	Zip code of the applicant's authorized representative.
48	AuthorizedRepPhone	Numeric	10	No	1234567890	Phone number of the applicant's authorized representative.
49	AuthorizedRepRelationship	Alpha	Variable	No	Caregiver	Relationship of the authorized representative to the applicant.
50	Language	Alpha	7	No	Spanish	Indicates if the applicant wants to receive information in a language other than English. Valid values: Spanish, Other, Null
51	ESRD	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
52	StateMedicaid	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
53	WorkStatus	Alpha	3	No	Yes	Indicates if the applicant works. Valid values: Yes, No
54	PrimaryCarePhysician	Alpha/Numeric	Variable	No	Dr. Jones	Name of the applicant's primary care physician for MAPD, MA, SNP DE, PFFS- PD, PFFS-MA, CP-PD, and CP-MA enrollments.
55	OtherCoverageGroup	Alpha/Numeric	Variable	**	Plan001	Group information about the applicant's other coverage.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
56	AgentID	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
57	SubmitTime	Alpha	22	All	2005-11-14 00:27:44.023	Indicates the full time stamp of the enrollment in Coordinated Universal Time (UTC).
58	PartDSubAppInd	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
59	DeemedInd	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
60	SubsidyPercentage	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
61	DeemedReasonCode	Alpha/Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
62	LISCopayLevelID	Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
63	DeemedCopayLevelID	Numeric	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
64	PartDOptOutSwitch	Alpha	N/A	No	NULL	Starting with 2021 enrollment effective dates, this field will be null.
65	SEPReasonCode	Alpha/Numeric	Variable	No	XXX MMDDYYYY, YYY MMDDYYYY	Provides a comma separated list of SEP reason codes to explain why the applicant is enrolling outside of the standard enrollment period. If applicable, the date for the selected SEP reason code is included. See the SEP Reason Code Lookup below.
66	SEPCMSReasonCODE	Alpha	Variable	No	Special Exceptions Enrollment Approved by CMS	Field used only by CMS staff to indicate why the applicant has been approved for special exceptions enrollment. Entries in this field will be standardized with regard to content and characters.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
67	PremiumDirectPay	Alpha	3	All	No	Indicates if the applicant wants to pay their premium using the plan's premium payment options. Valid values: Yes, No Note: This value will be the opposite of the "PremiumDeducted" field (i.e., Yes for "PremiumDeducted" results in No for "PremiumDirectPay").
68	EnrollmentPlanYear	Numeric	4	All	2024	Indicates the contract year for which the applicant is applying.
69	PremiumWithhold	Alpha	3	No	SSI	Indicates whether the plan premium should be deducted from the applicant's monthly Social Security (SSI) or the Railroad Retirement Board (RRB) benefit check. Valid values: SSI, RRB, null Note: OEC will populate this field null when "PremiumDirectPay" is Yes.
70	SpouseWorkStatus	Alpha	3	No	Yes	Indicates if the applicant's spouse works. Valid values: Yes, No
71	AccessibilityFormat	Alpha	10	No	Braille	Indicates the applicant's preferred accessibility format. Valid values: Braille, LargePrint, AudioCD, DataCD, null

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
72	EmailOptIn	Alpha	3	No	Yes	Indicates if the applicant has opted in to receive plan materials via email. Valid values: Yes, No
73	Race	Numeric	Variable	MAPD MA SNP DE PFFS-PD PFFS-MA PDP CP-PD	999	Provides a comma separated list of race codes, as selected by the applicant. Valid values: See key below.
74	Ethnicity	Alpha	Variable	MAPD MA SNP DE PFFS-PD PFFS-MA PDP CP-PD	NR	Provides a comma separated list of ethnicity codes, as selected by the applicant. Valid values: See key below.
75	Gender ***	Numeric	1	MAPD MA SNP DE PFFS-PD PFFS-MA PDP CP-PD	1	Indicates gender, as selected by the applicant. Valid values: See key below.
76	GenderIdentityOther ***	Alpha	Variable	No	Gender identity	Indicates gender when Gender (75) is 4.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
77	SelfIdentify ***	Numeric	1	MAPD MA SNP DE PFFS-PD PFFS-MA PDP CP-PD	2	Provides a sexual orientation code, as selected by the applicant. Valid values: See key below.
78	SelfIdentifyOther ***	Alpha	Variable	No	Self-identity	Indicates sexual orientation when SelfIdentify (77) is 4.
79	IndividualRepName ***	Alpha/Numeric	Variable	No	Joe Smith	Name of the individual helping the applicant fill out the enrollment form.
80	IndividualRepRelationship ***	Numeric	1	MAPD MA SNP DE PFFS-PD PFFS-MA PDP CP-PD	3	Relationship of the individual helping the applicant to fill out the enrollment form.
81	NationalProducerNumber ***	Numeric	10	****	888999555	National Producer Number for agents and brokers. Field only used when IndividualRepRelationship (80) is 1 or 2. Numeric only and cannot begin with zero.

Key:

* If "EmailOptIn" is Yes, then this field is required.

** If "OtherCoverage" is Yes, then this field is required.

*** These fields are being added to the model individual MA/PDP enrollment request form, per OMB No. 0938-1378.

**** If "IndividualRepRelationship" is 1 or 2, 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

Race:

300	American Indian or Alaska Native
401	Asian Indian
201	Black or African American
411	Chinese
421	Filipino
521	Guamanian or Chamorro
431	Japanese
441	Korean
501	Native Hawaiian
499	Other Asian
599	Other Pacific Islander
511	Samoan
451	Vietnamese
101	White
999	I choose not to answer

Ethnicity:

NA	Not of Hispanic, Latino/a or Spanish origin
PR	Puerto Rican

OTH	Another Hispanic, Latino or Spanish origin
MX	Mexican, Mexican American, Chicano/a
CUB	Cuban
NR	I choose not to answer

Gender:

1	Woman
2	Man
3	Non-binary
4	I use a different term
5	I choose not to answer

Self-Identify:

1	Lesbian or gay
2	Straight, that is not gay or lesbian
3	Bisexual
4	I use a different term
5	I don't know
6	I choose not to answer

Relationship to Enrollee:

1	Agent
2	Broker
3	SHIP counselor
4	Authorized representative
5	Other (third party)
6	Self
7	I choose not to answer

Appendix B: List of OEC Record Layout Changes for Enrollments Received on or After January 1, 2025

#	Field	Reason for Change	Description of Change
35	PremiumSource	Correction.	Updated reference to PremiumDirectPay.
71	AccessibilityFormat	Addition to the model enrollment form.	DataCD option added.
73	Race	Correction.	Added CP-PD to the Required (Plan Type) field.
74	Ethnicity	Correction.	Added CP-PD to the Required (Plan Type) field.
75	Gender	Addition to the model enrollment form.	Field has been added.
76	GenderIdentityOther	Addition to the model enrollment form.	Field has been added.
77	SelfIdentify	Addition to the model enrollment form.	Field has been added.
78	SelfIdentifyOther	Addition to the model enrollment form.	Field has been added.
79	IndividualRepName	Addition to the model enrollment form.	Field has been added.
80	IndividualRepRelationship	Addition to the model enrollment form.	Field has been added.
81	NationalProducerNumber	Addition to the model enrollment form.	Field has been added.