



CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: September 18, 2024

TO: All Medicare Advantage (MA) Plans, Prescription Drug Plans (PDP), Religious Fraternal Benefit Plans (RFB), Special Needs Plans (SNP), and Cost Plans

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SUBJECT: UPDATED - Contract Year (CY) 2025 Online Enrollment Center (OEC)
Timeline and Requirements

This memo provides technical guidance for participation in the CY 2025 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.

Organizations will use the 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. This module can be accessed using the following navigation path: *HPMS Home Page > Plan Bids > OEC Management*

OEC Participation

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

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.

New for CY 2025

CMS will implement the following changes for enrollments received on or after April 1, 2025:

1. New sexual orientation and gender identity data fields
2. New enrollee assistance data fields
3. CD added as an accessible format option

CMS will also implement the following special election period (SEP) changes effective on December 7, 2024:

1. Reinstatement of the OEC SEP code CDC (MARx SEP reason code 24)
2. Updated description for the OEC SEP code CSP (MARx SEP reason code 42)
3. Updated description for the OEC SEP code DSP (MARx SEP reason code 43)

The layout changes described in this memo apply only to enrollment requests **received on or after April 1, 2025**. Enrollment requests received prior to April 1, 2025 will adhere to the current CY 2024 OEC record layout.

Cut-Over to New Layout for Enrollments Received on or After April 1, 2025

CMS will use the following approach to implement the new OEC record layout for enrollments received on and after April 1, 2025.

1. Shut down the OEC functionality on www.medicare.gov by 9:00 p.m. ET on March 31, 2025.
2. Deploy the OEC record layout changes in the OEC on www.medicare.gov and in the HPMS OEC Management module.
3. Restore the OEC functionality on www.medicare.gov at 3:00 a.m. ET on April 1, 2025

Please note that the HPMS OEC Management module will remain operational during this time.

Getting Access to the OEC Management Module

To access the OEC 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 plan users via hpms_access@cms.hhs.gov.
 - b. OEC Opt-In Management

- i. Organizations must request that this access type be assigned to individual plan 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 of plan sponsors in HPMS. Please refer to the February 23, 2024 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>

OEC API

An application programming interface, or API, provides an interface that allows two pieces of software or systems to communicate with each other. HPMS follows the Partner API release policy, where the API is shared only with users that have access to HPMS.

In the case of OEC, the API can be used to set up protocols to download enrollments from HPMS on a scheduled basis, without an individual physically logging into the HPMS website. To accomplish this, an organization (or industry partner) would be responsible for developing an API to: (1) download OEC enrollments via the OEC API, and (2) call the OEC API to retrieve the status of the OEC download(s).

For guidance on obtaining API access to HPMS, please refer to the “HPMS API Key Management User Guide” and “HPMS Plan API Documentation” materials available under the **Documentation** section on the HPMS landing page (<https://hpms.cms.gov>).

For API technical support, please contact hpmstechsupport@softrams.com. The HPMS Help Desk will not provide this level of technical assistance.

OEC Downloads

When accessing the OEC Management module, organizations will be able to download enrollments for one or more contracts at a time. Each download will contain all enrollments received for that period. Enrollments will remain available on HPMS, and users can download previous and current 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**

HPMS will provide the CY 2024 and 2025 OEC transactions in separate files, which will be distinguishable by the contract year in the file name (i.e., PPPP). **Appendix A** contains the OEC file layout for enrollments received on or after April 1, 2025.

Appendix B provides the mapping of the SEP reason codes to the corresponding OEC SEP reason code values.

OEC Download Expectations

All organizations must promptly retrieve enrollment requests from the HPMS OEC module and should check for requests regularly. 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.¹

Medicare.gov sends the OEC transactions to HPMS on a real-time basis. In other words, when a Medicare beneficiary submits the enrollment request in OEC, the transaction is sent immediately to HPMS. Each OEC transaction contains an enrollment date, which is the date on which the beneficiary submitted the OEC request in medicare.gov. HPMS groups all OEC transactions for each contract for each day using the enrollment date field.

OEC “Opt-In” and “Opt-Out” Process

For organizations participating in OEC, an “Enroll” button will appear for the applicable plan(s) on Medicare Plan Finder (MPF) beginning on October 15, 2024.

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

The CY 2025 opt-in window will begin on September 6, 2024. To ensure that the “Enroll” button is available on October 15, 2024, CMS strongly recommends that plans opt-in via HPMS no later than **October 10, 2024**.

Regardless of their OEC participation status for CY 2024, all SNP, 1876 Cost, and RFB plans will be in an “opt-out” status when the module becomes available for CY 2025. SNP, 1876 Cost, and RFB plans can change their OEC participation status at any time. Each time an election is

¹ 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).

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

Please refer to the resources below for assistance.

Support Resource	Contact Information
Technical support for the HPMS OEC Management module	HPMS Help Desk 1-800-220-2028 hpms@cms.hhs.gov
General HPMS user access questions	hpms_access@cms.hhs.gov
HPMS consultant user access requests	HPMSConsultantAccess@cms.hhs.gov
Technical support for the HPMS OEC API	hpmstechsupport@softrams.com
General MPF questions	https://mpf-help.medicare.gov

Appendix A: Online Enrollment Center (OEC) File Layout for Enrollments Received on or After April 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	XYZ123456789	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 regarding content and characters.

#	Field	Type	Maximum Length	Required (Plan Type)	Example	Field Description
67	PremiumDirectPay	Alpha	3	All	No	<p>Indicates if the applicant wants to pay their premium using the plan's premium payment options.</p> <p>Valid values: Yes, No</p> <p><u>Note:</u> This value will be the opposite of the "PremiumDeducted" field (i.e., Yes for "PremiumDeducted" results in No for "PremiumDirectPay").</p>
68	EnrollmentPlanYear	Numeric	4	All	2025	<p>Indicates the contract year for which the applicant is applying.</p>
69	PremiumWithhold	Alpha	3	No	SSI	<p>Indicates whether the plan premium should be deducted from the applicant's monthly Social Security (SSI) or the Railroad Retirement Board (RRB) benefit check.</p> <p>Valid values: SSI, RRB, null</p> <p><u>Note:</u> OEC will populate this field null when "PremiumDirectPay" is Yes.</p>
70	SpouseWorkStatus	Alpha	3	No	Yes	<p>Indicates if the applicant's spouse works.</p> <p>Valid values: Yes, No</p>
71	AccessibilityFormat	Alpha	10	No	Braille	<p>Indicates the applicant's preferred accessibility format.</p> <p>Valid values: Braille, LargePrint, AudioCD, DataCD, null</p>

#	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. Valid values: See key below.
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
000	Form left blank

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

Ethnicity	
CUB	Cuban
NR	I choose not to answer
LB	Form left blank

Gender	
1	Woman
2	Man
3	Non-binary
4	I use a different term
5	I choose not to answer
6	Form left blank

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
7	Form left blank

Relationship to Enrollee	
1	Agent
2	Broker
3	SHIP counselors
4	Authorized representatives
5	Other (third parties)
6	Self
7	Form left blank

Appendix B: Special Enrollment Period (SEP) Codes

OEC Question	OEC SEP Code	MARx SEP Reason Code
I'm new to Medicare.	NEW	ETC-E (IEP)
I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.	ICE	ETC-I (ICEP)
I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started.	RET	32
I had Medicare prior to now, but I'm now turning 65.	MRD	ETC-F (IEP2)
Between 1/1-3/31: I'm in a Medicare Advantage Plan and want to make a change. Between 4/1-12/31: I'm in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change.	OEP	ETC-M (MA OEP)
I moved to a new address that's outside my current plan's service area, or I recently moved and this plan is a new option for me.	MOV	ETC-V Perm Residence
I moved back to the U.S. after living outside the country.	RUS	ETC-V Perm Residence
I was released from jail.	INC	ETC-V Perm Residence
I recently got lawful presence status in the U.S.	LAW	37

OEC Question	OEC SEP Code	MARx SEP Reason Code
I live in a long-term care facility, like a nursing home or a rehabilitation hospital.	LT2	ETC-T (OEPI)
I recently moved out of a long-term care facility, like a nursing home or a rehabilitation hospital.	LTC	ETC-T (OEPI)
I left coverage from my employer or union (including COBRA coverage)	LEC	ETC-W (EGHP SEP)
I lost other, non-Medicare drug coverage that's as good as Medicare drug coverage (creditable coverage), or my other, non-Medicare coverage changed and is no longer considered creditable.	LCC	22
I lost my coverage because my plan no longer covers the area that I live or it ended its contract with Medicare.	EOC	12
I lost my coverage because Medicare ended its contract with my plan. I got a letter from Medicare saying I could join another plan.	MYT	11
I dropped my coverage in a PACE (Programs of All-Inclusive Care for the Elderly) plan.	PAC	27
I lost my Special Needs Plan because I no longer have a condition required for that plan.	SNP	35
I want to join a Special Needs Plan that tailors its benefits to my chronic condition.	CSN	30
I have both Medicare and Medicaid, my state helps pay for my Medicare premiums, or I get Extra Help paying my Medicare drug coverage.	MDE	ETC-L (Dual/LIS Quarterly)
I recently had a change in my Medicaid (newly got Medicaid, had a change in my level of Medicaid, or lost Medicaid).	MCD	ETC-U (LIS)
I recently had a change in my Extra Help paying for my drug costs (newly got Extra Help, had a change in my level of Extra Help, or lost Extra Help)	NLS	ETC-U (LIS)
I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.	DIF	ETC-U (LIS)
I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.	PAP	38

OEC Question	OEC SEP Code	MARx SEP Reason Code
I dropped a Medicare Supplement Insurance (Medigap) policy when I first joined a Medicare Advantage Plan. It's been less than 12 months since I left my Medigap policy. I want to switch to Original Medicare so I can go back to my Medigap policy, and I'm joining a Drug Plan (Part D).	12G	29
I was affected by an emergency or a major disaster (as declared by the Federal Emergency Management Agency, or by Federal, my state, or my local government). One of the other statements on this page applied to me, but I was unable to make my request because of the disaster.	DST	01
I joined a Medicare Advantage Plan with drug coverage when I turned 65. It's been less than 12 months since I joined this plan. I want to switch to Original Medicare, and I'm joining a Drug Plan.	12J	33
I am enrolling in a 5-star Medicare plan.	5ST	ETC-R (5star)
I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.	LPI	40
I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.	REC	39
I requested Medicare information in an accessible format. I got less time to make my decision, or I didn't get it in time to make a choice before my enrollment period ended.	ACC	21
I lost my Medicare Advantage Plan with drug coverage because I lost Medical (Part B) coverage. I want to join a Medicare drug plan.	INV	25
I live in a long-term care facility, like a nursing home or a rehabilitation hospital. I dropped my Medicare Advantage Plan with drug coverage and I want to join a Medicare drug plan. Plans are reminded to use election type code "T" for OEPI transactions.	IIP	26
I dropped my Cost Plan with drug coverage and switched to Original Medicare. I want to join a Medicare drug plan.	OSD	36

OEC Question	OEC SEP Code	MARx SEP Reason Code
I live in or (within the past 2 months) moved out of a long-term care facility, like a nursing home or a rehabilitation hospital. I want to join a Medicare drug plan.	IND	31
I had Medicare before, but I'm now turning 65.	IEP	41
I pay a premium for Part A and I signed up for Part B during the General Enrollment Period (January 1 - March 31 each year). I want to join a Medicare drug plan (Part D) or Medicare Advantage Plan with drug coverage.	PRE	34
I signed up for Premium Part A (Hospital Insurance) and/or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. I want to join a Medicare Advantage Plan (with or without drug coverage).	CSP	42
I signed up for Premium Part A (Hospital Insurance) and/or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. I want to join a Medicare drug plan (Part D).	DSP	43
Individuals may disenroll from a Part D Plan (including PDPs and MA-PDs) to enroll in or maintain other creditable drug coverage including an MA plan.	CDC	24
OEC Options Available to 1-800-Medicare Customer Service Representatives Only		
I wasn't properly notified that my private drug coverage wasn't creditable, or was no longer creditable	CRE	90
I was notified by my plan that it had or will have a significant provider network change.	PRO	91
I'm in a plan that violated its contract with me.	VIO	92
Marketing Misrepresentation SEP: I was enrolled in a plan based on misleading or incorrect information, or I was enrolled into a plan without my knowledge or consent.	EXC	96
I was affected by an item directly related to my plan's sanction.	SAN	23

OEC Question	OEC SEP Code	MARx SEP Reason Code
Other	OTH	N/A
Other explanation	N/A	N/A