

CMS Web Services Data Parameters For Plans Choosing to Establish a Link from Their Website to the Online Enrollment Center

Version 3.2

Sponsor Enrollment Web Services

The following are the input parameters for a PDP or MAPD enrollment for organizations choosing to establish a link from their website to the Online Enrollment Center (OEC). These values may be collected on the source site that is originating the request, if not collected on the plan's website, the beneficiary will need to complete the enrollment form in its entirety once they enter the Online Enrollment Center.

First Steps:

Beginning on November 8, 2007 a representative from the requesting organization must visit the Administrative Console at <https://enrollmentcenter.medicare.gov/AdministrativeConsole> to accept the Terms and Conditions of the Web Services agreement. At that time a source ID will be generated for the designated plan.

Enrollment Process When Linking from the Organization's Website to the Online Enrollment Center:

1. Beneficiary is redirected from sponsor's website to the CMS Online Enrollment Center (OEC) splash page. If sponsor's will support both the 2007 and 2008 Plan Year enrollments, the sponsor should direct beneficiary to the applicable CMS OEC splash page as the 2007 Plan Year OEC splash page will have a different URL from the 2008 Plan Year OEC Splash page (URL information will be posted in Admin Console for both Plan Years prior to October 11, 2007).
2. Beneficiary chooses path from following options:
 - a. Yes, I want to enroll in the selected plan
 - i. Posts data below to enrollment form (optional)
 - ii. User completes enrollment form and submits
 - iii. User confirms submitted information
 - iv. User authenticates the enrollment with an e-signature
 - v. User sees enrollment confirmation with plan phone number and customer service hours, and a link to redirect back to the ReturnURL which also includes the output parameters described below.
 - vi. Designated plan downloads the completed enrollment form from the Administrative Console and processes the enrollment just as they would for any other enrollment.
 - b. No, I want to choose from a list of plans

- i. Re-directs user to medicare.gov Medicare Prescription Drug Plan Finder home page on www.medicare.gov.
- c. No, please go back to where I came from
 - i. re-directs user to ReturnURL provided by sponsor

Input Parameters:

Starting on November 15, 2005, use an HTTP FORM POST to post the following parameters to:

<https://enrollmentcenter.medicare.gov/Enrollsplash.aspx>

#	Name	Format	Example	Comment
1	SourceID	Alpha/Numeric	XYY1234	The Source ID of the site referring the application. <i>Note: this will be assigned to the referral by CMS</i>
2	ReturnURL	Alpha/Numeric	http://www.referringurl.com	The URL to pass back the output parameters. Output parameters will be passed via FORM post.
3	ContractID	Alpha/Numeric	H0001	The Contract ID of the plan the applicant is applying
4	PlanID	Numeric	001	The Plan ID of the plan the applicant is applying.
5	SegmentID	Numeric	000	The Segment ID of the plan the applicant is applying (when this does not apply 000 will still be passed).
6	Zip	Numeric	90010	The Zip code of the user.
Optional Parameters that can be passed from the Referring URL to Pre-Populate the Enrollment Form (Passed optional parameters will populate the corresponding inputs on the CMS OEC)				
7	ApplicantTitle	Alpha	Mr.	The title of the applicant.
8	ApplicantFirstName	Alpha/Numeric	John	The first name of the applicant.
9	ApplicantMiddleInitial	Alpha	H.	The middle initial of the applicant.
10	ApplicantLastName	Alpha/Numeric	Smith	The last name of the applicant.
11	ApplicantBirthDate	Numeric	MMDDYYYY	The birth date of the applicant.
12	ApplicantGender	Alpha	F	The gender of the applicant.
13	ApplicantAddress1	Alpha/Numeric	1234 Orange	Address of applicant
14	ApplicantAddress2	Alpha/Numeric	Apt 24	Address of applicant
15	ApplicantCity	Alpha/Numeric	Any city	City of applicant

16	ApplicantState	Alpha	CA	State of applicant
17	ApplicantZip	Numeric	90010	Zip of applicant
18	ApplicantPhone	Numeric	1234567890	Phone number of applicant
19	ApplicantEmailAddress	Alpha/Numeric	applicant@123xyz.com	Email address of applicant
20	MailingAddress1	Alpha/Numeric	1234 Street	Mailing Address of applicant
21	MailingAddress2	Alpha/Numeric	Apt 24	Mailing Address of applicant
22	MailingCity	Alpha/Numeric	Any City	Mailing City of applicant
23	MailingState	Alpha	CA	Mailing State of applicant
24	MailingZip	Numeric	90010	Mailing Zip Code of applicant
25	MedicarePartA	Numeric	MMDDYYYY	Effective Date of Medicare Part A
26	MedicarePartB	Numeric	MMDDYYYY	Effective Date of Medicare Part B
27	EmergencyContact	Alpha/Numeric	Jane Smith	Name of emergency contact
28	EmergencyPhone	Numeric	1234567890	Phone of emergency contact
29	EmergencyRelationship	Alpha/Numeric	Friend	Relationship of emergency contact
30	PremiumDeducted	Alpha	Yes	Answer if the applicant wants their premium deducted. Note, this value should always be the opposite of <i>PremiumDirectPay</i> below, i.e. YES to PremiumDeducted = NO to PremiumDirectPay. If a value is specified for only one of either value or both values are specified and are in agreement, that value will be used on the application form. If the values are not in agreement, i.e. both YES or both NO, the beneficiary will have to reselect his/her preferred option from the CMS OEC application form.
31	OtherCoverage	Alpha	No	Answer if applicant has other coverage.
32	OtherCoverageName	Alpha/Numeric	My Coverage	Name of applicants other coverage

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33	OtherCoverageID	Alpha/Numeric	1234567890	ID # of applicants other coverage
34	LongTerm	Alpha	Yes	Answer to if applicant is a resident of a Long Term Facility
35	LongTermName	Alpha/Numeric	Institution Name	Name of Long Term Institution
36	LongTermAddress	Alpha/Numeric	1234 Street	Street of Long Term Institution
37	LongTermPhone	Numeric	1234567890	Phone of Long Term Institution
38	AuthorizedRepName	Alpha/Numeric	Joe Smith	Name of Authorized Representative
39	AuthorizedRepAddress	Alpha/Numeric	1234 Street	Address of Authorized Representative
40	AuthorizedRepCity	Alpha/Numeric	Any City	City of Authorized Representative
41	AuthorizedRepState	Alpha	CA	State of Authorized Representative
42	AuthorizedRepZip	Numeric	90010	Zip of Authorized Representative
43	AuthorizedRepPhone	Numeric	1234567890	Phone of Authorized Representative
44	AuthorizedRepRelationship	Alpha	Caregiver	Relationship of Authorized Representative
45	Language	Alpha	Spanish	Language other than English that is preferred
46	ESRD	Alpha	Yes	Answer to End State Renal Disease (ESRD) For MAPD Enrollment ONLY
47	StateMedicaid	Alpha	Yes	Answer to Enrolled in State Medicaid For MAPD Enrollment ONLY
48	WorkStatus	Alpha	Yes	Answer to if enrollee or spouse works For MAPD Enrollment ONLY
49	PrimaryCarePhysician	Alpha/Numeric	Dr. Jones	Name of Primary Care Physician For MAPD Enrollment ONLY
50	AgentID	Alpha/Numeric	XYY1234	The AgentID, allows for the source site to track the Agent that is submitting the referral.
51	OtherCoverageGroup	Alpha/Numeric	BCGxxyy	Group information about the OtherCoverage, if applicable.

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52	PremiumDirectPay	Alpha	No	Answer if the applicant wants to pay their premium directly. Note, this value should always be the opposite of <i>PremiumDeducted</i> above, i.e. YES to PremiumDeducted = NO to PremiumDirectPay. If a value is specified for only one of either value or both values are specified and are in agreement, that value will be used on the application form. If the values are not in agreement, i.e. both YES or both NO, the beneficiary will have to reselect his/her preferred option from the CMS OEC application form.
67	EnrollmentPlanYear	Numeric	2008	Indicates Plan Year of the plan the applicant is applying.

The following are the output parameters generated from Enrollment. Only these parameters will be returned to the source site. Any other parameters will be removed and discarded.

Output Parameters (passed back to source site):

#	Name	Format	Example	Comment
1	ConfirmationNumber	Alpha/Numeric	XYY1234	The confirmation associated to the application.
2	SubmitDate	Numeric	MMDDYYYY	The submission date of the application.
3	ContractID	Alpha/Numeric	H0001	The Contract ID of the plan the applicant is applying
4	PlanID	Numeric	001	The Plan ID of the plan the applicant is applying.
5	SegmentID	Numeric	000	The Segment ID of the plan the applicant is applying (when this does not apply 000 will still be passed).
6	PlanContactInformation	Alpha/Numeric	Organization Name Plan Name Plan URL Plan Phone TTY Phone Plan Phone Hours	General Sponsor and Plan information including all information the user needs to contact the Sponsor. All information will repeat for each Plan.
6	SourceID	Alpha/Numeric	XYY1234	The Referring ID allows for the source site (Source ID) to track the original referral. Note: this will be assigned to the referral by CMS
7	AgentID	Alpha/Numeric	XYY1234	The AgentID, allows for the source site to track the Agent that is submitting the enrollment.

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