

Annual Enrollment Plan Connectivity Overview

MAPD Help Desk

1-800-927-8069 • MAPDHelp@cms.hhs.gov

<https://www.cms.gov/MAPD-Helpdesk>



Objectives

- ◆ Introduce available resources
- ◆ Provide an overview of the process
- ◆ Develop familiarity of forms used in the process
- ◆ Review the suggested preparation timeline for the Annual Enrollment Period

Resources and Forms

Resources

- ◆ Data Exchange Preparation Procedures (DEPP)
- ◆ Plan Connectivity Checklist
- ◆ Plan Communication User Guide (PCUG)

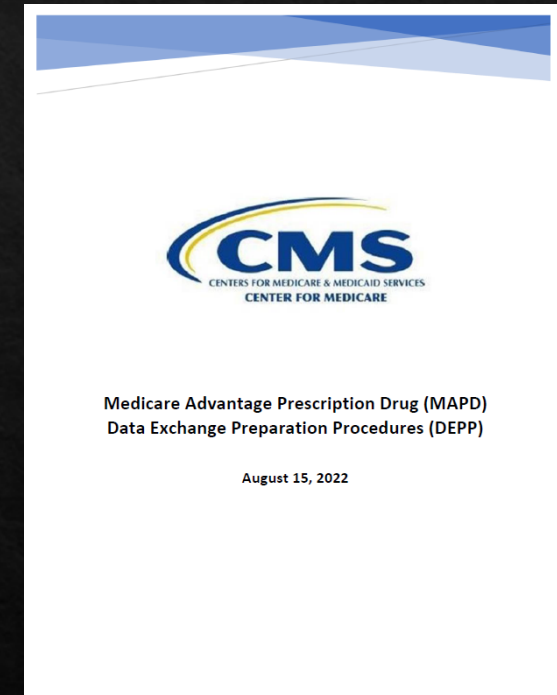
Forms

- ◆ Request for Server to Server Access to CMS for Enterprise File Transfer (EFT) Corporate Secure Point of Entry (SPOE) ID Form
- ◆ EFT Partner Server Form
- ◆ External Point of Contact (EPOC) Designation Letter
- ◆ EPOC Access Acknowledgement Form
- ◆ Plan Connectivity Data Module
 - ◆ PCD Form

Resource: DEPP

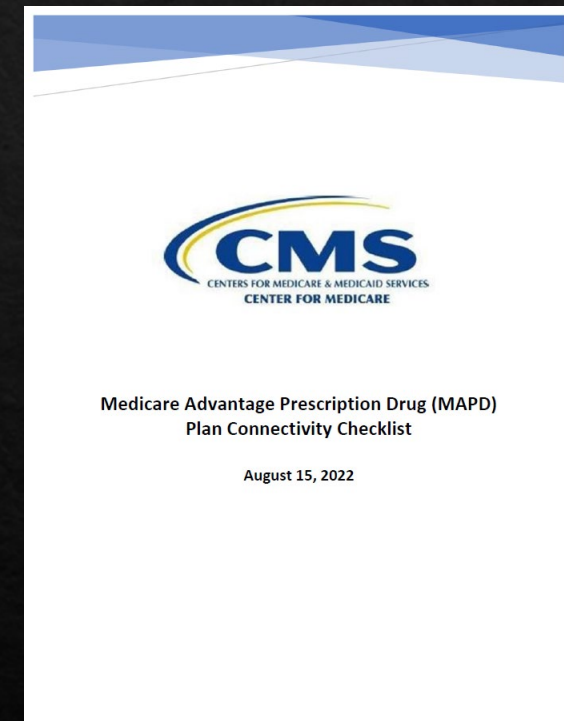
Data Exchange Preparation Procedures

- The DEPP is a grand overview of the connectivity process and connectivity types.
- To access the DEPP you will navigate to the download section at the following URL:
<https://www.cms.gov/data-research/cms-information-technology/access-cms-data-application/plan-connectivity-preparation>



Resource: Plan Connectivity Checklist

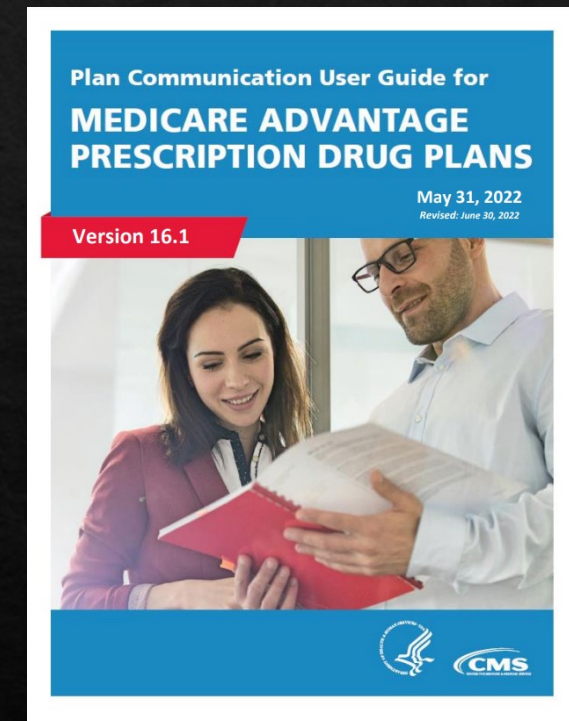
- The Plan Connectivity Checklist is a general outline you can follow to complete the connectivity process.
- The process has specific timing for steps to be completed; please review the timeline for more detailed information.
- To access the Plan Connectivity Checklist, you will navigate to the download section at the following URL: <https://www.cms.gov/data-research/cms-information-technology/access-cms-data-application/plan-connectivity-preparation>.



Resource: PCUG

Plan Communication User Guide

- The Plan Communication User Guide is a valuable resource for those who submit files. It provides users an overview of the different file naming conventions and line coding that are utilized to assist in submitting files for their Plan.
- The PCUG outlines the functions within the MARx – Medicare Advantage and Prescription Drug System (MARx) User Interface (UI) application that most will find useful.
- The PCUG is updated regularly. To access the most up-to-date version of the Plan Communication User Guide you will navigate to the download section at the following URL: <https://www.cms.gov/data-research/cms-information-technology/access-cms-data-application/mapd-plan-communication-user-guide>.



Form:

Request for Server to Server Access to CMS for Enterprise File Transfer (EFT) Corporate Secure Point of Entry (SPOE) ID

- The SPOE ID Request form is needed when a Plan does not have a current ID to connect to CMS. Instances where you will need the SPOE ID Request form:
 - All Connect: Direct setups
 - All TIBCO MFT Internet Server (SFTP & HTTPS) & TIBCO Platform Server (PS) setups
 - Gentran setups (required only when automating file transfers)
- Instances where you may not need the SPOE ID Request form:
 - Plan is using an established third party with an existing SPOE ID
 - Plan has an existing SPOE ID that they will utilize
 - Setup will be Gentran, and Plan will not be automating
- The SPOE ID is needed by the Plan to access CMS's SFTP server for submitting files.
- To access the SPOE ID Request Form you will navigate to the download section at the following URL: <https://www.cms.gov/data-research/cms-information-technology/access-cms-data-application/plan-connectivity-preparation>.

Request for Server to Server Access to CMS for Enterprise File Transfer (EFT)
Corporate Secure Point of Entry (SPOE) ID

- Organization Contact* and CMS Approver** must read and sign page 2.
- The CMS Approver must send the completed form to CMS EFT_GTL mailbox

1. CMS Application
Service Request number for EFT setup requiring this SPOE ID: _____
CMS Application(s) connected to: _____

2. TYPE OF USER ID NEEDED: (Please only check one)
☒ SFTP - MFT Internet Server ☐ Gentran B2BI
☐ MFT Platform Server (CyberFusion) ☐ Connect:Direct (C:D)

3. Organization/Company Information
Organization/Company Name: _____
Organization/Company EIN: _____
Organization Contact Name: _____
Organization Contact Phone: _____
Organization Contact Email: _____
MAPD Plan Contract #/MAC ID: _____

4. Organization/Company Technical Contact Information
Technical Contact Name: _____
Technical Contact Phone: _____
Technical Contact Email: _____
Company Node Name (C:D): _____

5. CMS Business Owner Approver Information
CMS Approver Name: _____
CMS Approver Phone: _____

DO NOT WRITE BELOW THIS LINE - FOR CMS USE ONLY

SPOE ID: _____ ID's Assigned By: _____ Date: _____
Tech Contact Notified: _____

(SPOE Request - 2022-08-10)

Form: Enterprise File Transfer (EFT) Partner Server Form

- Plans must print, fill out, sign, and email these forms to: EFT_Admin@cms.hhs.gov. It is not required but would be helpful to cc: MAPDHelp@cms.hhs.gov.
- The partner server form is used for new connections into EFT. The EFT Partner Server Form provides the IP address and connectivity details for the connection that EFT needs for routing.
- The EFT Partner Server form is needed to allow CMS access to the Plan's SFTP server to successfully send and receive files to the Plan.
- To access the Partner Server Form, you will navigate to the download section at the following URL: <https://www.cms.gov/data-research/cms-information-technology/access-cms-data-application/plan-connectivity-preparation>.

The form is titled "Enterprise File Transfer (EFT) Partner Server Information" and features the CMS logo at the top. It includes fields for "Date:" and "Organization:". Section A, "SERVER INFORMATION", contains checkboxes for "Type of Server" (Connect: Direct, SSH, MFT Platform Server), "Operating System" (Unix, Linux, Windows, z/OS), and text fields for "Node Name", "IP Address", and "Port Number". Section B, "LOGIN INFORMATION", includes fields for "Username:", "Password:" (with a note to send separately), and "Directory or High Level Qualifier EFT will send files to:". Section C, "PASSWORD EXPIRATION PROCESS (IF APPLICABLE)", contains three numbered questions about password expiration and reset procedures. Section D, "PUBLIC KEY for SSH users (SSH DSA KEY)", is a text area. At the bottom, there is a note to direct questions to the EFT contact or team, with the email eft_admin@cms.hhs.gov. The footer includes the word "Confidential" and the date "Last Update: February, 2017".

**Enterprise File Transfer (EFT)
Partner Server Information**

Date: _____
Organization: _____

A. SERVER INFORMATION

Type of Server: ☐ Connect: Direct ☐ SSH ☐ MFT Platform Server
Operating System: ☐ Unix ☐ Linux ☐ Windows ☐ z/OS
Node Name: _____
IP Address: _____
Port Number: _____

Please provide the EFT team with server login credentials.

B. LOGIN INFORMATION

Username: _____
Password: Please send password separately
Directory or High Level Qualifier EFT will send files to: _____

C. PASSWORD EXPIRATION PROCESS (IF APPLICABLE)

1. If the password expires, how often will EFT need to reset it?
2. Please provide the contact information for the group EFT needs to contact to reset the password (if necessary).
3. Please provide the URL EFT needs to use to reset our password (if necessary).

D. PUBLIC KEY for SSH users (SSH DSA KEY)

Please direct any questions to your EFT contact or the EFT Team
(eft_admin@cms.hhs.gov).

Confidential Last Update: February, 2017

Form: EPOC Designation Letter & EPOC Access Acknowledgement Form

EPOC Letter Template

Please use Company Letterhead – Letter must be emailed to DPOEPOCS@cms.hhs.gov and MAPDHelp@cms.hhs.gov

Date: mm/dd/yyyy

The Centers for Medicare & Medicaid Services
Center for Medicare
7500 Security Boulevard, Mail Stop – C1-13-07
Baltimore, MD 21244

RE: EPOC Designation Letter Request for Plan [Plan Number]

To: CMS EPOC APPROVAL

[Name of Plan Or Company] requests that CMS designate the following person as the External Point of Contact (EPOC) for plan contract(s) listed below:

Full Name: _____

Mailing address: _____

Telephone Number: _____

Email Address: _____

Contract Number(s): _____
(List all contract numbers this EPOC will be responsible for.)

As an official of [Name of company], I have the authority to designate the person identified above as the EPOC for the contract number(s) listed above. My contact information is:

Name: _____

Title: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Sincerely,

(Signature of the Company's official, title)

- Plans must print, fill out, sign, and email the forms to: DPOEPOCS@cms.hhs.gov and CC: MAPDHelp@cms.hhs.gov.
- Both forms are required for EPOC role approval.
- Forms can be sent in at any time; however, during preparation for Annual Enrollment Period (AEP), the role cannot be requested in the Enterprise Portal until the contracts are loaded into the Enterprise Portal (portal.cms.gov). Usually, this occurs the first weekend in October.
- Once EPOCs are approved, MA Submitters and MA Representatives can request roles for approval by the EPOC.
- Plans are required to have at least one EPOC and one MA Submitter to establish connectivity.
- To access the EPOC Designation Letter and EPOC Access Acknowledgement Form you will navigate to the download section at the following URL: <https://www.cms.gov/data-research/cms-information-technology/access-cms-data-application/plan-connectivity-preparation>.

EPOC ACCESS ACKNOWLEDGEMENT FORM

1. TYPE OF REQUEST (Check only one):
☐ NEW EPOC Designation ☐ CERTIFY
☐ DISCONNECT EPOC Access

2. USER INFORMATION

User ID: _____

First Name (As you want it published) _____ MI _____ Last Name (As you want it published) _____

CompanyName: _____

Mailing Address (Include Suite/Apt/Floor): _____

City _____ State _____ ZIP Code _____

Office Telephone (Include Extension) _____ Company Telephone (If different) _____ E-Mail Address _____

3. WORKLOAD INFORMATION

Contract Number(s) _____

4. JUSTIFICATION

5. APPROVALS:
PROVIDE SIGNATURES BELOW
Authorization: We acknowledge that our Organization is responsible for all resources to be used by the person identified above and the requested access is required to perform their duties. We have reviewed and verified the workload information supplied is accurate and appropriate. We understand that any change in employment status or access needs are to be reported immediately via submittal of this form or email request.

1st APPROVER (Company Official authorized to designate a plan EPOC)

Printed Name _____ Telephone Number _____

Signature _____ Date _____

2nd APPROVER (CMS EPOC Authorizer)

Printed Name _____ Telephone Number _____

Signature _____ Date _____

APPLICANT: Read, complete and sign following pages.

Additional EPOC Details

- EPOCs will NOT have access to MARx application. This specific role is only tasked with approving/removing users access when needed.
- To access the EPOC Role Request Guide, navigate to the download section at the following URL: <https://www.cms.gov/data-research/cms-information-technology/access-cms-data-application/plan-connectivity-preparation>.

Form: Plan Connectivity Data (PCD)

- Located in the [HPMS.cms.gov](https://hpms.cms.gov) site.
- CMS user and Technical user guides for the PCD are in the side tabs.
 - User must be logged in to navigate to the guides.
- Access issues or concerns with the HPMS site or the PCD module need to be directed to the HPMS Help Desk.
- PCD roles
 - Organization Contact – The point of contact to talk to about the setup or needs.
 - Organization Technical Point of contact – The contact available for technical needs such as setup and testing.
 - EPOC Approver – The contact that has signed the EPOC forms as a user who designated the Plan EPOC.
 - SPOE Contact – The main contact on the Request for Server to Server Access to CMS for Enterprise File Transfer (EFT) Corporate Secure Point of Entry (SPOE) ID.

H0001 - SAMPLE MA CONTRACT

Data Entry By:
TESTER, SITE

Organization's Technical Contact Information

Name *
John Doe

Phone Number *
1234567898

Fax Number *
1234567899

Email Address *
Email@email.com

Position *
Leader

Effective Date *
06/15/2023

Enrollment Submission Method Connectivity Type *
Gentrin

PDE Submission Method Connectivity Type *
Gentrin

RAAPS Submission Method Connectivity Type *
Gentrin

RACF ID *
ABBA

Organization Representative:

Name _____

Phone _____

Email Address _____

Signature _____ Date _____

Plan EPOC Approver:

Name _____

Phone _____

Email Address _____

Signature _____ Date _____

When complete email form to MAPDHelp@cms.hhs.gov

Please complete the steps outlined above before proceeding.

Additional Available Resources (Included in Welcome Packet):

- Connectivity Type Summary (a summary of connection types)
- Connectivity Frequently Asked Questions (FAQs)
- Who Do I Contact? (list of Help Desk contacts by role)
- MAPD Plan Connectivity Checklist (steps for establishing connectivity)

Basic Outline of the Connectivity Process

01

SELECT A
CONNECTIVITY TYPE
BASED ON YOUR
INFRASTRUCTURE
AND GOALS

02

COMPLETE FORMS
ASSOCIATED TO THE
CHOSEN
CONNECTIVITY TYPE

03

INITIATE USER
ACCESS WITH
FORMS AND
WEB APPLICATION
REQUESTS

04

COMPLETE ROUTING
SETUP AND TESTING

General Events for All Plans

Legend

- Getting Started
- Obtain Security and Access
- Establish Data Transfer Protocols
- Testing
- Completed

Welcome Packet

MAPD Help Desk provides the Welcome Packet

EPOC Forms

MAPD Help Desk confirms and requests EPOC forms from Plans

Must be received before:
September 30

EPOC Approved

DPO approves EPOC's request in the Enterprise Portal

Create Service Request (SR)

MAPD Help Desk Creates SR for EFT to establish Plan's routing

Testing

EFT and/or MAPD Help Desk completes testing with Plan

PCD Forms

MAPD Help Desk requests and confirms PCD forms from Plans

Must be received before:
September 15

Plans are Loaded in IDM

MAPD Help Desk notifies all EPOCs through SNow cases to request access in the Enterprise Portal
Start: First week in October

Submitter Approved

EPOC approves submitter's request in the Enterprise Portal

EFT Extract

MAPD Help Desk provides Plan Data required for Connectivity to EFT

Connectivity Completed

MAPD Help Desk notifies Plan the Connectivity process is completed and supplies resources



The Start

All new Plans participating in the Medicare Advantage Prescription Drug (MAPD) Program must receive a contract number(s) from CMS or the Health Plan Management System (HPMS) before they can begin. After obtaining a contract number(s), Plans must register a designated person(s) to enter the Plan's connectivity data into the HPMS Plan Connectivity Data (PCD) Module.

Connectivity Types

01 Connect: Direct

A private CMS WAN Ethernet connection directly connects the Plan to the CMS network. The software to support the data transfer across the private connection is Connect: Direct, a product that can be licensed from IBM. Plans are expected to fund the cost of the Ethernet connection and software license.

02 TIBCO MFT

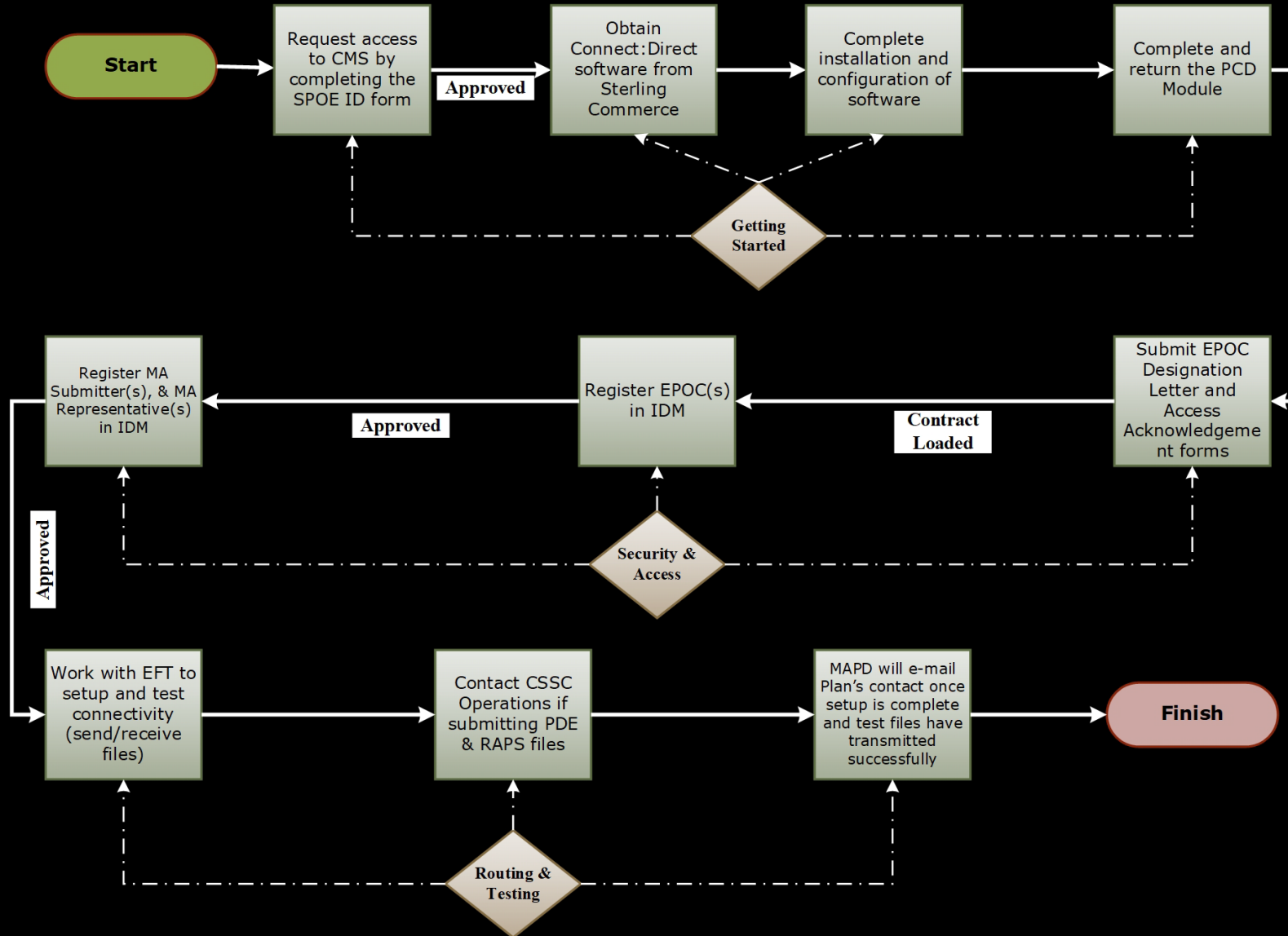
Secure File Transfer Protocol (SFTP) is a secure internet server hosted by the Plan. Organizations opting to use the SFTP with the TIBCO MFT Internet Server will be required to obtain a Secure Point of Entry (SPOE) ID from CMS and to host a Secure Shell (SSH) server with a Digital Signature Algorithm (DSA) or Rivest-Shamir-Adleman (RSA) public key.

Hypertext Transfer Protocol Secure (HTTPS) is a secure web interface to provide connectivity to the TIBCO MFT internet server hosted by CMS. Users will log in to the TIBCO MFT internet server web interface to send data to CMS.

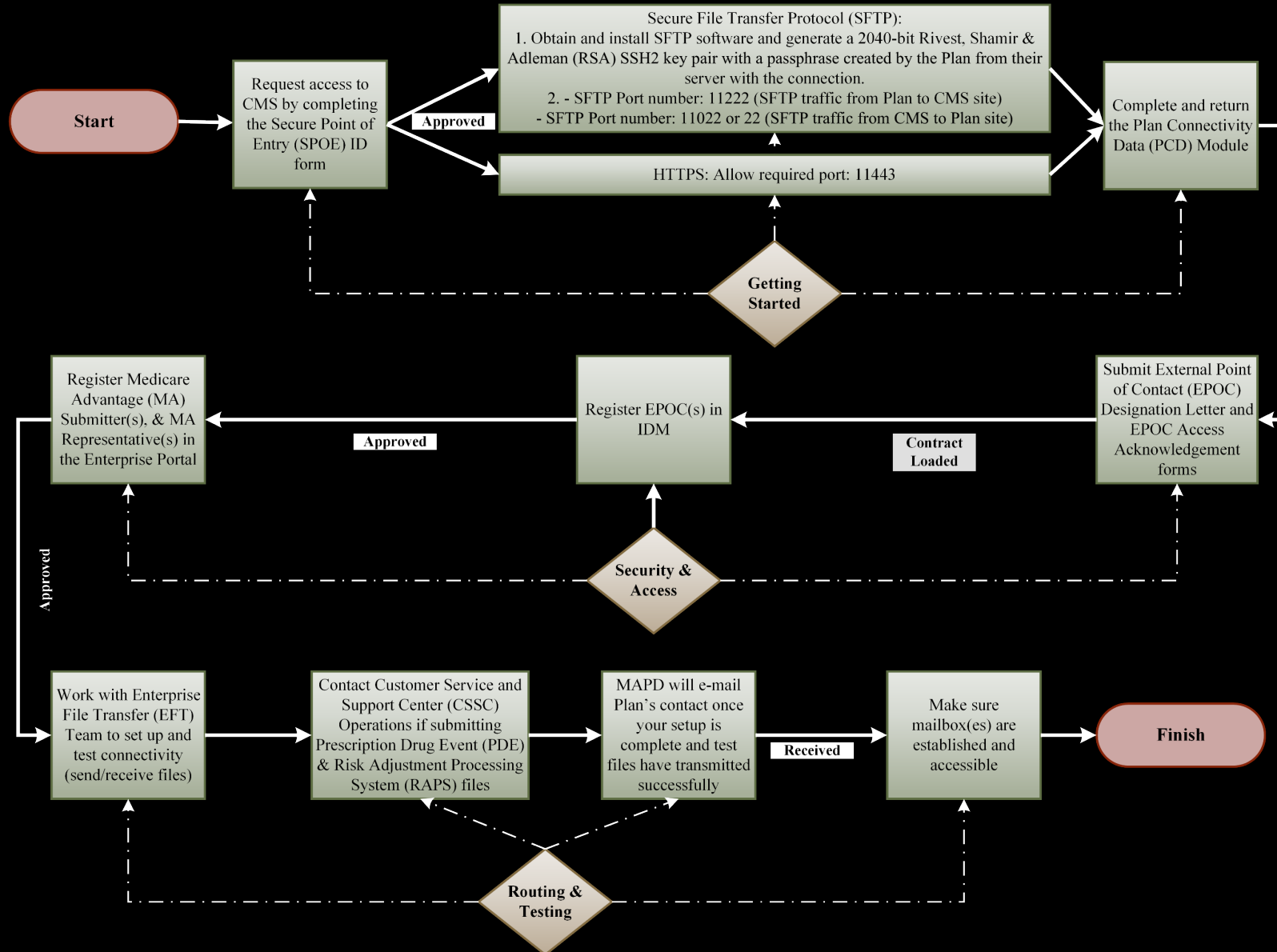
03 Gentran

This connectivity type is for small Plans, with less than 100,000 beneficiaries, participating in the MAPD program. File size is limited to less than 2GB. Gentran is an option limited to small Plans because of its file size restriction. With Gentran, Plans have the option to manually submit files (individual IDM user ID required) or to do an automated SFTP pull (SPOE ID required).

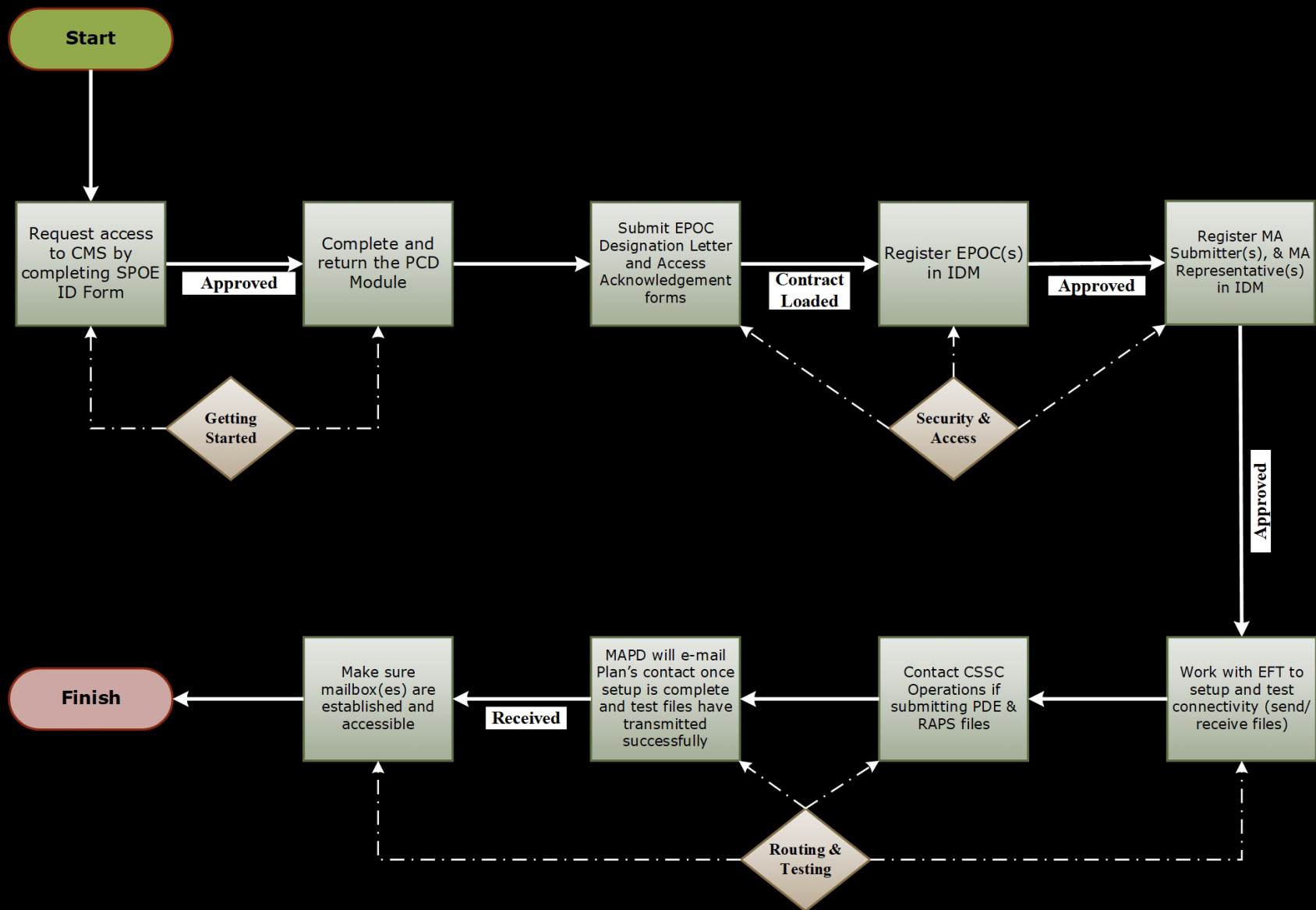
Connectivity Type: T1 Connect:Direct



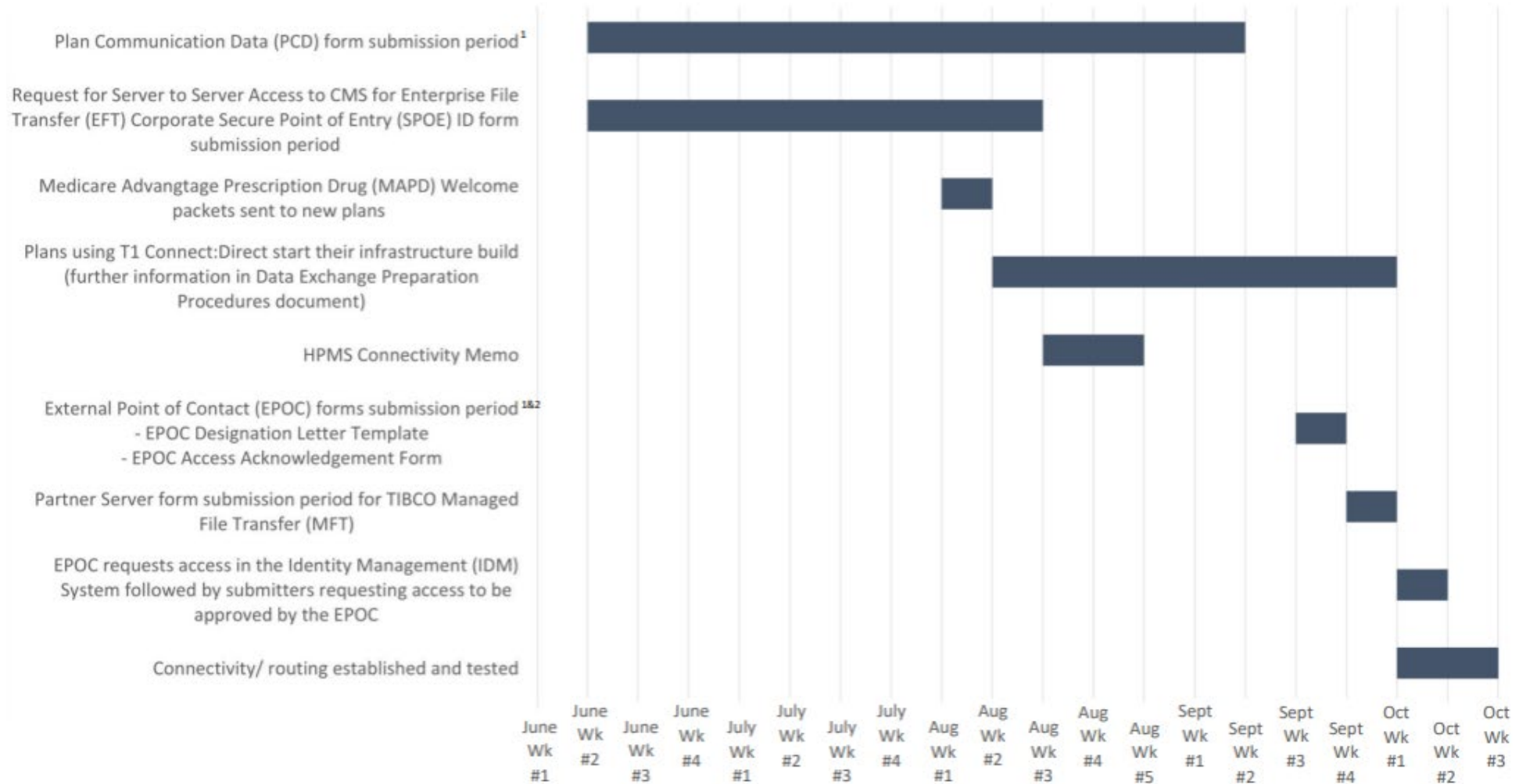
Connectivity Type: TIBCO MFT SFTP/ HTTPS



Connectivity Type: GENTRAN



Annual Enrollment Period Suggested Timeline



¹ Prior to submitting your EPOC forms, a user must create an account in the Enterprise Portal. After the first weekend in October EPOC users will need to request the EPOC role from their account.

² For the Plan's convenience, Plans may submit PCD and EPOC documents earlier than the suggested times.



For more information and answers to common questions, navigate to the document labeled “AEP Connectivity FAQ” found within your Welcome Packet.

Points of Contact

MAPD Help Desk: 1-800-927-8069

HPMS Help Desk: 1-800-220-2028

CSSC Operations Help Desk: 1-877-534-2772

For more information, please see the
'Who Do I Contact?' document
within your Welcome Packet.