



CENTERS FOR MEDICARE & MEDICAID SERVICES

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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: Contract Year (CY) 2022 Online Enrollment Center (OEC) Timeline and Requirements

This memo provides technical guidance for participation in the CY 2022 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

For CY 2022, organizations will continue to 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.

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.

This module can be accessed using the following navigation path:

HPMS Home Page > Plan Bids > OEC Management

Getting Access to the OEC Management Module

In order 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 May 26, 2021 memo entitled “Updated - 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 time 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 2021 and 2022 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, which has not changed for CY 2022.

This memo also provides the mapping of the new SEP reason codes, per the July 22, 2021 memo entitled, “Technical Guidance for the July 24, 2021 MARx Software Release – Special Election Period (SEP) Reason Code,” to the corresponding OEC SEP reason code values. OEC will begin using these new OEC reason codes on enrollments with an effective date on or after January 1, 2022. **Appendix B** provides the detailed list of CY 2022 SEP reason codes.

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

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).

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, 2021.

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

Regardless of their OEC participation status for CY 2021, all SNP, 1876 Cost, and RFB plans will be in an “opt-out” status when the module becomes available for CY 2022. SNP, 1876 Cost, and RFB plans can 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

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

Support Resource	Contact Information
General MPF questions	MPF@cms.hhs.gov

Appendix A: CY 2022 Online Enrollment Center (OEC) File Layout

The OEC file is provided in tab-delimited format. This layout applies to enrollments with effective dates on or after January 1, 2022.

#	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 "PremiumPremiumDirrectPay" 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	No	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 <u>Note:</u> 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	2022	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 <u>Note:</u> 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, 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

Key:

* If “EmailOptIn” is Yes, then this field is required.

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

Plan type:

Type Code	Plan Type Label
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

Appendix B: CY 2022 Special Enrollment Period (SEP) Codes

OEC Question	OEC SEP Reason 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. I moved to a new address that's still in my plan's service area, but I have new plan options in my new location.	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 Reason 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)

OEC Question	OEC SEP Reason Code	MARx SEP Reason Code
I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.	PAP	38
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
Other	OTH	N/A
Other explanation	N/A	N/A
* SEP for providing individuals who requested materials in accessible formats equal time to make enrollment decisions.	ACC	21
* Individuals who disenroll in connection with a CMS sanction.	SAN	23
* Individuals may disenroll from a Part D Plan (including PDPs and MA-PDs) to enroll in or maintain other creditable drug coverage.	CDC	24

OEC Question	OEC SEP Reason Code	MARx SEP Reason Code
* Individuals involuntarily disenrolled from an MA-PD Plan due to loss of Part B.	INV	25
* MA-PD enrollees using the MA Open Enrollment Period for Institutionalized Individuals (OEPI) to disenroll from an MA-PD Plan are eligible for a coordinating Part D SEP that permits enrollment in a PDP. Plans are reminded to use election type code "T" for OEPI transactions.	IIP	26
* Individuals enrolled in Cost Plans that are non-renewing their contracts.	CPN	28
* Individuals who enroll in Part B during the Part B General Enrollment Period (GEP). (MA-PD and PDP)	GEP	34
* Individuals disenrolling from a Cost Plan who also had the Cost Plan Optional Supplemental Part D Benefit.	OSD	36
* Institutional Individual. SEP Reason Code 31 corresponds to the SEP for Institutionalized Individuals 42 CFR 423.38(c)(15). This SEP permits enrollment in, or disenrollment from, a Part D plan.	IND	31
OEC Options Available to 1-800-Medicare Customer Service Representatives Only		
* Creditable Status. CMS determined that the beneficiary was not adequately informed of the creditable status of drug coverage provided by a Plan required to give such notice, or a loss of creditable coverage. Permits enrollment in MA-PD or PDP only.	CRE	90
* Change in Provider Network. CMS determines that changes to a plan's provider network are significant based on the affect, or potential to affect, current plan enrollees.	PRO	91
* SEP for Contract Violation. CMS determined the individual is able to demonstrate to CMS that the MA/MA-PD/PDP organization of which he/she is a member substantially violated a material provision of its contract.	VIO	92

OEC Question	OEC SEP Reason Code	MARx SEP Reason Code
<p>* Other Exceptional Circumstance. Circumstances beyond the beneficiary's control that prevented him or her from submitting a timely request to enroll or disenroll from a plan during a valid election period. Includes enrollment in an MA plan or PDP based on misleading or incorrect information provided by a Plan representative or SHIP, or enrollment in a plan without knowledge or consent of the beneficiary.</p>	EXC	93

* Denotes new SEP codes for CY 2022. The corresponding question text to be displayed on the OEC application is still under development by CMS' Office of Communications (OC).