

EXHIBIT 9



**Department of
Civil Service**

Medicare Enrollment Report Format Frequency “Health Maintenance Organizations Specifications for the NYSHIP”

In the interest of maintaining accurate and up to date Medicare enrollment records, the Department requires that HMOs regularly communicate Medicare enrollment changes to the Department.

The Offeror must utilize the standardized Medicare enrollment reconciliation reporting format illustrated below. These reports must illustrate all Medicare enrollment status changes for the HMO’s NYSHIP population and must be submitted to the Department on a **weekly** basis. For reporting periods when there are no enrollment changes, an email must be sent to the Department stating there were no changes.

Example:

| HMO Reports Standardized Format | | | | | | ← Heading must include HMO name, MAP name, and month reporting on. | | | | | | | | | |
|---------------------------------|---|---|-----------|----|-------|--|----------|-----------|----------|-------------|------|-------------------------|--|-----------------------|--|
| BP | SSN | First Name | Last Name | MI | DEP # | MBI | Enroll | Disenroll | Txn Date | Status | TRC | Reason | Comment | EBD Comment | |
| PR7 | xxxxxxxx | John | Smith | R | 02 | xxxxxxxx | 01/01/15 | 11/30/17 | 11/24/17 | Disenrolled | 090 | Deceased 11/20/17 | | DOD matches CMS. NFA. | |
| G04 | xxxxxxxx | Jane | Doe | Z | 01 | xxxxxxxx | 03/01/01 | 11/30/17 | 11/02/17 | Disenrolled | 014 | Other coverage | | | |
| R01 | | | | | | | | | | Disenrolled | 019 | Loss PartA/B coverage | | | |
| | | | | | | | | | | Disenrolled | 032 | No Part B | | | |
| | | | | | | | | | | Disenrolled | POD | Missing address | | | |
| | | | | | | | | | | Disenrolled | 045 | ESRD | | | |
| | | | | | | | | | | Disenrolled | TRM | Voluntary cancel | ↑ HMO adds comments if Reason column needs further explanation. This may include how the HMO handles claims (primary, secondary, etc) due to enrollment issue, if applicable. More information is always better than none. | | |
| | | | | | | | | | | Disenrolled | OOSA | | | | |
| | | | | | | | | | | Enrolled | 288 | Disenrollment cancelled | | | |
| | | | | | | | | | | Enrolled | RNS | Reinstated | | | |
| | | | | | | | | | | | | | | | |
| Legend: | | ← This must include all TRC codes and personalized HMO codes from scrubbing process along with a definition that is easily understood by EBD staff. | | | | | | | | | | | | | |
| 011 | Enrollment accepted | | | | | | | | | | | | | | |
| 341 | Maximum NUNCMO calculation (number of uncovered months calculated) – Member may be responsible for LEP if more than 63 days break in coverage and would receive an LEP letter from EmblemHealth if applicable | | | | | | | | | | | | | | |
| 368 | Member MSP (Medicare Secondary Payer) period exists | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Note: The Department expects to automate the Medicare enrollment reconciliation process within the term of the HMO contract. If an automated Medicare enrollment reconciliation process is approved by the Department and implemented, the Department reserves the right to use that automated process in lieu of this Medicare enrollment file reconciliation process.