| NEW YORK STATE OF OPPORTUNITY. Department of Civil Service | **Medicare Enrollment Format & Frequency "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"** |

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.

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	xxxxxxxxx	John	Smith	R	02	xxxxxxxxx	01/01/15	11/30/17	11/24/17	Disenrolled	090	Deceased 11/20/17		DOD matches CMS. NFA.
G04	xxxxxxxxx	Jane	Doe	Z	01	xxxxxxxxx	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.