

Centers for Medicare & Medicaid Services (CMS)

Federally Facilitated Exchange (FFE)

Direct Enrollment (DE) Proxy Operations Manual

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DE Proxy Operations Manual

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1. Introduction

Direct Enrollment (DE) is a service that gives DE entities (Qualified Health Plan [QHP] issuers and web-brokers) the ability to enroll consumers shopping for QHPs and Qualified Dental Plans (QDPs) coverage via their third-party websites. In the existing DE double-redirect pathway, consumers initiate the enrollment process on a DE entity's website, but must subsequently be redirected to HealthCare.gov to complete the eligibility application. Upon completion of the eligibility application, consumers are then redirected back to the DE entity's website to complete the plan selection process. This is commonly referred to as the double-redirect pathway.

In an effort to allow for an improved single-site experience for consumers using the DE pathway, the Centers for Medicare & Medicaid Services (CMS) is implementing an optional DE Proxy pathway. This pathway eliminates the prior consumer-facing double-redirect requirement for consumers that are eligible for the streamlined application user interface (UI), also referred to as App 2.0. Using this pathway, DE entities will be able to collect eligibility information on their websites and then subsequently transmit this information via an automated process into HealthCare.gov. The implementation of the DE Proxy pathway will begin during the Open Enrollment Period (OEP) for plan year 2018.

2. Purpose

This manual serves as a guide for DE entities that wish to participate in the DE Proxy pathway. Within the manual, DE entities will find an in-depth overview of the requirements for participation in the DE Proxy pathway, including an outline of the various administrative and technical requirements.

3. Participation

The DE Proxy pathway is an optional service that DE entities can participate in. DE entities that wish to only use the double-redirect pathway may continue to do so and are not subject to the requirements outlined in this document. This section provides a high-level overview of the administrative and auditing requirements for those DE Entities that wish to participate in DE Proxy. A detailed outline of these requirements can be found in the Third-party Auditor Guidance found via https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Third-party_Auditor_Operational_Readiness.pdf. DE entities interested in participating in the DE Proxy pathway should view this more detailed guidance.

3.1 Intent to Participate

DE entities must notify CMS if they intend to use the proxy DE pathway.

- DE entities should send an email to DirectEnrollment@cms.hhs.gov indicating their intent to participate

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- Subject line should state: “DE Proxy: Intent”
- The body of the email should include:
 - Statement of intent to participate in DE Proxy
 - Third-party auditor information (if known)
 - Information on third-party entities that will use the DE entity’s pathway (if known)
 - Statement of intent to use another DE entity’s Proxy pathway (if applicable)
 - Whether the DE entity will implement a DE Proxy consumer pathway, and agent/broker pathway, or both (if known)
 - A link to the DE entity’s website Terms of Service
 - A link to the DE entity’s website Privacy Policy

Upon receipt of a DE entity’s intent to participate, the DE Help Desk will provide the DE entity with a Vendor Privacy Questionnaire that the DE entity must complete and return within one week, as well as the DE Proxy Agreement.

3.2 DE Proxy Agreement

Once a DE entity has submitted their intent to participate in DE Proxy, the DE entity will receive a DE Proxy Agreement in return from the DE Help Desk. DE entities must submit the completed DE Proxy Agreement as part of the approval process for the DE Proxy pathway. The Agreement must identify the DE entity’s selected auditor. CMS will countersign the DE Proxy Agreement after CMS has reviewed and approved the Operational Readiness Review (ORR) findings report and the eligibility results attestation.

- DE entities should submit the completed DE Proxy Agreement via email to DirectEnrollment@cms.hhs.gov
- Subject line should state: “DE Proxy: Agreement”

Please refer to [Section 3.7](#) for information pertaining to third-party use of a DE entity’s pathway; specifically, information on whether or not the third-party also needs to complete a DE Proxy Agreement.

3.2.1 Auditor Selection

As part of the approval process for the DE Proxy pathway, DE entities must enter into a written agreement with an independent auditor. The independent auditor must meet the requirements outlined in the published Third-party Auditor Guidance. CMS will not provide a list of approved auditors. If DE entities have questions pertaining to selecting an auditor, those questions can be directed to DirectEnrollment@cms.hhs.gov.

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3.3 Required Training

Auditors are required to take training developed by CMS. All audit staff must take and complete the training. A representative from the DE entity should also take the training. The training is a self-paced computer-based training (CBT) and provides information about compliance, DE Proxy technical requirements, privacy and security, and reporting requirements. Some of the training must be completed prior to the ORR being conducted, including, at a minimum: Module 1, Module 2, and Module 3. Links to the training modules can be found on REGTAP at <https://www.regtap.info/DirectEnrollment.php>. The required training modules are listed below:

- Module 1: DE Proxy Regulatory/compliance standards
- Module 2: Applicable DE technical requirements and auditing standards
- Module 3: Privacy/security standards
- Module 4: CMS reporting requirements
- Module 5: DE technical enhancements and standards

3.4 Operational Readiness Review

Auditors will need to complete an ORR (including a privacy & security risk assessment report) to ensure that DE entities are compliant with all of the applicable requirements defined in the Third-party Auditor Guidance.

- DE entities should submit their ORR Findings Report via email to DirectEnrollment@cms.hhs.gov
- Subject line should state: “DE Proxy: Audit Report”
- Format: PDF
- Page limit: 10 pages

3.5 Eligibility Results Submission & Attestation

DE entities must attest that their proxy DE pathway generates accurate eligibility results. CMS will not countersign the DE Proxy Agreement until receiving this attestation. For more information on the Eligibility Results Attestation, please view the published Third-party Auditor Guidance.

- DE entities should submit this attestation via email to DirectEnrollment@cms.hhs.gov
- Subject line should state “DEProxy: Eligibility Results”

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- The attestation must include FFE Application IDs, eligibility response XMLs, and EDNs for each test scenario
 - Note: This should be test environment data, and it should not include any Personally Identifiable Information (PII)

For more information on eligibility results testing, view [Section 4.7.5](#), Eligibility Results Testing.

3.6 EIDM/Portal Proxy Role

In order to access the DE Proxy pathway in the production environment, DE entities will need to request approval for the DE Proxy user role via the CMS Enterprise Portal (<https://portal.cms.gov/wps/portal/unauthportal/home/>). CMS will reach out to each DE entity who has submitted a DE Proxy agreement to determine the number of DE Proxy accounts each DE entity may need. It is important that DE entities frequently monitor and update those individuals who have the DE Proxy user role on behalf of their organization. In addition to notifying CMS via the Direct Enrollment Help Desk inbox of when to remove/add a user, DE entities must submit a monthly report of all users within their organization that should have the role, not exceeding the number that was agreed upon with CMS. Users requesting this role cannot have the “Agent/broker” role in the CMS Enterprise Portal. The usernames and passwords for these users will be used by DE entities when logging into the DE Proxy pathway on the FFE.

- The DE Proxy user role will become available via the Portal on October 1, 2017
- The DE Proxy user role will be found within the “FFM/Training – Agents/Brokers/Assisters” catalog
- DE Proxy user roles will not be approved until DE entities have met all of the requirements outlined in the Third-party Auditor guidance
- The CMS EIDM User Guide, which describes both how to create an account and how to request roles, can be found at <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/EnterpriseIdentityManagement/Guides-and-Documentation.html>

3.7 Third-Party Use of a DE Entity’s Proxy Pathway

DE entities are permitted to make their approved DE Proxy pathways available to third-party DE entities and agents/brokers. DE entities that wish to make their approved DE Proxy pathways accessible to third-parties must observe the below guidelines.

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3.7.1 Use of an Approved Proxy Pathway by a Third-Party DE Entity

CMS will permit an entity that allows other DE entities to access its approved DE Proxy pathway to hire an auditor to conduct an ORR under 45 C.F.R. §§ 155.220(c)(3)(i)(K) and/or 156.1230(b)(2) of its DE Proxy pathway. The entity would develop one ORR report that would produce the applicable audit findings for all DE entities using the identical version of the entity's approved DE Proxy pathway. In this scenario, CMS will permit minor deviations for branding on the approved DE Proxy pathway.

In this scenario, each DE entity that will use the approved DE Proxy pathway developed and provided by another entity must identify the arrangement in its Proxy DE Agreement with CMS. The DE entity may develop its own ORR or use an ORR developed by the entity, but, in the latter scenario, the DE entity must attest to the accuracy and completeness of the ORR report submitted by the entity that is providing the DE Proxy pathway. The DE entity will sign the DE Proxy Agreement and be responsible for complying with all requirements in regulation, guidance, and the DE Proxy Agreement, including oversight of the entity providing the DE Proxy pathway.

If a DE entity will use another entity's approved DE Proxy pathway, while adding additional functionality or systems to complete the implementation of its own DE Proxy pathway (e.g., the approved DE Proxy pathway of the other DE entity does not comprise the entire DE Proxy pathway for a DE entity), the DE entity will need to conduct and resubmit the original ORR report with additional findings for any added functionality or systems to confirm the DE entity's compliance with applicable CMS regulations and the DE Proxy Agreement, as appropriate. For example, if a DE entity implements another entity's approved DE Proxy pathway in such a way that a consumer's personally identifiable information interacts with other systems, the DE entity would need to conduct an ORR of those other systems and processes for compliance with the privacy and security controls in the DE Proxy Agreement.

Generally, each DE entity will submit one ORR report that details compliance with applicable CMS requirements. Accordingly, if a DE entity is using an approved DE Proxy pathway and the associated ORR report provided by another entity, the DE entity must indicate in its DE Proxy Agreement that it is using an approved proxy DE pathway provided by another entity and be prepared to submit a copy of the ORR report and documentation of the arrangement upon request by CMS. If a DE entity will use an approved DE Proxy pathway provided by another entity, but such pathway will not comprise the totality of the DE entity's implementation of its own Proxy pathway (consistent with the example above), the DE entity must submit one ORR report that contains both the results of the ORR for the DE Proxy pathway provided by the other entity, as well as the results of the ORR that covers any additional systems or requirements that complete the DE entity's Proxy pathway.

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3.7.2 Use of an Approved Proxy Pathway by Agents and Brokers

DE entities are permitted to allow third-party agents and brokers who are registered with the FFE to use its respective approved DE Proxy pathway to assist consumers with applying for APTCs and CSRs, and with selecting QHPs offered in the individual market through the FFEs or SBE-FPs.

However, DE entities must not provide the capability for third-party agents or brokers or other downstream and delegated entities that are not or will not be a party to their own DE Proxy agreement with CMS to use its DE Proxy pathway on the third-party's own website or otherwise outside of the DE entity's approved website and enrollment pathway identified by the DE entity in its ORR report. A DE entity is also prohibited from embedding tools and programming techniques, such as iframe technical implementations, in its DE Proxy pathway directing the consumer to such an unapproved website. Each DE entity is responsible for ensuring compliance with the terms and conditions of the DE Proxy Agreement by all downstream third-party agents and brokers that access and use its approved DE Proxy pathway.

If an agent or broker is only using a DE Proxy pathway developed by a DE entity to assist consumers with applying for financial assistance and enrolling in QHPs, the agent or broker should not sign a DE Proxy Agreement. Please refer to Figure 2 in Section 3.7.3 for details concerning when an agent or broker is required to sign a DE Proxy Agreement.

3.7.3 Third-Party DE Proxy Agreements

The below flows illustrate when a third-party would need to submit a DE Proxy Agreement, separate from the approved DE entity's DE Proxy Agreement:

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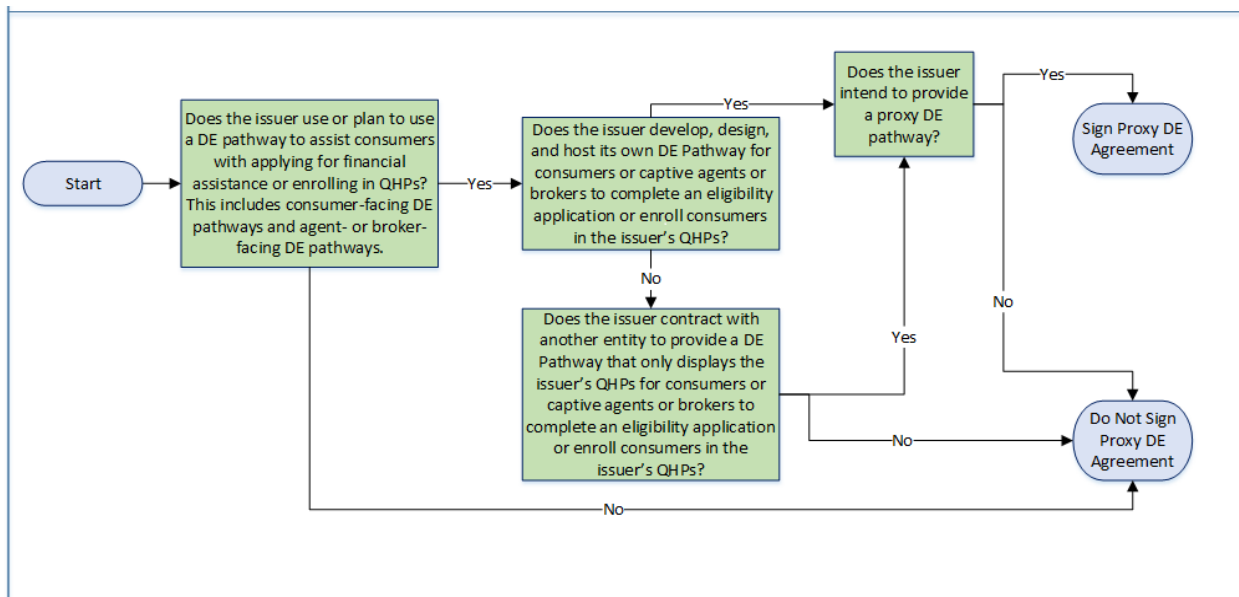


Figure 1: Issuer DE Proxy Agreement Decision Flow

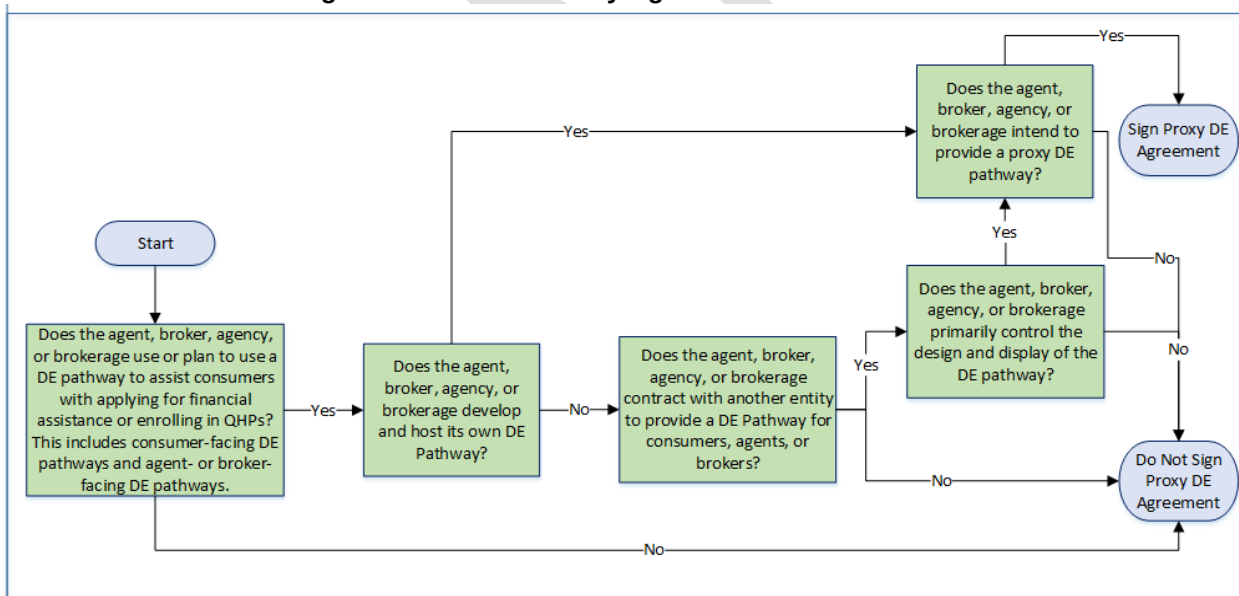


Figure 2: Agent/Broker DE Proxy Agreement Decision Flow

4. Technical Requirements

The DE Proxy pathway utilizes the capabilities of the existing DE UI and Application Programming Interface (API), and is similar to the existing DE agent/broker (A/B) pathway. As with the existing DE A/B pathway, a username and password will be required when logging into

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the DE Proxy pathway (a separate, new pathway with a new URL). Additionally, an application search will be required to determine whether a consumer has an existing application that can be updated.

While the DE Proxy pathway has a number of similarities to the DE A/B double-redirect pathway, there are also a number of differences between the two pathways. For example, in the DE Proxy pathway, no consumer-facing double-redirect back and forth between the FFE and the DE entity will be required. Instead, DE entities will be able to collect a consumer's application information on their site, and then enter that information on HealthCare.gov using an automated script. By using an automated script to enter a consumer's information on HealthCare.gov, DE entities will be able to avoid the existing consumer-facing double-redirect, and in turn be able to provide consumers with an improved, streamlined single-site enrollment experience on their website.

Although the DE Proxy pathway will provide DE entities with the ability to provide consumers with an improved single-site enrollment experience, there are some restrictions on which consumers can be enrolled via the DE Proxy pathway. This section outlines these restrictions, along with all of the associated technical requirements that DE entities must make in order to participate in the DE Proxy pathway.

4.1 DE Proxy Workflow

Below is a high-level workflow for the DE Proxy pathway:

1. A consumer or A/B accesses the DE entity's site.
2. The DE entity determines whether the consumer is eligible for the DE Proxy pathway.
 - a. The DE entity completes an application search on HealthCare.gov to determine whether the consumer has an existing application that routes to the streamlined application UI (App. 2.0), or whether the consumer is a new enrollee.
 - b. The DE entity utilizes the streamlined application UI (App. 2.0) screener that they have implemented on their site to determine whether the consumer is eligible for DE Proxy.
 - c. If a consumer is not eligible for DE Proxy based on the above, the DE entity must either route the consumer to the traditional DE double-redirect pathway or direct the consumer to the FFE (HealthCare.gov or the FFE Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)).
3. If the consumer is eligible for DE Proxy, the DE entity collects the consumer's eligibility application information on their site.
 - a. If the consumer is enrolling via a DE Proxy consumer flow (without the assistance of an A/B), the DE entity must successfully Remote Identity Proof (RIDP) the consumer prior to submitting to submitting the consumer's application via the automated DE Proxy pathway.

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4. After collecting the application information, the DE entity will trigger their DE Proxy automation script, submitting the eligibility application information to HealthCare.gov in an automated fashion.
 - a. The DE entity will have a SAML token identifying them as a DE Proxy user. This will allow the DE entity to be directed to the DE Proxy login page (https://healthcare.gov/marketplace/global/en_US/proxyLogin or https://cuidadodesalud.gov/marketplace/global/es_MX/proxyLogin) on HealthCare.gov, which is similar to the existing A/B login page, but without a reCAPTCHA widget on the page. The DE entity will log in with the appropriate EIDM Proxy user credentials using the new DE Proxy user role. If the DE entity attempts to log into the DE Proxy pathway using non-Proxy user credentials, such as A/B user credentials, the DE entity will receive an error message (“You don’t have access to this page” or “Usted no tiene acceso a esta página”).
 - b. If the consumer has an existing application on HealthCare.gov that needs to be updated, the entity will select to update the existing application. If the consumer does not have an existing application, the DE entity will select to create a new application on HealthCare.gov.
 - c. Following the application search, the DE entity will need to complete a new DE Proxy modal on HealthCare.gov, by selecting either “Agent/Broker” or “Consumer” to identify whether the consumer is being enrolled via a DE Proxy A/B flow or a DE Proxy consumer flow.
5. After submitting the application on the HealthCare.gov, the DE entity will obtain the consumer’s Eligibility Determination Notice (EDN) from the eligibility results page.
6. The DE entity will provide the consumer with a copy of their EDN via their website.
7. The DE entity will use the existing Fetch Eligibility Service to obtain the consumer’s eligibility information.
8. The consumer will complete plan selection on the DE Entity’s site (some DE entities may choose to offer plan selection prior to submission of the eligibility application).
9. The DE entity will use the existing Submit Enrollment Service to submit the consumer’s plan selection to HealthCare.gov, completing the enrollment process.

Below is also a visual depiction of the workflow:

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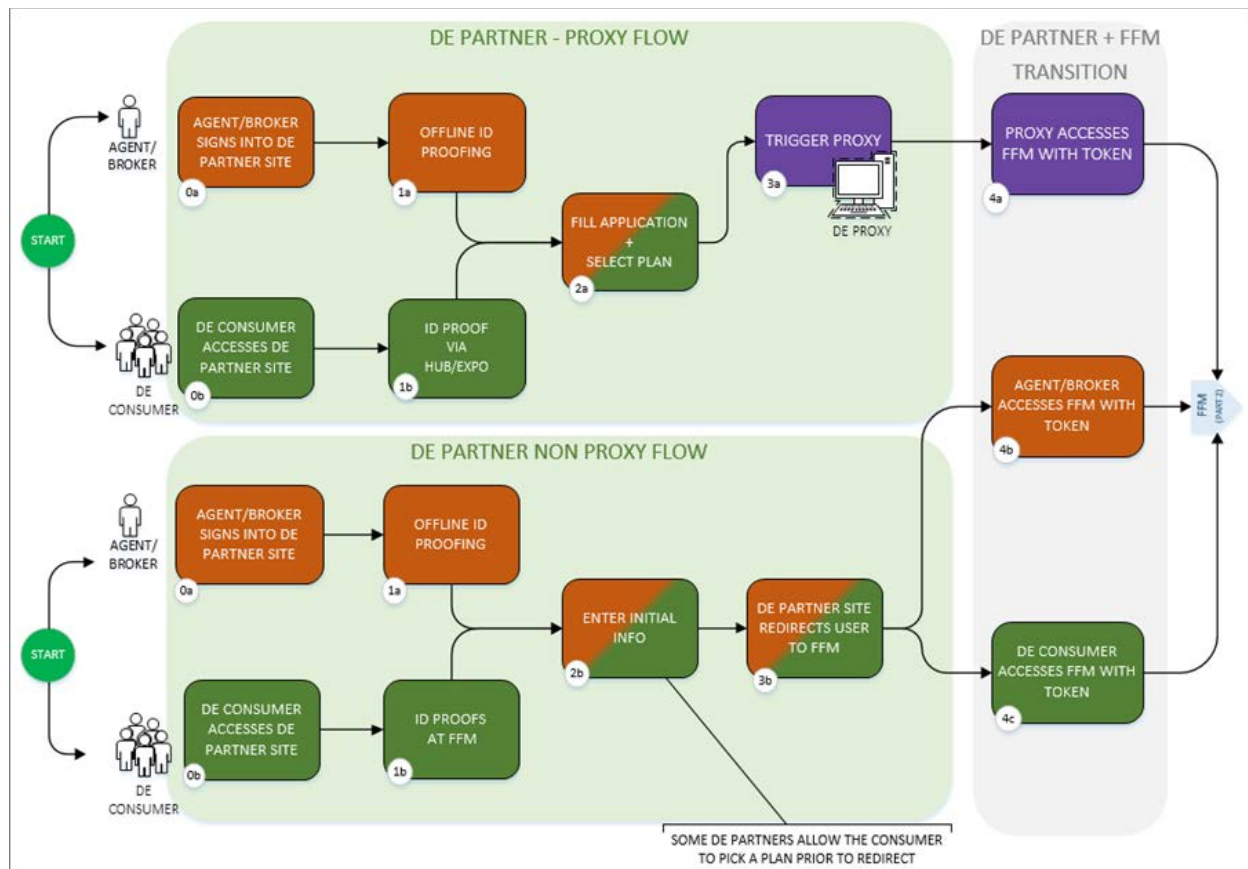


Figure 3: DE Proxy Flow (DE Entity)

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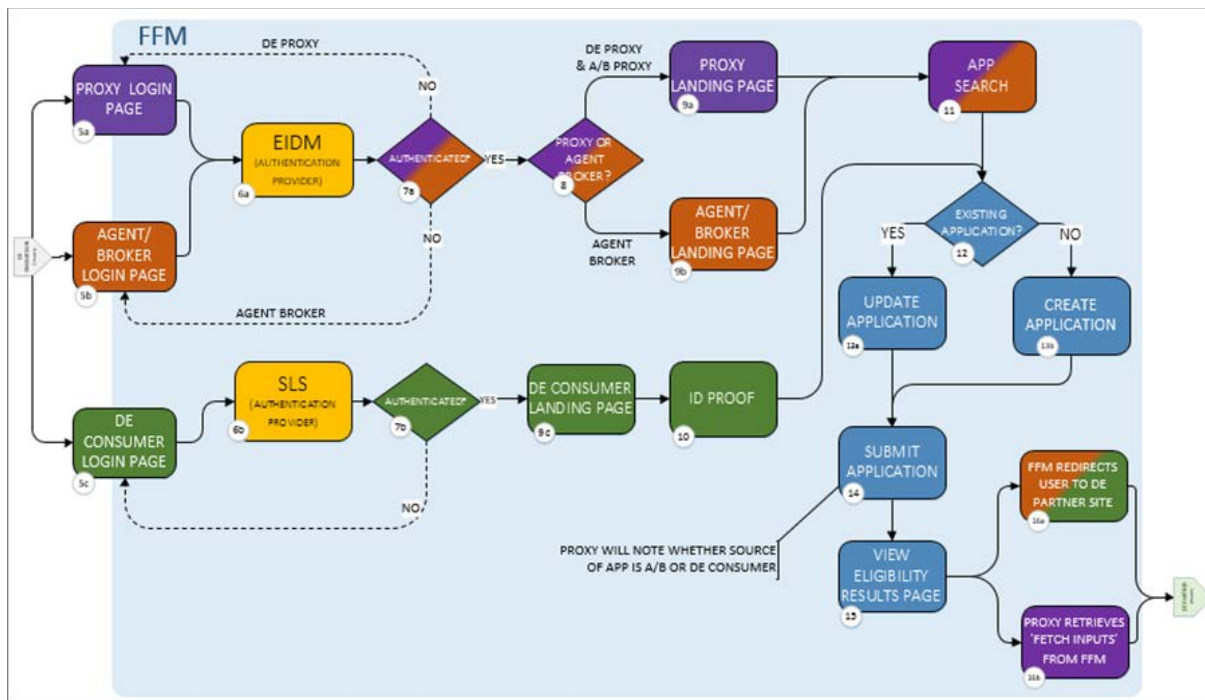


Figure 4: DE Proxy Flow (Federally Facilitated Marketplace Services)

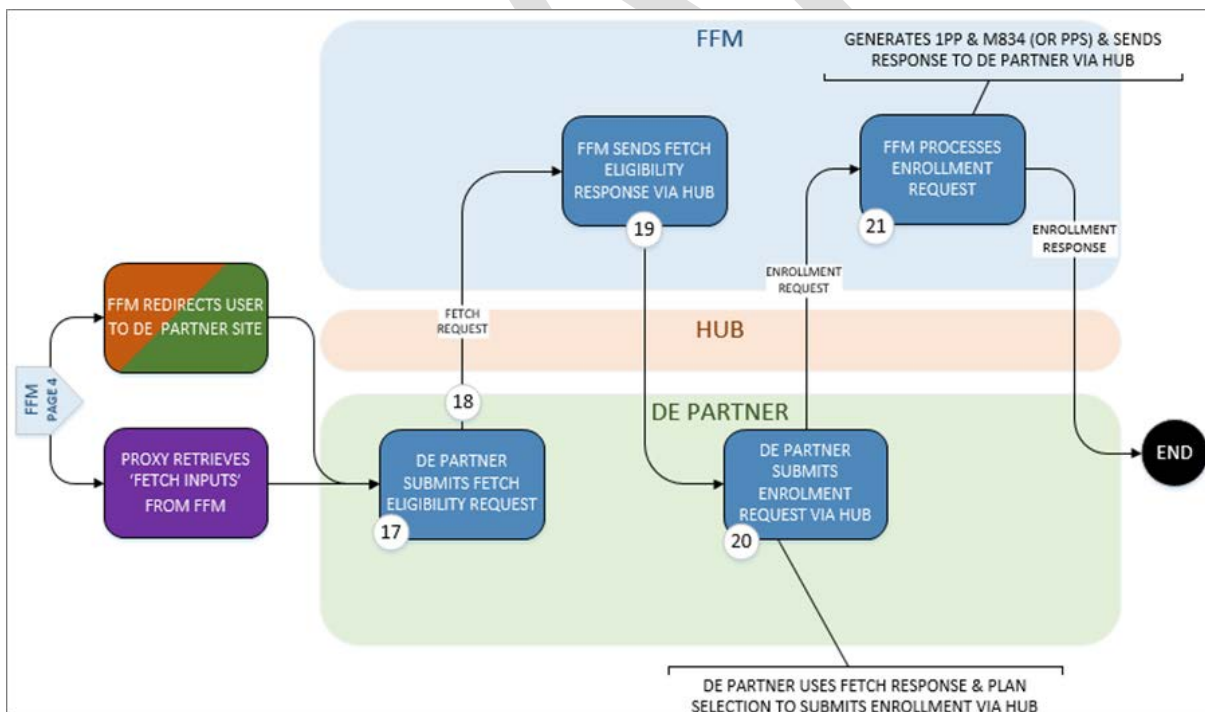


Figure 5: DE Proxy Flow (Hub Services)

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4.2 Determining Eligibility for the DE Proxy Pathway

Prior to enrolling a consumer via the DE Proxy pathway, DE entities must first determine whether the consumer is eligible for enrollment via the DE Proxy pathway. In order to be eligible for enrollment via the DE Proxy pathway, a consumer must be eligible for the streamlined application UI (App. 2.0). In addition to being eligible for the streamlined application UI, consumers being enrolled via a DE Proxy consumer flow must also be able to pass RIDP in order to be eligible for the DE Proxy pathway. This section describes the checks that a DE entity is required to make in order to determine a consumer's eligibility for enrollment via the DE Proxy pathway. If a consumer is not found eligible for DE Proxy, the DE entity must either route the consumer to the traditional DE double-redirect pathway or direct the consumer to the FFE (HealthCare.gov or the FFE Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)).

4.2.1 Application Search

In order to determine whether a consumer is eligible for the DE Proxy pathway, DE entities must access the application search tool via the DE Proxy pathway to determine whether a consumer has an existing application on HealthCare.gov. The outcome of the search is one factor in determining whether a consumer is eligible for the DE Proxy pathway.

4.2.1.1 Application Search Logic

When DE entities are searching for a consumer's application, they should apply the below application search logic:

- **Primary Contact Search** – When searching for a consumer's applications, DE entities should be searching using the primary contact's demographic information. The primary contact in most instances is the individual who created the HealthCare.gov account. DE entities should be aware though, that consumers do have the ability to change the primary contact for their account.
- **Current Year Search** – DE entities should be aware that when searching for a current year application, the application search engine will return active applications for both the current year and the future year.

4.2.1.2 Social Security Number (SSN) Search Requirement

When using the application search tool to search for a consumer's application, DE entities are required to search for the application using the consumer's SSN. Searching for a consumer's application using the SSN will prevent both duplicate applications and unauthorized access to incorrect consumer applications. Consumers that are unable to provide an SSN are not eligible for the streamlined application, and must therefore be routed to either the traditional DE double-redirect pathway or be directed to the FFE (HealthCare.gov or the FFE Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)).

4.2.1.3 Application Selection Logic

When completing an application search, DE entities may receive multiple search results. The below logic will determine which application DE entities should work from:

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- **Active Enrollment Available** – If a consumer has an active enrollment, the search results will only include any active enrollments. After the Batch Auto-renewal (BAR) processes have been completed, search results may include both a current year application and a future year application. If the search results include both a current year application and a future year application, the DE entity will need to select the appropriate year application to work from. See [Section 4.2.1.5](#) regarding prepopulated applications.
- **No Active Enrollment Available** – If a consumer does not have an active enrollment, the consumer will fall into one of the below categories:
 - **No application exists for the consumer** – If the search results do not return any applications for the consumer, the DE entity should select the “create a new application” link to create a new application for the consumer.
 - **Only inactive applications exist for the consumer** – If the search results only return inactive applications, the DE entity will need to select the appropriate year application to work from. If there are multiple applications for the appropriate year, DE entities should select the most recent application to work from. See [Section 4.2.1.5](#) regarding prepopulated applications.

4.2.1.4 Existing Updatable Application

If a current or future year application exists for a consumer that can be updated, the DE entity must select the “Update Application” button to determine which UI the application will be routed to. If the application is routed to the streamlined application, the consumer may be eligible for the DE Proxy pathway, pending the outcome of the streamlined application screener (and RIDP for consumers using the DE Proxy consumer flow). DE entities can determine which application UI the application is routed to by checking the URL after selecting the “Update Application” button, completing the new DE Proxy modal (see [Section 4.4.3](#)), and either “reporting a life change”, or “continuing application” if a consumer has an in-progress application. URLs for the streamlined application will start with “healthcare.gov/marketplace/b/.” If the URL does not contain “/b/” following “marketplace,” then the DE entity can conclude that the application was routed to the classic application.

If after checking the URL, the DE entity determines that the consumer’s application has been routed to the classic application UI, the consumer should be considered ineligible for the DE Proxy pathway. If the consumer is determined to be ineligible for the DE Proxy pathway, the DE entity must either route the consumer to the traditional DE double-redirect pathway or direct the consumer to the FFE (HealthCare.gov or the FFE Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

DE entities should also view [Section 4.3.1.7](#) regarding the Change in Circumstances (CIC) questions consumers are asked when updating an existing application.

4.2.1.5 Prepopulated Applications

If an application exists for a consumer, but there is not an application available for the coverage year that the consumer is applying for, an application will need to be prepopulated using the existing

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application in order to enroll the consumer. Prepopulated applications however, are automatically routed to the classic application UI. Since consumers must be eligible for the streamlined application UI in order to be enrolled via the DE Proxy pathway, consumers that require a prepopulated application must be routed to either the traditional DE double-redirect pathway or direct the consumer to the FFE (HealthCare.gov or the FFE Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)).

4.2.1.6 New Enrollees

If an application does not exist for a consumer, the consumer may be eligible for the DE Proxy pathway, pending the outcome of the streamlined application (App. 2.0) screener (and RIDP for consumers using the DE Proxy consumer flow). Applications for new enrollees can be created by selecting the “create a new application” link, following the initial application search.

4.2.2 Streamlined Application UI (App. 2.0) Screener

In order to determine whether a consumer is eligible for the DE Proxy pathway, DE entities are required to implement a streamlined application UI screener. Screeners implemented by DE entities must include questions exactly as they appear on HealthCare.gov. This means the questions must be in the same order as the existing FFE screener questions with the same wording and grouping logic unless CMS provides an approved alternative. CMS only permits enrollment of consumers eligible for the streamlined application UI via the DE Proxy pathway. CMS does not permit the use of the DE Proxy pathway for enrollments that require the classic application UI (i.e., applications for complex scenarios, such as applications where a consumer cannot provide an SSN).

DE entities implementing a streamlined application screener can find a breakdown of the screener questions that currently exist on HealthCare.gov via CMSzONE. The screener questions can be found on the Issuer Community on CMSzONE at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>. The screener questions can also be found on the Web-broker Community on CMSzONE at <https://zone.cms.gov/document/de-proxy-streamlined-application-and-screener-flows>. The screener questions are broken down into several different flows:

- Financial Assistance (FA) Application, Married No Dependents
- FA Application, Married with Dependents
- FA Application, Single No Dependents
- FA Application, Single with Dependents
- Non-FA Application, Married No Dependents
- Non-FA Application, Married with Dependents
- Non-FA Application, Single No Dependents
- Non-FA Application, Single with Dependents

If a consumer is not found eligible for DE Proxy, the DE entity must either route the consumer to the traditional DE double-redirect pathway or direct the consumer to the FFE (HealthCare.gov or the FFE Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)).

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4.2.2.1 Calculating Income Values for the “How much income will your household make this year?” Screener Question

As part of the streamlined application UI screener, DE entities must ask consumers how much income they will make this year, and provide consumers with an income value that they will indicate they make more or less than. When calculating this income value, DE entities should calculate a value that is 420% of the household FPL, rounded down to the nearest \$1000. For reference, the 2017 HHS Federal Poverty Level guidelines can be found via the following links:

- <https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines>
- <https://aspe.hhs.gov/poverty-guidelines>

4.2.3 Remote Identity Proofing (RIDP) and Fraud Archive Reporting Service (FARS)

DE entities that implement a DE Proxy consumer pathway, where a consumer isn’t working with an agent or broker directly, are required to conduct identity proofing for consumers. In the traditional DE double-redirect consumer pathway, identity proofing takes place on HealthCare.gov. Since consumers using a DE Proxy consumer pathway will never be personally redirected to HealthCare.gov, DE entities are responsible for identity proofing these consumers.

4.2.3.1 FFE RIDP and FARS Services

In order to prevent undue burden on DE entities implementing a DE Proxy consumer pathway, CMS has made its RIDP and FARS services available for DE entity use. DE entities using the FFE RIDP and FARS services must use the services only after confirming a consumer will submit an application to the FFE. Additionally, DE entities must ensure that the consumer has been successfully identity proofed prior to submitting the consumer’s application through the DE Proxy pathway. DE entities using the FFE RIDP and FARS services must also have their auditor verify that the DE entity has implemented the services correctly. Information pertaining to testing the FFE RIDP and FARS services can be found in [Section 4.7.4](#), RIDP and FARS Testing. Once a DE entity has successfully completed RIDP and FARS testing, and the testing results are submitted and approved, the DE entity will be granted access to the RIDP and FARS services in the production environment.

4.2.3.2 Third-party Identity Proofing Services

DE entities that implement a DE Proxy consumer pathway, but whom do not wish to use the FFE RIDP services, can also elect to use a third-party identity proofing service. If a DE entity elects to use a third-party identity proofing service, the entity must have their auditor evaluate and certify that the service is Federated Identity, Credential, and Access Management (FICAM) Trust Framework Solutions (TFS) approved and that the DE entity has implemented the service correctly. DE entities using a third-party identity proofing service must also be able to produce documentary evidence that each applicant has been successfully identity proofed, at CMS’ request. Documentation related to a third-party identity proofing service may be requested in an audit or investigation by CMS.

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4.2.3.3 RIDP Success

Consumers that successfully pass RIDP, are eligible for the DE Proxy pathway, pending the outcome of the initial application search and streamlined application (App. 2.0) screener.

4.2.3.4 RIDP Failure

Consumers that fail RIDP should be directed to the Experian Call Center to be identity proofed. DE entities can then use FARS to ensure that a consumer has been successfully ID proofed prior to submitting an application. If a consumer is unable to be ID proofed using the RIDP and FARS services, DE entities should refer the consumer to the FFE Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

4.2.3.5 Returning Consumers

Applicants that successfully pass RIDP while using a DE entity's Proxy pathway, do not need to be ID proofed on subsequent interactions with the DE Entity if the Applicant creates an account (i.e., username and password) on the DE Entity site.

4.3 Implementation of the Streamlined Application (App. 2.0)

DE entities using the DE Proxy pathway must implement the FFE streamlined application UI on their sites exactly as it appears on HealthCare.gov. This includes identical question wording, answer choices (e.g., drop-down lists), structure and question order, question logic (i.e., connections between related questions), disclaimers (e.g., attestation disclaimer), and integrated help information including tool tips and boxes. CMS will only permit deviations from the FFE streamlined application UI that are outlined in this section. The streamlined application UI flows can be found on the Issuer Community on CMSzONE at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>. The streamlined application UI flows can also be found on the Web-broker Community on CMSzONE at <https://zone.cms.gov/document/de-proxy-streamlined-application-and-screener-flows>. The streamlined application UI flows are broken down into several different flows:

- Streamlined Application UI FA
- Streamlined Application UI Non-FA
- Updating an Application Using the FFE Streamline Application UI
- State-Dependent Streamlined Application UI Content
- Streamlined Application UI Spanish Translations
- State-Dependent Streamlined Application UI Spanish Translations

4.3.1 Acceptable Deviations from the FFE Streamlined Application UI

DE entities using the DE Proxy pathway must generally implement the FFE streamlined application UI on their sites exactly as it appears on HealthCare.gov. This section outlines acceptable deviations from the streamlined application UI as it appears on HealthCare.gov.

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4.3.1.1 “We” vs. “The Marketplace”

There are a number of places in the streamlined application UI flow, where the pronoun “we” is used to in the context of “the Marketplace.” Where the pronoun “we” is used in the context of “the Marketplace” in the streamlined application UI flow, DE entities are required to implement their streamlined application wording to reflect “the Marketplace.”

4.3.1.2 Consumer Communication Preferences

In the streamlined application UI flow on HealthCare.gov, consumers receive a checkbox option that reads, “Go paperless! Get your notices by email, instead of paper copies in your mailbox.” In lieu of displaying this checkbox option, DE entities are required to display the following language for consumers:

Would you like to get official Marketplace notices by mail or online at HealthCare.gov?

Options: [Mail them to me] [Read them online]

If you’d like to get your notices online, we’ll tell you how to create a HealthCare.gov account after you finish your application. Once you have an account, you’ll get notices and other Marketplace communications electronically.

4.3.1.3 Stylistic Deviations Related to Answer Tools

When creating eligibility applications that mimic the streamlined application on HealthCare.gov, DE entities are permitted to make stylistic deviations in regards to answer tools. For example, if the FFE streamlined application uses radio buttons to capture a consumer’s response to a particular question, DE entities are permitted to instead use checkboxes or a dropdown list to capture the consumer’s response. While DE entities are permitted to make stylistic deviations related to answer tools, DE entities must ensure that the question itself and the applicable response choices mimic the exact language used in the FFE streamlined application.

4.3.1.4 Assister Card – Consumer Flow

DE entities implementing a DE Proxy consumer flow, where a consumer is enrolling without the assistance of an agent/broker, are permitted to remove the assister card from the streamlined application flow. Note that the assister card is the place in the streamlined application flow where an agent’s/broker’s name and National Producer Number (NPN) are entered during the application flow. In order to eliminate any potential consumer confusion related to the assister card, DE entities are permitted to remove the card from the streamlined application workflow. DE entities are encouraged to still enter the assister information on HealthCare.gov as part of their automation scripts, along with including the assister information on the Submit Enrollment Request. DE entities should be aware that assister information will only prepopulate on future versions of a consumer’s application, if the assister information is entered on the HealthCare.gov application. Assister information that is only submitted via a Submit Enrollment Request is only written to a consumer’s policy, but will not be written to the consumer’s application, and thus won’t prepopulate on future application versions.

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DE entities implementing a DE Proxy agent/broker flow, where an agent/broker is assisting a consumer with their enrollment, must still display the assister card as part of the agent/broker flow.

4.3.1.5 Prepopulating Streamlined Application Responses

DE entities are permitted to prepopulate consumers' responses in the streamlined application flow in the below two instances:

- If a DE entity finds a consumer's existing application via the application search, the DE entity is permitted to prepopulate a consumer's responses as part of their streamlined application flow.
- If a DE entity is required to collect a response to a question more than once from a consumer during the streamlined application and screener flows, the DE entity is permitted to prepopulate the consumer's response during subsequent iterations of the question.

When prepopulating consumers' responses in the instances above, DE entities must provide consumers with an option to modify their responses as part of their workflow.

4.3.1.6 Full Medicaid Determination Questions

When completing a consumer's eligibility application, DE entities should note that there is dynamic language that is displayed on the eligibility results page when a consumer is not Medicaid eligible. The dynamic language that is displayed provides consumers whom are not Medicaid eligible with an opportunity to request a full Medicaid determination from their respective state Medicaid agency. Because this language is dynamic on the eligibility results page, CMS recognizes the difficulty in implementing this dynamic language as part of the DE Proxy flow. In order to allow easier implementation of the full Medicaid determination questions, DE entities are permitted to ask consumers whether they would like a full Medicaid determination at an earlier point in the streamlined application flow. DE entities implementing this question at an earlier point in the streamlined application flow, should display the following language:

- For all states except AL, AK, AR, LA, MT, NJ, TN, WY, WV: "If any of the people below are not found eligible for Medicaid upon submission of this application, would you like the Marketplace to send their information to the state agency for further review of their Medicaid eligibility?"
- For AL, AK, AR, LA, MT, NJ, TN, WY, WV: "If any of the people below are not found eligible for Medicaid upon submission of this application, would you like the Marketplace to send their information to the state agency for further review of their Medicaid eligibility on the basis of disability, blindness, or reoccurring medical needs and bills?"

DE entities must provide an option for each applicant to select whether they would like a full Medicaid determination. Upon landing on the eligibility results page, DE entities' automation scripts should select the full Medicaid determination option for those consumers that weren't Medicaid eligible, but opted for the full Medicaid determination.

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4.3.1.7 CIC Questions When Updating an Existing Application

When DE entities are required to update a consumer's existing application, the DE entity's automation script will need to select a reason for the CIC. Because a DE entity will not know whether an application exists for a consumer until after they have completed an application search with their automation scripts, CMS recognizes the difficulty in DE entities providing consumers with the CIC reason options post-application search (after the automation script has already started). As such, DE entities are permitted to ask consumers whether they have an existing application prior to the application search. If a consumer acknowledges that they do have an existing application, DE entities are permitted to provide consumers with the CIC reason options below, prior to the application search:

- ☐ Update a person's information or add a new person
- ☐ Remove a person
- ☐ Update income or other information

In the event that a consumer indicates they don't have an existing application, but the DE entity's automation/bot finds an existing application during the application search, CMS permits defaulting to the "Update income or other information" CIC reason.

4.3.2 Calculating Yearly Income in the Streamlined Application (App 2.0)

As part of the application flow for the streamlined application UI, DE entities must ask consumers for information pertaining to income sources. When converting the income values to yearly values, DE entities should use the following conversions:

- one time: 1x
- per hour: $(4.33 \cdot 12 \cdot \text{\#hours/week})x$
- per day: $(4.33 \cdot 12 \cdot \text{days/week})x$
- per week: $(4.33 \cdot 12)x$
- every 2 weeks: $(2.165 \cdot 12)x$
- twice a month: $(2 \cdot 12)x$
- per month: 12x
- per quarter: 4x
- per year: 1x

4.4 Automated Submission of the Eligibility Application

DE entities are permitted to use automation software of their choice when creating scripts to automate the submission of consumer eligibility applications to HealthCare.gov. When creating these automated scripts however, DE entities should be aware of the requirements outlined in this section.

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4.4.1 Security Assertion Markup Language (SAML) Transfer

As with the current DE double-redirect pathway, DE entities will need to establish a secure SAML redirect between the DE entity's site and the FFE, in order to automate the submission of a consumer's eligibility application to HealthCare.gov. For more information, DE entities should view the DE API Specifications. DE entities can find the link for the DE API Specifications in [Section 4.6](#). Connectivity information for the SAML secure redirect can also be found in [Section 4.6](#).

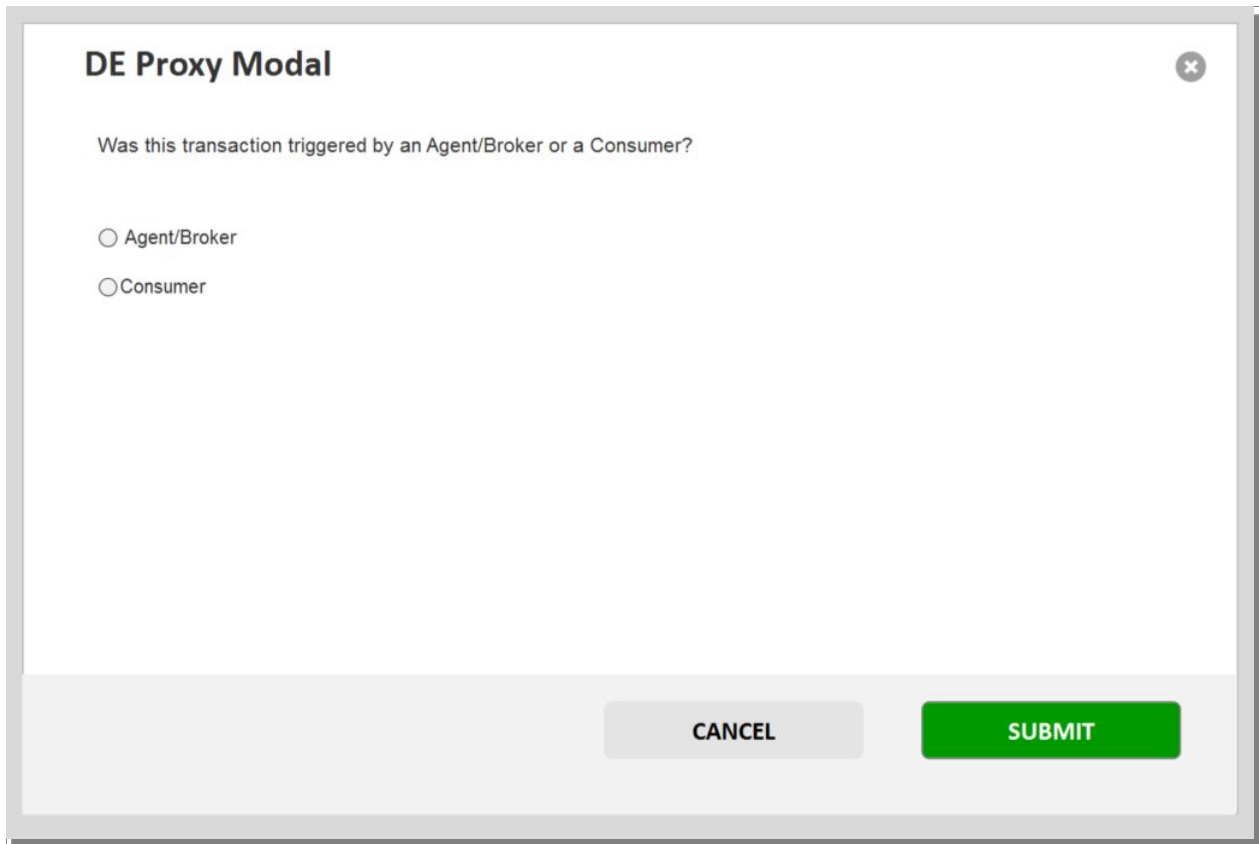
4.4.2 No reCAPTCHA

Similar to the DE A/B double-redirect pathway, the DE Proxy pathway will include a login page. DE entities should be aware however, that the DE Proxy pathway in the production environment will not include a reCAPTCHA, as this would prevent DE entities from automating the login to the DE Proxy pathway. The reCAPTCHA will still exist in the traditional DE A/B double-redirect pathway.

4.4.3 New DE Proxy Modal

The DE Proxy pathway will include a new modal, used to identify whether the proxy enrollment is being performed by a consumer or an Agent/Broker. The new modal will appear after DE entities complete an application search. Following the application search, the DE entity will need to complete the new DE Proxy modal, by selecting either "Agent/Broker" or "Consumer" to identify whether the consumer is being enrolled via a DE Proxy A/B flow or a DE Proxy consumer flow. The modal is expected to look similar to the below image:

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The image shows a web modal titled "DE Proxy Modal" with a close button in the top right corner. The main text asks, "Was this transaction triggered by an Agent/Broker or a Consumer?". Below this are two radio button options: "Agent/Broker" and "Consumer". At the bottom of the modal are two buttons: a grey "CANCEL" button and a green "SUBMIT" button.

Figure 6: New DE Proxy Modal

4.4.4 Session Limitations

DE entities should be aware of the session limitations outlined in this section.

4.4.4.1 Concurrent Sessions

DE entities will not be able to create concurrent sessions with a single EIDM login. If a DE entity attempts to create a second session with their EIDM login, the first session will be expired.

4.4.4.2 Session Timeout

User sessions can remain idle for up to 30 minutes. After a session has been idle for 30 minutes, the session will be expired.

4.4.5 Multithreading – Working in Multiple Browser Tabs

DE entities are permitted to automate so that they are working concurrently in multiple browser tabs during a single user session. This will enable DE entities to submit a number of DE Proxy enrollments concurrently using a single session, if desired. We suggest a maximum of 25 tabs per user session, in order to minimize potential impacts to FFE systems.

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4.4.6 Waiting Rooms

In certain instances, the FFE implements waiting rooms to restrict the volume of consumers completing applications on HealthCare.gov. Waiting rooms may be implemented for the following two reasons:

- To throttle traffic - In this case, FFE systems are still functioning for users that are navigating HealthCare.gov, but user traffic is controlled with a probability-based waiting room.
 - This waiting room can be placed at account creation or at login.
- When FFE systems are down - At this point, FFE system cannot process applications.

At times when waiting rooms are implemented, DE entities must halt their submission of applications to HealthCare.gov. DE entities are permitted to complete any in-progress transactions when waiting rooms are implemented, but must log out all DE Proxy users/bots once the in-progress transactions have been completed. When waiting rooms are lifted, DE entities can continue their submission of applications to HealthCare.gov.

4.4.6.1 Determining When Waiting Rooms Implemented

In order to know when waiting rooms are in place, DE entities must create a mechanism/script to detect waiting rooms. Using this mechanism/script, entities are required to ping <https://www.healthcare.gov/de-proxy/> at a rate of once per minute to check for waiting rooms. When waiting rooms are not in place, a blank HealthCare.gov page will be displayed, with only standard HealthCare.gov language and headers. When waiting rooms are in place, the words “DE Pause” will be displayed on the page.

4.4.6.2 Collection of Consumer Eligibility Application Data and Plan Selection

During times when waiting rooms are implemented, DE entities are permitted to continue collecting eligibility application data from consumers, along with any associated plan selection data. DE entities are also permitted to provide consumers with estimated eligibility and enrollment results (premium, APTC, and CSR, etc.). Prior to providing consumers with estimated eligibility and enrollment results, DE entities must collect an attestation from each consumer, where the consumer acknowledges that they are only being given an estimate, and that the plan selection will not be final unless the below criteria is met. DE entities must also explain the enrollment process to the consumer, as outlined below. Once waiting rooms have been lifted, DE entities must then submit the consumer’s eligibility application, and if eligible based on the criteria outlined below, submit the consumer’s plan selection data to HealthCare.gov using the DE Proxy pathway.

Upon receiving a consumer’s Fetch Eligibility Response, and prior to submitting the consumer’s plan selection via a Submit Enrollment Request, DE entities must verify that the estimated APTC and CSR previously provided to the consumer are accurate. If upon receiving a consumer’s Fetch Eligibility Response the DE entity determines that the previously provided CSR is inaccurate, the DE entity must refrain from submitting the consumer’s enrollment via the Submit Enrollment Request and instead reach out to the consumer to provide the consumer with an opportunity to make any necessary changes to their plan selection. Additionally, if upon receiving the consumer’s Fetch Eligibility Response the DE

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entity determines that the previously provided APTC amount has a variance of greater than 5% in relation to the APTC amount on the Fetch, the DE entity must refrain from submitting the consumer's enrollment via the Submit Enrollment Request and instead reach out to the consumer to provide the consumer with an opportunity to make any necessary changes to their plan selection. Inaccuracies in the estimated APTC that are greater than 5%, but that are less than \$5.00, are acceptable and do not require consumer outreach.

Once the DE entity has verified that the APTC amount and CSR are accurate per the standards outlined above, or after the DE entity has reached out to the consumer to discuss any discrepancies, the DE entity can submit the consumer's enrollment via the Submit Enrollment Request. Upon successful submission of a consumer's enrollment, DE entities must inform the consumer of the successful enrollment. In addition to informing the consumer of the successful enrollment, DE entities must also ensure that they provide the consumer with their confirmed eligibility results and additional communications as required in [Section 4.5](#).

4.4.6.3 EDN Requirements When Queuing Enrollments

Since consumers will leave a DE entity's site during times when enrollments are being queued, the following requirements will apply pertaining to the consumer's EDN:

- Once a DE entity is able to successfully submit a consumer's eligibility application, the DE entity should download or screen-scrape the consumer's EDN from the eligibility results page on HealthCare.gov. The DE entity is required to make the EDN available to the consumer upon return to their site.
- When reaching out to a consumer to confirm that their enrollment has been successfully submitted, the DE entity is required to advise the consumer that the EDN is available on their site. DE entities should also explain the importance of the EDN to the consumer.

4.4.6.4 Consumers Found Ineligible for the DE Proxy Pathway After Waiting Rooms Have Been Lifted

DE entities queuing enrollments when waiting rooms are in place, may find that a consumer is not eligible for the DE Proxy pathway after waiting rooms are lifted. For example, a DE entity may find a consumer eligible for the streamlined application based on the streamlined application screener when queuing enrollments, however after waiting rooms are lifted, the DE entity may find that they need to prepopulate a future year application for the consumer. Since prepopulated applications route to the classic application, the consumer would subsequently not be eligible for enrollment via the DE Proxy pathway. In the event that a DE entity finds a consumer is not eligible for the DE Proxy pathway after waiting rooms are lifted, CMS permits the entity to submit the consumer's enrollment via the traditional DE A/B double-redirect pathway.

4.4.7 Agent/Broker Requirements

In the DE A/B double-redirect pathway, agents and brokers are required to log in to HealthCare.gov with their unique EIDM usernames and passwords. In the DE Proxy A/B pathway however, agents and brokers will not be logging in with their unique EIDM credentials. Instead, the DE entity will be logging

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into the DE Proxy pathway with their unique DE Proxy user credentials. Because agents and brokers will not need to log in separately to the DE Proxy pathway, DE entities will be required to make the following implementations.

4.4.7.1 Verification of A/B FFE Registration

Prior to allowing an A/B access to the DE Proxy pathway, DE entities must verify that the A/B has completed the registration requirements of the FFE. DE entities must complete this verification each time an A/B accesses the Proxy pathway. DE entities can verify A/B registration status by visiting https://data.healthcare.gov/ffm_ab_registration_lists. DE entities are permitted to download the registration completion list daily, and verify A/B registration using the downloaded list. If an A/B believes they should be on the registration completion list, and they are not, the A/B should contact the A/B Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov.

DE entities should be aware that failing to comply with this requirement could result in the suspension of their DE Proxy pathway (see [Section 6.3](#), Authority to Suspend).

4.4.7.2 Tracking of A/B Proxy users

Agents and brokers using a DE entity's Proxy pathway will not log in to HealthCare.gov with their unique EIDM credentials, instead the DE entity will be logging in using their unique DE Proxy user credentials. Because of this, CMS will not be able to track A/B use of the DE Proxy pathway. As a result, DE entities are required to implement tracking metrics on their DE proxy pathways to track agent, broker, or assister interactions with consumer applications using a unique identifier for each agent, broker, or assister. DE entities must be able to provide this information to CMS, if requested.

4.4.8 FFM Latency

At times, DE entities may encounter latency when submitting applications on HealthCare.gov. DE entities should be aware of this possibility, and account for possible latency when creating their automation scripts.

4.4.9 Entire-Household Medicaid Determinations

DE entities should be aware that when an entire household is Medicaid eligible, there will be no, "return to enrollment partner's website," option on the eligibility results page. Because there is no option to return to the DE entity's site, DE entities will subsequently also not be able to call the Fetch Eligibility service for these households. CMS recommends that DE entities assume the entire household is Medicaid eligible when there is no, "return to enrollment partner's website," option on the eligibility results page. To confirm the assumption though, DE entities should screen-scrape the eligibility results from the eligibility results page, along with either downloading or screen-scraping the EDN. DE entities should then provide consumers with their eligibility results for confirmation of the Medicaid determination.

4.4.10 Address Geo API Specifications

As part of the streamlined application flow, DE entities will be required to collect a consumer's address information. DE entities should be aware of the following Geo API Specifications:

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

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- Below are the first line of field validations:
 - o ZipCode validation Regex: `/^[0-9]{5}$/` [Allow numbers only 5 numbers between 0-9]
 - o StateCounty validation Regex: `/^[A-Z][A-Z]:(.+)/`; [Allow characters between A-Z]
 - o No other validations for street name, city and state
- Below is the execution of request flow:
 - o Read zip code from the request parameters
 - o Validate zip code (must be 0-9 and 5 numbers)
 - o Call GetCounties - Build the collection of county name, state code and FIPS code
 - o Validate county (or counties)
 - o Takes in scrubbed address from request body with street name, state code and city and returns suggested address with zip code
 - o Takes in address with street name, state code and city and returns suggested address

4.5 Consumer Communication Requirements

The DE Proxy pathway provides DE entities with the ability to provide consumers with an improved single-site experience, where the consumer never redirects to HealthCare.gov. Because the consumer never interacts directly with the FFE however, DE entities are required to provide consumers with a variety of communications that they would normally receive on HealthCare.gov. This section describes these requirements. These requirements are also described in more detail in Module 5 of the required training. For additional information on the required training, see [Section 3.3](#), Required Training.

4.5.1 Marketplace Education

Since consumers aren't redirected to HealthCare.gov when being enrolled via the Proxy pathway, DE entities must provide consumer with some basic knowledge about the FFE prior to them providing any RIDP, screener, or eligibility application data:

- DE entities must explain to consumers what the FFE is
- DE entities must explain how the enrollment process would take place on HealthCare.gov versus how it takes place on the DE entity's site
- DE entities must explain to consumers that they may receive communications from the FFE and HealthCare.gov

4.5.2 Privacy Act Statement

Prior to collecting a consumer's RIDP, screener, or eligibility application data, DE Entities must display the same Privacy Act Statement that consumers receive on HealthCare.gov. The following requirements apply when displaying the Privacy Act Statement:

- All references to "we" must be changed to "the Marketplace".

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- DE entities must include a disclaimer that they are collecting the information and providing it to the FFE.
- DE entities must include the two mandatory agreement checkboxes, which must be selected by a consumer, prior to the consumer providing any of their RIDP, screener, or eligibility application data.
- DE entities must include the same two links that are displayed on Healthcare.gov, which include:
 - “Learn more about your data”
 - “Privacy Act Statement”

4.5.3 Marketplace Emails Disclaimer

DE entities must provide consumers with the following disclaimer, similar to what the consumer receives on HealthCare.gov:

- **Important Marketplace emails**

If the Marketplace has your email address, they’ll automatically send you important information, updates and reminders about Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the “unsubscribe” link in the footer of any Marketplace or HealthCare.gov email.

4.5.4 Eligibility Results

DE entities must provide consumers with basic eligibility information including:

- Advanced Premium Tax Credit (APTC) eligibility, including the maximum monthly APTC a consumer is eligible for
- Cost Sharing Reduction (CSR) eligibility, including the requirement to enroll in a Silver level plan in order to receive the CSR
- The Special Enrollment Period (SEP) and/or Open Enrollment (OE) end date, including the requirement to select a plan before this date
- Medicaid eligibility
- Children’s Health Insurance Program (CHIP) eligibility

4.5.4.1 Eligibility Determination Notice (EDN)

In addition to providing consumers the basic eligibility information, DE entities must also provide consumers with a complete copy of their EDN. The EDN can be screen-scraped or downloaded from the eligibility results page. DE entities must require the consumer to download the EDN prior to completing their enrollment.

4.5.4.2 Full Medicaid and CHIP Determination Option

Consumers that are found not to be Medicaid or CHIP eligible, must still be given the option by DE entities to request a full Medicaid determination, as they would be given the option on the eligibility results page on HealthCare.gov. See also [Section 4.3.1.6](#).

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4.5.4.3 Appeal Rights

DE entities must provide consumers with their appeal rights, in alignment with the appeal rights consumers are provided on the eligibility results page on HealthCare.gov.

4.5.4.4 Voter Registration

DE entities must provide consumers with the option to register to vote, in alignment with the option provided to consumers on the eligibility results page on HealthCare.gov.

4.5.5 Data Matching Issues (DMIs)

If a consumer's eligibility results or EDN reflect that the consumer has a DMI, DE entities must provide consumers with the following information:

- Consumers must be made aware of the presence of the DMI
- Consumers must be made aware of the DMI type
- Consumer must be made aware of the deadline for submitting documents to resolve the DMI
- DE entities must provide consumers with information on which documents are sufficient to resolve the DMI
- DE entities must provide consumers with information on how to submit the required documentation to the FFE

4.5.6 Special Enrollment Period Verification Issues (SVIs)

If a consumer's eligibility results via the Fetch Eligibility Response or EDN reflect that the consumer has an SVI, DE entities must provide consumers with the following information:

- Consumers must be made aware of the presence of the SVI, including the fact that the enrollment will not be finalized until the SVI is resolved
- Consumers must be made aware of the SVI type
- Consumer must be made aware of the deadline for submitting documents to resolve the SVI
- DE entities must provide consumers with information on which documents are sufficient to resolve the SVI
- DE entities must provide consumers with information on how to submit the required documentation to the FFE

4.5.7 Application ID

Consumers are not allowed to create an account on HealthCare.gov while enrolling via the DE Proxy pathway. Consequently, consumers will need to create an account on HealthCare.gov after enrolling via the DE Proxy pathway, if they have not already created one previously. When creating their account on HealthCare.gov, consumers will also need to link their application created from the DE Proxy pathway if they elected to receive electronic notifications from the FFE or want to make any updates to their application on their own. Specifically, consumers who enroll in a QHP or QDP through DE Proxy will need to associate their Application ID with either their existing or newly created account. The

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association of the Application ID will be required in order for the consumer to access the personalized options associated with their application (such as access to document upload functionality, access to notices such as EDNs and 1095s, etc.). To help ensure consumers have adequate information to link their application with the FFE, DE entities must provide consumers with the following information:

- Their Application ID
- The importance of the Application ID in setting up their initial account on HealthCare.gov
- Instructions on how to set up an account on HealthCare.gov
- Contact information for the FFE Call Center (1-800-318-2596, TTY: 1-855-889-4325), where the consumer can obtain assistance in setting up their account on HealthCare.gov

4.6 Production Connectivity Information

As with the current DE double-redirect pathway, DE entities participating in DE Proxy will need to use the SAML secure redirect in order to submit a consumer's enrollment data to HealthCare.gov. Following the automated submission of a consumer's eligibility application, DE entities will need to submit a Fetch Eligibility Request to obtain a consumer's eligibility results. Once a consumer has then completed plan selection on the DE entity's site, the DE entity will submit the consumer's enrollment to the FFE via a Submit Enrollment Request. The Fetch Eligibility and Submit Enrollment services are the same services used by DE entities in the existing DE double-redirect pathway. The Business Services Definitions (BSDs) and the API Specifications for these services can be found on CMSzONE:

- Issuer Community: <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
- Web-broker Community: <https://zone.cms.gov/document/2017-direct-enrollment-api-specifications> and <https://zone.cms.gov/document/direct-enrollment-fetch-eligibility-bsds>

Connectivity information for the SAML secure redirect, and the Fetch Eligibility and Submit Enrollment services can also be found below:

URLs:

- English Secure Redirect: <https://www.healthcare.gov/marketplace/brokerService>
- Spanish Secure Redirect: <https://www.cuidadodesalud.gov/marketplace/espBrokerService>
- Fetch Eligibility Service: <https://hub.cms.gov/ApplicantEligibilityServiceV2>
- Submit Enrollment Service: <https://hub.cms.gov/ApplicantEnrollmentServiceV2>

Certificate Information:

- PROD FFM Gateway Certificate:
 - o <https://zone.cms.gov/document/ffm-gateway-certificates>
- PROD DSH Gateway Certificates:

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- o <https://zone.cms.gov/document/dsh-production-certificate-de-issuers>
- o <https://zone.cms.gov/document/dsh-production-certificate-de-web-brokers>
- Note: If you encounter issues connecting to the production environment, please send an email to dsh.support@qssinc.com

DE entities implementing a DE Proxy consumer pathway will also need the endpoints for the production RIDP and FARS services, which are listed below:

- <https://hub.cms.gov/RIDPServiceDE>
- <https://hub.cms.gov/FARSServiceDE>

DE entities should be reminded that they will not receive access to the production RIDP and FARS endpoints until they have completed the required RIDP and FARS testing, which is outlined in [Section 4.7.4](#).

4.6.1 New DE Proxy User Types

Three new “User Types” will be implemented as part of DE Proxy. These new User Types will be used by DE entities during the SAML secure redirect, and when submitting Fetch Eligibility and Submit Enrollment Requests for DE Proxy enrollments. The DE API Specifications includes updates to the schema to accommodate these new User Types, however the specifics are also listed below:

For the SAML secure redirect both from the DE entity to the FFE, and from the FFE to the DE entity, DE entities will need to use the following User Type to identify when a consumer is being enrolled via a DE Proxy pathway:

- DE Proxy

For Fetch Eligibility Requests and Submit Enrollment Requests, DE entities will be required to use the following User Types to identify when a consumer is being enrolled via a DE Proxy agent/broker pathway, or whether the consumer is being enrolled via a DE Proxy consumer pathway (without the assistance of an agent/broker).

- ABProxy
- ConsumerProxy

4.6.2 Fetch Eligibility and Submit Enrollment Submission Rates

DE entities can submit Fetch Eligibility Requests and Submit Enrollment Requests at a rate of one Fetch Eligibility Request and one Submit Enrollment Request per second. CMS will not allow the submission of Fetch Eligibility Requests and Submit Enrollment Requests at a rate that exceeds this limit. Submission of these transactions at a rate that exceeds this limit could potentially degrade FFE systems and cause adverse effects for all users (see [Section 6.3](#), Authority to Suspend).

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4.7 DE Proxy Testing

DE entities wishing to participate in DE Proxy must make a number of technological implementations. These implementations include creating an eligibility application that mimics the FFE streamlined application (App. 2.0) eligibility application, implementing a streamlined application screener, and implementing RIDP services, just to name a few. In addition to making these implementations, DE entities will also need to ensure that their DE Proxy pathways result in accurate eligibility determinations. In order to provide DE entities with a safe space to test their pathways, CMS has made testing of the entire DE Proxy pathway available in the IMPL2 testing environment. Beginning Tuesday, October 3, 2017, DE entities will be able to begin testing in the IMP1A environment with updated 2018 QHP data. Connectivity information for both the IMPL2 and IMP1A environments is listed below.

4.7.1 IMPL2 Connectivity Information

DE entities can access the IMPL2 testing environment using the below connectivity information:

- URLs:
 - English Cookie: <https://imp2.healthcare.gov/?ACA=zPhapJzu07>
 - Spanish Cookie: <https://imp2.cuidadodesalud.gov/?ACA=5GrFqgbLNC>
 - Secure Redirect: <https://imp2.healthcare.gov/marketplace/brokerService>
 - Fetch Eligibility Service: <https://impl.hub.cms.gov/Imp2/ApplicantEligibilityServiceV2>
 - Submit Enrollment Service: <https://impl.hub.cms.gov/Imp2/ApplicantEnrollmentServiceV2>
- Certification Information:
 - IMP2 FFM Gateway Certificate: <https://zone.cms.gov/document/ffm-gateway-certificates>
 - IMPL DSH Gateway Certificate: <https://zone.cms.gov/document/hub-impl-certificate-update>
- Notes:
 - Both the English and Spanish Cookies are required for the SAML Secure Redirect
 - If you encounter issues connecting to IMPL2, please send an email to dsb.support@qssinc.com

4.7.2 IMP1A Connectivity Information

- URLs:
 - English Cookie: <https://imp1a.healthcare.gov/?ACA=C2DHkU8SogH>
 - Spanish Cookie: <https://imp1a.cuidadodesalud.gov/?ACA=y9hRq6idPGqc>
 - Secure Redirect: <https://imp1a.healthcare.gov/marketplace/brokerService>
 - Fetch Eligibility Service: <https://impl.hub.cms.gov/Imp1/ApplicantEligibilityServiceV2>
 - Submit Enrollment Service: <https://impl.hub.cms.gov/Imp1/ApplicantEnrollmentServiceV2>

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- Certification Information:
 - o IMP2 FFM Gateway Certificate: <https://zone.cms.gov/document/ffm-gateway-certificates>
 - o IMPL DSH Gateway Certificate: <https://zone.cms.gov/document/hub-impl-certificate-update>
- Notes:
 - o Both the English and Spanish Cookies are required for the SAML Secure Redirect
 - o If you encounter issues connecting to IMP1A, please send an email to dsupport@qssinc.com

4.7.3 Obtaining an EIDM/Portal DE Proxy User Role for Testing

Once the DE Proxy code is deployed in the testing environment, DE entities that have expressed intent to participate in DE Proxy will be issued usernames and passwords to access the DE Proxy pathway in the testing environment.

4.7.4 RIDP and FARS Testing

DE entities can access the RIDP and FARS services in the IMPL2 and IMP1A testing environments using the below endpoints:

- IMPL2:
 - o <https://impl.hub.cms.gov/Imp2/RIDPServiceDE>
 - o <https://impl.hub.cms.gov/Imp2/FARSServiceDE>
- IMP1A:
 - o <https://impl.hub.cms.gov/Imp1/RIDPServiceDE>
 - o <https://impl.hub.cms.gov/Imp1/FARSServiceDE>

Detailed information pertaining to testing the RIDP and FARS services can be found on CMSzONE. This testing information includes schemas, testing scenarios, and the Web Service Definition Language (WSDL) for each service, among other things. To access the RIDP and FARS testing information, visit:

- Issuer Community at <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
- Web-broker Community at <https://zone.cms.gov/document/ridpv2-farsv2-testing>

DE entities should be aware that they need to submit testing results for the RIDP and FARS services, before they will receive access to the production services. Submission of the testing results is outlined in the RIDP and FARS testing documentation posted on zONE at the above links.

Question related to testing the RIDP and FARS services should be directed to the DSH Help Desk at dsupport@qssinc.com.

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4.7.5 Eligibility Results Testing

As stated in the Third-party Auditor Guidance, DE entities must submit accurate eligibility applications through the DE Proxy pathway that result in accurate and consistent eligibility determinations for a variety of consumer eligibility scenarios. To ensure that a DE entity's DE Proxy pathway is resulting in accurate eligibility determinations, auditors must complete a series of test eligibility scenarios using the DE entity's DE Proxy pathway. To assist in this process, CMS has made available a set of eligibility testing scenarios that can be used in the testing environment. The scenarios can be found on CMSzONE:

- Issuer Community: <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
- Web Broker Community: <https://zone.cms.gov/document/de-proxy-eligibility-testing-scenarios>

DE entities should be aware that some of the testing scenarios are state specific. If a DE entity does not assist consumers in all states, the DE entity may only be able to test the scenarios that are applicable to the states they work in.

DE entities should also note that multiple DE entities will be using the same test data. When testing these scenarios, DE entities should create a new application for each scenario. DE entities should not try to update an existing application. If a DE entity attempts to search for an existing application, multiple results with the same data will likely be returned in the testing environment.

5. Help Desk Support

DE entities implementing the DE Proxy pathway must comply with a wide range of requirements. During implementation of the DE Proxy pathway, DE entities may find that they have a variety of questions for CMS. For assistance with these questions, DE entities can reach out to the Help Desks outlined in this section. When sending questions to these Help Desks, DE entities should not include any unencrypted PII.

5.1 Direct Enrollment Help Desk

CMS has made available a Direct Enrollment Help Desk for use by DE entities. The DE Help Desk can be reached via DirectEnrollment@cms.hhs.gov. The following types of inquiries should be submitted to the DE Help Desk:

- Questions pertaining to DE Proxy policy
- Questions pertaining to selecting a third-party auditor
- Questions pertaining to DE Proxy training
- Questions pertaining to the DE Proxy Agreement
- Questions pertaining to the ORR

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5.2 Federal Exchange Program System (FEPS) Help Desk

CMS has made available a FEPS Help Desk for use by DE entities. The FEPS Help Desk can be reached via cms_feps@cms.hhs.gov. The following types of inquiries should be submitted to the FEPS Help Desk:

- Questions pertaining to the technical functionality of the DE Proxy pathway
- Identification of potential defects associated with the DE Proxy pathway

As a best practice, DE entities should include both “DE Proxy” and the environment in which their question pertains to in the subject line of any emails to the FEPS Help Desk. For example, if you discover a potential DE Proxy defect in the IMP1A environment, you might include a subject line of, “DE Proxy: IMP1A Potential Defect.”

5.3 Data Services Hub (DSH) Help Desk

CMS has made available a DSH Help Desk for use by DE entities. The DSH Help Desk can be reached via dsh.support@qssinc.com. The following types of inquiries should be submitted to the DSH Help Desk:

- Questions pertaining to connecting to the testing and production environments for DE Proxy
- Questions pertaining to connecting to the RIDP/FARS services for DE Proxy
- Questions pertaining to the SAML redirect
- Questions pertaining to the Fetch Eligibility and Submit Enrollment services
- Questions pertaining to updating certificates

As a best practice, DE entities should include both “DE Proxy” and the environment in which their question pertains to in the subject line of any emails to the DSH Help Desk. For example, if you are having problems connecting to the Fetch Eligibility endpoints for the IMPL2 environment, you might include a subject line of, “DE Proxy: IMPL2 Fetch Eligibility Connection Issue.”

6. CMS Oversight

CMS will maintain oversight of DE entities using the DE Proxy pathway. As part of the oversight process, CMS will be the approving authority for DE entities wishing to use the DE Proxy pathway. In addition to being the approving authority for the DE Proxy pathway, CMS will also continue to regularly review entities DE Proxy pathways to ensure compliance with applicable requirements.

6.1 DE Proxy Approval

CMS will review and approve DE entities requests to participate in the DE Proxy pathway via the pre-open enrollment readiness review outlined at 45 C.F.R. § 155.220(c)(i)(3)(K) and 45 C.F.R. § 156.1230(b)(2). This readiness review will entail: review of third party audit findings, review of testing

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results, and establishment of operational protocols to ensure entity and Exchange systems stay in sync. We anticipate that we will begin notifying DE entities on a rolling basis of approval to use the DE Proxy pathway in October, 2017.

6.2 CMS Website Reviews

CMS will continue to conduct standard web-broker website reviews that include, for example, reviews to determine compliance with display and QHP listing requirements, and will regularly review DE entities not participating in DE Proxy to be sure these entities are using the approved double-redirect pathway. CMS will also conduct regular reviews of entities using the DE Proxy pathway to ensure compliance with applicable requirements.

6.3 Authority to Suspend

Pursuant to 45 C.F.R. § 155.220(c)(3)(i), 45 C.F.R. § 156.265(b), and 45 C.F.R. § 156.1230, DE entities must comply with applicable requirements, including demonstrating operational readiness to use the DE Proxy pathway. The Department of Health & Human Services (HHS) may immediately suspend a DE entity's ability to transact information with the FFE if CMS discovers circumstances that pose unacceptable or unmitigated risk to FFE operations or FFE information technology systems.

7. Revision History

Version	Date	Revision/Change Description
Version 2	9/2017	- Added Sections: 4.2.1.1, 4.2.1.3, 4.3.1.4, 4.3.1.5, 4.3.1.6, 4.3.1.7, 4.4.6.2, 4.4.6.3, 4.4.8, 4.4.9, 4.4.10, 4.5.2, 4.5.3, 4.5.4.4, 4.7.2 - Updated Sections: 3.1, 3.3, 3.5, 3.7.2, 4.1, 4.2.1.4, 4.2.3.1, 4.4.5, 4.4.6, 4.4.6.1, 4.4.7.1, 4.5.1, 4.5.4.1, 4.6, 4.6.1, 4.6.2, 4.7, 4.7.1, 4.7.4, 5, 5.2, 5.3
Version 3	11/2017	- Added Sections: 4.2.2.1, 4.3.2, 4.4.6.1 - Updated Sections: 4.2.1.4, 4.3.1.6, 4.3.1.7, 4.4.6