

Proxy Direct Enrollment (DE): Technical and Audit Assistance



September 14, 2017

Agenda

- DE Proxy Communications Updates
- Education About the Marketplace
- Next Steps
 - ✓ Enrollment
 - ✓ Agreement
- Special Enrollment Period Verification (SEPV)
- Fetch Eligibility
- State-dependent Updates
- Waiting Room
- Medicaid
- Deviations
- A/B Assister Card
- Ops manual
- DE API Specs
- Questions and Answers

Housekeeping: Reminder on Items We Need from You

- **DE Proxy Partner Items Needed**: If you are a DE entity that is planning or intending to implement DE Proxy this year, please note we need the following items from you as quickly as possible in order to maximize the ability for you to be approved and up and running in time for Open Enrollment:
 - **Past Due: E-mail of Intent and TPWA Vendor Questionnaire**. These were due **September 5th**. If you had not sent this in but are planning on implementing Proxy by OE, please contact us immediately.
 - **Past Due: Third-Party Auditor**: These were due last **Friday, September 8th**. If you have not sent this in but are still in process of identifying an auditor please let us know as soon as possible.
 - **Consumer Flow, Agent/Broker Flow or Both?** Please let us know whether you are planning to implement DE Proxy for the agent/broker flow, consumer flow, or both: Please send us this by next **Tuesday, September 19th**, and if you are planning on implementing the consumer flow, whether or not you have started RIDP/FARS testing.
 - As soon as possible, please let us know:
 - » Identify other entities that plan on leveraging your platform for DE Proxy (such as additional issuers using a single Web Broker's DE Proxy pathway—keep in mind they will need to sign the DE Proxy agreement). Alternatively, if you are an entity planning on leveraging another entity's Proxy pathway.
 - » The **privacy policy statement** from your respective website and associated **terms and conditions**.

Housekeeping: Reminder on DE Proxy E-mail Support

- **DE Proxy E-mail Address**: Send the information from the above to DirectEnrollment@cms.hhs.gov with the e-mail subject line prefix “DE Proxy”.
- **Reminder to Contact Us Early If You Encounter Issues or Challenges**: If you are struggling with any of the above, please do not hesitate to go ahead and reach out to us at the above e-mail address. If you are an entity who needs more time as a result of operations impacted by the Hurricane Harvey or Irma, please let us know.
 - As a reminder, since we are accepting and approving DE Proxy Entities on a rolling basis, contacting us early maximizes your chances to be approved and implement DE Proxy in time for Open Enrollment.**Thank you!**

DE Proxy Communications Update

This next 11 slides will provide examples of language/content DE Entities may use to incorporate into their pathway for the following:

- Marketplace content before application & after enrollment for DE Proxy Entities
- Updated Agreement language for DE Proxy Entities
- SEPV Language for general DE Entity awareness (not specific to DE Proxy)

DE Proxy Communications Update (continued)

DE Proxy training now available on REGTAP

- **Module 1** Proxy DE Guidelines:
 - Includes Overall review of Proxy DE Guidelines
https://www.regtap.info/reg_librarye.php?i=2163&type=v
- **Module 2** Streamlined Application User Interface (UI):
 - Includes guidance on creating an application and the application screener questions that mimics the FFE streamlined application (App. 2.0) https://www.regtap.info/reg_librarye.php?i=2242&type=v
- **Module 3** Privacy/security standards:
 - Includes guidance on the privacy and security requirements associated with DE Proxy
https://www.regtap.info/reg_librarye.php?i=2256&type=v
- **Module 4** CMS reporting requirements:
 - Includes guidance on required documentation, approval process and timeline
https://www.regtap.info/reg_librarye.php?i=2251&type=v
- **Module 5** COMING SOON!

Education about the Marketplace

Introduction:

Here at [DE Entity Name], we work with the Health Insurance Marketplace to help you get the health coverage you need. Read below to learn important information about how to get coverage through [DE Entity Name] and the Marketplace.

What's the Health Insurance Marketplace?

The Marketplace is a shopping and enrollment service for health coverage created by the Affordable Care Act. The official Marketplace website is HealthCare.gov. The Marketplace helps people find out if they qualify for lower premiums or savings on out-of-pocket costs based on their income, or to see if they're eligible for free or low-cost coverage through Medicaid or the Children's Health Insurance Program.

How do I apply for and enroll in coverage?

You can apply and enroll with us. We'll send your information to the Marketplace through HealthCare.gov and let you know which programs and savings for which you're eligible.

What if I'm eligible for Medicaid or CHIP?

If you fill out an application and learn that you're eligible for coverage through Medicaid or CHIP, the Marketplace will automatically send your information to your state. We'll give you an eligibility results notice with more information.

What else do I need to know?

Even if you get coverage through [DE Entity Name], it's important that remember that you'll still get information directly from the Marketplace. Look for notices in the mail from the Health Insurance Marketplace and emails from HealthCare.gov. It's important to read these notices and emails because they contain important information about your coverage that you'll only get from the Marketplace. We'll tell you how to set up a Marketplace account after you finish applying for and enrolling in coverage.

Next steps after enrolling

After enrollment:

Congratulations! You've enrolled in Marketplace coverage through [DE Entity Name]. Read below for more information on next steps.

What should I do now?

1. Set up a Marketplace account on HealthCare.gov. Follow these steps to set up your account:

1. Visit [HealthCare.gov/create-account], and enter some basic information, like your name, address, and email address.
2. Choose a user name and password.
3. Create and answer security questions for added protection.
4. Select "Create Account."
5. Verify your identity by answering some basic questions based on information in your credit report.
6. Enter your Application ID 123456789 to find your application.

It's very important that you set up a Marketplace account, so you're able to:

- Read your notices and get important emails.
- Upload documents. You may need to submit documents to confirm information on your application. In some cases, you'll need to submit these documents before your coverage can start.
- Download forms you'll need when you file your federal income tax return.

2. Pay your premiums. To do this, [DE Entity's instructions].

What if I have a life change during the year?

If you have a life change, like you move, have a change in income, or get married, please let us know right away. To do this, [DE Entity's instructions].

Updated Agreement at App Submission

We want to ensure consumers know that they can report changes through the DE Entity, not just the Marketplace.

Required Content Update:

I agree that if any of the information on my application changes, I need to report this change to [Entity Name] or to the Marketplace through my account at www.HealthCare.gov or by calling 1-800-318-2596. TTY users can call 1-855-889-4325. I know that changes in my information could affect eligibility.

SEPV related content screens

(for general DE awareness, not specific to proxy)

Eligibility results

Results based on your application (ID 3547163) submitted on 08/01/2017. Follow these steps below to complete your enrollment.

[Learn more about your eligibility results](#)

Eligibility overview

John Carson

Eligible

To buy a Marketplace plan

For a premium tax credit of up to \$740 each month for your tax household

For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans

Your eligibility is temporary: By July 14, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

You're eligible for a Special Enrollment Period, but we need information. Submit documents as soon as possible to confirm a loss of coverage. You'll pick a plan now, and your coverage will start once your documents are approved. See your eligibility notice for details and deadlines.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Continue to Enrollment

You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can choose a plan (or keep the same plan, if you have one) and enroll.

You must pick a plan by October 31 to enroll through this Special Enrollment Period.

[CONTINUE TO ENROLLMENT](#)

You'll need to submit documents. If you're ready, you can [upload them now](#). But, if you'd rather upload documents later, select "Continue to Enrollment" now.

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

You're eligible for a Special Enrollment Period, but we need information. Submit documents as soon as possible to confirm a loss of coverage. You'll pick a plan now, and your coverage will start once your documents are approved. See your eligibility notice for details and deadlines.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can choose a plan (or keep the same plan, if you have one) and enroll.

You must pick a plan by October 31 to enroll through this Special Enrollment Period.

[CONTINUE TO ENROLLMENT](#)

SEPV related content screens from PC2

To Do List/Getting started on enrollment (steps to take)

You're eligible to enroll in Marketplace coverage

You have a Special Enrollment Period because of a life change.

Choose a plan by August 1 to get coverage

Select your health plan and complete the steps below by August 1.



After you select a plan, you'll need to submit documents. Continue for more information.



Decide how much tax credit to use to lower your premium

[CHANGE](#)

SEPV related content screens from PC2 (continued)

- Consumer has selected their plan(s) and needs to confirm the plan(s) before we pend the enrollment.
- Informs consumers that they will need to submit documents before the plan(s) takes effect and will have 30 days to do so.

You've chosen a plan. Now, we need more information.

You must take two actions before you can pay and start using your coverage: **confirm your plan** and **submit documents**. Don't miss out on coverage – your last day to confirm your plan is **August 1**.

Confirm your plan, then submit documents

- Once you confirm your plan, you have 30 days to submit documents.
- If documents haven't been approved when your plan is supposed to start, you'll pay full price for services until documents are approved, then submit claims to your plan to get paid back.
- It takes time to approve documents, so you could owe premiums to your plan for more than one past month.

Learn more about how to submit documents & confirm information.

[MORE ABOUT SUBMITTING DOCUMENTS](#)



Important: Confirm your plan by August 1 or you might lose your chance to enroll.

[CONTINUE TO REVIEW](#)

SEPV related content screens from PC2 (continued)

- Additional educational information if they select “help to learn more”.
- Links to help articles with the document lists for each type of SEP

More about sending documents

It looks like you qualify for a Special Enrollment Period, and you must submit documents to confirm information you gave in your application.

- It's best to pick a plan first and then submit documents. After you pick a plan, you have 30 days to submit documents.
- Once the Marketplace approves your documents, we'll let you know when to pay your plan premium. If you delay submitting documents or it takes time to approve them, you could owe premiums to your plan for past months.
- Your coverage start date is based on when you pick a plan. You can start using your coverage once your documents are approved and you make your first premium payment.

IMPORTANT: Upload or mail documents as soon as possible after you pick a plan. You'll need to wait to pay your premium, get your insurance card, and start using your coverage until the Marketplace approves your documents. If you don't send acceptable documents, you could lose your chance to get coverage through your Special Enrollment Period.

- [Documents you can send to confirm a move](#)
- [Documents you can send to confirm a loss of coverage](#)

SEPV related content screens from PC2 (continued)

Action confirming plan includes a different note about not being able to use coverage until documents are accepted & premium has been paid.

Confirm your plan choices and enroll

Take a few minutes to review your plan choices below. Once everything is correct, you can confirm and continue.

Health Plan for John Carson

[CHANGE](#)

Florida Blue HMO (a BlueCross BlueShield FL company)
myBlue Silver 1604A
Plan ID: 30252FL0070007

✗ Adult Dental benefit not included

✗ Child Dental benefit not included

→ Your coverage will start after your documents are accepted and you've paid your premium.

Original Health plan premium

\$544.35

Premium tax credit used to lower monthly premium costs

– \$450.00

Health plan monthly premium you'll pay

\$94.35

SEPV related content screens from PC2 (continued)

- After confirming their plan (enrollment has been submitted), targeted action step is to submit documents for the SEP type with the deadline.

You've chosen a plan

Now, you must submit documents to confirm your move.

Submit documents by 2017-08-31

Submit documents to confirm your move. Once we approve your documents, we'll send your enrollment to plan(s) below. Then you'll pay your premium and your plan will send you insurance cards.



- If documents haven't been approved when your coverage starts, you'll pay full price for services until documents are approved, then submit claims to your plan to get paid back.
- You'll owe a premium for each month you had coverage, which may be more than one month.

[UPLOAD DOCUMENTS](#)



What if you need health care services before your documents are approved?

[LEARN MORE](#)

Saved Health Plan For John Carson

Health Options, Inc.
myBlue Silver 1604A
Plan ID: 30252FL007000704

Amount due per month
\$94.35

Your coverage will start on **09/01/2017**. After we approve your documents, we'll tell you when to pay your premium(s).

SEPV related content screens from PC2 (continued)

- Additional help information if start date has passed but plan is still pending and consumer needs health services.

Learn more

XCLOSE

Since you qualified for a Special Enrollment Period because of a move or loss of coverage, you must submit documents that confirm the events that make you eligible. The Marketplace must approve your documents before you can pay your premium, get your insurance card, and can start using your coverage.

If you need health coverage before your documents are approved, **you may be able to get reimbursed later for some health services you get now:**

- If you need to see a health care provider and it's after the start date listed for your plan, check your selected plan's network to be sure your provider, services, and facilities are covered. You can usually find this information on your plan's website. **Important: the health plan you selected won't have your enrollment information on file until after your documents are approved. So if you call that plan, it won't have specific information about what's covered for your household.**
- You'll pay full price for health care services until your documents are approved and you get your insurance card. Keep a copy of any bills you pay so you can submit claims to your plan to get paid back for some of your out of pocket costs based on your deductible.
- If you don't submit acceptable documents to the Marketplace within 30 days after you pick a plan, your plan selection will be canceled. This means that you won't be enrolled in coverage, and the plan can't pay you back for services you got while your documents were in review.

New Fetch Eligibility and Submit Enrollment Endpoints

- As previously reported, the new Fetch Eligibility and Submit Enrollment endpoints are now live in IMPL2:
 - Fetch Eligibility Service: <https://impl.hub.cms.gov/Imp2/ApplicantEligibilityServiceV2>
 - Submit Enrollment Service: <https://impl.hub.cms.gov/Imp2/ApplicantEnrollmentServiceV2>
- The new endpoints accommodate the updated schema associated with DE Proxy
 - Specifically, the new endpoints will allow for the new User Types associated with DE Proxy:
 - » ABProxy
 - » ConsumerProxy
- The old “V1” endpoints are still live, but will be decommissioned in the near future
- There are also new Fetch Eligibility and Submit Enrollment endpoints for IMP1A, which are now live:
 - Fetch Eligibility Service: <https://impl.hub.cms.gov/Imp1/ApplicantEligibilityServiceV2>
 - Submit Enrollment Service: <https://impl.hub.cms.gov/Imp1/ApplicantEnrollmentServiceV2>
 - As a reminder, IMP1A is unavailable until October 3rd, while the environment is being prepared for OE/BAR testing

New Fetch Eligibility and Submit Enrollment Endpoints (continued)

- **The production endpoints for the Fetch Eligibility and Submit Enrollment services will also be updated**
 - Update expected to take place on 10/8/2017
 - « Additional information on specific timing of the deployment will be provided as available
 - Expected to be a hard cutover on 10/8/2017, where the “V1” endpoints will simultaneously be decommissioned
 - New production endpoints:
 - « **Fetch Eligibility Service:** <https://hub.cms.gov/ApplicantEligibilityServiceV2>
 - « **Submit Enrollment Service:** <https://hub.cms.gov/ApplicantEnrollmentServiceV2>

State-Dependent Streamlined Application Content Updates

- **Updates were made to the State-Dependent Streamlined Application UI Content**

- 5 states were added to the below table, and 2 states were removed:

Table 3: Dependent Loss of Coverage Question by State				
State	Question	Answer	Application Help	Additional Application Help
AZ	Did [dependent] lose coverage within the last 3 months?	• Toggle button - o Yes - o No	N/A	N/A
AR	Did [dependent] lose coverage within the last 3 months?	• Toggle button - o Yes - o No	N/A	N/A

- Note: This is an abbreviated table - please refer to the below documentation for the full table
- Privacy language also updated in both the application and screener flows
- Updated documentation has been posted to zONE:
 - « **Issuer Community:** <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
 - « **Web-broker Community:** <https://zone.cms.gov/document/de-proxy-streamlined-application-and-screener-flows>

Waiting Room Updates

- **DE Entities are required to stop submitting applications when waiting rooms are in place**
 - As previously mentioned though, DE Entities are permitted to queue enrollments when waiting rooms are in place
- We will allow a variance between what is estimated for the APTC and what is actually received on the Fetch Eligibility Response:
 - If the estimated APTC is within 5% of what is returned in the Submit Enrollment Response, DE Entities can submit the consumer's enrollment (given the other estimates provided to the consumer are accurate – CSR, premium, etc.)
 - « 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
- We will not allow for queuing of enrollments when waiting rooms are not in place
- EDN requirements when queuing enrollments:
 - After waiting rooms have been lifted, DE Entities will submit queued enrollments
 - « In addition to providing consumers with their final eligibility results and confirmation that the enrollment has been submitted successfully, DE Entities must provide consumers access to their EDN via the partner site
 - ❑ Consumers should be made aware of both the importance of the EDN and its availability

Entire Household Medicaid Determinations

- **It was brought to our attention that when an entire household is Medicaid eligible, that there is no “return to enrollment partner’s website” button**
 - We are not able to add the button for this scenario at this time
 - We are also unable to update the code at this time, to allow for calling the Fetch Eligibility service, without selecting the button
- **Proposed workaround for DE Proxy Partners:**
 - If no “return to enrollment partner’s website” button, DE Entities should assume that the whole household is Medicaid/CHIP eligible
 - DE Entities can also pull the Medicaid eligibility information from either the eligibility results page and/or the EDN

Acceptable Deviations in the Streamlined Application Flow

- **Existing Applications - Changes in Circumstances (CICs):**

- DE Entities are permitted to ask consumers if they have an existing application prior to starting their automation scripts
- If a consumer indicates that they have an existing application, DE Entities are also permitted to ask the consumer the reason for the CIC prior to starting their automation scripts:

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

- **Full Medicaid Determination Question**

- DE Entities are permitted to ask this question prior to starting their automation scripts
- The following language should be displayed when asking this question:
 - « 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?

Display Requirements for A/B Assister Card

- **DE Entities are not required to display the A/B assister card (where the A/B enters their NPN) for the consumer flow in the DE Proxy pathway**
 - We still recommend submitting any applicable NPNs on both the application and in the Submit Enrollment Request

Updated Version of the DE Proxy Operations Manual Now Available

- **An updated version of the DE Proxy Operations Manual now available on zONE:**
 - **Issuer Community:** <https://zone.cms.gov/document/direct-enrollment-de-documents-and-materials>
 - **Web-broker Community:** <https://zone.cms.gov/document/de-proxy-operations-manual>
- **Updates include:**
 - Updated language to reflect that no DE Proxy Agreement is required for A/Bs using a DE Proxy Partners site to enroll consumers
 - Additional application search and selection logic
 - Updated language pertaining to prepopulating consumer responses
 - Language reflecting the allowance to ask the full Medicaid Determination questions prior to the eligibility results page
 - Language reflecting the allowance to ask the CIC questions prior to the application search
 - Updated waiting room language
 - « Allowance for the 5% or \$5.00 variance
 - « EDN requirements
 - Guidance on how to handle entire-household Medicaid determinations

Updated Version of the DE API Specs Now Available

- An updated version of the DE API Specs now available on zONE:
 - 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>
- Updates include:
 - New User Types for DE Proxy
 - Requirement to include the FFE User ID for the DE Proxy User as part of the SAML transfer, as well as in Fetch Eligibility and Submit Enrollment Requests
 - Acceptable Uses of the Fetch Eligibility Service
 - Submitting Non-SEP CICs
 - MAGI vs. Non-MAGI Medicaid Eligibility
 - SpecialEnrollmentVerificationPendingIndicator – Conditional in the Submit Enrollment Response
 - New Sub-Error Codes
 - Help Desk Support

DE Proxy: Question and Answer



- To submit or withdraw questions by phone:
 - ***To submit a question, dial 'star(*) pound(#)' on your phone's keypad.***
 - ***To withdraw a question, dial 'star(*) pound(#)' on your phone's keypad.***
- To submit questions by webinar:
 - ***Type your question in the text box under the 'Q&A' tab and click 'Send.'***

Webinar Session Survey

- CMS welcomes your feedback regarding this webinar and values any suggestions that will allow us to enhance this experience for you
- Following the call, we will redirect you to a survey to provide additional comments and feedback
- Please take time to complete the survey and provide CMS with feedback



Closing Remarks

