DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201

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From: **Center for Consumer Information & Insurance Oversight**

Title: **Health Insurance Exchange Guidelines**

Subject: **Third-party Auditor Operational Readiness Reviews for the Proxy Direct Enrollment Pathway**

I. Background

Beginning with the Open Enrollment Period (OEP) for plan year 2018, the Centers for Medicare & Medicaid Services (CMS) is implementing an optional program to allow direct enrollment (DE) entities (qualified health plan [QHP] issuers and web-brokers[1]) to use a "proxy DE" pathway, which eliminates the prior, consumer-facing "double redirect" requirement for certain individual market Exchange enrollments. When using the proxy DE pathway, entities will collect the information needed to complete the eligibility application for simple cases currently served by the streamlined application user interface (UI), and then transmit that information into HealthCare.gov (i.e., CMS will not require the consumer-facing redirect to complete the enrollment process). These guidelines supplement the guidance CMS released in May 2017 related to the proxy DE pathway.[2]

The proxy DE approach is intended to provide consumers with access to new, innovative QHP enrollment experiences offered by DE entities for individual market coverage through the Federally-facilitated Exchanges (FFEs) and State-based Exchanges on the Federal Platform (SBE-FPs), and to further stabilize the risk pool by expanding access to enrollment.

These guidelines outline the auditor requirement for DE entities in the FFEs and SBE-FPs that wish to use the proxy DE pathway for plan year 2018. To use the proxy DE pathway, DE entities must engage an auditor to perform an operational readiness review (ORR) prior to CMS approving the DE entity to use the proxy pathway. The ORR process and CMS approval is necessary because of the effects DE entities' processes may have on the HealthCare.gov platform. These guidelines include considerations for selecting an auditor, program requirements, and the scope of the ORR.

[1] CMS uses the term ''Web-broker'' to describe an individual agent or broker, group of agents and brokers, or company registered with the FFEs that provides a non-Exchange website to assist consumers in the selection and enrollment in QHPs offered through the Exchanges as described in 45 CFR 155.220(c)(3).

[2] *Guidance for the Proxy Direct Enrollment Pathway for 2018 Individual Market Open Enrollment Period (*May 17, 2017), available at https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-for-the-Proxy-Direct-Enrollment-Pathway-for-2018-Individual-Market-Open-Enrollment-Period.pdf.

A. Authority

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 proxy DE pathway. The Department of Health & Human Services (HHS) may immediately suspend the 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.

Pursuant to guidance issued in May 2017,[3] DE entities must retain an independent third-party auditor to validate compliance with program requirements. DE entities wishing to use the proxy DE pathway must sign an agreement with CMS that details specific requirements for using the proxy DE pathway and identifies the auditor the DE entity has selected for verifying program compliance.

CMS will consider auditors to be downstream and delegated entities of DE entities in accordance with 45 C.F.R. § 156.340 and the QHP Issuer Agreement for QHP issuers, and in accordance with the Web-broker Agreement for web-brokers. DE entities are responsible for auditor performance and for compliance with applicable program requirements. CMS will conduct ongoing oversight of DE entities consistent with previous plan years, including regular oversight of the entity's applications in its production and testing environments for completeness and accuracy. CMS expects that DE entities will maintain accurate testing environments that accurately represent their production environment and proxy DE pathway.

Each DE entity is responsible for engaging an independent auditor to conduct an ORR, and certify that a DE entity's website(s) and operations comply with the program requirements detailed in the most current version of this guidance.

II. Proxy Method Requirements

A. Primary Enrollment Pathway

The proxy method may only be used in certain cases currently supported by the FFE streamlined application UI. DE entities may not allow third-party agents or brokers or third-party websites to connect to or use the DE entity's proxy pathway. DE entities must perform data collection only through their approved proxy DE pathway website, and cannot collect consumer eligibility application information for the proxy DE pathway on any website other than the approved website. This also prohibits iframe technical implementations on third-party agent or broker websites.

DE entities must implement tracking metrics on their DE proxy pathway to track agent, broker, or assister interactions with consumer applications using a unique identifier for each agent, broker, or assister. Auditors should evaluate whether DE entities have sufficient and accurate processes for tracking agent, broker, assister, or other downstream and delegated entity interactions with consumer applications or actions utilizing the proxy DE pathway.

[3] *Ibid.*

III. Selection of an Auditor

DE entities must enter into a written agreement with their independent auditors. Pursuant to its downstream and delegated entity oversight authority, CMS may request a copy of all documentation related to the DE entities' engagement of its auditor and the auditor's work in relation to the engagement. Each DE entity must identify its selected auditor(s) in the DE Proxy Agreement between CMS and the DE entity.

A. Required Experience

The DE Proxy Agreement will specify the required experience auditors must have to serve as an auditor to a DE entity. HHS will require that DE entities select auditors with the following experience and attest, within the agreement, that the auditors have demonstrated or possess such experience:

i. Audit Experience

CMS will require that auditors selected by DE entities possess audit experience, which auditors may demonstrate through experience conducting operational or security and privacy audits or similar services for federal, state, or private programs.

ii. Privacy and Security

CMS will require that auditors selected by DE entities have privacy and security experience, which auditors may demonstrate through experience with National Institute of Standards and Technology (NIST) SP 800-53 Rev4 or the Health Insurance Portability and Accountability Act (HIPAA) Security Rule standards, and reviewing compliance with those standards. Auditors must review the DE entity's compliance with the privacy and security standards detailed in both the DE entity's respective agreements with CMS and the DE Proxy Agreement.

Auditors must be capable of performing penetration testing on all interfaces that collect personally identifiable information (PII) or connect to CMS.

iii. Additional Means of Demonstrating Experience

DE entities can consider an auditor to be qualified in program areas (i.e., conducting audits and reviewing privacy and security compliance) if key auditor personnel have the following experience and possess one or more of the following certifications:

- Statement on Standards for Attestation Engagements (SSAE) 16 experience
- Relevant auditing certifications: Certified Internal Auditor (CIA), Certification in Risk Management Assurance (CRMA), Certified Information Systems Auditor (CISA), or Certified Government Auditing Professional (CGAP)
- Relevant privacy and security certifications: Certified Information Privacy Professional (CIPP), Certified Information Privacy Professional/Government (CIPP/G), Certified Information Systems Security Professional (CISSP), Fellow of Information Privacy (FIP), or HealthCare Information Security and Privacy Practitioner (HCISPP)

B. Recommended Experience

i. Minimum Technical Experience with XML and Automation Tools

Each DE entity's implementation of the proxy DE pathway will be different. A general familiarity and understanding of reading Simple Object Access Protocol (SOAP) XML responses from the FFE eligibility service and with browser- and non-browser-based automation tools will assist with the ORR. The necessity of this experience may depend on the auditor's approach to reviewing the DE entity's pathway and if the DE entity provides information relevant to the audit in a user-friendly interface or in raw XML file format. CMS anticipates providing limited training and technical assistance to DE entities and auditors on understanding and reading the DE fetch eligibility XML file.

C. Allowance for Multiple Auditors

DE entities may use multiple auditors. For example, if a DE entity currently uses an auditor for its privacy and security requirements, the DE entity may use the existing auditor to review the DE entity's compliance with the privacy and security requirements for the DE proxy program and a different auditor for the other program requirements. This includes arrangements wherein a DE entity's auditor subcontracts to another auditor to fulfill aspects of the ORR.

In these cases, the DE entity should submit one findings report detailing the findings of both auditors, notify CMS of this arrangement, and provide the contact information for both auditors, including designating the subcontractor of an auditor, if applicable. In such cases, both the auditor and subcontractor of the auditor would be considered downstream or delegated entities of the DE entity.

D. Conflict of Interest

DE entities must disclose to CMS any financial relationships between the auditor and individuals who own or are employed by a regulated entity or with an organization that owns or is a regulated entity under the DE program. DE entities must select an auditor who is free from any real or perceived conflicts of interest, including being free from personal, external, and organizational impairments to independence, or the appearance of such impairments to independence.

IV. Key Considerations for Auditors

A. ORR Scope

Auditors will complete an ORR to ensure DE entities comply with applicable requirements as defined in this guidance. DE entities must submit a findings report to CMS (see Table 3. Required Documentation). The third-party auditor can define its own methodology to conduct the audit of the DE entity's platform within the parameters defined in Table 1. Table 1 includes the subject areas and review standards for the ORR.

Table 1: ORR Requirements

Eligibility Application Requirements	
Review Category	**Audit Standards**
Identity Proofing Implementation	▪ *Requirement*: DE entities are required to conduct identity proofing for consumers entering the proxy DE pathway for enrollments where a consumer is not working with an agent or broker directly. CMS will make the FFE Remote Identity Proofing (RIDP) service available to DE entities. A DE entity does not need to use third-party identity proofing if it already uses the approved FFE RIDP service. Documentation related to a third-party service could be requested in an audit or investigation by CMS (or its designee), pursuant to the DE Proxy Agreement. If the DE entity uses the FFE RIDP service, it must use the RIDP service only after confirming the consumer will submit an application to the FFE or SBE-FP, but prior to submitting the application. ▪ *Review Standard*: If the DE entity uses a third-party identity proofing service, the auditor must evaluate and certify that the identity proofing service is Federated Identity, Credential, and Access Management (FICAM) Trust Framework Solutions (TFS) approved and that the DE entity has implemented the service correctly. If the DE entity uses the FFE RIDP service, the auditor must verify the DE entity has implemented the service correctly.
Accurate Implementation of the Streamlined Application UI Screener Questions & Processes	▪ *Requirement*: DE entities must implement the FFE streamlined application UI screener questions exactly as they appear on HealthCare.gov. This means the questions must be in the same order as the existing questions with the same wording and grouping logic unless CMS provides an approved alternative. For plan year 2018, CMS is not allowing DE entities to use the proxy DE pathway for enrollments that require the FFE classic application (i.e., more complex situations, such as a multi-person household). ▪ *Review Standard*: Auditors must document that the DE entity has accurately reproduced the eligibility questions and structured the questions with the same application flow as the FFE streamlined application UI, unless CMS provides an approved alternative. In such a case, auditors must document that the DE entity has accurately reproduced the eligibility questions and structured the questions consistent with the CMS approved alternative method. The auditor must also verify that if a consumer responds to a screener question in a way that would direct the consumer to the FFE classic application, the DE entity provides an alternative enrollment pathway that does not use the proxy DE pathway.
Accurate Reproduction of the FFE Streamlined Application UI	▪ *Requirement*: DE entities must implement the FFE streamlined application UI 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 not permit any deviations from the FFE streamlined application UI for plan year 2018 unless CMS requires specific deviations. Incorrect question and answer choices may yield incorrect eligibility determinations. ▪ *Review Standard*: Auditors must review and document that the FFE streamlined application UI content, structure, and logic has been accurately implemented on the DE entity's website(s) and complies with the above standards. Auditors must review for eligibility scenarios provided by CMS to verify the DE entity has mapped all of the FFE streamlined application UI. For example, the FFE streamlined application UI's structure and questions change if consumers or agents and brokers indicate dependents, or certain income options on the eligibility application.
Accurate Mapping of Eligibility Responses to the FFE Eligibility Application	▪ *Requirement*: DE entities must map their eligibility application questions and answers accurately to the FFE streamlined application UI. There can be no deviations from the eligibility application when automating the application on HealthCare.gov. ▪ *Review Standard*: Auditors must review the application mapping to verify the DE entity's automation tool is correctly completing the FFE streamlined application UI on HealthCare.gov. The auditor should customize the review standard to the DE entity's implementation of the automation tool.

Review Category	Audit Standards
Post-eligibility Application Communications	▪ *Requirement*: DE entities must share required eligibility information as defined by CMS in the DE Proxy Agreement. The Exchange will also provide the Eligibility Determination Notice (EDN) and further communications to the consumer. The EDN notifies the consumer of any changes in advanced payment of the premium tax credit (APTC) or cost-sharing reductions (CSR) eligibility; Medicaid or Children's Health Insurance Program (CHIP) eligibility; Special Enrollment Period (SEP) eligibility; or the need for follow-up enrollment activities, such as document submission for data matching issues (DMI) or SEP verification issues (SVI). ▪ *Review Standard*: Auditors must verify that the DE entity's proxy DE pathway notifies consumers of their eligibility results prior to QHP submission including submitting a Change in Circumstance (CiC) on the pathway. For example, if a consumer's APTC or CSR eligibility changes, the DE entity must notify the consumer of the change and allow the consumer to modify his or her QHP selection or APTC allocation accordingly. DE entities must have a process for providing consumers with an EDN in the proxy DE pathway. DE entities must share required eligibility information as specified by CMS as part of the DE Proxy Agreement.
Accurate Information About the Exchange and Consumer Communications	▪ *Requirement:* DE entities must provide consumers with CMS provided language informing and educating the consumer about the Exchange and HealthCare.gov and branded communications a consumer may receive with important action items. Parameters for displaying and communicating this information will be provided as part of the DE Proxy Agreement. ▪ *Review Standard:* Auditors must verify that the DE entity's proxy DE pathway includes all required language, content, and disclaimers provided by CMS in accordance with the requirements stated in the DE Proxy Agreement.
Documentation of Interactions with Consumer Applications or the Exchange	▪ *Requirement:* DE entities must implement tracking metrics on their DE proxy pathway to track agent, broker, assister, or consumer interactions with consumer applications using a unique identifier for each individual, as well as an individual's interactions with the Exchange. ▪ *Review Standard:* Auditors must verify the DE entity's process for determining and tracking when an individual, agent, broker, assister, or consumer has interacted with a consumer application or actions utilizing the proxy DE pathway.
Eligibility Results Testing	▪ *Requirement*: DE entities must submit accurate applications through the proxy DE pathway that result in accurate and consistent eligibility determinations for a variety of consumer eligibility scenarios. The ORR must include testing results either in the existing FFE test environment or the final implementation of the proxy DE pathway, depending on the timing of the ORR submission. If the ORR includes testing results using the existing FFE test environment, the DE entity must submit an additional attestation (see Section V: Eligibility Results Testing) after the final implementation of the proxy DE pathway has been released in an FFE testing environment. CMS will provide a resource on CMS zONE containing the eligibility scenarios for auditors to test on the proxy DE pathway or FFE testing environment. ▪ *Review Standard*: Auditors must complete a series of test eligibility scenarios using the DE entity's proxy DE pathway implementation. For example, these scenarios may include Medicaid and CHIP eligibility, different combinations of APTC and CSR, and non-streamlined application UI scenarios (i.e., scenarios that would require the FFE classic application). The auditor must test each scenario and verify that the eligibility results and the eligibility process were identical to the expected results and process. CMS will require DE entities and auditors to submit FFE Application IDs, eligibility response XMLs, and EDNs for each test scenario.

Privacy and Security Requirements	
Review Category	**Audit Standards**
Privacy and Security Compliance	▪ *Requirement*: DE entities must comply with the privacy and security standards in both their respective agreements with CMS and the DE Proxy Agreement. The privacy and security standards will be derived from a subset of NIST SP 800-53 Rev4 security and privacy controls, to be defined in the DE Proxy Agreement. CMS will confirm the review standard and submission requirements in the DE Proxy Agreement. DE entities must also comply with HealthCare.gov data collection requirements. ▪ *Review Standard*: Auditors must complete a privacy and security risk assessment to review and certify that the DE entity has implemented processes sufficient to meet the regulatory privacy and security requirements. Auditors must verify that the DE entity's website complies with the privacy and security standards detailed in the DE Proxy Agreement and that the website is consistent with third-party data collection tools and standards to be defined by CMS in the DE Proxy Agreement; CMS regulations; and subsequent guidance, technical, and training documents.

B. Required Auditor Training (Suggested for DE Entities)

Auditors are required to take a training developed by CMS and must complete the training before conducting ORR audits of DE entities. All audit staff are required to 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, proxy DE technical requirements, privacy and security, and reporting requirements. CMS will release further information regarding the auditor training via REGTAP and anticipates this training will be available beginning in June 2017.

V. Eligibility Results Testing

The DE entity can start building the eligibility application in the existing FFE test environment prior to when the enhancements are implemented for the proxy DE pathway, and the auditor can conduct the ORR audit using the test environment. Auditors and DE entities should submit the ORR once it is complete and not wait for the final technical implementation of the proxy DE pathway into the FFE testing environment. CMS will notify proxy DE pathway entities when the final technical implementation is live in the FFE testing environments, along with the requisite technical specifications for implementing the pathway changes.

Once the proxy DE pathway enhancements have been implemented prior to the OEP, DE entities must test eligibility results using the final technical implementation of the proxy DE pathway. If the DE entity already submitted its ORR, it must complete the set of eligibility result scenarios again to verify the pathway is still functional and provide an attestation to CMS, along with the eligibility results data. At that point, DE entities will receive final approval and a countersigned DE Proxy Agreement to use the proxy DE pathway for plan year 2018.

If the DE entity has *not* already submitted the ORR when the final technical implementation of the proxy DE pathway is available, the ORR must verify the eligibility results test with the final technical implementation. Table 2 provides the requirement that DE entities must meet for eligibility results testing.

Table 2. Eligibility Results Testing

Review Category	Audit Standards
Accurate Eligibility Results (if applicable)	▪ *Requirement*: DE entities' applications submitted through the proxy DE pathway must result in accurate eligibility determinations for a variety of consumer eligibility scenarios. CMS will provide a resource on CMS zONE containing the eligibility scenarios for auditors to test on the proxy DE pathway. ▪ *Review Standard*: Auditors must complete a series of test eligibility scenarios using the DE entity's proxy DE pathway implementation (e.g., Medicaid and CHIP eligibility, different combinations of APTC and CSR, non- streamlined application UI scenarios). The auditor must test each scenario and verify that the eligibility results were identical to the expected results. CMS will require DE entities and auditors to submit FFE Application IDs, eligibility response XMLs, and EDNs for each test scenario mapped.

CMS will provide a set of testing scenarios, and the DE entity must inform CMS that the test was successful (see Table 3. Required Documentation for the process on submitting the attestation).

VI. Required Documentation

Table 3 includes the documentation a DE entity must submit to be approved to use the proxy DE pathway and for planning and completing the ORR pursuant to CMS requirements.

Table 3. Required Documentation

Document	Description	Submission Requirements
Intent to Participate	▪ QHP issuers and web-brokers must notify CMS if they intend to apply to use the proxy DE pathway for plan year 2018, beginning with the 2018 OEP.	▪ DE entities should email webbroker@cms.hhs.gov ▪ Subject line should state: "DE Proxy: Intent"
DE Proxy Agreement	▪ DE entities must submit the DE Proxy Agreement to use the proxy DE 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 ORR findings report and the eligibility results attestation.	▪ DE entities should submit the Agreement via email to webbroker@cms.hhs.gov ▪ Subject line should state: "DE Proxy: Agreement"
Detailed ORR Findings Report (includes the privacy & security risk assessment report)	Audit report topics: ▪ Executive Summary – Scope of audit – Summary of methodology – General conclusions with respect to compliance ▪ Methodology ▪ Detailed findings, such as: – Eligibility application screener and application implementation and mapping results – RIDP implementation or other identity-proofing mechanism – Eligibility results testing – Privacy and security standards ▪ Risks and Recommendations – The report must include a mitigation strategy plan, developed by the auditor and DE entity, based on any identified risks.	▪ Format: PDF ▪ Page limit: 10 pages ▪ DE entities should submit their ORR Findings Report via email to webbroker@cms.hhs.gov ▪ Subject line should state: "DE Proxy: Audit Report"

Document	Description	Submission Requirements
	– Privacy and security risk assessment report and mitigation strategies: Auditors must assign a risk level to all privacy and security findings. HIGH risk findings must be remediated prior to use of the proxy DE pathway. Findings assigned lower risk must be presented with mitigation strategies for CMS review. ▪ Attestation that the DE entity is compliant with the applicable regulations and agreement provisions based on the ORR findings	
Eligibility Results Submission & Attestation (if applicable)	▪ DE entities must attest that their proxy DE pathway generates accurate eligibility results. DE entities may need to submit the results twice depending on the timeline of their ORR submission (see Section V. Eligibility Results Testing). ▪ CMS will not countersign the DE Proxy Agreement until receiving this attestation. Once CMS receives the eligibility results and attestation submission and verifies its accuracy and completeness, CMS will countersign the DE Proxy Agreement.	▪ DE entities should submit this attestation via email to webbroker@cms.hhs.gov ▪ The attestation must include FFE Application IDs, eligibility response XMLs, and EDNs for each test scenario. Subject line should state "DE Proxy: Eligibility Results"

VII. Approval Process and Timeline

A. Approval Process

CMS will review and approve DE entities to use the proxy DE pathway on a first-come, first-served basis. CMS cannot commit to reviewing and approving all auditors and DE entities prior to the beginning of the plan year 2018 OEP on November 1, 2017. CMS recommends that DE entities select auditors and submit their documentation as soon as is feasible without jeopardizing the integrity of the ORR process or the FFE eligibility determination process and implementation.

The ORR findings report will be subject to review by CMS before the DE entity receives final approval to use the proxy DE pathway.

CMS will notify DE entities on a rolling basis of approval to use the proxy DE pathway. CMS will countersign the DE Proxy Agreement after CMS reviews the ORR findings report and confirms that the DE entity's proxy DE pathway is functional in the final technical implementation in the FFE testing environment. After CMS delivers the countersignature of the DE Proxy Agreement, CMS will inform the DE entity of the subsequent steps to implement the proxy DE pathway.

B. Timeline

Table 4. Timeline

Activity	Expected Timeline
DE entities notify CMS of intent to participate	Rolling beginning in June 2017
Auditors complete CMS training (suggested for DE entities)	Rolling beginning in June 2017
CMS sends DE Proxy Agreement to interested entities to review and sign	Early July 2017

Activity	Expected Timeline
DE entities submit DE Proxy Agreements with auditor identified	Rolling beginning in early July 2017
Auditors conduct ORRs	Rolling
DE entities submit ORR findings reports to CMS	Rolling
DE entities submit eligibility results and attestation to CMS[4]	Rolling
CMS releases final technical implementation of the proxy DE pathway into the FFE testing environments	Mid-September 2017
DE entity finalizes technical implementation of proxy DE pathway with CMS (including submission of eligibility results and attestation to CMS)	Rolling in September and October 2017
CMS countersigns DE Proxy Agreement and approves DE entity use of proxy DE pathway for plan year 2018	Rolling beginning in September 2017, after CMS reviews the ORR findings report and confirms the DE entity is functional during the final technical implementation (including review and approval of the DE entity's eligibility results submission and attestation)
CMS informs approved DE entities of final steps to implement the proxy DE pathway	Rolling beginning in September 2017
Start of plan year 2018 OEP	November 1, 2017
End of plan year 2018 OEP	December 15, 2017

VIII. Resources

A. Help Desk

- In addition to hosting weekly webinars inclusive of interactive question and answers, CMS currently manages multi-team DE entity-facing Help Desks to address questions, technical problems, operational issues, issues, and policy questions for all DE entities. Please review the information below to take advantage of these resources.
- DE entities with technical issues or operational problems related proxy DE should e-mail CMS_FEPS@cms.hhs.gov with the specific subject line pre-fix "DE Proxy." E-mails will be routed to the appropriate DE team. DE entities planning on implementing proxy DE may also use this Help Desk to send technical questions asked by their respective third-party auditors. For a timely response, please make sure your e-mail includes the following information:
  - Your contact information (e-mail and phone number)
  - Name of your organization and either your organization's five-character HIOS ID (if an existing issuer) or your DE entity ID (if an existing web broker)
  - At the top of your email, please summarize whether your e-mail concerns a proxy DE technical question, testing issue, or production issue where possible. This will enable the Help Desk to route it to the right subject matter expert for a more efficient response.

[4] DE entities may need to submit the eligibility results twice depending on the timeline of their ORR submission (see Section V. Eligibility Results Testing).

  - If reporting on a technical issue you encounter in production or while testing DE, please include the request/response XMLs for troubleshooting (Fetch Eligibility Request/Response & Submit Enrollment Request/Response).

- DE entities with policy and compliance questions related to the ORR audits or DE Proxy Agreement should email the help desk at webbroker@cms.hhs.gov. It is a multi-purpose help desk, so please use the subject line pre-fix "DE Proxy" for timely responses.

- Answers to frequently asked questions (FAQs) on proxy DE sent to the Help Desk will also be summarized and shared on the CMS-Issuer Technical Work Group webinar that is open to all issuers and web brokers on Tuesday afternoons. Please see the below sections for webinar details.

B. Potential Webinars

- CMS currently hosts the CMS-Issuer Technical Work Group webinar on a weekly basis that is open to all web brokers and issuers operating on the FFEs or SBE-FPs. CMS will continue to use this forum to update the DE community on developments related to proxy DE and offer interactive question and answer time at the end of each session.

- In parallel to the technical webinar above, in mid-July 2017 CMS anticipates hosting a separate, additional webinar forum focused solely on those specific issuers and web brokers interested in implementing proxy DE, leading up to the start of the 2018 OEP. These webinars will include interactive questions and answer session to focus on proxy DE specific topics such as questions and proxy DE testing best practices.

- For all webinars, CMS will make the slides available during or shortly after the presentation. CMS will advertise and update logistical information (dates/times, dial-in numbers, and webinar URL's) on the CMS zONE Private Issuer Community and Web Broker Community.

C. CMS zONE community

- CMS currently posts all technical information, webinar slide decks, and documentation on the CMS zONE Private Issuer Community (for issuers) and CMS zONE Web Broker Community (for web brokers). CMS will post all proxy DE updates, information for third-party auditors, webinar slide decks, and FAQs to these communities, and highlight updates during the weekly technical webinars.

D. REGTAP

- CMS will make the trainings, FAQS, and other information pertaining to the proxy DE pathway and auditor ORRs available via REGTAP.

E. Additional Guidance

- *Guidance for the Proxy Direct Enrollment Pathway for 2018 Individual Market Open Enrollment Period (*May 17, 2017), available at: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-for-the-Proxy-Direct-Enrollment-Pathway-for-2018-Individual-Market-Open-Enrollment-Period.pdf

- FFE Enrollment Manual: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ENR_FFMSHOP_Manual_080916.pdf
- 2018 Letter to Issuers in the FFEs with Addendum (February 17, 2017), available at: https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2018-Letter-to-Issuers-in-the-Federally-facilitated-Marketplaces-and-February-17-Addendum.pdf
- Web-broker Guidance on CMS Agents/Brokers Resources webpage: https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Web-brokers-in-the-Health-Insurance-Marketplace.html