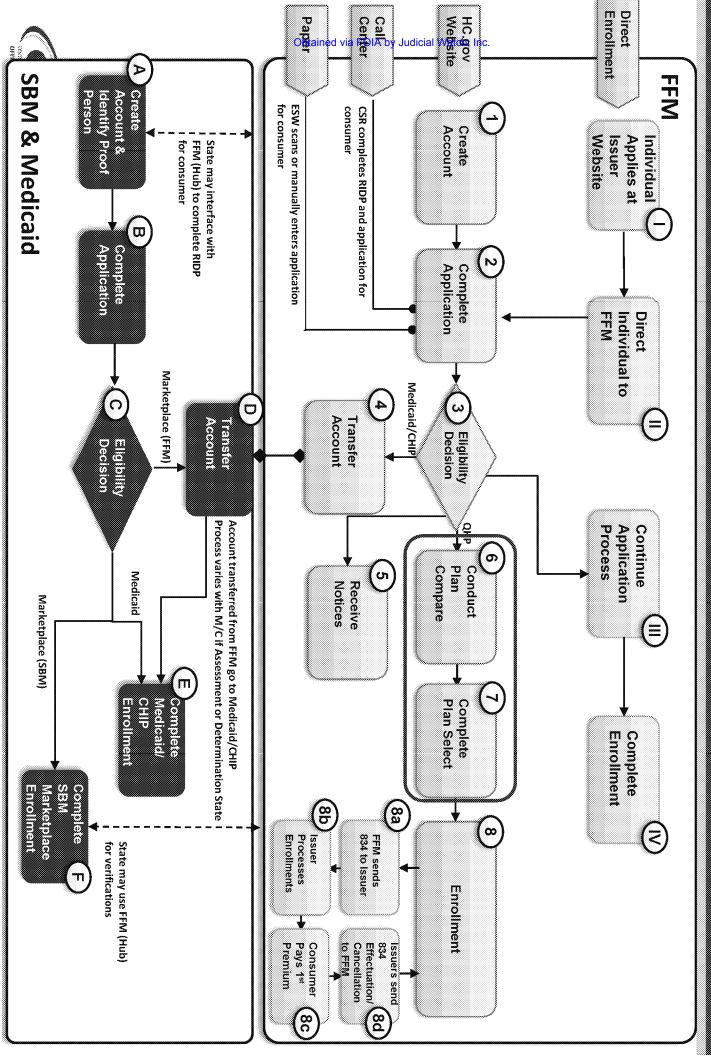
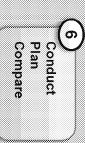
# Topic: Pan Compare and Pan Seleci



- **Session I: Readiness to Support Business Processes**
- My Account and Application
- Eligibility, Notices, Account Transfer
- Plan Compare & Plan Select
- Operational Reporting/Analytics **Enrollment & Direct Enrollment**

## Overview





# **Business Process Step: Plan Compare and Plan Select**

Summary: Compare eligible plans and select a plan for enrollment

System	Gidia System Impacted (Yes/No) Brief Comme	Brief Comments
FFM	Yes	
DSH	No	
MIDAS	No	
NIOS	Yes	Marketing names for issuers/plans are retrieved by FFM for Plan
		Compare. HIOS is the system of record.
EIDM/RIDP	No	
RBIS	No	
Enterprise Portal	No	
Edge Server	No	
HC.gov	No	
LMI	No	
NAIC SERFF	No	
OPM	No	
States	No	
Federal	No	
Other (specify)		



- My Account and Application **Session I: Readiness to Support Business Processes**
- Eligibility, Notices, Account Transfer
- Plan Compare & Plan Select
- Operational Reporting/Analytics **Enrollment & Direct Enrollment** Appeals & SHOP

### Development Status

Plan Conduct

Compare



#### T

		Plan Select	Plan Compare	Function/Service/Module
		Yes	Yes	Requirements & Scope Complete & Delivered (Y/N)
		Yes	Yes	Design Completed & Delivered (Y/N)
		No (8/31)	No (8/15)	Development Completed & Delivered (Y/N)
		No (8/31)	No (8/15)	Internal Developer Testing Completed (Y/N)

|--|--|



- My Account and Application **Session I: Readiness to Support Business Processes**
- Plan Compare & Plan Select Eligibility, Notices, Account Transfer
- Operational Reporting/Analytics **Enrollment & Direct Enrollment**
- Appeals & SHOP

## Development Status

Plan Conduct

Compare

Plan Select Complete

#### **E**

 LUII,	 ,	,	<b>,</b>	 
				Function/Service/Module
				Requirements & Scope Complete & Delivered (VIV)
				Design Completed & Delivered (V/N)
				Development Completed & Delivered (Y/N)
				Internal Developer Testing Completed (Y/N)

Amiliacus/Evidence (proviote a link)	Scope / CR Issues?	RISIC (provide ¢ALII ID/IIII)



**Session I: Readiness to Support Business Processes** 

My Account and Application

Eligibility, Notices, Account Transfer

Operational Reporting/Analytics **Enrollment & Direct Enrollment** Plan Compare & Plan Select

#### ntegration Status

တ Plan Conduct

Compare

Plan Select Complete

FFM-HIOS Yes and Delivered Requirements & Design Complete Yes Development Status Complete  $\Delta (m) \circ (m) / \mathbb{R}^{N} (m) \circ (m) \circ (m) = 0$ 

								Scope / CR Issues?
								Risks (provide CALT ID/link)



## Testing

Plan Compare Conduct

> Plan Select Complete

## Status

Operational Reporting/Analytics **Enrollment & Direct Enrollment**  Eligibility, Notices, Account Transfer

My Account and Application

Plan Compare & Plan Select

**Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

# FFM (Independent Testing)

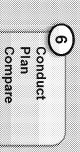
	~450	Test Case Status Test Case Planned
	Not Started	Test Cases Executed
		Test Cases Passed
	***************************************	Test Cases Failed

	Defect Summ
	Defect Summary  Defect Level
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## **Test Data Status**

#### Obtained via FOIA by Judicial Watch, Inc.

#### Testing Status





Operational Reporting/Analytics **Enrollment & Direct Enrollment** Plan Compare & Plan Select Eligibility, Notices, Account Transfer My Account and Application

**Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

# **UAT and External Testing**

SBM States	FFM Issuer	Issuer	Direct Enrollment		Test Case Status
10	6		45	Test Castes Planned	
Not Started	Not Started		Not Started	Tes) (Sasjes (S) (asilija)	
				Test Cases Passed	
				Text Casses Falling	

_		
		Defect Summary  Defect Level
		Defect Summary  Nefect Level Nbr of Defects
		Comments

## **Test Data Status**



# Demonstration

တ Plan Compare Conduct

Plan Select Complete

/Walkthrough

Operational Reporting/Analytics **Enrollment & Direct Enrollment**  Eligibility, Notices, Account Transfer

My Account and Application

Plan Compare & Plan Select

**Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

For UI components, perform a demonstration or screen

walkthough.

the functional/data flow. For other functions without a UI, illustrate and walkthrough

#### Guidance



- **Session I: Readiness to Support Business Processes** My Account and Application
- Eligibility, Notices, Account Transfer
- Plan Compare & Plan Select
- **Enrollment & Direct Enrollment**
- Operational Reporting/Analytics

#### Workaround Planning Risk &



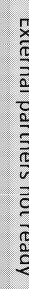


## Scenario Handling

Obtained via FOIA by	r <del>Jud</del>	licial	∙₩a	tch.	Inc.		****
							Carriation
Describe w							Willow Mary and a state of the
Describe what happens when						Error Handling Process (If relevant)	3.

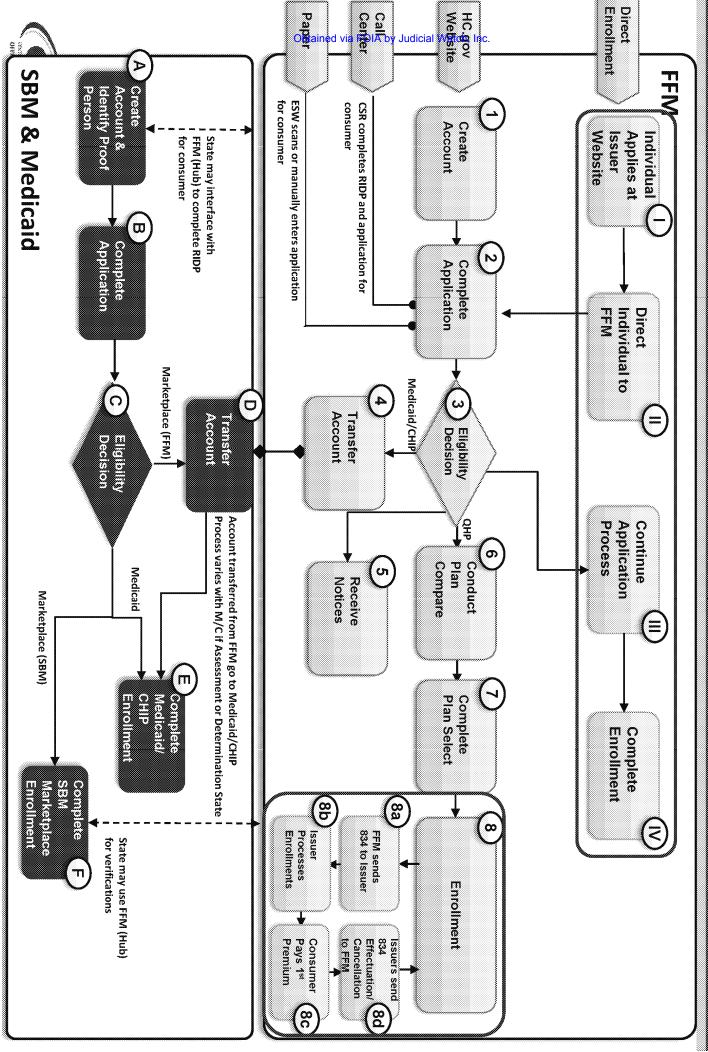
# Describe what happens when . . .

- RIDP a consumer) data sources are down, unable to Non Happy Path Scenarios (e.g.,
- downscoped functionality Functionality is deferred or External partners not ready



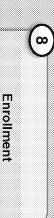


# Topic: Enrollment and Direct Enrollment



- Session I: Readiness to Support Business Processes
- My Account and Application
- Eligibility, Notices, Account Transfer
- Plan Compare & Plan Select
- Operational Reporting/Analytics Enrollment & Direct Enrollment

## Overview



# Business Process Step: Enrollment and Direct Enrollment

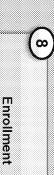
Summary: Interact with issuers to send/receive initial enrollments, cancelations, determination terminations and enrollment changes as well as provide capabilities for issuers to redirect consumers from their websites to the FFM for QHP/APTC eligibility

systems (or major	external partners) Impacted	
System	dicial W System Impacted (Yes/No)	Brief Comments
NH.	Yes	
HSD	Yes	Issuers receive and send enrollment transactions
		through the DSH. DHS hosts Direct Enrollment
		services used by issuers.
MIDAS	No	
SOIH	No	
EIDM/RIDP	No	
RBIS	No	
Enterprise Portal	No	
Edge Server	No	
HC.gov	No	
LMI	No	
NAIC SERFF	No	
OPM	No	
States	No	
Federal	No	
Issuer Websites	Yes	Consumers will be redirect to/from FFM from the
		issuer's website for Direct Enrollment



- **Session I: Readiness to Support Business Processes** My Account and Application
- Eligibility, Notices, Account Transfer Plan Compare & Plan Select
- Enrollment & Direct Enrollment Operational Reporting/Analytics

Stakeholders/Users &Volume Forecast



# Relevant Stakeholders & Users

- HSD DSH
- **Issuers**
- **Individual Consumers**

# Volume (assumptions)

- FFM Individ. Exchange Initial Enrollments – 5,950,000
- Cancellations/Terminations/Up FFM Individ. Exchange dates/etc - 1,428,000Enrollment
- -26,010FFM Average Applications/Hour
- 65,025 Peak FFM Applications/Hour –
- average application, ~32K concurrent users during peak Assuming 30 minutes per



- My Account and Application **Session I: Readiness to Support Business Processes**
- Eligibility, Notices, Account Transfer
- Plan Compare & Plan Select
- Operational Reporting/Analytics Enrollment & Direct Enrollment

Appeals & SHOP

### Development Status



Enrollment

#### **T**

			Direct Enrollment Yes Yes No (7/31) No (7/3	Enrollment   Yes   Yes   No (8/31)   No (7/3	Function/Service/Module  Requirements & Design Completed
			No (7/31)	No (7/31)	Internal Developer Testing Completed (Y/N)

							Artifacts/Evidence (provide a link)
							Scope / CR Issues?
							Risks (provide CALT ID/link)



- My Account and Application **Session I: Readiness to Support Business Processes**
- Eligibility, Notices, Account Transfer
- Enrollment & Direct Enrollment Plan Compare & Plan Select
- Operational Reporting/Analytics Appeals & SHOP



Development

Status

#### **E**

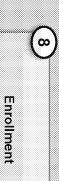
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	olicy	Equifax to address the gateway po	Equifax to addr	
		delayed; Hub is	with Equifax is delayed; Hub is	
	ing	Current Income - Integration testing	Current Income	
		רטו נוווט ספו עוכב	וסו בשכנטו נוווא אבו אוכב	
	ung	development by end of June. Waiting	development by	
		5/31, so that QSSI can complete	5/31, so that Q	
	ls by	required to provide the EDS details b	required to prov	
	was	complete development. CGI/CMS was	complete develo	
		not provided to	data store are not provided to	Exchange Enrollment
	ment	However, the details on the enrollme	However, the d	,
		developed in release 6 sprint 16.	developed in re	Fetch Eligibility BSD
	as	"Double Dipping" - This service was	Double Dipping	
	ment	Prior APTC Status and QHP Enrollmer	Prior APTC Stat	Applicant Enrollment BSD
(provide CALT ID/link)	7 R S S S S		Scope / CR Issues?	Artifacts/Evidence (provide a link)
	•	•	-	(Refactor)
Y	Υ	~	Y	Exchange Enrollment Service
				(Refactor)
Y	Y	<b>∀</b>	人	Applicant (Direct) Enrollment Service
丫	Υ	Y	Υ	Fetch Eligibility Service (Refactor)
Internal Developer lesting Completed (Y/N)	Completed & Delivered (Y/N)	Design Completed & Delivered (Y/N)	Scope Complete & Delivered (Y/N)	Function/Service/Module
	8)cV/c)(8)8)8)(c)(1)		Kelen kelmien iks k	



- My Account and Application **Session I: Readiness to Support Business Processes**
- Eligibility, Notices, Account Transfer
- Enrollment & Direct Enrollment Plan Compare & Plan Select
- Operational Reporting/Analytics Appeals & SHOP

# Development

Status



#### E

		Hub: Direct (Applicant) Enrollment	Hub: Exchange Enrollment	Function/Service/Module
		Υ	Y	Requirements & Scope Complete & Delivered (Y/N)
		Υ	Y	Design Completed & Delivered (Y/N)
		Υ	Y	Development Completed & Delivered (Y/N)
		Y	~	Internal Developer Testing Completed (Y/N)

Scope/CR Issues?	Risks (provide CALT ID/link)



**Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

Operational Reporting/Analytics Enrollment & Direct Enrollment Plan Compare & Plan Select Eligibility, Notices, Account Transfer My Account and Application

#### ntegration Status

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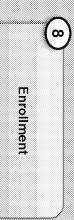
						DEV2 environment)	Fetch Elibility services are in progress (in	Scope / CR Issues? Integration testing of Direct enrollment and
								Riske (provide CALT ID/link)



#### **Session I: Readiness to Support Business Processes** 10/1 Open Enrollment

- My Account and Application
- Plan Compare & Plan Select Eligibility, Notices, Account Transfer
- Operational Reporting/Analytics Enrollment & Direct Enrollment

#### Testing Status



# FFM (Independent Testing)

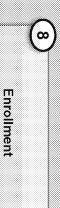
	~450	Test Case Planned	Test Case Status
	Not Started	Test Cases Executed	
		Test Cases Passed	
		Test Cases Failed	

		Defect Level	Defect Summary
		Nbr of Defects	
		Comments	

## **Test Data Status**



#### Testing Status



# **Hub (Independent Testing)**

Operational Reporting/Analytics Enrollment & Direct Enrollment Eligibility, Notices, Account Transfer

My Account and Application

Plan Compare & Plan Select

**Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

		Internal Testing Only	Internal Testing Only
		Internal Testing Only	H67 R6 – No Test Data, Internal Testing Only
		Internal Testing Only	H20 R6 – Internal Testing Only
Test Cases Falled	Test Cases Passed	Test Cases Executed	Test Case Planned
			Test Case Status

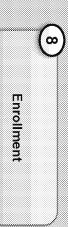
## **Test Data Status**

No test data developed for H67 (Fetch Eligibility) or H68 (Enrollment)



- My Account and Application **Session I: Readiness to Support Business Processes**
- Plan Compare & Plan Select Eligibility, Notices, Account Transfer
- Enrollment & Direct Enrollment
- Operational Reporting/Analytics

#### **Testing** Status



# **UAT and External Testing**

SBM States		Issuer	Direct Enrollment	External Partner	Test Case Status
10	6		45	Test Cases Planned	
Not Started	Not Started		Not Started	Test Cases Executed	
				Test Cases Passed	
				Test Cases Failed	

		Defect Level	Defect Summary
		No.	
личения в применения в примене		Nbr of Defects	
		9	
		Comments	

## **Test Data Status**

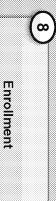


# Demonstration

**Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

My Account and Application



/Walkthrough

Operational Reporting/Analytics Enrollment & Direct Enrollment Plan Compare & Plan Select Eligibility, Notices, Account Transfer

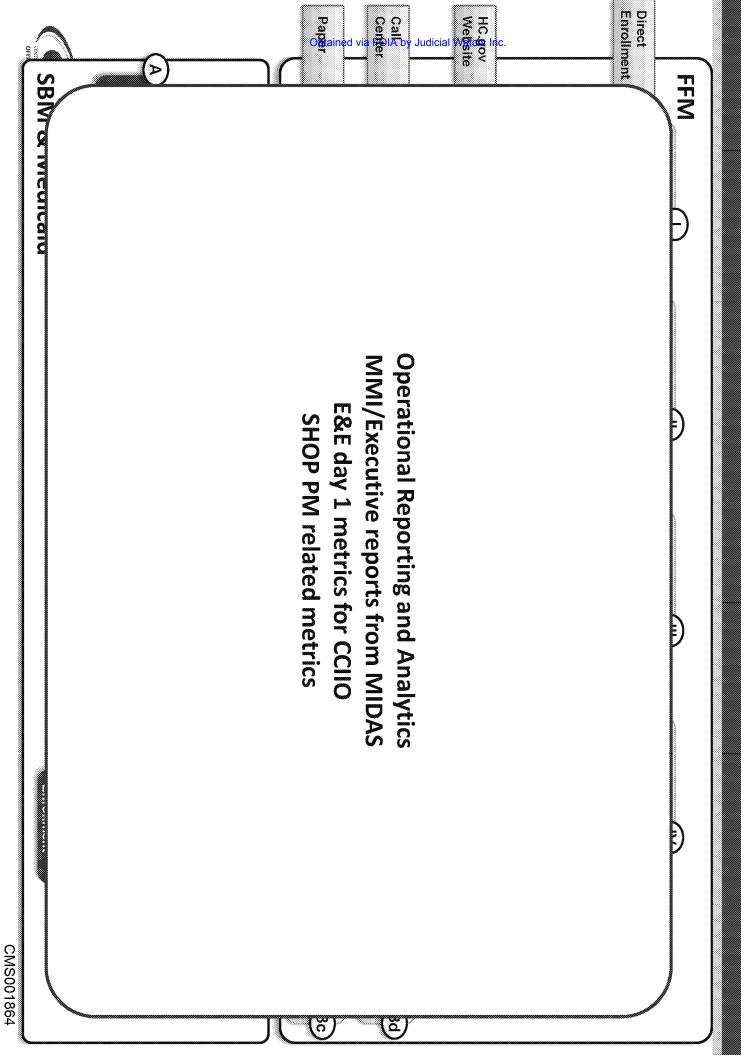
#### Guidance

- For UI components, perform a demonstration or screen
- the functional/data flow. UI, illustrate and walkthrough



For other functions without a walkthough.

# Topics Operational Reporting and Analytics



- Session I: Readiness to Support Business Processes
- My Account and Application
- Eligibility, Notices, Account Transfer
- Plan Compare & Plan Select
- **Enrollment & Direct Enrollment**
- Operational Reporting/Analytics

## Overview

Reporting and Analytics

# **Business Process Step: Reporting and Analytics**

Summary: MIDAS will provide the analytics for all market place data.

based on data from Plan Management, Enrollment, Enrollment Data store and DSH. For 10/1, the deliverables include, the Health Insurance Marketplace Management Information Dashboard (HIMMID), E&E Day 1 metrics and SHOP PM metrics The metrics are

FFM	Yes	Data will be pulled into MIDAS from FFM.
DSH	Yes	
	ed via	
MIDAS	Yes	Reports will be generated from MIDAS
SOIH		
EIDM/RIDP		
RBIS		
Enterprise Portal		
Edge Server		
HC.gov		
LMI		
NAIC SERFF		
OPM		
States		
Federal		
Other (specify)		



- **Session I: Readiness to Support Business Processes** My Account and Application
- Eligibility, Notices, Account Transfer Plan Compare & Plan Select
- **Enrollment & Direct Enrollment**
- Operational Reporting/Analytics

## Stakeholders/Users &Volume Forecast

Reporting and Analytics

# Relevant Stakeholders & Users

- Management (OEM) Office of Enterprise
- users: HIMMID, E&E and Internal CCIIO business SHOP groups
- Internal CMS CIISG users

#### Volume

- To be determined
- volumes related to FFM and DSH Data volumes are directly

transaction volume per timeframe. "transaction" and then expected Define how you are defining



**Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

# Architecture Overview

Operational Reporting/Analytics **Enrollment & Direct Enrollment** Plan Compare & Plan Select Eligibility, Notices, Account Transfer My Account and Application

Appeals & SHOP

Reporting and Analytics

NotResp

- My Account and Application **Session I: Readiness to Support Business Processes**
- Eligibility, Notices, Account Transfer
- Plan Compare & Plan Select
- **Enrollment & Direct Enrollment** Operational Reporting/Analytics
- Appeals & SHOP

## Development Status

Reporting and Analytics

#### MIDAS

BRD, Models, Master Maps are completed for Sprint 1 of MMI metrics. They are checked into SVN	Artifacts/Evidence (provide a link)			SHOP PM metrics	E&E day 1 metrics		MMI metrics/Dashboard	Flattening of XML data	FFM/DSH to MIDAS	Content Pump: Data pull from	Function/Service/Module
Data Structures from Source systems are yet to be finalized; There continue to be significant differences between each version of data definitions MIDAS receives from FFM	Scope / CR Issues?  Metrics from HIMMID group are yet to be finalized — Baselining with 7/8/43 version	source data availability	but re-baselining with	Y - Initial Scope defined	Y	7/8/13 version	N -baselining using	丫	-	~	Requirements & Scope Complete & Delivered (Y/N)
continue to be tween each version is receives from	oup are yet to be			z	Z		< Z	Υ   In P	-	Y	Design Completed & Com Delivered Deliv
Performanc unavailable NotResp	Mismatch o							rogress I			slopment pleted & vered (Y/N)
Performance testing environment unavailable from source systems NotResp NotResp	RISKs (provide CALT ID/link)  Mismatch of data(XML) from data definitions  (XSD):  NotResp			<b>Z</b>	Z		Z	Z		~	Internal Developer Testing Completed (Y/N)



- My Account and Application **Session I: Readiness to Support Business Processes**
- Plan Compare & Plan Select
- Eligibility, Notices, Account Transfer
- Operational Reporting/Analytics **Enrollment & Direct Enrollment**

#### ntegration Status

Reporting and Analytics

OEM - MIDAS integration	DSH – MIDAS integration	FFM – MIDAS Integration	Integration / Interface (end point – to – end point)
Z	Υ	Y	Requirements & Besign Complete and Belivered
N – Design TBD	N – issues in Prod Prime	N – issues in Prod Prime	Development Status Complete and Delivered
			Artifacts/Evidence (provide a link)

								Scope / CR Issues?
								Risks (provide CALT ID/link)



- My Account and Application **Session I: Readiness to Support Business Processes**
- Eligibility, Notices, Account Transfer
- Plan Compare & Plan Select
- **Enrollment & Direct Enrollment**

Operational Reporting/Analytics

Appeals & SHOP

#### Testing Status

Reporting and Analytics

#### NIDAS NO

		Test Case Planned	Test Case Status
		Test Cases Executed	
		Test Cases Passed	
		Test Cases Failed	

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## **Test Data Status**



- My Account and Application **Session I: Readiness to Support Business Processes**
- Eligibility, Notices, Account Transfer
- **Enrollment & Direct Enrollment** Plan Compare & Plan Select
- Operational Reporting/Analytics Appeals & SHOP

Status

Testing

Reporting and Analytics

# **UAT and External Testing**

	Analytics - TBD	Reporting - TBD	External Partner	Test Case Status
			Test Cases Planned	
			Test Cases Executed	
			Test Cases Passed	
			Test Cases Failed	

,	 	
		Defect Summary  Defect Level
		Nbr of Defects
		Comments

## **Test Data Status**



- **Session I: Readiness to Support Business Processes** My Account and Application
- Eligibility, Notices, Account Transfer
- **Enrollment & Direct Enrollment** Plan Compare & Plan Select
- Operational Reporting/Analytics

### Demonstration /Walkthrough

Reporting and Analytics

#### Guidance

- For UI components, perform a walkthough. demonstration or screen
- Ņ the functional/data flow. For other functions without a UI, illustrate and walkthrough

- **Session I: Readiness to Support Business Processes** My Account and Application
- Plan Compare & Plan Select Eligibility, Notices, Account Transfer
- **Enrollment & Direct Enrollment**
- Operational Reporting/Analytics

#### Workaround Planning Risk &

Reporting and Analytics

## Scenario Handling

/ <del>   110</del>	icial	- WY 2	tch,	Inc.	 		
							Securities
							Workaround Process
						(ii relevant)	Error Wessage and
							Notes

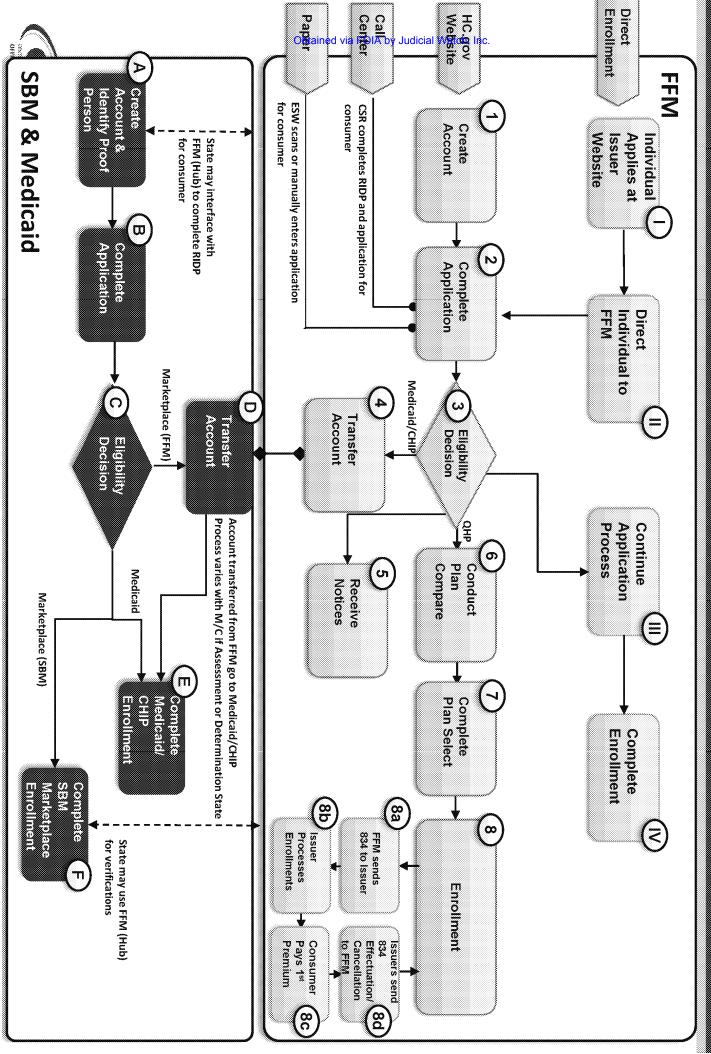
# Describe what happens when . . .

Obtained via FOIA by Judicial

- data sources are down, unable to Non Happy Path Scenarios (e.g., RIDP a consumer)
- downscoped functionality Functionality is deferred or
- External partners not ready



# Topic: Appeals and SHOP



- **Session I: Readiness to Support Business Processes**
- My Account and Application
- Eligibility, Notices, Account Transfer
- Plan Compare & Plan Select
- **Enrollment & Direct Enrollment**

Operational Reporting/Analytics

## Overview

Appeals and SHOP

# **Business Process Step: Appeals and SHOP**

application and select a QHP for enrollment as well as capabilities for consumers Summary: Functionality for Employers and Employees to complete an online to appeal their eligibility determination(s)

System	Impacted (Yes/No)	Brief Comments
FFM	Yes	Provide SHOP and appeal functionalities
DSH	Yes	
MIDAS	Yes	
SOIH	HIOS Yes	
	< 0.7	Authoritorion of Employer/Employees
RBIS	No	$\dashv$
Enterprise Portal	No	
Edge Server	No	
HC.gov	Yes	Integration of content, headers, footers, notifications through GovDelivery
LMI	No	
NAIC SERFF	No	
OPM	No	
States	No	
Federal	Yes	Verification information provided to FFM via the DSH
Other (specify)	No	



## **Session I: Readiness to Support Business Processes**

- My Account and Application
- Eligibility, Notices, Account Transfer
- **Enrollment & Direct Enrollment** Plan Compare & Plan Select
- Operational Reporting/Analytics

## Stakeholders/Users &Volume Forecast

Appeals and SHOP

# Relevant Stakeholders & Users

- **Employers**
- **Employees**
- SSUERS

# Volume (assumed for SHOP)

- FFE SHOP. Exchange Initial Enrollments -- 1,700,000
- FFE SHOP Exchange Enrollment dates/etc - 408,000 Cancellations/Terminations/Up
- FFM Average Applications/Hour -7,431
- Peak FFM Applications/Hour -15,606



- My Account and Application **Session I: Readiness to Support Business Processes**
- Eligibility, Notices, Account Transfer
- **Enrollment & Direct Enrollment** Plan Compare & Plan Select
- Operational Reporting/Analytics Appeals & SHOP

## Development Status

Appeals and SHOP

#### T

Function/Service/Module	Requirements & Scope Complete & Delivered (YN)	Design Completed & Delivered (V/N)	Development Completed & Delivered ( V/N)	Internal Developer Testing Completed (Y/N)
Appeals	No	No	No (9/15)	
SHOP	Yes	Yes	No (9/15)	

							Artifacts/Evidence (provide a link)
							Scope / CR Issues?
							Risks (provide CALT ID/link)



#### My Account and Application **Session I: Readiness to Support Business Processes** 10/1 Open Enrollment

- Eligibility, Notices, Account Transfer
- Plan Compare & Plan Select
- Operational Reporting/Analytics **Enrollment & Direct Enrollment**

# Development

Status

Appeals and SHOP

#### E

			Function/Service/Module
			Requirements & Scope Complete & Delivered (Y/N)
			Design Completed & Delivered (Y/N)
			Development Completed & Delivered (Y/N)
			Internal Developer Testing Completed (Y/N)

Arilfacts/Evidence (provide a link)	Scope/ CR Issues?	Risks (provide CALT ID/link)



- Eligibility, Notices, Account Transfer My Account and Application **Session I: Readiness to Support Business Processes**
- Plan Compare & Plan Select
- **Enrollment & Direct Enrollment**
- Operational Reporting/Analytics

#### NIDAS

### Development Status

Appeals and SHOP

			Function/Service/Module
			Requirements & Scope Complete & Delivered (Y/N)
			Design Completed & Delivered (Y/N)
			Development In Completed & In Delivered (Y/N)
			Internal Developer Testing Completed (Y/N)

Arilfacts/Evidence (provide a link)	Scope / CR Issues?	Risks (provide CALT ID/link)



- My Account and Application **Session I: Readiness to Support Business Processes**
- Plan Compare & Plan Select Eligibility, Notices, Account Transfer
- Operational Reporting/Analytics **Enrollment & Direct Enrollment**
- Appeals & SHOP

## Development Status

Appeals and SHOP

### HC.gov

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						Requirements & Scope Complete & Delivered (Y/N)
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						Internal Developer Testing Completed (Y/N)

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- **Session I: Readiness to Support Business Processes**
- Eligibility, Notices, Account Transfer

My Account and Application

- Plan Compare & Plan Select
- **Enrollment & Direct Enrollment**
- Operational Reporting/Analytics

## ntegration

Status

Appeals and SHOP

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								Scope / CR Issues /
								Risks (provide CALT ID/link)



### Plan Compare & Plan Select **Session I: Readiness to Support Business Processes** 10/1 Open Enrollment

- Eligibility, Notices, Account Transfer My Account and Application
- **Enrollment & Direct Enrollment**
- Operational Reporting/Analytics

### Testing Status

Appeals and SHOP

## FFM (Independent Testing)

Test Case Status Test Case Planned Appeals TBD SHOP - TBD
Test Cases Executed
Test Cases Passed
est Cases Failed

		Defect Level	Defect Summary
		Nbr of Defects	
		Comments	

## **Test Data Status**



- Eligibility, Notices, Account Transfer **Session I: Readiness to Support Business Processes** My Account and Application
- Plan Compare & Plan Select
- **Enrollment & Direct Enrollment**
- Operational Reporting/Analytics

### Testing Status

Appeals and SHOP

## **Hub (Independent Testing)**

	Test Case Status Test ©ase Planned
	Test Cases Executed
	Test Cases Passed
	Test Cases Failed

П	П	
		Defect Summary  Defect Level
		Nbr of Defects
		Comments

## **Test Data Status**



- **Session I: Readiness to Support Business Processes** My Account and Application
- Plan Compare & Plan Select Eligibility, Notices, Account Transfer
- Operational Reporting/Analytics **Enrollment & Direct Enrollment**

### Testing Status

Appeals and SHOP

## **MIDAS (Independent Testing)**

	Test Case Status Test Case Planned
	Test Cases Executed
	Test Cases Passed
	Test Cases Failed

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	Defect Summary  Defect Level
	Nbr of Defects
	Comments

## **Test Data Status**



- Eligibility, Notices, Account Transfer My Account and Application **Session I: Readiness to Support Business Processes**
- **Enrollment & Direct Enrollment** Plan Compare & Plan Select
- Operational Reporting/Analytics

### Status **Testing**

Appeals and SHOP

### HC.gov

		Test Case Planned	Test Case Status
		Test Cases Executed	
		Test Cases Passed	
		Test Cases Failed	

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## **Test Data Status**



- My Account and Application **Session I: Readiness to Support Business Processes**
- Plan Compare & Plan Select Eligibility, Notices, Account Transfer
- Operational Reporting/Analytics **Enrollment & Direct Enrollment**

### Testing Status

Appeals and SHOP

## **UAT and External Testing**

	SHOP - TBD	Appeals TBD	External Partner	Test Case Status
			Test Cases Planned	
			Test Cases Executed	
			Test Cases Passed	
			Test Cases Failed	

 	 W. W. W
	Defect Summary  Defect Level
	Nbr of Defects
	Comments

## **Test Data Status**



## Demonstration

Appeals and SHOP

## /Walkthrough

Operational Reporting/Analytics **Enrollment & Direct Enrollment** Plan Compare & Plan Select Eligibility, Notices, Account Transfer **Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

My Account and Application

- For UI components, perform a walkthough. demonstration or screen
- Ņ the functional/data flow. For other functions without a UI, illustrate and walkthrough

### Guidance

- **Session I: Readiness to Support Business Processes** My Account and Application
- Plan Compare & Plan Select Eligibility, Notices, Account Transfer
- Operational Reporting/Analytics **Enrollment & Direct Enrollment**

### Workaround Planning Risk &

Appeals and SHOP

## Scenario Handling

Obtained via FOIA b	)\ <del>/  -</del>	اوزمزا	\A/s	<del> </del>	<del>                                      </del>	 	
		.5.0		···			Scenario
Describe							Workaround Process
Describe what happens when							Error Message and Error Handling Process (if relevant)
							Notes

## Describe what happens when . . .

- data sources are down, unable to Non Happy Path Scenarios (e.g., RIDP a consumer)
- downscoped functionality Functionality is deferred or
- External partners not ready





# Appendix – Architecture Overview



Eligibility, Notices, Account Transfer

My Account and Application

**Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

Operational Reporting/Analytics **Enrollment & Direct Enrollment** Plan Compare & Plan Select

Complete Application Eligibility Decision

## Architecture Overview

Individual Application Flow (Eligibility)



NotResp



Eligibility, Notices, Account Transfer

My Account and Application

**Session I: Readiness to Support Business Processes** 10/1 Open Enrollment

Operational Reporting/Analytics **Enrollment & Direct Enrollment** Plan Compare & Plan Select



Create Account Account Management

## Architecture Overview

NotResp

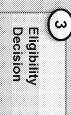
My Account and Application

**Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

Operational Reporting/Analytics **Enrollment & Direct Enrollment** Plan Compare & Plan Select Eligibility, Notices, Account Transfer

## Architecture Overview





Eligibility

Decision

Architecture Overview

Eligibility, Notices, Account Transfer My Account and Application **Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

Operational Reporting/Analytics **Enrollment & Direct Enrollment** Plan Compare & Plan Select

NotResp

## Architecture Overview

Eligibility, Notices, Account Transfer My Account and Application **Session I: Readiness to Support Business Processes** 10/1 Open Enrollment

Operational Reporting/Analytics **Enrollment & Direct Enrollment** Plan Compare & Plan Select

Account

Transfer

Referrals from FFM to Medicaid/CHIP

NotResp

- My Account and Application **Session I: Readiness to Support Business Processes**
- Plan Compare & Plan Select Eligibility, Notices, Account Transfer
- Operational Reporting/Analytics **Enrollment & Direct Enrollment**

## Architecture Overview



Referrals from Medicaid/CHIP to FFM

NotResp

Obtained via FOIA by Judicial Watch, Inc.



NotResp

## Architecture Overview

Eligibility, Notices, Account Transfer My Account and Application **Session I: Readiness to Support Business Processes** 10/1 Open Enrollment

Operational Reporting/Analytics Enrollment & Direct Enrollment Plan Compare & Plan Select



Enrollment

## Architecture Overview

Eligibility, Notices, Account Transfer My Account and Application

Operational Reporting/Analytics Enrollment & Direct Enrollment Plan Compare & Plan Select **Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

Enrollment Direct

NotResp



My Account and Application **Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

- Eligibility, Notices, Account Transfer Plan Compare & Plan Select
- **Enrollment & Direct Enrollment**
- Operational Reporting/Analytics

## Architecture Overview

SHOP Employee Employer/

NotResp

### 10/1 Open Enrollment

- My Account and Application **Session I: Readiness to Support Business Processes**
- Plan Compare & Plan Select Eligibility, Notices, Account Transfer
- Operational Reporting/Analytics **Enrollment & Direct Enrollment**

## Architecture Overview

Call Center (Individual Market)

NotResp



## Architecture Overview

Call Center (SHOP)

Operational Reporting/Analytics

**Enrollment & Direct Enrollment** 

Plan Compare & Plan Select Eligibility, Notices, Account Transfer My Account and Application

**Session I: Readiness to Support Business Processes** 

10/1 Open Enrollment

**Session I: Readiness to Support Business Processes** 

My Account and Application

- Eligibility, Notices, Account Transfer Plan Compare & Plan Select
- Enrollment & Direct Enrollment
- Operational Reporting/Analytics

## Architecture Overview

**Brokers** Agents/ Market Only) (Individual

### CENTER DE MONCAC DE MONCACE DE MO

### **Session I: Readiness to Support Business Processes** 10/1 Open Enrollment

- My Account and Application
- Eligibility, Notices, Account Transfer
- **Enrollment & Direct Enrollment** Plan Compare & Plan Select
- Operational Reporting/Analytics

## Architecture Overview

Assisters Side By Side

	Obtai	ned via FOIA by Judicial Watch, Inc.	
Message			
From:	Schankweiler, Thomas W. (CMS/OIS)	NotResp	
	NotResp		
on behalf of	Schankweiler, Thomas W. (CMS/OIS)		
Sent:	12/5/2013 6:01:17 PM		
To:	Alexander, David (CMS/OIS)	No	tResp
CC:	NotRes	p .	
	NotResp	Wills, Theodora (CMS/C	EM) NotResp
		NotResp	Reinhold, Leslie A. (CMS/OEM)
		NotResp	Fryer, Teresa M. (CMS/OIS)
		NotResp	
Subject:	RE: HHS Request: IT Response Plans fo	r 2 Tickets	
From: Alexa Sent: Thurso To: Schankw Cc: Ambrosia (CMS/OIS)	ed to handle that.  nder, David (CMS/OIS) day, December 05, 2013 12:59 PM reiler, Thomas W. (CMS/OIS) ni, Ellen M. (CMS/OEM); Wills, Theodo : HHS Request: IT Response Plans fo		e A. (CMS/OEM); Fryer, Teresa M.
Tom – I hate	to be a pain, but these need to be po	ut into the template format (se	e attached).
Thanks			
David Alexar	ider, CISSP		
410-786-300	1.		
	nkweiler, Thomas W. (CMS/OIS) day, December 05, 2013 12:33 PM		

**To:** Reinhold, Leslie A. (CMS/OEM); Fryer, Teresa M. (CMS/OIS)

Cc: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Wills, Theodora (CMS/OEM)

Subject: RE: HHS Request: IT Response Plans for 2 Tickets

All,

Here is the write up to close out 25244 in

### Data.healthcare.gov

11/19 - Socrata investigated their platform for any signs of malicious activity. First, the activity referred to is the public user profile search API which doesn't reveal any private user information that could be exploited. Second, there is no connection or integration between Socrata platform user accounts and <a href="https://example.com/healthcare.gov">healthcare.gov</a> user accounts. They are completely separate. Third, Socrate has been monitoring and there are no indications of any malicious activity targeting the Socrata platform or data.healthcare.gov.

Please close this as a False Positive -99

Thanks,

### Tom

**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Thursday, December 05, 2013 11:42 AM

To: Reinhold, Leslie A. (CMS/OEM); Fryer, Teresa M. (CMS/OIS)

Cc: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Wills, Theodora (CMS/OEM)

**Subject:** RE: HHS Request: IT Response Plans for 2 Tickets

The one for Balaji is no the 25244. If that the healthcare data gov then I has sent you the threads on that from OC and you were going to write it up.

From: Reinhold, Leslie A. (CMS/OEM)

Sent: Thursday, December 05, 2013 11:39 AM

**To:** Fryer, Teresa M. (CMS/OIS)

Cc: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Reinhold, Leslie

A. (CMS/OEM); Wills, Theodora (CMS/OEM)

Subject: Re: HHS Request: IT Response Plans for 2 Tickets

Tom it's on that printout we looked at on Tuesday it's the last 2, the NotResp hat Balagi wrote up and data.gov. I know we discussed the data.gov one. Write up what the deal is with that if we are closing it let me know.

Thanks

On Dec 5, 2013, at 11:33 AM, "Fryer, Teresa M. (CMS/OIS)" < <a href="mailto:Teresa.Fryer@cms.hhs.gov">Teresa.Fryer@cms.hhs.gov</a>> wrote: Ellen.

What is #25244, Tom has indicated he does not know what this is and you have indicated that both tickets are for Marketplace.

Teresa

From: Ambrosini, Ellen M. (CMS/OEM)

Sent: Wednesday, December 04, 2013 6:58 PM

To: Fryer, Teresa M. (CMS/OIS); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS)

Cc: Reinhold, Leslie A. (CMS/OEM); Wills, Theodora (CMS/OEM)

Subject: HHS Request: IT Response Plans for 2 Tickets

Importance: High

Good evening, Teresa-

We met with HHS today and they are requesting several HHS Response Plans on several tickets. Therefore, please complete a Response Plan (template attached) for the below two IT tickets from the Marketplace:



We will be preparing a Response Plan for several tickets covering an issue regarding potential PII violations and will ask you to review / input the IT section, as necessary.

All of these plans are due to the Department before COB on Friday, December 6<sup>th</sup>. We asked for an extension today and was told that the information is required on Friday.

Please let me know if you have any questions.

Thank you,

### Ellen M. Ambrosini

Acting Director, Division of Privacy Policy
Privacy Policy Compliance Group, Office of E-Health Standards & Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244
410-786-6918

<image001.jpg>

**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.

**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Tuesday, December 03, 2013 1:02 PM

**To:** Reinhold, Leslie A. (CMS/OEM) **Subject:** Fw: INC000002589982

From: Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]

Sent: Tuesday, December 03, 2013 12:31 PM

To: Schankweiler, Thomas W. (CMS/OIS); Warren, Kevin (CMS/OIS); Lyles, Darrin V. (CMS/OIS);

sbanks@foregroundsecurity.com <sbanks@foregroundsecurity.com>

Cc: FFM Security Defects < FFMSecurityDefects@cgifederal.com>; Martin, Rich (CGI Federal)

< <u>Rich.Martin@cgifederal.com</u>>; Promisel, Andrew L (CGI Federal) < <u>andy.promisel@cgifederal.com</u>>; Alford, Justin (CGI

Federal) < justin.alford@cgifederal.com>

Subject: INC000002589982

Hi Tom,

Obtained via FOIA by Judicial Watch, Inc. As discussed here is the write up for the incident # INC000002589982. Please forward it as necessary.

Issue:		
An authenticated user can craft a	NotResp	the URL that provides the
EligibilityNotice.pdf. If the NotRe on t	he system is not truly Unique, this	could pose a risk of disclosure to users. Once
logged into <u>HealthCare.gov</u> , a user c	ould script a <b>NotRes</b> p th	the URL that provides the could pose a risk of disclosure to users. Once e system to retrieve any user's eligibility form.
Analysis:		
A Proof of Concept was performed was able to see the EligibilityNotice.		where user A provided a URL to user B. User B
Resolution:		
sure that it is associated with the us		data of the notices stored in NotResp and make be downloaded by the user. The meta data for the or different roles such as
The fix has been successfully tested production. The enforcement has no		hese roles and the code has been promoted to the e to the following reasons.
updated for the meta data be obtaining the NotResp	y the data cleanup team. This i <u>nvo</u> and username and populating <b>Not</b> to update the code to make sure th	In NotResp All the existing notices have to be lives checking the NotResp for all notices, tresp with proper meta data.  That any new notice generation is populating the
Action Items		
We don't have an ETA for these 2 ta	sks listed above and when the enfo	prcement can be turned on. I have copied Justin
Alford (who leads the data cleanup t	eam) and Andy Promisel (who lead	ds the development efforts) in the email as well.
Please let me know if you need mor	e information.	
Thanks		
Balaji M. Ramamoorthy		

From:	Schankweiler, Thomas W. (CMS/OIS)	NotResp	
	NotResp		
on behalf of '	Schankweiler, Thomas W. (CMS/OIS)		
Sent:	12/5/2013 5:33:08 PM		
To:	Reinhold, Leslie A. (CMS/OEM)	NotResp	
	NotResp	Fryer, Teresa M. (CMS/OIS)	NotResp
	NotR	Resp	·
CC:	Ambrosini, Ellen M. (CMS/OEM)	NotResp	
	NotResp	Alexander, David (CMS/OIS	NotResp
	NotResp	Wills, Theodora (CMS/OEM)	NotResp
	NotR	Resp	
Subject:	RE: HHS Request: IT Response Plans for 2	Tickets	

All,

Here is the write up to close out 25244 in NotResp

### Data.healthcare.gov

11/19 - Socrata investigated their platform for any signs of malicious activity. First, the activity referred to is the public user profile search API which doesn't reveal any private user information that could be exploited. Second, there is no connection or integration between Socrata platform user accounts and <a href="https://example.com/healthcare.gov">healthcare.gov</a> user accounts. They are completely separate. Third, Socrate has been monitoring and there are no indications of any malicious activity targeting the Socrata platform or <a href="https://example.com/data.healthcare.gov">data.healthcare.gov</a>.

Please close this as a False Positive -99

Thanks,

### Tom

**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Thursday, December 05, 2013 11:42 AM

**To:** Reinhold, Leslie A. (CMS/OEM); Fryer, Teresa M. (CMS/OIS)

Cc: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Wills, Theodora (CMS/OEM)

**Subject:** RE: HHS Request: IT Response Plans for 2 Tickets

The one for Balaji is no the 25244. If that the healthcare data gov then I has sent you the threads on that from OC and you were going to write it up.

From: Reinhold, Leslie A. (CMS/OEM)

Sent: Thursday, December 05, 2013 11:39 AM

**To:** Fryer, Teresa M. (CMS/OIS)

Cc: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Reinhold, Leslie

A. (CMS/OEM); Wills, Theodora (CMS/OEM)

Subject: Re: HHS Request: IT Response Plans for 2 Tickets

Tom it's on that printout we looked at on Tuesday it's the last 2, the NotResp that Balagi wrote up and data.gov. I know we discussed the data.gov one. Write up what the deal is with that if we are closing it let me know.

Thanks

On Dec 5, 2013, at 11:33 AM, "Fryer, Teresa M. (CMS/OIS)" < <a href="mailto:Teresa.Fryer@cms.hhs.gov">Teresa.Fryer@cms.hhs.gov</a>> wrote: Ellen,

What is #25244, Tom has indicated he does not know what this is and you have indicated that both tickets are for Marketplace.

Teresa

From: Ambrosini, Ellen M. (CMS/OEM)

Sent: Wednesday, December 04, 2013 6:58 PM

To: Fryer, Teresa M. (CMS/OIS); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS)

Cc: Reinhold, Leslie A. (CMS/OEM); Wills, Theodora (CMS/OEM)

Subject: HHS Request: IT Response Plans for 2 Tickets

Importance: High

Good evening, Teresa-

We met with HHS today and they are requesting several HHS Response Plans on several tickets. Therefore, please complete a Response Plan (template attached) for the below two IT tickets from the Marketplace:



We will be preparing a Response Plan for several tickets covering an issue regarding potential PII violations and will ask you to review / input the IT section, as necessary.

All of these plans are due to the Department before COB on Friday, December 6<sup>th</sup>. We asked for an extension today and was told that the information is required on Friday.

Please let me know if you have any questions.

Thank you,

### Ellen M. Ambrosini

Acting Director, Division of Privacy Policy
Privacy Policy Compliance Group, Office of E-Health Standards & Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

410-786-6918

### <image001.jpg>

**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.

**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Tuesday, December 03, 2013 1:02 PM

**To:** Reinhold, Leslie A. (CMS/OEM) **Subject:** Fw: INC000002589982

From: Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]

Sent: Tuesday, December 03, 2013 12:31 PM

**To**: Schankweiler, Thomas W. (CMS/OIS); Warren, Kevin (CMS/OIS); Lyles, Darrin V. (CMS/OIS); sbanks@foregroundsecurity.com < sbanks@foregroundsecurity.com >

Cc: FFM Security Defects < FFMSecurityDefects@cgifederal.com>; Martin, Rich (CGI Federal)

<<u>Rich.Martin@cgifederal.com</u>>; Promisel, Andrew L (CGI Federal) <<u>andy.promisel@cgifederal.com</u>>; Alford, Justin (CGI

Federal) < justin.alford@cgifederal.com>

Subject: INC000002589982

Hi Tom,

As discussed here is the write up for the incident # INC000002589982. Please forward it as necessary.

### Issue:

An authenticated user can craft a	NotResp	t the URL that provides the
EligibilityNotice.pdf. If the p n the syst	em is not truly Unique, this o	could pose a risk of disclosure to users. Once
logged into <u>HealthCare.gov</u> , a user could sc	ript a NotResp the	e system to retrieve any user's eligibility form.
	L	

### Analysis:

A Proof of Concept was performed by the Marketplace Security Team where user A provided a URL to user B. User B was able to see the EligibilityNotice.pdf for User A.

### Resolution:

FFM security team have put a code fix in place that will check the meta data of the notices stored in NotResp and make sure that it is associated with the user who is logged in before it could be downloaded by the user. The meta data for the notice includes the NotResp and the username. The fix accounts for different roles such as

- 1. Consumers
- 2. Agents/Brokers
- 3. CCR's
- 4. ESD workers.

The fix has been successfully tested in the lower environments for all these roles and the code has been promoted to the production. The enforcement has not been turned on in production due to the following reasons.

- 1. Currently the meta data is not populated for the notices stored in NotResp All the existing notices have to be updated for the meta data by the data cleanup team. This involves checking the NotResp for all notices, obtaining the NotResp and username and populating NotResp with proper meta data.
- 2. The development team has to update the code to make sure that any new notice generation is populating the proper meta data going forward.

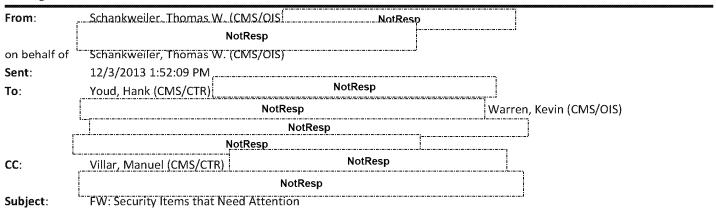
### **Action Items**

We don't have an ETA for these 2 tasks listed above and when the enforcement can be turned on. I have copied Justin Alford (who leads the data cleanup team) and Andy Promisel (who leads the development efforts) in the email as well.

Please let me know if you need more information.

Thanks Balaji M. Ramamoorthy

### Message



Kevin and Hank,

We need to work on this in the afternoon.

Kevin you setup a meeting from noon-1pm please.

Hank, in preparation for the meeting I need a report (spreadsheet or something) of what these remedy incidents are and if they are currently open or closed.

Thanks,

Tom

From: Couts, Todd (CMS/OIS)

Sent: Tuesday, November 26, 2013 3:48 PM

To: Schankweiler, Thomas W. (CMS/OIS); Kane, David (CMS/OIS); Michael Finkel

Cc: Warren, Kevin (CMS/OIS); Fletcher, John A. (CMS/OIS); Van, Hung B. (CMS/OIS); Grothe, Kirk A. (CMS/OIS); Lyles,

Darrin V. (CMS/OIS); 'Venky Natarajan' (vnatarajan@gssinc.com) (vnatarajan@gssinc.com);

lynn.goodrich@cgifederal.com; Thomas.Kirk@gss-cgi.com; 'Ramamoorthy, Balaji Manikandan (CGI Federal)'

(<u>balajimanikandan.ramamoorthy@cgifederal.com</u>); Outerbridge, Monique (CMS/OIS)

Subject: Security Items that Need Attention

QSSI and CGI,

I am writing to highlight several security incidents that need your attention. As they are security issues, please consider the NotResp ticket your authorization to act. I am only sending the NotResp numbers to avoid transmitting too much detail. By tomorrow, please communicate back to use their status (closed, in process, etc) and at least a tentative date for resolution.

- These are the two that Tom Schankweiler raised today.
  - INC000002589982
  - artf161265 INC2598675
- 2. Additionally, we identified several open tickets in NotResp
  - 2614246



- ~ = 0 = 1 = 2 /
- 2614304
- ~ ~~~~~~~

- 2614328
- 2614329

### **Todd Couts**

Centers for Medicare & Medicaid Service	S
Office of Information Services	
301-492-5139 (office) (b)(6)	mobile)   todd.couts1@cms.hhs.gov
7700 Wisconsin Ave Bethesda MD 20814	Location: 9308

From:	Schankw	eiler,	Thor	nas	W. (CI	MS/OIS	5)
Sent:	Tuesday,	Nove	mber	26,	2013	12:41	PM

To: Couts, Todd (CMS/OIS); Kane, David (CMS/OIS); Michael Finkel

Cc: Warren, Kevin (CMS/OIS); Fletcher, John A. (CMS/OIS); Van, Hung B. (CMS/OIS); Grothe, Kirk A. (CMS/OIS); Lyles,

Darrin V. (CMS/OIS)

Subject: INC000002589982 Need details regarding NotResp

Todd,

I would like to escalate this ticket NC000002589982 as being high risk on the defect list. I know that a bunch of security risk have recently appeared on the list but I wanted to let you know this one is considered high priority. In total we now have two tickets that are considered high priority. Contact me if you have any questions.

T	h	а	n	k	5,
---	---	---	---	---	----

Tom

From: Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]

Sent: Tuesday, November 26, 2013 10:52 AM

To: Schankweiler, Thomas W. (CMS/OIS); Willard, Adam (CMS/CTR)

Cc: Warren, Kevin (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal); Alford, Justin (CGI Federal);

Martin, Rich (CGI Federal)

Subject: RE: artf160711 / INC000002589982 Need details regarding

NotResp

Hi Tom.

We promoted the code fix into production. Apparently the security enforcement is turned off.

The NotResp documents (notices) that are saved are not having the proper meta data populated to turn on the enforcements. So in addition to the fix that has been rolled in the following actions needs to occur.

- 1. Do a manual batch job to update the meta data for all the existing notices.
- Have the developers fix the code so that any new notices that are saved has the proper metadata for enforcement.

These 2 action items are being coordinated internally right now. We don't have an ETA yet.

Thanks

Balaji M. Ramamoorthy

From: Schankweiler, Thomas W. (CMS/OIS) [mailto:thomas.schankweiler@cms.hhs.gov]

Sent: Tuesday, November 26, 2013 10:42 AM

To: Ramamoorthy, Balaji Manikandan (CGI Federal); Willard, Adam (CMS/CTR)

Cc: Warren, Kevin (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal)

Subject: artf160711 / INC000002589982 Need details regarding NotResp

Balaji, Adam, and Kevin

I am looking for an update on this ticket. Can someone provide be a status of where we are with this item? Has it been corrected? Is the situation still occurring?

Thanks,

Tom

From: Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]

Sent: Wednesday, November 06, 2013 12:39 PM

To: Willard, Adam (CMS/CTR)

Obtained via FOIA by Judicial Watch, Inc. Cc: Warren, Kevin (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal) Subject: RE: Need details regarding NotResp Hi Adam, There are multiple instances of NotResp | We expect NotResp guarantees for the uniqueness acros this route to see if there were duplicates. So far the root cause has not been determined for the notices. In this particular instance we did see that the username were closely identical between the user1 and user2. There was a special character "-" at the end (and that was the only difference). We are also looking into the to see how it behaves and whether it has to be tweaked. NotResp Thanks Balaji M. Ramamoorthy From: Willard, Adam (CMS/CTR) [mailto:Adam.Willard@cms.hhs.gov] Sent: Wednesday, November 06, 2013 12:05 PM **To:** Ramamoorthy, Balaji Manikandan (CGI Federal) Cc: Warren, Kevin (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal) **Subject:** RE: Need details regarding NotResp NotRes just 1 instance or are there several instances in production? If there are multiple systems generating a there could be collisions. What was the analysis from the Users who said they saw someone's Notice instead of theirs. Was there any check to see NotRes or that user and the other user was the same? Adam Willard (Contractor) 703-354-2229 x513 (Direct) 410-218-7352 (Mobile) Adam.Willard@cms.hhs.gov CMS Res Security Team Consumer Information & Insurance Systems Group (CIISG) Centers for Medicare & Medicaid Services (CMS) NotResp From: Ramamoorthy, Balaji Manikandan (CGI Federal) [balajimanikandan.ramamoorthy@cgifederal.com] Sent: Wednesday, November 06, 2013 11:47 AM **To:** Willard, Adam (CMS/CTR) Cc: Warren, Kevin (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal) NotResp Subject: RE: Need details regarding NotResp The eligibility notices are stored in ind the URI's for the notices are stored against the user record in NotResp The esp for the PDF document itself is generated by NotResp and it is sufficiently random.

We did identify this issue internally and it is in the list of high priority items to be fixed. I will track down on the ETA for the fix and let you know.

I agree that in the meantime to see if the rate control can be applied to this specific URL. Thanks Balaji M. Ramamoorthy **From:** Willard, Adam (CMS/CTR) [mailto:Adam.Willard@cms.hhs.gov] Sent: Wednesday, November 06, 2013 9:37 AM **To:** Ramamoorthy, Balaji Manikandan (CGI Federal) Cc: Warren, Kevin (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Quaintance, Eric (CGI Federal) **Subject:** Need details regarding **NotResp** Importance: High Balaji, I noticed this morning that it is possible for anyone to run a healthcare.gov to obtain the results of NotResp their eligibility. I need to know where you are grabbing the file from NotResp or something else). Is that system publicly accessible? We need to know if there is anyway to put in permission checking of the workspace uri NotRe against the list of possible GUIDs for a user. NotResp I sent Shima ( my eligibility URL and she was able to see my results in PDF format. We are looking into a Rate Control for the NotResp to block or limit access to this screen if several attempts are made over X period of time. Adam Willard (Contractor) 703-354-2229 x513 (Direct)

410-218-7352 (Mobile)

Adam.Willard@cms.hhs.gov

(NotR)

### CMS esp Security Team

Consumer Information & Insurance Systems Group (CIISG)

Centers for Medicare & Medicaid Services (CMS)

Message			
From:	Schankweiler, Thomas W. (CMS/OIS	NotResp	
	NotResp	,	
on behalf of	Schankweiler, Thomas W. (CMS/OIS)		
Sent:	12/5/2013 4:30:03 PM		
To:	Fryer, Teresa M. (CMS/OIS)	NotResp	[
	NotResp	Ambrosini, Ellen M. (CMS/OEM)	NotResp
	NotResp	; Alexander, David (CMS/OIS	NotResp
	NotResp		L
CC:	Reinhold, Leslie A. (CMS/OEM)	NotResp	
	NotResp	; Wills, Theodora (CMS/OEM) No	tResp
ſ	No	otResp	
Subject:	RE: HHS Request: IT Response Plans for	2 Tickets	

I don't know what 25244 so I have no comment on it.

NotResp # 24913, NotResp # INC000002589982 (see below for status)

Next milestone is to have obtain an update on 12/9.

#### Issue:

An authenticated user can craft NotResp against the URL that provides the EligibilityNotice.pdf. If the system is not truly Unique, this could pose a risk of disclosure to users. Once logged into HealthCare.gov, a user could script a NotResp the system to retrieve any user's eligibility form.

#### Analysis:

A Proof of Concept was performed by the Marketplace Security Team where user A provided a URL to user B. User B was able to see the EligibilityNotice.pdf for User A.

#### Resolution:

FFM security team have put a code fix in place that will check the meta data of the notices stored in NotResp and make sure that it is associated with the user who is logged in before it could be downloaded by the user. The meta data for the notice includes the NotResp and the username. The fix accounts for different roles such as

- 1. Consumers
- Agents/Brokers
- 3. CCR's
- 4. ESD workers.

The fix has been successfully tested in the lower environments for all these roles and the code has been promoted to the production. The enforcement has not been turned on in production due to the following reasons.

- Currently the meta data is not populated for the notices stored in NotResp All the existing notices have to be updated for the meta data by the data cleanup team. This involves checking the NotResp for all notices, obtaining the NotResp and username and populating NotResp with proper meta data.
- 2. The development team has to update the code to make sure that any new notice generation is populating the proper meta data going forward.

From: Fryer, Teresa M. (CMS/OIS)

Sent: Wednesday, December 04, 2013 7:40 PM

To: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS)

**Cc:** Reinhold, Leslie A. (CMS/OEM); Wills, Theodora (CMS/OEM) **Subject:** Re: HHS Request: IT Response Plans for 2 Tickets

Tom.

This is yours for action. Please copy David on your responses.

Teresa

From: Ambrosini, Ellen M. (CMS/OEM)

Sent: Wednesday, December 04, 2013 06:57 PM

To: Fryer, Teresa M. (CMS/OIS); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS)

Cc: Reinhold, Leslie A. (CMS/OEM); Wills, Theodora (CMS/OEM)

Subject: HHS Request: IT Response Plans for 2 Tickets

Good evening, Teresa-

We met with HHS today and they are requesting several HHS Response Plans on several tickets. Therefore, please complete a Response Plan (template attached) for the below two IT tickets from the Marketplace:



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All of these plans are due to the Department before COB on Friday, December 6<sup>th</sup>. We asked for an extension today and was told that the information is required on Friday.

Please let me know if you have any questions.

Thank you,

## Ellen M. Ambrosini

Acting Director, Division of Privacy Policy
Privacy Policy Compliance Group, Office of E-Health Standards & Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244
410-786-6918



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**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Tuesday, December 03, 2013 1:02 PM

**To:** Reinhold, Leslie A. (CMS/OEM) **Subject:** Fw: INC000002589982

From: Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]
Sent: Tuesday, December 03, 2013 12:31 PM
To: Schankweiler, Thomas W. (CMS/OIS); Warren, Kevin (CMS/OIS); Lyles, Darrin V. (CMS/OIS);
sbanks@foregroundsecurity.com <sbanks@foregroundsecurity.com></sbanks@foregroundsecurity.com>
Cc: FFM Security Defects < FFMSecurityDefects@cgifederal.com>; Martin, Rich (CGI Federal)
< <u>Rich.Martin@cgifederal.com</u> >; Promisel, Andrew L (CGI Federal) < <u>andy.promisel@cgifederal.com</u> >; Alford, Justin (CG
Federal) < justin.alford@cgifederal.com >
<b>Subject</b> : INC000002589982
Hi Tom,
As discussed here is the write up for the incident # INC000002589982. Please forward it as necessary.

## Issue:

An authenticated user can craft a NotResp against the URL that provides the EligibilityNotice.pdf. If the p n the system is not truly Unique, this could pose a risk of disclosure to users. Once logged into HealthCare.gov, a user could script a NotResp the system to retrieve any user's eligibility form.

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#### **Action Items**

We don't have an ETA for these 2 tasks listed above and when the enforcement can be turned on. I have copied Justin Alford (who leads the data cleanup team) and Andy Promisel (who leads the development efforts) in the email as well.

Please let me know if you need more information.

Thanks Balaji M. Ramamoorthy

Message	Obtained via FOIA by Judicial Watch, Inc.
From:	Schankweiler, Thomas W. NotResp
	NotResp
Sent: To:	12/3/2013 6:01:51 PM  Reinhold, Leslie A. (CMS/OEM)  NotResp
10:	NotResp
Subject:	<u></u>
Sent: 7 To: Sch sbanks( Cc: FFN <rich.n Federal</rich.n 	Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]  Fuesday, December 03, 2013 12:31 PM  hankweiler, Thomas W. (CMS/OIS); Warren, Kevin (CMS/OIS); Lyles, Darrin V. (CMS/OIS);  @foregroundsecurity.com <sbanks@foregroundsecurity.com>  ### Security Defects <ffmsecuritydefects@cgifederal.com>; Martin, Rich (CGI Federal)  #### Martin@cgifederal.com&gt;; Promisel, Andrew L (CGI Federal) <a href="mailto:andy.promisel@cgifederal.com">andy.promisel@cgifederal.com</a>; Alford, Justin (CGI ) <a href="mailto:justin.alford@cgifederal.com">justin.alford@cgifederal.com</a>; Alford ) <a href="mailto:justin.alford@cgifederal.com">justin.alford@cgifederal.com</a>; Alford ) <a href="mailto:justin.alford@cgifederal.com">justin.alford@cgifederal.com</a>; Alford ) <a href="mailto:justin.alford@cgifederal.com">justin.alford@cgifederal.com</a>; Alford ) </ffmsecuritydefects@cgifederal.com></sbanks@foregroundsecurity.com>

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Please let me know if you need more information.

**Thanks** 

Balaji M. Ramamoorthy

From:	Schankweiler, Thomas W. (CMS/OIS	Not	Resp			
	NotResp			1		
on behalf of	Schankweiler, Thomas W. (CMS/OIS)		<del>-</del>			
Sent:	12/11/2013 7:05:43 PM					
To:	Fender, Rebecca (CMS/CCSQ		NotResp			
	Lyles, Darrin V.	NotResp		,		
	NotResp		Couts, Todd (CMS/	OIS)	NotResp	
		NotResp				!
CC:	Grothe, Kirk A. (CMS/OIS)	NotReso				
	NotResp		Outerbridge, Monic	ue (CMS/OIS)	NotResp	
	NotResp		Couts, To	dd (CMS/OIS) 🖺	NotResp	
		Not	Resp			
	Michael Finkel [mfinkel@qssinc.com]					
Subject:	RE: Response Needed: Reactivation of N	Notice Link				

Thanks much

From: Fender, Rebecca (CMS/CCSQ)

Sent: Wednesday, December 11, 2013 2:04 PM

**To:** Schankweiler, Thomas W. (CMS/OIS); Lyles, Darrin V. (CMS/OIS); Couts, Todd (CMS/OIS)

Cc: Grothe, Kirk A. (CMS/OIS); Outerbridge, Monique (CMS/OIS); Couts, Todd (CMS/OIS); Michael Finkel

Subject: RE: Response Needed: Reactivation of Notice Link

Tom,

Wanted to provide a brief status update. We are working on the concerns with the links. I should have a more through update by COB. I didn't want us to lose track of this issue.

Becky

Becky Fender PMP® CMS Cell 443-517-7037 Office 410-786-1006

**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Wednesday, December 04, 2013 2:48 PM

To: Fender, Rebecca (CMS/CCSQ); Lyles, Darrin V. (CMS/OIS); Outerbridge, Monique (CMS/OIS)

Cc: Grothe, Kirk A. (CMS/OIS); Outerbridge, Monique (CMS/OIS); Couts, Todd (CMS/OIS); Michael Finkel

Subject: RE: Response Needed: Reactivation of Notice Link

Весса.

I cannot approve this at this time. ntil the  $\frac{\text{NotRes}}{p}$  fix is fully implemented and proven to be working. See the lingering issues that are listed below.

Hi Tom,

As discussed here is the write up for the incident # INC000002589982. Please forward it as necessary.

Issue:				
An authenticated user can craft a	NotResp	the UF	IL that provides the	
EligibilityNotice.pdf. If the NotRes p	the system is not truly Un	nique, this could pose a ri	sk of disclosure to users. (	Once
logged into HealthCare.gov, a user	could script NotResp	the system to ret	rieve any user's eligibility	form.
	t			

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Please let me know if you need more information.

**Thanks** 

Balaji M. Ramamoorthy

From: Fender, Rebecca (CMS/CCSQ)

Sent: Wednesday, December 04, 2013 2:45 PM

**To:** Lyles, Darrin V. (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Outerbridge, Monique (CMS/OIS)

Subject: FW: Response Needed: Reactivation of Notice Link

Importance: High

Tom/Darrin we need approval on this ASAP.

Becky Fender PMP®
CMS
Cell NotResp
Office 410-786-1006

From: Walker, Benjamin L. (CMS/CCIIO)

Sent: Wednesday, December 04, 2013 2:43 PM

**To:** Fender, Rebecca (CMS/CCSQ)

Subject: Fw: Response Needed: Reactivation of Notice Link

Importance: High

From: Mcveigh, Colin T. (CMS/CCIIO)

Sent: Tuesday, December 03, 2013 04:51 PM

To: Walker, Benjamin L. (CMS/CCIIO); Block, Lauren M. (CMS/CCIIO); Kane, Elizabeth M. (CMS/CCIIO); Camera, Ariella

A. (CMS/CCIIO); Schankweiler, Thomas W. (CMS/OIS) **Subject**: RE: Response Needed: Reactivation of Notice Link

Tom please see below. We need direction from security/privacy and are trying to move this as quickly as possible.

Thanks!

Colin McVeigh Center for Consumer Information and Insurance Oversight 301.492.4263

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From: Mcveigh, Colin T. (CMS/CCIIO)

Sent: Tuesday, December 03, 2013 11:26 AM

To: Walker, Benjamin L. (CMS/CCIIO); Block, Lauren M. (CMS/CCIIO); Kane, Elizabeth M. (CMS/CCIIO); Camera, Ariella

A. (CMS/CCIIO); Schankweiler, Thomas W. (CMS/OIS)

Subject: RE: Response Needed: Reactivation of Notice Link

Hi Tom,

There is a privacy/security issue detailed below which we'd like you to weigh in on. At this point, we think the best course of action is to reactive the notice link.

Thanks!

Colin McVeigh Center for Consumer Information and Insurance Oversight 301.492.4263

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**From:** Walker, Benjamin L. (CMS/CCIIO) **Sent:** Tuesday, December 03, 2013 10:29 AM

To: Mcveigh, Colin T. (CMS/CCIIO); Block, Lauren M. (CMS/CCIIO); Kane, Elizabeth M. (CMS/CCIIO); Camera, Ariella A.

(CMS/CCIIO)

Subject: Re: Response Needed: Reactivation of Notice Link

I support re-activating it. I think Tom Schankweiler needs to weigh in.

From: Mcveigh, Colin T. (CMS/CCIIO)

Sent: Tuesday, December 03, 2013 10:17 AM

To: Block, Lauren M. (CMS/CCIIO); Walker, Benjamin L. (CMS/CCIIO); Kane, Elizabeth M. (CMS/CCIIO); Camera, Ariella

A. (CMS/CCIIO)

Subject: Response Needed: Reactivation of Notice Link

Hi all,

More than a month ago we received reports that consumers were seeing other consumer's notices through a link on the application that should have taken them to their own determination notice. After receiving those reports, CGI decided to deactivate the problematic link.

Since then, a number of related fixes have been made although none directly addressing this particular notice issue. Additionally, CGI has never been able to recreate this issue in lower environments because of the way those environments are configured and how they are accessed internally. Our CGI development lead (Stephen Wass) believes that this issue is likely fixed at this point. However, since it was not something that could be reproduced here we cannot be sure. At this point, CGI needs CMS guidance regarding whether or not to reactivate the link.

Lauren, I'm not sure who has the authority to make this call but I was hoping you might be able to push it in the right direction. I've laid out some pros and cons regarding reactivating the link or keeping it inactive below.

## **Activating the Link**

- Consumers can receive the link and their notice as designed.
- Developers believe it is likely resolved.
- Because we have not been able to reproduce the issue in lower environments, activating the link and then listening for 'noise' on this issue may be the most effective way to determine whether it is fixed or not.
- The issue may not be fixed and privacy risks may surface.

## **Keeping Link Inactive**

- This would negate privacy risks above.
- Consumers would lose one avenue through which they can learn about their determination.
- Since this defect has not been reproducible on our end, it will be difficult to confirm whether or not the defect is actually fixed without actually activating the link in production.

If anyone else has any other	information t	o add to	this issue	please feel free.

Thanks!

Colin McVeigh Center for Consumer Information and Insurance Oversight 301.492.4263

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From:	Schankweiler, Thomas W. (CMS/OIS)	NotResp		100000000000000000000000000000000000000
	NotResp			
on behalf of	Schankweiler, Thomas W. (CMS/OIS)			
Sent:	12/5/2013 4:41:45 PM			
То:	Reinhold, Leslie A. (CMS/OEM)	NotResp		
	NotResp	Fryer, Teresa M. (CMS/OIS)	NotResp	
	NotF	Resp		
CC:	Ambrosini, Ellen M. (CMS/OEM)	NotResp		
	NotResp	Alexander, David (CMS/OIS)	NotResp	
	NotResp	Wills, Theodora (CMS/OEM	NotResp	
	No	otResp	· i i	
Subject:	RE: HHS Request: IT Response Plans for 2	Tickets		

The one for Balaji is no the 25244. If that the healthcare data gov then I has sent you the threads on that from OC and you were going to write it up.

From: Reinhold, Leslie A. (CMS/OEM)

Sent: Thursday, December 05, 2013 11:39 AM

To: Fryer, Teresa M. (CMS/OIS)

Cc: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Reinhold, Leslie

A. (CMS/OEM); Wills, Theodora (CMS/OEM)

Subject: Re: HHS Request: IT Response Plans for 2 Tickets

Tom it's on that printout we looked at on Tuesday it's the last 2, the NotResp that Balagi wrote up and data.gov. I know we discussed the data.gov one. Write up what the deal is with that if we are closing it let me know.

#### Thanks

On Dec 5, 2013, at 11:33 AM, "Fryer, Teresa M. (CMS/OIS)" < <a href="mailto:Teresa.Fryer@cms.hhs.gov">Teresa.Fryer@cms.hhs.gov</a>> wrote: Ellen,

What is #25244, Tom has indicated he does not know what this is and you have indicated that both tickets are for Marketplace.

#### Teresa

From: Ambrosini, Ellen M. (CMS/OEM)

Sent: Wednesday, December 04, 2013 6:58 PM

To: Fryer, Teresa M. (CMS/OIS); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS)

Cc: Reinhold, Leslie A. (CMS/OEM); Wills, Theodora (CMS/OEM)

Subject: HHS Request: IT Response Plans for 2 Tickets

Importance: High

Good evening, Teresa-

We met with HHS today and they are requesting several HHS Response Plans on several tickets. Therefore, please complete a Response Plan (template attached) for the below two IT tickets from the Marketplace:

NotResp # 24913 NotResp # INC000002589982 (see below for status)
NotResp # 25244, N/A NotResp icket as this was entered by CMS IRT.

We will be preparing a Response Plan for several tickets covering an issue regarding potential PII violations and will ask you to review / input the IT section, as necessary.

All of these plans are due to the Department before COB on Friday, December 6<sup>th</sup>. We asked for an extension today and was told that the information is required on Friday.

Please let me know if you have any guestions.

Thank you,

## Ellen M. Ambrosini

Acting Director, Division of Privacy Policy
Privacy Policy Compliance Group, Office of E-Health Standards & Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244
410-786-6918

<image001.jpg>

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**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Tuesday, December 03, 2013 1:02 PM

**To:** Reinhold, Leslie A. (CMS/OEM) **Subject:** Fw: INC000002589982

From: Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]

Sent: Tuesday, December 03, 2013 12:31 PM

To: Schankweiler, Thomas W. (CMS/OIS); Warren, Kevin (CMS/OIS); Lyles, Darrin V. (CMS/OIS);

sbanks@foregroundsecurity.com <sbanks@foregroundsecurity.com>

Cc: FFM Security Defects < FFMSecurityDefects@cgifederal.com>; Martin, Rich (CGI Federal)

< <u>Rich.Martin@cgifederal.com</u>>; Promisel, Andrew L (CGI Federal) < <u>andy.promisel@cgifederal.com</u>>; Alford, Justin (CGI

Federal) < justin.alford@cgifederal.com>

Subject: INC000002589982

Hi Tom,

Obtained via FOIA by Judicial Watch, Inc. As discussed here is the write up for the incident # INC000002589982. Please forward it as necessary.

Issue:		
An authenticated user can <u>craft</u> a	NotResp	gainst the URL that provides the
EligibilityNotice.pdf. If the Sp on th	e system is not truly Unique, t	his could pose a risk of disclosure to users. Once
logged into HealthCare.gov, a user co	uld script NotResp	the system to retrieve any user's eligibility form.
Analysis:		
A Proof of Concept was performed by	y the Marketplace Security Tea	am where user A provided a URL to user B. User B
was able to see the EligibilityNotice.po	df for User A.	
Resolution:		<del>[</del> 1
FFM security team have put a code fix	(in place that will check the m	eta data of the notices stored in NotResp and make
sure that it is associated with the user	who is logged in before it cou	ıld be downloaded by the user. The meta data for the
notice includes the NotResp nd	the username. The fix accoun	ts for different roles such as
1. Consumers		
2. Agents/Brokers		
<ol> <li>CCR's</li> <li>ESD workers.</li> </ol>		
4. LSD WOINCIS.		
The fix has been successfully tested in	the lower environments for a	all these roles and the code has been promoted to the
production. The enforcement has not	been turned on in production	due to the following reasons.
updated for the meta data by	the data cleanup team. This is	ored in NotResp All the existing notices have to be nvolves checking the NotResp or all notices, NotResp with proper meta data.
	o update the code to make sur	e that any new notice generation is populating the
Action Items		
We don't have an ETA for these 2 task	cs listed above and when the e	enforcement can be turned on. I have copied Justin
Alford (who leads the data cleanup te	am) and Andy Promisel (who I	leads the development efforts) in the email as well.
Please let me know if you need more	information.	
Thanks		

Balaji M. Ramamoorthy

From: Schankweiler, Thomas W. (CMS/OIS) NotResp

NotResp

on behalf of Schankweiler, Thomas W. (CMS/OIS)

Sent: 12/9/2013 7:27:47 PM

To: Alexander, David (CMS/OIS) NotResp

Subject: FW: HHS Request: IT Response Plans for 2 Tickets

David,

Here you go, do you need something further to complete the HHS form?

**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Thursday, December 05, 2013 12:33 PM

To: Reinhold, Leslie A. (CMS/OEM); Fryer, Teresa M. (CMS/OIS)

Cc: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Wills, Theodora (CMS/OEM)

Subject: RE: HHS Request: IT Response Plans for 2 Tickets

All,

Here is the write up to close out 25244 in NotResp

## Data.healthcare.gov

11/19 - Socrata investigated their platform for any signs of malicious activity. First, the activity referred to is the public user profile search API which doesn't reveal any private user information that could be exploited. Second, there is no connection or integration between Socrata platform user accounts and <a href="https://example.com/healthcare.gov">healthcare.gov</a> user accounts. They are completely separate. Third, Socrate has been monitoring and there are no indications of any malicious activity targeting the Socrata platform or <a href="https://example.com/data.healthcare.gov">data.healthcare.gov</a>.

Please close this as a False Positive -99

Thanks.

## Tom

**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Thursday, December 05, 2013 11:42 AM

To: Reinhold, Leslie A. (CMS/OEM); Fryer, Teresa M. (CMS/OIS)

Cc: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Wills, Theodora (CMS/OEM)

Subject: RE: HHS Request: IT Response Plans for 2 Tickets

The one for Balaji is no the 25244. If that the healthcare data gov then I has sent you the threads on that from OC and you were going to write it up.

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Sent: Thursday, December 05, 2013 11:39 AM

To: Fryer, Teresa M. (CMS/OIS)

Cc: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Reinhold, Leslie

A. (CMS/OEM); Wills, Theodora (CMS/OEM)

Subject: Re: HHS Request: IT Response Plans for 2 Tickets

Tom it's on that printout we looked at on Tuesday it's the last 2, NotResp that Balagi wrote up and data.gov. I know we discussed the data.gov one. Write up what the deal is with that if we are closing it let me know.

Thanks

On Dec 5, 2013, at 11:33 AM, "Fryer, Teresa M. (CMS/OIS)" < <a href="mailto:Teresa.Fryer@cms.hhs.gov">Teresa.Fryer@cms.hhs.gov</a>> wrote: Ellen,

What is #25244, Tom has indicated he does not know what this is and you have indicated that both tickets are for Marketplace.

Teresa

From: Ambrosini, Ellen M. (CMS/OEM)

Sent: Wednesday, December 04, 2013 6:58 PM

To: Fryer, Teresa M. (CMS/OIS); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS)

Cc: Reinhold, Leslie A. (CMS/OEM); Wills, Theodora (CMS/OEM)

Subject: HHS Request: IT Response Plans for 2 Tickets

Importance: High

Good evening, Teresa-

We met with HHS today and they are requesting several HHS Response Plans on several tickets. Therefore, please complete a Response Plan (template attached) for the below two IT tickets from the Marketplace:



We will be preparing a Response Plan for several tickets covering an issue regarding potential PII violations and will ask you to review / input the IT section, as necessary.

All of these plans are due to the Department before COB on Friday, December 6<sup>th</sup>. We asked for an extension today and was told that the information is required on Friday.

Please let me know if you have any questions.

Thank you,

Ellen M. Ambrosini
Acting Director, Division of Privacy Policy

Privacy Policy Compliance Group, Office of E-Health Standards & Services

Centers for Medicare & Medicaid Services

7500 Security Boulevard

Baltimore, Maryland 21244

410-786-6918

<image001.jpg>

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**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Tuesday, December 03, 2013 1:02 PM

**To:** Reinhold, Leslie A. (CMS/OEM) **Subject:** Fw: INC000002589982

From: Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]

Sent: Tuesday, December 03, 2013 12:31 PM

Tay School weiler, Thomas W. (CMS (OIS): Marron, Keylin (CMS (OIS): Lyles, Darwin V. (CMS (OIS): Lyl

**To**: Schankweiler, Thomas W. (CMS/OIS); Warren, Kevin (CMS/OIS); Lyles, Darrin V. (CMS/OIS); sbanks@foregroundsecurity.com < sbanks@foregroundsecurity.com>

**Cc**: FFM Security Defects < FFMSecurityDefects@cgifederal.com>; Martin, Rich (CGI Federal)

<<u>Rich.Martin@cgifederal.com</u>>; Promisel, Andrew L (CGI Federal) <<u>andy.promisel@cgifederal.com</u>>; Alford, Justin (CGI

Federal) < justin.alford@cgifederal.com >

**Subject**: INC000002589982

Hi Tom,

As discussed here is the write up for the incident # INC000002589982. Please forward it as necessary.

Issue:		
An authenticated user can craft a	NotResp	the URL that provides the
EligibilityNotice.pdf. If the sp pn the system	em is not truly Unique,	this could pose a risk of disclosure to users. Once
logged into <u>HealthCare.gov</u> , a user could scr	ript a NotResp	the system to retrieve any user's eligibility form.

## Analysis:

A Proof of Concept was performed by the Marketplace Security Team where user A provided a URL to user B. User B was able to see the EligibilityNotice.pdf for User A.

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FFM security team have put a code fix in place that will check the meta data of the notices stored in NotResp and make sure that it is associated with the user who is logged in before it could be downloaded by the user. The meta data for the notice includes the NotResp and the username. The fix accounts for different roles such as

- 1. Consumers
- 2. Agents/Brokers
- 3. CCR's
- 4. ESD workers.

The fix has been successfully tested in the lower environments for all these roles and the code has been promoted to the production. The enforcement has not been turned on in production due to the following reasons.

- 1. Currently the meta data is not populated for the notices stored in NotResp All the existing notices have to be updated for the meta data by the data cleanup team. This involves checking the NotResp or all notices, obtaining the NotResp and username and populating NotResp with proper meta data.
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#### **Action Items**

We don't have an ETA for these 2 tasks listed above and when the enforcement can be turned on. I have copied Justin Alford (who leads the data cleanup team) and Andy Promisel (who leads the development efforts) in the email as well.

Please let me know if you need more information.

Thanks
Balaji M. Ramamoorthy

From:	Schankweiler, Thomas W. (CMS/OIS)  NotResp	NotRe	sp			
on behalf of	Schankweiler, Thomas W. (CMS/OIS)					
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То:	Fryer, Teresa M. (CMS/OIS	NotResp				
	NotResp		Ambrosini, Ellen M.	(CMS/OEM)	NotResp	
[	NotResp		Alexander, Dav	id (CMS/OIS)	NotResp	
	NotResp			L		
CC:	Reinhold, Leslie A. (CMS/OEM)	NotResp	,_			
	NotResp	Wills, The	odora (CMS/OEM)	NotRe	esp	
["	NotF	Resp				
Subject:	RE: HHS Request: IT Response Plans for 2 T	ickets				

Ellen,

Last I had from Leslie on this is she was going to work with HHS to get more details as it is listed on a spreadsheet that she sent me as an" IT Flaw was reported in healthcare.gov. This flaw (if exploited) allows anyone to access and edit records in the health care system. "Other than that title, I have not information in what it is in reference too.

Tom

From: Fryer, Teresa M. (CMS/OIS)

Sent: Thursday, December 05, 2013 11:34 AM

To: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS)

**Cc:** Reinhold, Leslie A. (CMS/OEM); Wills, Theodora (CMS/OEM) **Subject:** RE: HHS Request: IT Response Plans for 2 Tickets

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Cc: Reinhold, Leslie A. (CMS/OEM); Wills, Theodora (CMS/OEM)

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Importance: High

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**To:** Reinhold, Leslie A. (CMS/OEM) **Subject:** Fw: INC000002589982

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To: Schankweiler, Thomas W. (CMS/OIS); Warren, Kevin (CMS/OIS); Lyles, Darrin V. (CMS/OIS);

sbanks@foregroundsecurity.com <sbanks@foregroundsecurity.com>

Cc: FFM Security Defects < FFMSecurityDefects@cgifederal.com >; Martin, Rich (CGI Federal)

< <u>Rich.Martin@cgifederal.com</u>>; Promisel, Andrew L (CGI Federal) < <u>andy.promisel@cgifederal.com</u>>; Alford, Justin (CGI

Federal) < justin.alford@cgifederal.com>

**Subject**: INC000002589982

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logged into HealthCare.gov, a use	r could script a NotResp	the system to retrieve any user's eligibility form.
	· · · · · · · · · · · · · · · · · · ·	

#### Analysis:

A Proof of Concept was performed by the Marketplace Security Team where user A provided a URL to user B. User B was able to see the EligibilityNotice.pdf for User A.

#### Resolution:

FFM security team have put a code fix in place that will check the meta data of the notices stored in NotResp and make sure that it is associated with the user who is logged in before it could be downloaded by the user. The meta data for the notice includes the NotResp and the username. The fix accounts for different roles such as

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## **Action Items**

We don't have an ETA for these 2 tasks listed above and when the enforcement can be turned on. I have copied Justin Alford (who leads the data cleanup team) and Andy Promisel (who leads the development efforts) in the email as well.

Please let me know if you need more information.

Thanks

Balaji M. Ramamoorthy

Message		Obtained via FOIA by Jud	liciai vvatcii, iric.		
From:	Schankweiler, Thomas W. (CM	/IS/OIS) <mark>i N</mark> o	tResp	000000000000000000000000000000000000000	
	NotR	esp			
on behalf of	Schankweiler, Thomas W. (CM	1S/OIS)	<b></b> i		
Sent:	12/4/2013 7:48:12 PM				
To:	Fender, Rebecca (CMS/CCSQ)		NotResp		
	Lyles, Darrin V. (CMS/OIS	NotResp	)		
	NotRe	esp	Outerbridge, Moniqu	e (CMS/OIS)	NotResp
		NotResp		i i	·
CC:	Grothe, Kirk A. (CMS/OIS)	NotRes	р		
	NotRe	sp	Outerbridge, Monique	(CMS/OIS)	NotResp
إ	N	otResp	Couts, Todd	(CMS/OIS)	NotResp
	NotResp				
_	Michael Finkel [mfinkel@qssir	nc.com]			
Subject:	RE: Response Needed: Reactiv	vation of Notice Link			
Becca,					
,					
I cannot app	prove this at this time. ntil the	NotRes fix is fully imple	emented and proven t	o be working	z. See the lingering
	are listed below.	L_P	ar, 100, 100 ar 100 far 10 ar 1		),
issues traca	RE HILLE METORY.				
Hi Tom,					
•	sed here is the write up for the	e incident # INCOOO025	89987 Please forward	d it as naces	carv
As discuss	sed here is the write up for the	E ITICIDETIC # INCOUDUZS	03302. I lease for war	a it as necess	oaiy.
Issue:					
An authentic	cated user can craft a	NotResp	the URL	that provide	s the
	NotRes	stem is not truly Unique	j	-	

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NotResp

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**Thanks** 

Balaji M. Ramamoorthy

From: Fender, Rebecca (CMS/CCSQ)

Sent: Wednesday, December 04, 2013 2:45 PM

To: Lyles, Darrin V. (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Outerbridge, Monique (CMS/OIS)

Subject: FW: Response Needed: Reactivation of Notice Link

Importance: High

Tom/Darrin we need approval on this ASAP.

Becky Fender PMP®
CMS
Cell (b)(6)
Office 410-786-1006

From: Walker, Benjamin L. (CMS/CCIIO)

Sent: Wednesday, December 04, 2013 2:43 PM

**To:** Fender, Rebecca (CMS/CCSQ)

Subject: Fw: Response Needed: Reactivation of Notice Link

Importance: High

From: Mcveigh, Colin T. (CMS/CCIIO)

Sent: Tuesday, December 03, 2013 04:51 PM

To: Walker, Benjamin L. (CMS/CCIIO); Block, Lauren M. (CMS/CCIIO); Kane, Elizabeth M. (CMS/CCIIO); Camera, Ariella

A. (CMS/CCIIO); Schankweiler, Thomas W. (CMS/OIS)

Subject: RE: Response Needed: Reactivation of Notice Link

Tom please see below. We need direction from security/privacy and are trying to move this as quickly as possible.

Thanks!

Colin McVeigh Center for Consumer Information and Insurance Oversight 301.492.4263

#### 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.

From: Mcveigh, Colin T. (CMS/CCIIO)

Sent: Tuesday, December 03, 2013 11:26 AM

To: Walker, Benjamin L. (CMS/CCIIO); Block, Lauren M. (CMS/CCIIO); Kane, Elizabeth M. (CMS/CCIIO); Camera, Ariella

A. (CMS/CCIIO); Schankweiler, Thomas W. (CMS/OIS)

Subject: RE: Response Needed: Reactivation of Notice Link

Hi Tom,

There is a privacy/security issue detailed below which we'd like you to weigh in on. At this point, we think the best course of action is to reactive the notice link.

Thanks!

Colin McVeigh Center for Consumer Information and Insurance Oversight 301.492.4263

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**From:** Walker, Benjamin L. (CMS/CCIIO) **Sent:** Tuesday, December 03, 2013 10:29 AM

To: Mcveigh, Colin T. (CMS/CCIIO); Block, Lauren M. (CMS/CCIIO); Kane, Elizabeth M. (CMS/CCIIO); Camera, Ariella A.

(CMS/CCIIO)

Subject: Re: Response Needed: Reactivation of Notice Link

I support re-activating it. I think Tom Schankweiler needs to weigh in.

From: Mcveigh, Colin T. (CMS/CCIIO)

Sent: Tuesday, December 03, 2013 10:17 AM

To: Block, Lauren M. (CMS/CCIIO); Walker, Benjamin L. (CMS/CCIIO); Kane, Elizabeth M. (CMS/CCIIO); Camera, Ariella

A. (CMS/CCIIO)

Subject: Response Needed: Reactivation of Notice Link

Hi all.

More than a month ago we received reports that consumers were seeing other consumer's notices through a link on the application that should have taken them to their own determination notice. After receiving those reports, CGI decided to deactivate the problematic link.

Since then, a number of related fixes have been made although none directly addressing this particular notice issue. Additionally, CGI has never been able to recreate this issue in lower environments because of the way those environments are configured and how they are accessed internally. Our CGI development lead (Stephen Wass) believes that this issue is likely fixed at this point. However, since it was not something that could be reproduced here we cannot be sure. At this point, CGI needs CMS guidance regarding whether or not to reactivate the link.

Lauren, I'm not sure who has the authority to make this call but I was hoping you might be able to push it in the right direction. I've laid out some pros and cons regarding reactivating the link or keeping it inactive below.

## **Activating the Link**

- Consumers can receive the link and their notice as designed.
- Developers believe it is likely resolved.
- Because we have not been able to reproduce the issue in lower environments, activating the link and then listening for 'noise' on this issue may be the most effective way to determine whether it is fixed or not.
- The issue may not be fixed and privacy risks may surface.

#### **Keeping Link Inactive**

- This would negate privacy risks above.
- Consumers would lose one avenue through which they can learn about their determination.
- Since this defect has not been reproducible on our end, it will be difficult to confirm whether or not the defect is actually fixed without actually activating the link in production.

If anyone else has any other information to add to this issue please feel free.

Thanks!

Colin McVeigh Center for Consumer Information and Insurance Oversight 301.492.4263

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From:	Schankweiler, Thomas W. (CMS/OIS)	NotResp		
	NotResp			
on behalf of	Schankweiler, Thomas W. (CMS/OIS)			
Sent:	12/9/2013 7:52:04 PM			
To:	Alexander, David (CMS/OIS)	No	tResp	
Subject:	RE: HHS Request: IT Response Plans for 2 Ti	ickets		

They don't want to take any ownership in this process and it is getting a bit annoying. Of course I also sat in Ellen's office last week for an hour with Leslie and they both agreed that Leslie would do this. Now they are reversing course. Not cool.

Tom

From: Alexander, David (CMS/OIS)

**Sent:** Monday, December 09, 2013 2:37 PM **To:** Schankweiler, Thomas W. (CMS/OIS)

Subject: RE: HHS Request: IT Response Plans for 2 Tickets

Thanks, I didn't think there was more beyond what you sent previously. I see the other thread going... I'm hoping Privacy will be able to push back on HHS before I have to escalate up through Teresa.

Thanks

David Alexander, CISSP

410-786-3001

**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Monday, December 09, 2013 2:28 PM

To: Alexander, David (CMS/OIS)

Subject: FW: HHS Request: IT Response Plans for 2 Tickets

David,

Here you go, do you need something further to complete the HHS form?

**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Thursday, December 05, 2013 12:33 PM

To: Reinhold, Leslie A. (CMS/OEM); Fryer, Teresa M. (CMS/OIS)

Cc: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Wills, Theodora (CMS/OEM)

**Subject:** RE: HHS Request: IT Response Plans for 2 Tickets

All,

Here is the write up to close out 25244 in NotResp

Data.healthcare.gov

11/19 - Socrata investigated their platform for any signs of malicious activity. First, the activity referred to is the public user profile search API which doesn't reveal any private user information that could be exploited. Second, there is no connection or integration between Socrata platform user accounts and <a href="https://example.com/healthcare.gov">healthcare.gov</a> user accounts. They are completely separate. Third, Socrate has been monitoring and there are no indications of any malicious activity targeting the Socrata platform or data.healthcare.gov.

Please close this as a False Positive -99

Thanks,

#### Tom

**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Thursday, December 05, 2013 11:42 AM

To: Reinhold, Leslie A. (CMS/OEM); Fryer, Teresa M. (CMS/OIS)

Cc: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Wills, Theodora (CMS/OEM)

Subject: RE: HHS Request: IT Response Plans for 2 Tickets

The one for Balaji is no the 25244. If that the healthcare.data.gov then I has sent you the threads on that from OC and you were going to write it up.

From: Reinhold, Leslie A. (CMS/OEM)

Sent: Thursday, December 05, 2013 11:39 AM

To: Fryer, Teresa M. (CMS/OIS)

Cc: Ambrosini, Ellen M. (CMS/OEM); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Reinhold, Leslie

A. (CMS/OEM); Wills, Theodora (CMS/OEM)

Subject: Re: HHS Request: IT Response Plans for 2 Tickets

Tom it's on that printout we looked at on Tuesday it's the last 2, the NotResp that Balagi wrote up and data.gov. I know we discussed the data.gov one. Write up what the deal is with that if we are closing it let me know.

Thanks

On Dec 5, 2013, at 11:33 AM, "Fryer, Teresa M. (CMS/OIS)" < <a href="mailto:Teresa.Fryer@cms.hhs.gov">Teresa.Fryer@cms.hhs.gov</a>> wrote: Ellen,

What is #25244, Tom has indicated he does not know what this is and you have indicated that both tickets are for Marketplace.

Teresa

From: Ambrosini, Ellen M. (CMS/OEM)

Sent: Wednesday, December 04, 2013 6:58 PM

To: Fryer, Teresa M. (CMS/OIS); Alexander, David (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS)

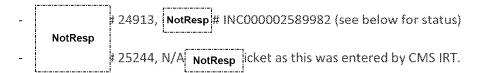
Cc: Reinhold, Leslie A. (CMS/OEM); Wills, Theodora (CMS/OEM)

Subject: HHS Request: IT Response Plans for 2 Tickets

Importance: High

Good evening, Teresa-

We met with HHS today and they are requesting several HHS Response Plans on several tickets. Therefore, please complete a Response Plan (template attached) for the below two IT tickets from the Marketplace:



We will be preparing a Response Plan for several tickets covering an issue regarding potential PII violations and will ask you to review / input the IT section, as necessary.

All of these plans are due to the Department before COB on Friday, December 6<sup>th</sup>. We asked for an extension today and was told that the information is required on Friday.

Please let me know if you have any questions.

Thank you,

## Fllen M. Ambrosini

Acting Director, Division of Privacy Policy
Privacy Policy Compliance Group, Office of E-Health Standards & Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244
410-786-6918

<image001.jpg>

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**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Tuesday, December 03, 2013 1:02 PM

**To:** Reinhold, Leslie A. (CMS/OEM) **Subject:** Fw: INC000002589982

From: Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]

Sent: Tuesday, December 03, 2013 12:31 PM

To: Schankweiler, Thomas W. (CMS/OIS); Warren, Kevin (CMS/OIS); Lyles, Darrin V. (CMS/OIS);

sbanks@foregroundsecurity.com <sbanks@foregroundsecurity.com>

**Cc**: FFM Security Defects < FFMSecurityDefects@cgifederal.com>; Martin, Rich (CGI Federal)

< <u>Rich.Martin@cgifederal.com</u>>; Promisel, Andrew L (CGI Federal) < <u>andy.promisel@cgifederal.com</u>>; Alford, Justin (CGI

Federal) < justin.alford@cgifederal.com>

Subject: INC000002589982

Hi Tom,

As discussed here is the write up for the incident # INC000002589982. Please forward it as necessary.

IS	c	2 8	Δ	
13	3	ч	c	•

An authenticated user can craft a	L	the URL that provides the
EligibilityNotice.pdf. If the sp. p	n the system is not truly Unique,	this could pose a risk of disclosure to users. Once
logged into HealthCare.gov, a use	r could script a NotResp	the system to retrieve any user's eligibility form.

#### Analysis:

A Proof of Concept was performed by the Marketplace Security Team where user A provided a URL to user B. User B was able to see the EligibilityNotice.pdf for User A.

#### Resolution:

FFM security team have put a code fix in place that will check the meta data of the notices stored in NotResp and make sure that it is associated with the user who is logged in before it could be downloaded by the user. The meta data for the notice includes the NotResp and the username. The fix accounts for different roles such as

- 1. Consumers
- 2. Agents/Brokers
- 3. CCR's
- 4. ESD workers.

The fix has been successfully tested in the lower environments for all these roles and the code has been promoted to the production. The enforcement has not been turned on in production due to the following reasons.

- 1. Currently the meta data is not populated for the notices stored in NotResp All the existing notices have to be updated for the meta data by the data cleanup team. This involves checking the NotResp for all notices, obtaining the NotResp and username and populating NotResp with proper meta data.
- 2. The development team has to update the code to make sure that any new notice generation is populating the proper meta data going forward.

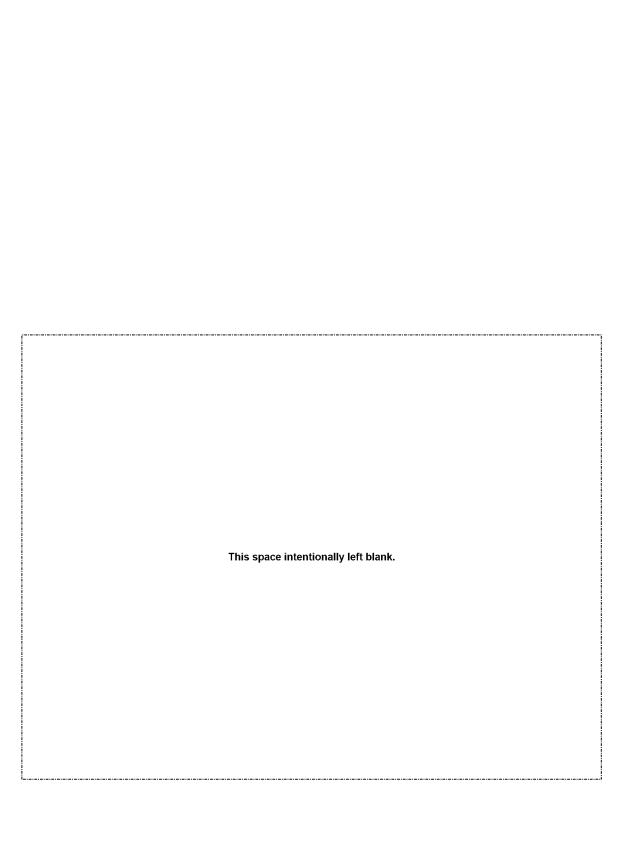
#### **Action Items**

We don't have an ETA for these 2 tasks listed above and when the enforcement can be turned on. I have copied Justin Alford (who leads the data cleanup team) and Andy Promisel (who leads the development efforts) in the email as well.

Please let me know if you need more information.

**Thanks** 

Balaji M. Ramamoorthy



To the analyst on duty.

Please open a ticket with the information listed below, populate it as a CAT-1 with PII implications. If you follow the article you will see which citizen reported the incident. Once completed be sure it goes to the CMS IT service desk.

Thanks,

Subject:

Tom

**From:** Outerbridge, Monique (CMS/OIS) **Sent:** Sunday, November 03, 2013 3:50 PM

To: Nelson, David J. (CMS/OEM); Bradley, Tasha (CMS/OC); Grothe, Kirk A. (CMS/OIS); Oh, Mark U. (CMS/OIS);

Schankweiler, Thomas W. (CMS/OIS); 'greg.gershman.health@gmail.com'

FW: question from CNN about Heritage report

Cc: Unruh, Patti (CMS/OC)

**Subject:** RE: question from CNN about Heritage report

CGI just informed us of this problem this afternoon. They are working on a fix now and could be deployed to production in 2 hours. Will keep you posted

From: Bradley, Tasha (CMS/OC)

Sent: Sunday, November 03, 2013 3:02 PM

To: Nelson, David J. (CMS/OEM); Outerbridge, Monique (CMS/OIS); Grothe, Kirk A. (CMS/OIS); Oh, Mark U. (CMS/OIS);

Schankweiler, Thomas W. (CMS/OIS); 'greg.gershman.health@gmail.com'

**Cc:** Unruh, Patti (CMS/OC)

Subject: Fw: question from CNN about Heritage report

Hi all- sorry for the Sunday afternoon email. CNN is working on a story based on a Heritage report that a user received another user's eligibility determination.

Is this possible?

If this does happen, what is the procedure to address this?

Are there security measures in place to handle a situation like this?

Is the team aware of any instances that this has occurred?

http://blog.heritage.org/2013/11/02/exclusive-healthcare-gov-users-warn-of-security-risk-breach-of-privacy/

From: Bataille, Julie (CMS/OC)

Sent: Sunday, November 03, 2013 02:22 PM

**To**: Bradley, Tasha (CMS/OC)

**Subject**: Fw: question from CNN about Heritage report

Can u pls take

From: Wallace, Gregory [mailto:gregory.wallace@turner.com]

**Sent**: Sunday, November 03, 2013 02:16 PM

**To**: Bataille, Julie (CMS/OC); Cook, Brian T. (CMS/OC) **Subject**: question from CNN about Heritage report

Good afternoon,

Checking in for your comment on this Heritage post that a user's information was presented to a different user on HealthCare.gov.

Is this an issue CMS teams are aware of and working on, and are there other instances of this happening?

http://blog.heritage.org/2013/11/02/exclusive-healthcare-gov-users-warn-of-security-risk-breach-of-privacy/

Thank you,

Greg Wallace CNN 202-738-3113

From:	Schankweiler, Thomas W. (CMS/OIS)	NotResp			
	NotResp				
on behalf of	Schankweiler, Thomas W. (CMS/OIS)				
Sent:	11/3/2013 9:10:53 PM				
To:	Outerbridge, Monique (CMS/OIS)	NotResp			
	NotResp	Nelson, David J. (CMS/OE	M) NotResp		
	NotResp.		Tasha (CMS/OC) NotResp		
	Notresp	NotResp	NotResp		
1	·	Ph, Mark U.			
	'greg.gershman.health@gmail.com' [greg.gershman.health@gmail.com]				
CC:	Unruh, Patti (CMS/OC) NotResp				
Subject:	RE: question from CNN about Heritage re	port	j		

I'll have the Security Marketplace Team open a ticket on this as a PII Category-1 incident. I'll need to know if CGI can determine if anyone else has letters posted in their accounts that are not theirs? Do we have a root cause on why this happened. Was there any other exposure.

I am still waiting on someone from CGI to get back with me regarding the final analysis on the PII exposure to NotResp on the Other CNN article. Balaji I think had the lead on that.

Tom

From: Outerbridge, Monique (CMS/OIS)
Sent: Sunday, November 03, 2013 3:57 PM

To: Schankweiler, Thomas W. (CMS/OIS); Nelson, David J. (CMS/OEM); Bradley, Tasha (CMS/OC); Grothe, Kirk A.

(CMS/OIS); Oh, Mark U. (CMS/OIS); 'greg.gershman.health@gmail.com'

Cc: Unruh, Patti (CMS/OC)

Subject: RE: question from CNN about Heritage report

They were but they are proposing an interim fix until a permanent one can be provided. I just advised Kirk it should be reported as an incident.

**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Sunday, November 03, 2013 3:51 PM

To: Outerbridge, Monique (CMS/OIS); Nelson, David J. (CMS/OEM); Bradley, Tasha (CMS/OC); Grothe, Kirk A.

(CMS/OIS); Oh, Mark U. (CMS/OIS); 'greg.gershman.health@gmail.com'

**Cc:** Unruh, Patti (CMS/OC)

Subject: RE: question from CNN about Heritage report

I read this e-mail just within the last hour. I need to read the new article. Was CGI able to duplicate this problem? I am assuming so since they are putting a fix in place.

Tom

**From:** Outerbridge, Monique (CMS/OIS) **Sent:** Sunday, November 03, 2013 3:50 PM

To: Nelson, David J. (CMS/OEM); Bradley, Tasha (CMS/OC); Grothe, Kirk A. (CMS/OIS); Oh, Mark U. (CMS/OIS);

Schankweiler, Thomas W. (CMS/OIS); 'greg.gershman.health@gmail.com'

Cc: Unruh, Patti (CMS/OC)

Subject: RE: question from CNN about Heritage report

CGI just informed us of this problem this afternoon. They are working on a fix now and could be deployed to production in 2 hours. Will keep you posted.

From: Nelson, David J. (CMS/OEM)

Sent: Sunday, November 03, 2013 3:48 PM

To: Bradley, Tasha (CMS/OC); Outerbridge, Monique (CMS/OIS); Grothe, Kirk A. (CMS/OIS); Oh, Mark U. (CMS/OIS);

Schankweiler, Thomas W. (CMS/OIS); 'greg.gershman.health@gmail.com'

**Cc:** Unruh, Patti (CMS/OC)

Subject: RE: question from CNN about Heritage report

I am just hearing about this following your note. I am hoping Tom is in the loop.

From: Bradley, Tasha (CMS/OC)

Sent: Sunday, November 03, 2013 3:02 PM

To: Nelson, David J. (CMS/OEM); Outerbridge, Monique (CMS/OIS); Grothe, Kirk A. (CMS/OIS); Oh, Mark U. (CMS/OIS);

Schankweiler, Thomas W. (CMS/OIS); 'greg.gershman.health@gmail.com'

Cc: Unruh, Patti (CMS/OC)

Subject: Fw: question from CNN about Heritage report

Hi all- sorry for the Sunday afternoon email. CNN is working on a story based on a Heritage report that a user received another user's eligibility determination.

Is this possible?

If this does happen, what is the procedure to address this?

Are there security measures in place to handle a situation like this?

Is the team aware of any instances that this has occurred?

http://blog.heritage.org/2013/11/02/exclusive-healthcare-gov-users-warn-of-security-risk-breach-of-privacy/

From: Bataille, Julie (CMS/OC)

**Sent:** Sunday, November 03, 2013 02:22 PM

**To**: Bradley, Tasha (CMS/OC)

**Subject**: Fw: question from CNN about Heritage report

Can u pls take

**From**: Wallace, Gregory [mailto:gregory.wallace@turner.com]

**Sent**: Sunday, November 03, 2013 02:16 PM

**To**: Bataille, Julie (CMS/OC); Cook, Brian T. (CMS/OC) **Subject**: question from CNN about Heritage report

Good afternoon,

Checking in for your comment on this Heritage post that a user's information was presented to a different user on HealthCare.gov.

Is this an issue CMS teams are aware of and working on, and are there other instances of this happening?

http://blog.heritage.org/2013/11/02/exclusive-healthcare-gov-users-warn-of-security-risk-breach-of-privacy/

Thank you,

Greg Wallace CNN 202-738-3113

From:	Schankweiler, Thomas W. (CMS/OIS)	Not	Resp	
	NotResp			
on behalf of	Schankweiler, Thomas W. (CMS/OIS)			
Sent:	10/31/2013 12:43:31 AM			
To:	Stevenson, Corey B. (CMS/OIS	NotResp		
	NotResp		Charest, Kevin (OS/ASA/OCIO/OIS)	NotResp
	NotResp		····	
CC:	Chao, Henry (CMS/OIS		NotResp	ryer, Teresa
	M. (CMS/OIS) NotResp	)		i
	NotResp		Outerbridge, Monique (CMS/OIS)	NotResp
-	NotResp		Carter, Daniel (CMS/OC)	
NotResp			Newton, Paul (CMS/OIS)	NotResp
	NotResp		L	
Subject:	RE: NotResp closed		<u></u> !	

I put Kevin in touch with Mike Smith from Akamai, so hopefully they can talk tomorrow.

Tom

From: Stevenson, Corey B. (CMS/OIS)

Sent: Wednesday, October 30, 2013 8:31 PM

To: Charest, Kevin (OS/ASA/OCIO/OIS); Schankweiler, Thomas W. (CMS/OIS)

Cc: Chao, Henry (CMS/OIS); Fryer, Teresa M. (CMS/OIS); Outerbridge, Monique (CMS/OIS); Carter, Daniel (CMS/OC);

Newton, Paul (CMS/OIS)

Subject: Re: NotResp Closed

Kevin,

Akamai can arrange for someone that has clearance on their security team to talk to whomever if that is what would be required, they are just desperately trying to determine the risk/impact on their systems right now since they signed the keys. Please advise

Corey B. Stevenson

Director

Enterprise Data Center Group (EDCG)

Office of Information Services (OIS)

Centers for Medicare & Medicaid Services (CMS)

------Blackberry impaired typing.

From: Charest, Kevin (OS/ASA/OCIO/OIS)
Sent: Wednesday, October 30, 2013 07:48 PM
To: Schankweiler, Thomas W. (CMS/OIS)

Cc: Chao, Henry (CMS/OIS); Fryer, Teresa M. (CMS/OIS); Stevenson, Corey B. (CMS/OIS); Outerbridge, Monique

(CMS/OIS)

Subject: Re NotResp closed

Thanks Tom. We will send you the ticket tomorrow.

Kevin

Sent from my iPad

On Oct 30, 2013, at 6:36 PM, "Schankweiler, Thomas W. (CMS/OIS)" < <a href="mailto:thomas.schankweiler@cms.hhs.gov">thomas.schankweiler@cms.hhs.gov</a>> wrote: Kevin,

NotResp

for the following sites have been changed and will be propagated at midnight tonight.

- 1. cms.gov
- 2. cms.hhs.gov
- 3. <u>cuidadodesalud.gov</u>
- 4. healthcare.gov
- 5. insurekidsnow.gov
- 6. medicaide.gov
- 7. medicare.gov
- 8. mimedicare.gov
- 9. mymedicare.gov

If you have any questions feel free to contact me. Also could you please send me the incident tracking number for this event.

Thanks,

Tom Schankweiler, CISSP
Information Security Officer, CCIIO
CMS\OIS\CIISG
Consumer Information and Insurance Systems Group
410-786-5956 (Balt. Office, N2-13-22)
301-875-1536 (Mobile)

### Message

From:	Schankweiler, Thomas W. (CMS/OIS)	NotResp		
	NotResp			
Sent:	11/1/2013 12:56:32 AM			
To:	Unruh, Patti (CMS/OC)	NotResp		
	Lyles, Darrin V. (CMS/OIS)	NotResp		
	NotResp			
CC:	Outerbridge, Monique (CMS/OIS)	NotResp		
	NotResp	Grothe, Kirk (HHS/OCIIO)	NotResp	
	NotR	esp		
Subject:	RE: CNN request: Healthcare.gov sending yo	our info to 3rd parties		

### Patti,

Sorry for the delay in answering this one... hope I am not to late.

CMS has reviewed the report by Mr. Simo and we are actively researching to determine if any individual data may have been exposed. As noted in the CNN article, the data was encrypted so the risk is low that a compromise has occurred. CMS has contacted NotResp and several adjustments have been made to fully resolve the security risk identified. CMS is committed to safeguarding the privacy and security of all individuals and we are responding to all legitimate risks identified by any security professional or vendor that reports a security bug.

## Tom

From: Unruh, Patti (CMS/OC)

Sent: Thursday, October 31, 2013 3:35 PM

**To:** Schankweiler, Thomas W. (CMS/OIS); Lyles, Darrin V. (CMS/OIS) **Subject:** FW: CNN request: Healthcare.gov sending your info to 3rd parties

Hi...sorry I'm back. CNN and The Verge are asking us abt this...Here's an excerpt from The Verge...and CNN's similar request is at the bottom...I tried reading our privacy policy but wasn't sure I could address the charges here...do you have time to talk today?

http://www.theverge.com/2013/10/31/5047932/healthcare-gov-transferring-private-user-information-third-parties Security researcher Ben Simo noticed that Healthcare.gov was sending his user name and password reset code to third party partners including the analytics services Pingdom, DoubleClick, and Google Analytics. The risk to users is low since the information is encrypted as it is sent, and those partners are all reputable companies. However, the oversight may constitute a violation of the site's own privacy policy, which says, "No personally identifiable information is collected by these tools."

Facebook and Myspace were fined by the Federal Trade Commission (FTC) for similar infractions last year. "WE DON'T WANT AND DON'T USE THIS TYPE OF DATA."

What's more, there is no need to send user names or password reset codes to third parties. "We don't want and don't use this type of data," a representative for Google, which owns DoubleClick and Google Analytics, says in an email to *The Verge*. "Thanks for raising this — we're looking into it."

From: Peters, Joanne (OS/ASPA)

Sent: Thursday, October 31, 2013 2:19 PM

**To:** Sandoe, Emma (CMS/OC); Bradley, Tasha (CMS/OC); Unruh, Patti (CMS/OC) **Subject:** FW: CNN request: Healthcare.gov sending your info to 3rd parties

**From:** Pagliery, Jose [mailto:Jose.Pagliery@turner.com]

Sent: Thursday, October 31, 2013 11:37 AM

To: Peters, Joanne (OS/ASPA)

**Subject:** CNN request: Healthcare.gov sending your info to 3rd parties

Joanne,

I'm writing a story about background programs running on Healthcare.gov. The site is sending information from users' computers to Google subsidiary Doubleclick, Optimizely, Pingdom and Chartbeat.

Most of these are routine programs for private sites. But in the case of Doubleclick, it typically works with advertisements.

### Here are my questions:

- Why is Healthcare.gov sending these third party companies a user's information?
- What information is it sending them?
- What is Doubleclick doing on behalf of the federal government for Healthcare.gov? What about Optimizely? Pingdom? Chartbeat?
- Is Doubleclick recording a user's behavior on Healthcare.gov? If so, what is it recording? Is it using that to provide targeted advertisements?

My deadline for this story is today at 4 p.m. Please let me know if you have any questions.

Sincerely,

## JOSE PAGLIERY

STAFF REPORTER | CNNMONEY.COM

1 TIME WARNER CENTER | NEW YORK, NY 10019

OFFICE: (212) 275-7667 CELL (b)(6)

TWITTER: @JOSE PAGLIERY

EMAIL: JOSE.PAGLIERY@CNN.COM | WEB: WWW.MONEY.CNN.COM

M	es	sa	g	e
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From:	Schankweiler, Thomas W.	(CMS/OIS,	NotResp		000000000000000000000000000000000000000
	1	NotResp			
on behalf of	Schankweiler, Thomas W.	(CMS/OIS)	i		
Sent:	11/26/2013 5:47:16 PM				
To:	Fender, Rebecca (CMS/CC	SQ)	NotResp		
		NotResp	<u></u>		
[	NotRe	esp	Basavaraju, Venkat (CMS/0	OIS) <b>NotResp</b>	
Ī		NotResp		L	
CC:	Grothe, Kirk A. (CMS/OIS)	No	tResp		
	N	otResp	Dh, Mark U. (CMS/OI	S) NotResp	
		NotResp	Var	n, Hung B. (CMS/OIS)	NotResp
		NotRes	р	Margu	ish, Doug C.
		No	tResp		Couts, Todo
	(CMS/OIS)	NotResp			<b></b>
		NotResp	Ly	les, Darrin V. (CMS/OIS)	
	(Darrin.Lyles@cms.hhs.go	v) [	NotResp		
	N	otResp	Fletcher, John A. (CN	(S/OIS) NotResi	0
		NotResp		<u> </u>	i
Subject:	RE: NotResp				

Rebecca and Monique,

I am inclined to say yes we need this fix put in place. The fix is intended to resolve a serious issue where data, which is not a consumers, is showing up in searches and in NotResp This is starting to result in a high number of security and privacy incidents, and has a public view to it. We should have a quick meeting about this so CMS can make a final determination. Maybe it could come down, if needed, during this weekend to allow for the test?

Also I am not sure why testing can only be done in prod? Can't another set of self-signed certificates be issued to address this? or is it the case where there is not a matching environment to perform the testing in?

Tom

From: Fender, Rebecca (CMS/CCSQ)

Sent: Tuesday, November 26, 2013 10:52 AM

To: Schankweiler, Thomas W. (CMS/OIS); Outerbridge, Monique (CMS/OIS); Basavaraju, Venkat (CMS/OIS)

Subject: FW: NotResp

Importance: High

Hi Tom and Monique,

I have serious concerns about this "fix". Every time we do something with the URL we are down for days at processor of the lates of the

Becky

Becky	Fender PMP®	
CMS		
Cell	NotResp	
Office	410-786-1006	
Erom	: Fender, Rebecca (CMS/CCS	·O)

Sent: Tuesday, November 26, 2013 10:48 AM

To: 'O'Mara, Katyanne J (CGI Federal)'; Minze Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Niranjan Santhamoorthy; greg.greshman.health@gmail.com; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu, Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member);

Cecilio, Sal (CGI Federal); Roche, Jacqueline R. (CMS/CCIIO)

Subject:	RE:	NotResp	

I still do not feel that this is urgent and must happen as a priority. I will discuss with Tom and Monique. I do agree it should happen but I know this will take us down for several days and that simply can't happen at this time. There is NO way to test this other than in prod due to the NotR assertion of their federated login.

Becky	Fender	PMP®
CMS		
Cell {	NotRe	sp
Office	410-786	5-1006

From: O'Mara, Katyanne J (CGI Federal) [mailto:katyanne.omara@cgifederal.com]

Sent: Tuesday, November 26, 2013 10:45 AM

To: Fender, Rebecca (CMS/CCSQ); Minze Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Niranjan Santhamoorthy; greg.greshman.health@gmail.com; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu, Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member); Cecilio, Sal (CGI Federal); Roche, Jacqueline R. (CMS/CCIIO)

	-		٠.
Subject:	RE:	NotResp	

Hi Becky,

I understand your concern.

Defect numbers are in NotR artf161121 / artf161124 and this is part of the List of 65, it is N3 which again was identified to better secure the sessions for both NotResp . If you have further concerns/questions please reach out to Tom Shankweiler.

To Test: Go through normal process as an while someone from our security team is in the backend ensures that new sessions go to Layer 7 and L7 clears out old sessions (ie. When an NotRe sp loses a completed application) and creates new sessions when they search and choose another application to work on or when they click the "Create Application" link.

Soumya, Manisha, Eddie and others, even Shaina can be part of the front end testing and Balaji will be assigning someone from his security team to work with us in a coordinated testing effort tomorrow to confirm that the sessions are being created and cleared appropriately.

Our Ops and Security team have completed their tasks. Sal will complete his tasks today. I just need confirmation from team that they made their change. We will be ready for the coordinated test tomorrow.

I will update the document I sent out with this information.

I hope this answers your q	uestions and alleviat	tes your concerns regarding testing. This is about closing the loop on rotre
NotResp   not changing you	ır workflow or affect	ing your current workflow it's about making your current sessions more
secure.		
Thanks,		
КО		
Katy O'Mara   Manager	Health and Complia	ince Group   CGI Federal
W: 703-227-6411   C: {		• •
		lebecca.Fender@cms.hhs.gov]
Sent: Tuesday, November	•	
	• • • • • • • • • • • • • • • • • • • •	Chien; Venky Natarajan; Venkat.Basavaraju; Niranjan Santhamoorthy; ; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu, Raja (Non-
		aji Manikandan (CGI Federal); Anbu, Bala (Non-Member); Cecilio, Sal (CGI
Federal); Roche, Jacqueline	· · · · · · · · · · · · · · · · · · ·	ay ramanaan (eez reacian), ransa, saa (ran riemsel), eesiae, een (eez
Subject: RE:	NotResp	
<u>i</u>		i
I will try to call in later but	have a conflicting m	neeting with NPC and leadership about the notices issues. Sorry. I really
		understand how we plan to test and why this is such a rush as well as how
	now from past expe	rience changes like this can keep NotRes lown for days and we cannot
afford that at this time.		<u> </u>
- 1 w 1		
Becky Fender PMP®		
CMS Cell   NotResp		
Office 410-786-1006		
Ollice 410-\00-1000		
Original Appointment		
•		to:katyanne.omara@cgifederal.com]
Sent: Monday, November	25, 2013 4:20 PM	
		Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Niranjan
	<del>-</del>	com; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu,
	<del>-</del>	oorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member); 4S/CCSQ); Roche, Jacqueline R. (CMS/CCIIO)
	otResp	is/cesq/, Notife, sacquelifie N. (Chs/cetto)
- :	•	
Where: dial:	(b)(6)	
i	i	

Hi Everyone,

I'd like to get an update on the tasks below and ensure we are on target for completion for tomorrow afternoon for testing to begin tomorrow night or Wednesday morning in Test 2.

# **Detailed Technical Action Items:**

	NotRes p Team Tasks							
1	Currently [NOTRE]s protect	ing the HRI httne	. [	NotResp		·	Change the	
.S. u	policy to protect the follo	wing URL pattern	. https:/	NotRe	sp		mange me	
2.	All the header variables re							
	NotResp							
	FFM Ops Team Tasks							
1.	Add the following Resule:	s for the English						ī
			NotResp					
2.	Restart the <b>NotResp</b> for	the English						
	FFM Security Team Tasks							
1. 2. 3. 4. 5. 6.	Create a dummy policy for Create a layer7 policy for Read information from the Invalidate the existing Recreate a new NotRe Redirect to the individual Create a new flow and sho	e HTTP headers s NotResp sp application	<u> </u>	w.				
	Application Team Tasks							
1.	Do a ping to https		NotResp		every 10 or 1	.5 minutes t	o keep the	NotRes
	session active from the m	ain <b>Not</b> page. (Ple		from Jeremy)	· <del>-</del> r			<u> </u>
2.	Currently in the	LANGE OF ALCOHOLD 19 - 1 - 1	NotResp			the Res wo		ies for
	an NotResp and cl	icks on the link, it	takes the user to the	NotResp	Instead do a	NotResp	to	

https:// NotResp Obtained via FOIA by Judicial Watch, Inc.
NotResp Should be

Message		Obtained via FOIA	by Judicial Watch, In	c.
From:	Schankweiler, Thomas W. (CMS,	/OIS)	NotResp	
	NotResp			
on behalf of	Schankweiler, Thomas W. (CMS,	/OIS)		
Sent:	11/26/2013 10:17:13 PM	r		
To:	Reinhold, Leslie A. (CMS/OEM) [			NotResp
Subject:	FW: ESW Session Management	Checkin		
From: Schar	nkweiler, Thomas W. (CMS/OIS	)		
Sent: Tuesd To: Fender, Cc: Grothe,	ay, November 26, 2013 12:47 F Rebecca (CMS/CCSQ); Outerbri Kirk A. (CMS/OIS); Oh, Mark U. DIS); Lyles, Darrin V. (CMS/OIS	PM dge, Monique (C (CMS/OIS); Van	, Hung B. (CMS/C	DIS); Margush, Doug C. (CMS/OIS); Couts,
Rebecca and	Monique,	<b></b> i		
privacy incid determination	ents, and has a public view to it on. Maybe it could come down,	t. We should have if needed, during done in prod? Ca	ve a quick meeting this weekend to	f self-signed certificates be issued to
Tom				
Sent: Tuesd	· •		ique (CMS/OIS);	Basavaraju, Venkat (CMS/OIS)
Hi Tom and I	Monique,			
can only test know if you t	s concerns about this "fix". Eventhis in PROD due to the federated we need to take the risk of $\left\lceil \frac{\text{NotRes}}{p} \right\rceil$ any dowr	ited esp that g NotKe being do	oes to <mark>sp</mark> and wn for a few days	e URL we are down for days at NotRes P  We p  gets passed to Res Can you all let me  res Trust me when I say there is lots of
Becky				
Becky Fende	r PMP®			

(b)(6)

Cell

### Office 410-786-1006

From: Fender, Rebecca (CMS/CCSQ)

Sent: Tuesday, November 26, 2013 10:48 AM

**To:** 'O'Mara, Katyanne J (CGI Federal)'; Minze Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Niranjan Santhamoorthy; <a href="mailto:greg.greshman.health@gmail.com">greg.greshman.health@gmail.com</a>; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu, Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member);

Cecilio, Sal (CGI Federal); Roche, Jacqueline R. (CMS/CCIIO)

Subject:	RE:	NotResp	
subject:	KE:	NotResp	ł

I still do not feel that this is urgent and must happen as a priority. I will discuss with Tom and Monique. I do agree it should happen but I know this will take us down for several days and that simply can't happen at this time. There is NO way to test this other than in prod due to the NotRe assertion of their federated login.

Becky	Fender	PMP®
CMS		
Cell	(b)(	6)
Offica	A10_796	1006

**From:** O'Mara, Katyanne J (CGI Federal) [mailto:katyanne.omara@cgifederal.com]

Sent: Tuesday, November 26, 2013 10:45 AM

**To:** Fender, Rebecca (CMS/CCSQ); Minze Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Niranjan Santhamoorthy; <a href="mailto:greg.greshman.health@gmail.com">greg.greshman.health@gmail.com</a>; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu, Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member);

Cecilio, Sal (CGI Federal); Roche, Jacqueline R. (CMS/CCIIO)

Subject:	RE:	(b)(6)	1

Hi Becky,

Lunderstand your concern.

Defect numbers are ir NotRe sp artf161121 / artf161124 and this is part of the List of 65, it is N3 which again was identified to better secure the sessions for both Not Res and Res Shankweiler.

To Test: Go through normal process as an while someone from our security team is in the backend ensures that new sessions go to Layer 7 and L7 clears out old sessions (ie. When an essential closes a completed application) and creates new sessions when they search and choose another application to work on or when they click the "Create Application" link.

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I will update the document I sent out with this information.

I hope this answers your questions and alleviates your concerns regarding testing. This is about closing the loop on open sessions, not changing your workflow or affecting your current workflow it's about making your current sessions more secure.

Thanks, KO

Katy O'Mara | Manager | Health and Compliance Group | CGI Federal W: 703-227-6411 | C: | www.cgi.com (b)(6)

From: Fender, Rebecca (CMS/CCSQ) [mailto:Rebecca.Fender@cms.hhs.gov]

Sent: Tuesday, November 26, 2013 9:58 AM

To: O'Mara, Katyanne J (CGI Federal); Minze Chien; Venky Natarajan; Venkat.Basavaraju; Niranjan Santhamoorthy; greg.greshman.health@gmail.com; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu, Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member); Cecilio, Sal (CGI Federal); Roche, Jacqueline R. (CMS/CCIIO)

Subject: RE: ESW Session Management Checkin

I will try to call in later but have a conflicting meeting with NPC and leadership about the notices issues. Sorry, I really do NOT want to move forward with this until I understand how we plan to test and why this is such a rush as well as how it was discovered. As we know from past experience changes like this can keep NotRes Hown for days and we cannot afford that at this time.

Becky	Fender	bMb <sub>®</sub>
CMS		
Cell	(b)	(6)
Office	410.726	:_1006

----Original Appointment----

**From:** O'Mara, Katyanne J (CGI Federal) [mailto:katyanne.omara@cgifederal.com]

Sent: Monday, November 25, 2013 4:20 PM

To: O'Mara, Katyanne J (CGI Federal); Minze Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Niranjan Santhamoorthy; greg.greshman.health@gmail.com; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu, Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member);

Cecilio, Sal (CGI Federal); Fender, Rebecca (CMS/CCSQ); Roche, Jacqueline R. (CMS/CCIIO)

Subject:	NotResp	
When: To	uesday, November 26, 2013 10:00 Al	M-10:30 AM (UTC-05:00) Eastern Time (US & Canada)
Where: o	lial:	

Hi Everyone,

I'd like to get an update on the tasks below and ensure we are on target for completion for tomorrow afternoon for testing to begin tomorrow night or Wednesday morning in Test 2.

# **Detailed Technical Action Items:**

# **EIDM Team Tasks**

1.	Currently sp. s protecting the	N <sub>1</sub>	otResp	Change the	
	policy to protect the following (	No	tResp		
2.	All the header variables remains the s	ame. (NO CHANGES REQUIR	ED)		
	NotResp				
	FFM Ops Team Tasks				
1.	Add the following $\frac{ \mathbf{Not} }{ \mathbf{Re} }$ rules for the Eng	Jish			
		NotResp			
2.	Restart the <b>NotResp</b> or the English				
	FFM Security Team Tasks				
	·				
1.	Create a dummy policy for	NotResp			
2.	Create a layer7 policy for /	- NORTHER			
3.	Read information from the HTTP head	lers set by the sp. webgat			
4.	Invalidate the existing NotResp				
5.	Recreate a new NotResp				
	Redirect to the individual application				
7.	Create a new flow and show the differ	rence from the existing flow.			
	Application Team Tasks				
1.	Do a ping to https://	NotResp			NotRes p
	session active from the main Not page		om Jeremy)	<del></del>	12
2.	Currently in the	NotResp		page when the Res worker searches	for
		nk, it takes the user to the	NotResp	nstead do a NotResp to	

	Obtaine	ed via FOIA by Judicial Watc	:h,.lnc	•
https://	NotResp	The	•	Parameter should be
NotResp				,

Message	p.==-=-			
From:	Schankweiler, Thomas W. (CMS/OIS)	NotRes	0	
	NotResp		i	
on behalf of	Schankweiler, Thomas W. (CMS/OIS)			
Sent:	11/26/2013 10:18:43 PM			
To:	Outerbridge, Monique (CMS/OIS)	NotResp		
	NotResp	Basavara	nju, Venkat (CMS/OIS)	NotResp
	NotResp		; Fender, Rebecca (	CMS/CCSQ) [ NotResp
	NotRe	sp		<u> </u>
CC:	Grothe, Kirk A. (CMS/OIS) [	NotResp		
	NotResp	Oh,	Mark U. (CMS/OIS)	NotResp
	NotRes	,p	Уап, Hun	g B. (CMS/OIS) NotResp
	NotR	lesp	Hung	.Van.CMS]; Margush, Doug C
	(CMS/OIS	NotResp		Couts, To
	(CMS/OIS) [J	)		
	NotRes	;p	; Lyles, Da	arrin V. (CMS/OIS)
	(Darrin.Lyles@cms.hhs.gov)	NotResp		
	NotResp	Fle	tcher, John A. (CMS/OIS	NotResp
	NotResp			
Subject:	RE: NotResp			

Did this get resolved today? I can participate in a call later tonight.

Tom

**From:** Schankweiler, Thomas W. (CMS/OIS) **Sent:** Tuesday, November 26, 2013 12:47 PM

To: Fender, Rebecca (CMS/CCSQ); Outerbridge, Monique (CMS/OIS); Basavaraju, Venkat (CMS/OIS)

Cc: Grothe, Kirk A. (CMS/OIS); Oh, Mark U. (CMS/OIS); Van, Hung B. (CMS/OIS); Margush, Doug C. (CMS/OIS); Couts,

Todd (CMS/OIS); Lyles, Darrin V. (CMS/OIS) (Darrin.Lyles@cms.hhs.gov); Fletcher, John A. (CMS/OIS)

Subject: RE: NotResp

Rebecca and Monique,

I am inclined to say yes we need this fix put in place. The fix is intended to resolve a serious issue where data, which is not a consumers, is showing up in searches and in NotResp. This is starting to result in a high number of security and privacy incidents, and has a public view to it. We should have a quick meeting about this so CMS can make a final determination. Maybe it could come down, if needed, during this weekend to allow for the test?

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Tom

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Sent: Tuesday, November 26, 2013 10:52 AM

To: Schankweiler, Thomas W. (CMS/OIS); Outerbridge, Monique (CMS/OIS); Basavaraju, Venkat (CMS/OIS)

<del></del>
Subject: FW NotResp
Subject: FW NotResp Importance: High
Hi Tom and Monique,
I have serious concerns about this "fix". Every time we do something with the URL we are down for days at NotRe sp that goes to NotRes and only test this in PROD due to the federated sp that goes to NotRes and State of Res (NotRes). Can you all let me
can only test this in PROD due to the federated sp that goes to not not not not not not not not not
know if you feel we need to take the risk of Notres being down for a few days? Trust me when I say there is lots of
know if you feel we need to take the risk of being down for a few days? Trust me when I say there is lots of pressure and focus on p and any downtime they incur due to a CGI fix.
<u>p</u>
Becky
Becky Fender PMP®
CMS
Cell 443-517-7037
Office 410-786-1006
From: Fender, Rebecca (CMS/CCSQ)
Sent: Tuesday, November 26, 2013 10:48 AM
To: 'O'Mara, Katyanne J (CGI Federal)'; Minze Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Niranjan
Santhamoorthy; <a href="mailto:greg.greshman.health@gmail.com">greg.greshman.health@gmail.com</a> ; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu,
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Cecilio, Sal (CGI Federal); Roche, Jacqueline R. (CMS/CCIIO)
Subject: RE: NotResp
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L.esp. j
Becky Fender PMP®
·
CMS
Cell 443-517-7037
Office 410-786-1006
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Sent: Tuesday, November 26, 2013 10:45 AM
To: Fender, Rebecca (CMS/CCSQ); Minze Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Niranjan
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Res in you have further concerns/questions please reach out to form
Shankweiler.

Obtained via FOIA by Judicial Watch, Inc.

To Test: Go through normal process as an Res while someone from our security team is in the backend ensures that new sessions go to Layer 7 and L7 clears out old sessions (ie. When an esp closes a completed application) and creates new sessions when they search and choose another application to work on or when they click the "Create Application" link.

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Thanks. KO

Katy O'Mara | Manager | Health and Compliance Group | CGI Federal W: 703-227-6411 | C: | (b)(6) www.cgi.com

**From:** Fender, Rebecca (CMS/CCSQ) [mailto:Rebecca.Fender@cms.hhs.gov]

Sent: Tuesday, November 26, 2013 9:58 AM

To: O'Mara, Katyanne J (CGI Federal); Minze Chien; Venky Natarajan; Venkat.Basavaraju; Niranjan Santhamoorthy; greg.greshman.health@gmail.com; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu, Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member); Cecilio, Sal (CGI

Federal); Roche, Jacqueline R. (CMS/CCIIO)

Subject: RE: NotResp

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Becky Fender PMP® **CMS** (b)(6) Office 410-786-1006

----Original Appointment----

From: O'Mara, Katyanne J (CGI Federal) [mailto:katyanne.omara@cgifederal.com]

Sent: Monday, November 25, 2013 4:20 PM

	To: O'Mara, Katyanne J (CGI Federal); Minze Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Santhamoorthy; <a href="mailto:greg.greshman.health@gmail.com">greg.greshman.health@gmail.com</a> ; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (No Cecilio, Sal (CGI Federal); Fender, Rebecca (CMS/CCSQ); Roche, Jacqueline R. (CMS/CCIIO)  Subject:  NotResp  When: Tuesday, November 26, 2013 10:00 AM-10:30 AM (UTC-05:00) Eastern Time (US & Canada).  Where: dial:  (b)(6)	eral); Thangavelu,
	Hi Everyone, I'd like to get an update on the tasks below and ensure we are on target for completion for tomorrow testing to begin tomorrow night or Wednesday morning in Test 2.	afternoon for
	Detailed Technical Action Items:	
	NotRe sp Jeam Tasks	
1.	Currently Notice is protecting the URL NotResp policy to protect the following URL pattern. NotResp	Change the
	policy to protect the following URL pattern. NotResp	
2.	All the header variables remains the same. (NO CHANGES REQUIRED)	
	NotResp	
	FFM Ops Team Tasks	
1.	Add the following RP rules for the English	
	NotResp	
2.	Restart the NotResp for the English	
	FFM Security Team Tasks	
1. 2. 3.	Create a dummy policy for NotResp Create a layer7 policy for / Read information from the HTTP headers set by the esp webgate	

Obtained via FOIA by Judicial Watch, Inc.

4. Invalidate the existing NotResp

5. Recreate a new NotResp

6. Redirect to the individual application

7. Create a new flow and show the difference from the existing flow.

# **Application Team Tasks**

1.	Do a ping to https://	NotResp	every 10 or 15 minutes to keep the NotResp
	session active from the	ne mair <mark>. Not I</mark> page. (Please get the guidance from .	Jeremy) (Not
2.	Currently in the	NotResp	page when the Re worker searches for
	an NotResp	nd clicks on the link, it takes the user to the Indivi	dualApp. Instead do a <b>NotResp</b> to
	https://	NotResp Th	NotResp Parameter should be
	NotResp		<u></u>

Micobage						
From:	Schankweiler, Thomas W. (CMS/OIS)	No	otResp	1 1 1	***************************************	
	NotResp			!		
Sent:	11/26/2013 11:56:58 PM		 i			
To:	Fender, Rebecca (CMS/CCSQ)	NotResp		[		·
	NotResp	Outer	bridge, Monique (CM:	s/ois <mark>[</mark>	NotResp	
	NotResp		Basavaraju, V	enkat (CMS/O	IS) NotF	Resp
	No.	otResp		 		
CC:	Grothe, Kirk A. (CMS/OIS)	NotResp				
	NotResp		Oh, Mark U. (CMS/OI	S)	NotResp	
	N	otResp		Van, Hung B.	(CMS/OIS)	NotResp
		NotResp			ļ	/largush,
	Doug C. (CMS/OIS)		NotResp			
	Couts, Todd (CMS/OIS)	NotResp		]		
	Not	Resp	Ļy	les, Darrin V. (	CMS/OIS) [	NotResp
		NotResp				Fletcher,
	John A. (CMS/OIS)		NotResp			
Subject:	RE: NotResp					

Here is my concern. This change will also effect the way consumers pull data. If we launch and we get a drove of people show up on the 30th and their are presented with exposure of PII, we will have a very bad situation on our hands. So now we are faced with the possibility that  $\begin{bmatrix} NotRe \\ sp \end{bmatrix}$  could be down for days, when it MUST be up, and the possibility of exposing PII and experiencing a new round of political attacks.

I think if we coordinate decisively that we can all make this work. It would mean identifying a roll-back plan, and implementing the changes on Friday morning, testing by  $\begin{bmatrix} NOTRES \\ D \end{bmatrix}$  and rolling-back quickly if it is not successful. I am not sure what all would need to happen to make this happen, but I think we need to launch on the 30th with a reduced risk of PII exposure; that should be the goal.

I'll be on the 9pm call, and hope maybe we can talk about this near the conclusion of the call.

Thanks,

Message

Tom

From: Fender, Rebecca (CMS/CCSQ)

Sent: Tuesday, November 26, 2013 6:28 PM

To: Schankweiler, Thomas W. (CMS/OIS); Outerbridge, Monique (CMS/OIS); Basavaraju, Venkat (CMS/OIS)

Cc: Grothe, Kirk A. (CMS/OIS); Oh, Mark U. (CMS/OIS); Van, Hung B. (CMS/OIS); Margush, Doug C. (CMS/OIS); Couts,

Todd (CMS/OIS); Lyles, Darrin V. (CMS/OIS); Fletcher, John A. (CMS/OIS)

Subject: RE: NotResp

Hi All,

I just had a quick call with Tom. I am attaching a document I asked CGI to put together a few days ago when this first came to my attention. Again, I agree this needs to take place and is very important but each time we do something with URLs/Servers or Logins we are down for many days with NotResp fact we were down today due to change NotResp made. We need to make sure our timing is coordinated (across all contractors), we have appropriate resources available, a rollback plan and possibly do it after hours/early morning. Whatever timing is decided, we need to make sure all leadership understands the risks to doing it (taking Down) and not doing it (exposing PII). I'm not sure something prior to the 30<sup>th</sup> and our immediate push to clear NotRe coordinates well with this effort. I will leave it to the group to make recommendations to leadership on timing and priorities.

Defect numbers are in	NotRe en artf161121 / artf	161124 and this is part of the List of 65, it is I	N3 which again was identified
to better secure the se			
Schankweiler.	<u> </u>	<u></u> j	
new sessions go to Lay	er 7 and L7 clears out o	while someone from ou <u>r sec</u> urity team is in old sessions (ie. When an esp loses a complete the	eted application) and creates
Let me know if you ha	ve questions.		
Becky			
Becky Fender PMP®			
CMŞ			
Cell (b)(6)			
Office 410-786-1006			
Cc: Grothe, Kirk A. (CN	nber 26, 2013 5:19 PM que (CMS/OIS); Basavar MS/OIS); Oh, Mark U. (C	aju, Venkat (CMS/OIS); Fender, Rebecca (CM MS/OIS); Van, Hung B. (CMS/OIS); Margush, Fletcher, John A. (CMS/OIS)	
Subject: RE:	NotResp	(3115) 325)	
Did this get resolved to	oday? I can participate i	n a call later tonight.	
Tom			
<b>To:</b> Fender, Rebecca ( <b>Cc:</b> Grothe, Kirk A. (CN	nber 26, 2013 12:47 PM CMS/CCSQ); Outerbridg MS/OIS); Oh, Mark U. (C	e, Monique (CMS/OIS); Basavaraju, Venkat (C MS/OIS); Van, Hung B. (CMS/OIS); Margush, <u>Darrin.Lyles@cms.hhs.gov</u> ); Fletcher, John A.	Doug C. (CMS/OIS); Couts,
Subject: RE:	NotResp		
Rebecca and Monique	,		

I am inclined to say yes we need this fix put in place. The fix is intended to resolve a serious issue where data, which is not a consumers, is showing up in searches and in NotResp This is starting to result in a high number of security and privacy incidents, and has a public view to it. We should have a quick meeting about this so CMS can make a final determination. Maybe it could come down, if needed, during this weekend to allow for the test?

Also I am not sure why testing can only be done in prod? Can't another set of self-signed certificates be issued to address this? or is it the case where there is not a matching environment to perform the testing in?

Tom

From: Fender, Rebecca (CMS/CCSQ)

•	•	26, 2013 10:52								
		W. (CMS/OIS);	Outerbridg	ge, Monique (C	CMS/OIS	S); Basa	ıvaraju, V	/enkat (0	CMS/OIS)	
Subject: FW:	:	NotResp								
Importance:	High									
Hi Tom and M	onique,									
I have serious	concerns abo	out this "fix". Ev	very time v	we do someth	ing with	the UF	RL we are	down fe	or days at SE	RCO. We
can only test t	his in PROD d	ue to the take the risk o	NotResp	that goes to	NotRes	nd gets	passed t	NotR	Can vou all le	et me
know if you fe	el we need to	take the risk o	Notkes b	 eine down for	a few d	lavs? Ti	rust me v	vhen i sa	, av there is lo	its of
pressure and f	ocus on NotR	and any dow	ntime the	v incur due to	a CGI fi	, х.			,	
	sp_		Therefore the	,						
Becky										
Becky Fender CMS Cell (b)(6)										
Office 410-786	!									
Olline 410-700	3-1000									
To: 'O'Mara, K Santhamoorthy Raja (Non-Mer Cecilio, Sal (CC Subject:  I still do not fe should happer	y, November I atyanne J (Co y; greg.gresh mber); Ivan V GI Federal); R el that this is n but I know t	MS/CCSQ) 26, 2013 10:48 GI Federal)'; Minman.health@gn inogradov; Ran oche, Jacquelin NotResp urgent and mu his will take us in prod due to t	nze Chien; mail.com; I namoorthy ne R. (CMS st happen down for	Nitin Matta; Gi , Balaji Manika /CCIIO) as a priority. several days a	rish She andan (( I will di nd that	etty; Sui CGI Fed scuss w simply	ndar, Raj leral); An ith Tom a can't hap	N (CGI bu, Bala and Mor	Federal); The (Non-Memb	angavelu, per); gree it
Becky Fender		v	i esp i				~			
CMS										
Cell (b	0)(6)									
Office 410-786										
Ollice 410-/00	)~IUU0									
<b>Sent:</b> Tuesday <b>To:</b> Fender, Re Santhamoorthy Raja (Non-Men Cecilio, Sal (CO	y, November ; ebecca (CMS/ y; <u>greg.gresh</u> mber); Ivan V GI Federal); R	(CGI Federal) [ 26, 2013 10:45 CCSQ); Minze ( man.health@gn inogradov; Ran oche, Jacquelin NotResp	AM Chien; Ven mail.com; I namoorthy ne R. (CMS	ky Natarajan; Nitin Matta; Gi , Balaji Manika	Basavaı rish She	raju, Ve etty; Sui	nkat (CM ndar, Raj	N (CGI	Federal); Th	
Hi Becky,										

I understand your concern.
Defect numbers are in [NOTR] artf161121 / artf161124 and this is part of the List of 65, it is N3 which again was identified to better secure the sessions for both NotResp If you have further concerns/questions please reach out to Tom
to better secure the sessions for both NotResp If you have further concerns/questions please reach out to Tom
Shankweiler.
To Test: Go through normal process as an esp while someone from our security team is in the backend ensures that new sessions go to Layer 7 and L7 clears out old sessions (ie. When ar sp loses a completed application) and creates
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HIR.
Soumya, Manisha, Eddie and others, even Shaina can be part of the front end testing and Balaji will be assigning
someone from his security team to work with us in a coordinated testing effort tomorrow to confirm that the sessions
are being created and cleared appropriately.
Our Ops and Security team have completed their tasks. Sal will complete his tasks today. I just need confirmation from team that they made their change. We will be ready for the coordinated test tomorrow.
I will update the document I sent out with this information.
I hope this answers your questions and alleviates your concerns regarding testing. This is about closing the loop on open
sessions, not changing your workflow or affecting your current workflow it's about making your current sessions more
secure.
Thanks,
КО
Katy O'Mara   Manager   Health and Compliance Group   CGI Federal W: 703-227-6411   C: (b)(6)   www.cgi.com
From: Fender, Rebecca (CMS/CCSQ) [mailto:Rebecca.Fender@cms.hhs.gov]
Sent: Tuesday, November 26, 2013 9:58 AM
To: O'Mara, Katyanne J (CGI Federal); Minze Chien; Venky Natarajan; Venkat.Basavaraju; Niranjan Santhamoorthy;
<u>greg.greshman.health@gmail.com</u> ; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu, Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member); Cecilio, Sal (CGI
Federal); Roche, Jacqueline R. (CMS/CCIIO)
Subject: RE: NotResp
I will try to call in later but have a conflicting meeting with NPC and leadership about the notices issues. Sorry. I really
do NOT want to move forward with this until I understand how we plan to test and why this is such a rush as well as how it was discovered. As we know from past experience changes like this can keep hown for days and we cannot
afford that at this time.
Becky Fender PMP®
CMS
Cell
Cell (b)(6)

	Original Appointment	
	From: O'Mara, Katyanne J (CGI Federal) [mailto:katyanne.omara@cgifederal.com]	
	Sent: Monday, November 25, 2013 4:20 PM	
	To: O'Mara, Katyanne J (CGI Federal); Minze Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Ni	ranjan
	Santhamoorthy; greg.greshman.health@gmail.com; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federa	-
	Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-	
	Cecilio, Sal (CGI Federal); Fender, Rebecca (CMS/CCSQ); Roche, Jacqueline R. (CMS/CCIIO)	,,
	Subject: NotResp	
	When: Tuesday, November 26, 2013 10:00 AM-10:30 AM (UTC-05:00) Eastern Time (US & Canada).	
	Where: dial: (b)(6)	
	Hi Everyone,	
	I'd like to get an update on the tasks below and ensure we are on target for completion for tomorrow af	ternoon for
	testing to begin tomorrow night or Wednesday morning in Test 2.	
	, ,	
	Detailed Technical Action Items:	
	EIDM Team Tasks	
1.	"NONHAR"	Change the
	policy to protect the following URL pattern. https:// NotResp	
2.	pointy to protect the following one patterns interposits	
án e	. All the header variables remains the same. (NO CHANGLS NEQUINED)	
	NotResp	
	FFM Ops Team Tasks	
1.	Add the following Resules for the English	
		<u>-</u>
	NotResp	į
	Noticesp	į
		<u></u> j
· •	Postart that Number of for the English	
2.	Restart the NotResp for the English	
	FFM Security Team Tasks	
1	NotBoon	
1.	/ ' / '	
2.	Create a layer7 policy for /marketplace NotResp	

- Obtained -via FOIA by Judicial Watch, Inc.

  3. Read information from the HTTP headers set by the p vebgate Invalidate the existing
- NotResp 5. Recreate a new NotResp
- 6. Redirect to the individual application
- 7. Create a new flow and show the difference from the existing flow.

**Application Team Tasks** 

Do a pir	ng to https:/	NotResp		everv 10 or 15 r	minutes to k	eep the
<u>_</u>		~;	į.	•		•
	,	esp   NotResp		page when the	Not Res Worke	r searches
for an	NotResp	and clicks on the link, it takes the user to the		·· <del></del>	,	to
https:/		NotResp	The NotResp	Parameter s	hould be	
Not	Resp		' L	<u>.</u> i		
	NotResp Current for an https:/	NotResp on active  Currently in the for an NotResp	NotResp on active from the main NotR page. (Please get the guidar Currently in the NotResp for an NotResp and clicks on the link, it takes the user to the https:/	NotResp on active from the mair NotR bage. (Please get the guidance from Jere  Currently in the NotResp for an NotResp and clicks on the link, it takes the user to the NotResp  https:// NotResp The NotResp	NotResp on active from the mair NotR page. (Please get the guidance from Jeremy)  Currently in the NotResp page when the for an NotResp and clicks on the link, it takes the user to the NotResp Instead do a https:// NotResp Parameter s	NotResp on active from the mair NotR page. (Please get the guidance from Jeremy)  Currently in the NotResp page when the Res worke for an NotResp and clicks on the link, it takes the user to the NotResp Instead do a NotResp https:/  NotResp The NotResp Parameter should be

Message	e
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From:	Schankweiler, Thomas W. (CMS/OIS)	NotRes	р			
	NotResp					
Sent:	11/27/2013 2:04:16 AM					
То:	Outerbridge, Monique (CMS/OIS	NotResp				
	NotResp	F	ender, Rebecca (C		NotRes	р
	NotResp		; Basavaraju, Ve	nkat (CMS/O	IS) NotResp	
	No	otResp			·	<b>:</b>
CC:	Grothe, Kirk A. (CMS/OIS)	NotResp		j		
	NotResp		Dh, Mark U. (CMS/			
	No	otResp		Van, Hung	g B. (CMS/OIS	NotResp
		NotResp				Margush,
	Doug C. (CMS/OIS)		NotResp			
	Couts, Todd (CMS/OIS)	NotResp				,
	Not	tResp		Lyles, Darrin	V. (CMS/OIS)	NotResp
		NotResp				Fletcher,
	John A. (CMS/OIS) [/		NotResp			
Subject:	RE: NotResp					

when do you want to have it? I am out of the office on Wed, Friday. But can be available to discuss. Just worried about timing at this point. I can hang after the call if people want.

Tom

**From:** Outerbridge, Monique (CMS/OIS) **Sent:** Tuesday, November 26, 2013 7:57 PM

To: Schankweiler, Thomas W. (CMS/OIS); Fender, Rebecca (CMS/CCSQ); Basavaraju, Venkat (CMS/OIS)

Cc: Grothe, Kirk A. (CMS/OIS); Oh, Mark U. (CMS/OIS); Van, Hung B. (CMS/OIS); Margush, Doug C. (CMS/OIS); Couts,

Todd (CMS/OIS); Lyles, Darrin V. (CMS/OIS); Fletcher, John A. (CMS/OIS)

Subject: Re: NotResp

That's not really what that call is for and I'd like to keep it separate. Let's have a call to figure this out but it should not be part of the Go / No Go.

We need to get this resolved. PII security breaches take priority.

Monique Outerbridge

Director

Consumer Information and Insurance Systems Group

Office of Information Services, CMS

301-492-4376

410-786-5308 (Alt. Office)

From: Schankweiler, Thomas W. (CMS/OIS) Sent: Tuesday, November 26, 2013 06:56 PM

**To**: Fender, Rebecca (CMS/CCSQ); Outerbridge, Monique (CMS/OIS); Basavaraju, Venkat (CMS/OIS)

Cc: Grothe, Kirk A. (CMS/OIS); Oh, Mark U. (CMS/OIS); Van, Hung B. (CMS/OIS); Margush, Doug C. (CMS/OIS); Couts,

Todd (CMS/OIS); Lyles, Darrin V. (CMS/OIS); Fletcher, John A. (CMS/OIS)

Subject: RE: NotResp

Here is my concern. This change will also effect the way consumers pull data. If we launch and we get a drove of people show up on the 30th and their are presented with exposure of PII, we will have a very bad situation on our hands. So now we are faced with the possibility that <code>[NOTH]</code> could be down for days, when it MUST be up, and the possibility of exposing PII and experiencing a new round of political attacks.

I think if we coordinate decisively that we can all make this work. It would mean identifying a roll-back plan, and implementing the changes on Friday morning, testing by Notres and rolling-back quickly if it is not successful. I am not sure what all would need to happen to make this happen, but I think we need to launch on the 30th with a reduced risk of PII exposure; that should be the goal.

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I'll be on the 9pm call, and hope maybe we can talk about this near the conclusion of the call.
Thanks,
Tom
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Let me know if you have questions.
Becky
Recky Fender PMP®

**CIVIS** 

Cell (b)(6)
Office 410-786-1006

From: Schankweiler, Thomas W. (CMS/OIS)
Sent: Tuesday, November 26, 2013 5:19 PM
To: Outerbridge, Monique (CMS/OIS); Basavaraju, Venkat (CMS/OIS); Fender, Rebecca (CMS/CCSQ)
Cc: Grothe, Kirk A. (CMS/OIS); Oh, Mark U. (CMS/OIS); Van, Hung B. (CMS/OIS); Margush, Doug C. (CMS/OIS); Couts,
Todd (CMS/OIS); Lyles, Darrin V. (CMS/OIS); Fletcher, John A. (CMS/OIS)
Subject: RE: NotResp
Did this get resolved today? I can participate in a call later tonight.
Tom
From: Schankweiler, Thomas W. (CMS/OIS)
Sent: Tuesday, November 26, 2013 12:47 PM
To: Fender, Rebecca (CMS/CCSQ); Outerbridge, Monique (CMS/OIS); Basavaraju, Venkat (CMS/OIS)
Cc: Grothe, Kirk A. (CMS/OIS); Oh, Mark U. (CMS/OIS); Van, Hung B. (CMS/OIS); Margush, Doug C. (CMS/OIS); Couts,
Todd (CMS/OIS); Lyles, Darrin V. (CMS/OIS) ( <u>Darrin.Lyles@cms.hhs.gov</u> ); Fletcher, John A. (CMS/OIS)
Subject: RE: NotResp
Rebecca and Monique,
I am inclined to say yes we need this fix put in place. The fix is intended to resolve a serious issue where data, which is
not a consumers, is showing up in searches and in NotResp This is starting to result in a high number of security and
privacy incidents, and has a public view to it. We should have a quick meeting about this so CMS can make a final
determination. Maybe it could come down, if needed, during this weekend to allow for the test?
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address this? or is it the case where there is not a matching environment to perform the testing in?
Tom
From: Fender, Rebecca (CMS/CCSQ)
Sent: Tuesday, November 26, 2013 10:52 AM
······································
To: Schankweiler, Thomas W. (CMS/OIS); Outerbridge, Monique (CMS/OIS); Basavaraju, Venkat (CMS/OIS)  Subject: FW: NotResp
Importance: High
Hi Tom and Monique,
I have serious concerns about this "fix". Every time we do something with the URL we are down for days at sp. We
can only test this in PROD due to the federated Notre that goes to Notre and gets passed to Notre Can you all let me know if you feel we need to take the risk of p being down for a few days? Trust me when I say there is lots of
know if you feel we need to take the risk of he being down for a few days? Trust me when I say there is lots of
pressure and focus on NotRe and any downtime they incur due to a CGI fix.
Becky
Becky Fender PMP®
CMS

(	Obtained via FOIA by Judicial Watch, Inc.
(	Office 410-786-1006
<b>5 1 5 6 6 6 6 6 6 6 6 6 6</b>	From: Fender, Rebecca (CMS/CCSQ)  Sent: Tuesday, November 26, 2013 10:48 AM  Fo: 'O'Mara, Katyanne J (CGI Federal)'; Minze Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Niranjan  Santhamoorthy; greg.greshman.health@gmail.com; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu,  Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member);  Cecilio, Sal (CGI Federal); Roche, Jacqueline R. (CMS/CCIIO)  Subject: RE:  NotResp
S	still do not feel that this is urgent and must happen as a priority. I will discuss with Tom and Monique. I do agree it should happen but I know this will take us down for several days and that simply can't happen at this time. There is NO way to test this other than in prod due to the sp assertion of their federated login.
(	Becky Fender PMP® CMS Cell (b)(6) Office 410-786-1006
5 1 5 F	From: O'Mara, Katyanne J (CGI Federal) [mailto:katyanne.omara@cgifederal.com]  Sent: Tuesday, November 26, 2013 10:45 AM  Fo: Fender, Rebecca (CMS/CCSQ); Minze Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Niranjan  Santhamoorthy; greg.greshman.health@gmail.com; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu,  Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member);  Cecilio, Sal (CGI Federal): Roche, Jacqueline R. (CMS/CCIIO)  Subject: RE:  NotResp
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S	Soumya, Manisha, Eddie and others, even Shaina can be part of the front end testing and Balaji will be assigning someone from his security team to work with us in a coordinated testing effort tomorrow to confirm that the sessions are being created and cleared appropriately.

Our Ops and Security team have completed their tasks. Sal will complete his tasks today. I just need confirmation from [NotRes] team that they made their change. We will be ready for the coordinated test tomorrow.

I will update the document I sent out with this information.

Obtained via FOIA by Judicial Watch, Inc. I hope this answers your questions and alleviates your concerns regarding testing. This is about closing the loop on open sessions, not changing your workflow or affecting your current workflow it's about making your current sessions more secure.
Thanks, KO
Katy O'Mara   Manager   Health and Compliance Group   CGI Federal W: 703-227-6411   C: (b)(6)   www.cgi.com
From: Fender, Rebecca (CMS/CCSQ) [mailto:Rebecca.Fender@cms.hhs.gov]  Sent: Tuesday, November 26, 2013 9:58 AM  To: O'Mara, Katyanne J (CGI Federal); Minze Chien; Venky Natarajan; Venkat.Basavaraju; Niranjan Santhamoorthy; greg.greshman.health@gmail.com; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu, Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member); Cecilio, Sal (CGI Federal); Roche, Jacqueline R. (CMS/CCIIO)  Subject: RE:  NotResp
I will try to call in later but have a conflicting meeting with NPC and leadership about the notices issues. Sorry. I really do NOT want to move forward with this until I understand how we plan to test and why this is such a rush as well as how it was discovered. As we know from past experience changes like this can keep $\begin{bmatrix} NotRes \\ p \end{bmatrix}$ down for days and we cannot afford that at this time.
Becky Fender PMP®  CMS  Cell (b)(6)  Office 410-786-1006
Original Appointment  From: O'Mara, Katyanne J (CGI Federal) [mailto:katyanne.omara@cgifederal.com]  Sent: Monday, November 25, 2013 4:20 PM  To: O'Mara, Katyanne J (CGI Federal); Minze Chien; Venky Natarajan; Basavaraju, Venkat (CMS/OIS); Niranjan  Santhamoorthy; greg.greshman.health@gmail.com; Nitin Matta; Girish Shetty; Sundar, Raj N (CGI Federal); Thangavelu,  Raja (Non-Member); Ivan Vinogradov; Ramamoorthy, Balaji Manikandan (CGI Federal); Anbu, Bala (Non-Member);  Cecilio, Sal (CGI Federal); Fender, Rebecca (CMS/CCSQ); Roche, Jacqueline R. (CMS/CCIIO)  Subject:  NotResp  When: Tuesday, November 26, 2013 10:00 AM-10:30 AM (UTC-05:00) Eastern Time (US & Canada).  Where:  (b)(6)

Hi Everyone,

I'd like to get an update on the tasks below and ensure we are on target for completion for tomorrow afternoon for testing to begin tomorrow night or Wednesday morning in Test 2.

# **Detailed Technical Action Items:**

	Notke Sp. Team Tasks			
1.	Currently NotR is protecting	ig the URL https:/	NotResp	Change the
	policy to protect the follow		NotResp	
2.	All the header variables real	nains the same. (NO CHANGES REC	(UIRED)	
	FFM Ops Team Tasks			
1.	Add the following RP rules	for the English		
		NotResp		
2.	Restart the NotResp or	he English		
	FFM Security Team Tasks			
1.	Create a dummy policy for			
2.	Create a layer7 policy for /	NotResp		
3.	Read information from the	HTTP headers set by the NotR wel	ogate	
4.	Invalidate the existing FFM	NotResp esp		
5.	Recreate a new FFM NotR	esp		
6.	Redirect to the individual a	pplication		
7.	Create a new flow and sho	w the difference from the existing f	low.	
4	Application Team Tasks	NotResp		or 15 minutes to keep the
1.	Do a ping to https://t			or 15 minutes to keep the
	Currently in the	ne main <mark>(Noux)</mark> page. (Please get the g NotResp	uruance irom Jeremy)	hen the <b>Not</b> worker searches
2.		clicks on the link, it takes the user t		nen trie Res Worker searches nd do a H NotResp I to
	https://	NotResp	marci noncesh 18769	ia ao a i Housesp i 10
	!	г		i
	NotResp			

### Message

From:	Schankweiler, Thomas W. (CMS/OIS)	No	tResp				
	NotResp						
on behalf of	Schankweiler, Thomas W. (CMS/OIS)						
Sent:	11/26/2013 9:46:36 PM						
To:	Couts, Todd (CMS/OIS)	NotResp					
		NotRes	sp				
CC:	Warren, Kevin (CMS/OIS)	NotResp					
	NotResp		Fletcher, John A. (C	MS/OIS)	NotResp		
	NotRes	sp	Van, Hun	g B. (CMS/OIS) [	NotResp		
		NotResp			Grothe, Kirk	A.	
	NotResp						
	NotResp		Lyles, Darrin V. (CMS/	OIS) 1	NotResp		
ĺ	N-	otResp		Venky Nataraj	an'		
	NotResp lynn.goodric			ynn.goodrich@c	gifederal.com;	;	
	Thomas.Kirk@gss-cgi.com; 'Ramamoorthy, Balaji Manikandan (CGI Federal)'						
	(balajimanikandan.ramamoorthy@cg	gifederal.com) [balaj	imanikandan.ramamoo	orthy@cgifedera	l.com]; Outerb	oridge,	
	Monique (CMS/OIS)		NotResp				
Subject:	RE: Security Items that Need Attention	on					
Flag:	Follow up						

We are working through the list to see if any of the others need to be escalated, there are folks working on them in general to make sure that they are being worked and updated. Please do help us with getting the priorities addressed.

Thanks,

Tom

From: Couts, Todd (CMS/OIS)

Sent: Tuesday, November 26, 2013 3:48 PM

To: Schankweiler, Thomas W. (CMS/OIS); Kane, David (CMS/OIS); Michael Finkel

Cc: Warren, Kevin (CMS/OIS); Fletcher, John A. (CMS/OIS); Van, Hung B. (CMS/OIS); Grothe, Kirk A. (CMS/OIS); Lyles,

Darrin V. (CMS/OIS); 'Venky Natarajan' (vnatarajan@qssinc.com) (vnatarajan@qssinc.com);

lynn.goodrich@cgifederal.com; Thomas.Kirk@gss-cgi.com; 'Ramamoorthy, Balaji Manikandan (CGI Federal)'

(balajimanikandan.ramamoorthy@cgifederal.com); Outerbridge, Monique (CMS/OIS)

Subject: Security Items that Need Attention

QSSI and CGI,

I am writing to highlight several security incidents that need your attention. As they are security issues, please consider the NotResp ticket your authorization to act. I am only sending the NotResp numbers to avoid transmitting too much detail. By tomorrow, please communicate back to use their status (closed, in process, etc) and at least a tentative date for resolution.

- 1. These are the two that Tom Schankweiler raised today.
  - INC000002589982
  - artf161265 INC2598675

- 2614318 • 2614319 • 2614320
- 2614324

- . 2614227

### **Todd Couts**

Centers for Medicare & Medicaid Services
Office of Information Services
$301\text{-}492\text{-}5139 \; (\text{office}) \;   \; \textcolor{red}{\textbf{(b)(6)}} \;   \; \textcolor{red}{\textbf{(mobile)}} \;   \; \textcolor{red}{\textbf{todd.couts1@cms.hhs.gov}}$
7700 Wisconsin Ave Bethesda MD 20814   Location: 9308

From: Schankweiler, Thomas W. (CMS/OIS)	
Sent: Tuesday, November 26, 2013 12:41 PM	

To: Couts, Todd (CMS/OIS); Kane, David (CMS/OIS); Michael Finkel

Cc: Warren, Kevin (CMS/OIS); Fletcher, John A. (CMS/OIS); Van, Hung B. (CMS/OIS); Grothe, Kirk A. (CMS/OIS); Lyles,

Darrin V. (CMS/OIS)

	Subject:	INC000002589982 Nee	ed details regarding	NotResp	
--	----------	---------------------	----------------------	---------	--

Todd,

I would like to escalate this ticket NC000002589982 as being high risk on the defect list. I know that a bunch of security
risk have recently appeared on the list but I wanted to let you know this one is considered high priority. In total we now
have two tickets that are considered high priority. Contact me if you have any questions.

Thanks,

Tom

From: Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]

Sent: Tuesday, November 26, 2013 10:52 AM

**To:** Schankweiler, Thomas W. (CMS/OIS); Willard, Adam (CMS/CTR)

Cc: Warren, Kevin (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal); Alford, Justin (CGI Federal);

Martin, Rich (CGI Federal)

**Subject:** RE: artf160711 / INC000002589982 Need details regarding

NotResp

Hi Tom,

We promoted the code fix into production. Apparently the security enforcement is turned off.

The NotResp documents (notices) that are saved are not having the proper meta data populated to turn on the enforcements. So in addition to the fix that has been rolled in the following actions needs to occur.

- 1. Do a manual batch job to update the meta data for all the existing notices.
- Have the developers fix the code so that any new notices that are saved has the proper metadata for enforcement.

These 2 action items are being coordinated internally right now. We don't have an ETA yet.

Thanks

Balaji M. Ramamoorthy

From: Schankweiler, Thomas W. (CMS/OIS) [mailto:thomas.schankweiler@cms.hhs.gov]

Sent: Tuesday, November 26, 2013 10:42 AM

To: Ramamoorthy, Balaji Manikandan (CGI Federal); Willard, Adam (CMS/CTR)

Cc: Warren, Kevin (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal)

Subject: artf160711 / INC000002589982 Need details regarding NotResp

Balaji, Adam, and Kevin

I am looking for an update on this ticket. Can someone provide be a status of where we are with this item? Has it been corrected? Is the situation still occurring?

Thanks.

Tom

From: Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]

Sent: Wednesday, November 06, 2013 12:39 PM

**To:** Willard, Adam (CMS/CTR)

Obtained via FOIA by Judicial Watch, Inc. Cc: Warren, Kevin (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Subject: RE: Need details regarding Hi Adam, There are multiple instances of NotResp . We expect NotResp guarantees for the uniqueness across this route to see if there were duplicates. So far the root cause has not been determined for the notices. In this particular instance we did see that the username were closely identical between the user1 and user2. There was a special character "-" at the end (and that was the only difference). We are also looking into the to see how it behaves and whether it has to be tweaked. NotResp Thanks Balaji M. Ramamoorthy From: Willard, Adam (CMS/CTR) [mailto:Adam.Willard@cms.hhs.gov] Sent: Wednesday, November 06, 2013 12:05 PM **To:** Ramamoorthy, Balaji Manikandan (CGI Federal) Cc: Warren, Kevin (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal) Subject: RE: Need details regarding Is NotResp just 1 instance or are there several instances in production? If there are multiple systems generating a NotResp there could be collisions. What was the analysis from the Users who said they saw someone's Notice instead of theirs. Was there any check to see if the  $\begin{bmatrix} NOTR \\ esp \end{bmatrix}$  for that user and the other user was the same? Adam Willard (Contractor) 703-354-2229 x513 (Direct) (b)(6) (Mobile) Adam.Willard@cms.hhs.gov CMS Security Team Consumer Information & Insurance Systems Group (CIISG) Centers for Medicare & Medicaid Services (CMS) NotResp From: Ramamoorthy, Balaji Manikandan (CGI Federal) [balajimanikandan.ramamoorthy@cgifederal.com] Sent: Wednesday, November 06, 2013 11:47 AM To: Willard, Adam (CMS/CTR) Cc: Warren, Kevin (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal) Subject: RE: Need details regarding NotResp

The eligibility notices are stored in NotResp and the esp for the notices are stored against the user record in

The NotRe for the PDF document itself is generated by NotResp | nd it is sufficiently random.

NotResp

CMS001985

We did identify this issue internally and it is in the list of high priority items to be fixed. I will track down on the ETA for the fix and let you know.

I agree that in the meantime to see if the rate control can be applied to this specific URL. Thanks Balaji M. Ramamoorthy **From:** Willard, Adam (CMS/CTR) [mailto:Adam.Willard@cms.hhs.gov] Sent: Wednesday, November 06, 2013 9:37 AM **To:** Ramamoorthy, Balaji Manikandan (CGI Federal) Cc: Warren, Kevin (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Quaintance, Eric (CGI Federal) **Subject:** Need details regarding NotResp Importance: High Balaji, I noticed this morning that it is possible for anyone to run a healthcare.gov to obtain the results of their eligibility. I need to know where you are grabbing the file from NotResp or something else). Is that system publicly accessible? We need to know if there is anyway to put in permission checking of the workspace url NotRe against the list of possible NotResp for a user. my eligibility URL and she was able to see my results in PDF format. I sent Shima NotResp o block or limit access to this screen if several attempts are made We are looking into a Rate Control for the over X period of time. Adam Willard (Contractor) 703-354-2229 x513 (Direct) Mobile) (b)(6) Adam.Willard@cms.hhs.gov CMS NotR Security Team Consumer Information & Insurance Systems Group (CIISG)

Centers for Medicare & Medicaid Services (CMS)

NotResp

### Message

From:	Schankweiler, Thomas W. (CMS/	OIS) NotR	esp		
	NotResp				
on behalf of	Schankweiler, Thomas W. (CMS/	OIS)			
Sent:	11/26/2013 5:40:53 PM				
To:	Couts, Todd (CMS/OIS)	NotResp			
	NotResp		Kane, David (CMS/OIS)		OIS)
	(David.Kane@cms.hhs.gov) NotResp				
CC:	NotResp Warren, Kevin (CMS/OIS) (Kevin.	Warren@cms.hhs.gov)		NotResp	
	NotResp		Fletcher, John A.	(CMS/OIS)	NotResp
	No	tResp	; Van, Hı	ung B. (CMS/OIS)	NotResp
		NotResp			Grothe, Kirk A.
_	(CMS/OIS	NotResp			
[	NotResp	;	Lyles, Darrin V. (CM	S/OIS) (Darrin.Lyle	es@cms.hhs.gov)
	NotResp				
BCC:	Burke, Sheila M. (CMS/OIS)		NotResp		
Subject:	INC000002589982 Need details r	egarding	lotResp		

Todd,

I would like to escalate this ticket NC000002589982 as being high risk on the defect list. I know that a bunch of security risk have recently appeared on the list but I wanted to let you know this one is considered high priority. In total we now have two tickets that are considered high priority. Contact me if you have any questions.

Thanks,

Tom

From: Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]

Sent: Tuesday, November 26, 2013 10:52 AM

**To:** Schankweiler, Thomas W. (CMS/OIS); Willard, Adam (CMS/CTR)

Cc: Warren, Kevin (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal); Alford, Justin (CGI Federal);

Martin, Rich (CGI Federal)

Subject: RE: artf160711 / INC000002589982 Need details regarding NotResp

Hi Tom,

We promoted the code fix into production. Apparently the security enforcement is turned off.

The NotResp documents (notices) that are saved are not having the proper meta data populated to turn on the enforcements. So in addition to the fix that has been rolled in the following actions needs to occur.

- 1. Do a manual batch job to update the meta data for all the existing notices.
- Have the developers fix the code so that any new notices that are saved has the proper metadata for enforcement.

These 2 action items are being coordinated internally right now. We don't have an ETA yet.

# Thanks

Balaji M. Ramamoorthy

Sent: Tuesday, November 26, 2013 10:42 AM  To: Ramamoorthy, Balaji Manikandan (CGI Federal); Willard, Adam (CMS/CTR)				
Cc: Warren, Kevin (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal)  Subject: artf160711 / INC000002589982 Need details regarding NotResp				
Balaji, Adam, and Kevin				
I am looking for an update on this ticket. Can someone provide be a status of where we are with this item? Has it bee corrected? Is the situation still occurring?				
Thanks,				
Tom				
From: Ramamoorthy, Balaji Manikandan (CGI Federal) [mailto:balajimanikandan.ramamoorthy@cgifederal.com]  Sent: Wednesday, November 06, 2013 12:39 PM  To: Willard, Adam (CMS/CTR)  Cc: Warren, Kevin (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal)				
Subject: RE: Need details regarding NotResp				
Hi Adam,  There are multiple instances of NotResp. We expect NotResp tuarantees for the uniqueness across sp We did g this route to see if there were duplicates.				
So far the root cause has not been determined for the notices. In this particular instance we did see that the username were closely identical between the user1 and user2. There was a special character "-" at the end (and that was the only difference). We are also looking into the NotResp to see how it behaves and whether it has to be tweaked.				
Thanks Balaji M. Ramamoorthy				
From: Willard, Adam (CMS/CTR) [mailto:Adam.Willard@cms.hhs.gov]  Sent: Wednesday, November 06, 2013 12:05 PM  To: Ramamoorthy, Balaji Manikandan (CGI Federal)  Cc: Warren, Kevin (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal)				
Subject: RE: Need details regarding NotResp				
Is NotResp just 1 instance or are there several instances in production? If there are multiple systems generating a there could be collisions.				
What was the analysis from the Users who said they saw someone's Notice instead of theirs. Was there any check to se if the sp for that user and the other user was the same?				

Adam Willard (Contractor) 703-354-2229 x513 (Direct) (b)(6) Mobile) Adam.Willard@cms.hhs.gov					
CM( NotR Security Team  Consumer Information & Insurance Systems Group (CIISG)  Centers for Medicare & Medicaid Services (CMS)  NotResp					
From: Ramamoorthy, Balaji Manikandan (CGI Federal) [balajimanikandan.ramamoorthy@cgifederal.com] Sent: Wednesday, November 06, 2013 11:47 AM					
To: Willard, Adam (CMS/CTR)					
Cc: Warren, Kevin (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Quaintance, Eric (CGI Federal); Dhas, Navin (CGI Federal)					
Federal)  Subject: RE: Need details regarding NotResp					
Hi Adam,					
The eligibility notices are stored in NotResp and the URI's for the notices are stored against the user record in NotResp					
The NotRe or the PDF document itself is generated by NotResp and it is sufficiently random.					
We did identify this issue internally and it is in the list of high priority items to be fixed. I will track down on the ETA for					
the fix and let you know.					
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From: Willard, Adam (CMS/CTR) [mailto:Adam.Willard@cms.hhs.gov]  Sent: Wednesday, November 06, 2013 9:37 AM  To: Ramamoorthy, Balaji Manikandan (CGI Federal)  Cc: Warren, Kevin (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Quaintance, Eric (CGI Federal)  Subject: Need details regarding NotResp  Importance: High					
Balaji,					
I noticed this morning that it is possible for anyone to run a NotResp healthcare.gov to obtain the results of their eligibility.					
I need to know where you are grabbing the file from NotResp r something else). Is that system publicly accessible?					
We need to know if there is anyway to put in permission checking of the workspace url NotResp or a user.					
I sent Shima NotResp my eligibility URL and she was able to see my results in PDF format.					

#### Obtained via FOIA by Judicial Watch, Inc.

We are looking into a Rate Control for the NotResp block or limit access to this screen if several attempts are made over X period of time.

Adam Willard (Contractor)
703-354-2229 x513 (Direct)
410-218-7352 (Mobile)
Adam.Willard@cms.hhs.gov

CMS esp Security Team
Consumer Information & Insurance Systems Group (CIISG)
Centers for Medicare & Medicaid Services (CMS)

NotResp

I am looking at the 12c.doc version that was sent out password protected.

RE: HROB report for 11/7. draft as of 11/12, 5:15

## Updates:

Subject:

- P. 3, last par. Change FFM contractors to Data Center contractors
- P4. A2- change action to "Researching"

p.4 table 1 affected hosts, populate with data from Nov 8<sup>th</sup> scan report = NotResp

- p.6 Notres | Scans. "Due to prioritization of work activities, CMS is focused during this first quarter on break-fix activities to ensure the marketplace is fully functional end to end. Refinements to improve Potential Cores is reviewed weekly. Future reports will describe any specific actions that are targeted for remediation.
- P6. Infrastructure Risk remains low. The security team is now focusing attention on cleanup of redundant
  firewall rules which will improve performance of the border firewall devices. No update to compliance at this
  time. Also may want to note that Red Seal data only changes twice a month.
- P7. "As a result 18 Category 5 [should be 6 not 5] incidents have been closed or reassigned as Category 1. "
- P7. The first purple can stay; the second purple can be deleted, there were no new PII events during this
  week. (for the next week we may want to ask OESS to contribute a comment about their pending
  enhancements to the PII reporting process.
- P.8 section 2.4 recommend removing "formerly known as a Security Test and Evaluation (ST&E)," it adds no value to the report.
- P. 9 I have no feedback on the purple section
- P.10 remove from Acronym list CEO, NotResp ST&E because they don't appear in the body of the report.

Regards,

Tom

**From:** Steiner, Chip [mailto:frank.steiner@noblis.org] **Sent:** Wednesday, November 13, 2013 5:54 AM

To: Marantan, James (CMS/OIS); Linares, George E. (CMS/OIS); Fryer, Teresa M. (CMS/OIS); Feuerberg, Lisa

A.(CMS/OIS); Schankweiler, Thomas W. (CMS/OIS)

Cc: Cappelletti, John Danilo

Subject: RE: HROB report for 11/7. draft as of 11/12, 5:15

We'll make these updates this morning and send out a revised copy for the morning call.

From: Marantan, James (CMS/OIS) [James.Marantan@cms.hhs.gov]

Sent: Tuesday, November 12, 2013 9:40 PM

To: Linares, George E. (CMS/OIS); Fryer, Teresa M. (CMS/OIS); Feuerberg, Lisa A.(CMS/OIS); Schankweiler, Thomas W.

(CMS/OIS)

Cc: Steiner, Chip

Subject: RE: HROB report for 11/7. draft as of 11/12, 5:15

A2 - This issue is still open based on our analysis. Additional information regarding this vulnerability was sent earlier this

morning.

A3-A5 - Tom's team has access to NotResp and Incident Management tickets and I believe he has been providing the updates to those sections. He should have more insight as to what has changed or has not changed in the environment.

From: Linares, George E. (CMS/OIS)

Sent: Tuesday, November 12, 2013 9:34 PM

To: Fryer, Teresa M. (CMS/OIS); Feuerberg, Lisa A.(CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Marantan, James

(CMS/OIS)

Cc: 'frank.steiner@noblis.org'

**Subject:** Re: HROB report for 11/7. draft as of 11/12, 5:15

You are correct, the monitor is happening for all systems regardless of FFM. The only thing that we are saying is that for the weekly reporting purposes, we are focusing on ffm only. The decision memo clearly states the boundaries to ffm, e&e, fm and pm and for sca purposes that's the system boundary as well. So would be staying consistent there. We can review the decision memo and discuss this further, but I am just going with what's on the decision memo as to what the boundaries and scope for reporting purposes.

The report as is becoming extremely difficult to manage as well as getting all the information timely.

George Linares

Office of Information Services
Centers for Medicare & Medicaid Services
----- Sent using BlackBerry -----

From: Fryer, Teresa M. (CMS/OIS)

Sent: Tuesday, November 12, 2013 09:17 PM

To: Linares, George E. (CMS/OIS); Feuerberg, Lisa A.(CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Marantan, James

(CMS/OIS)

Cc: Steiner, Chip <frank.steiner@noblis.org>

**Subject**: RE: HROB report for 11/7. draft as of 11/12, 5:15

Stating for the record that we did not agree that only www.healthcare.gov/marketplace and

https://www.cuidadodesalud.gov should be included in the report. As stated previously all external web facing marketplace servers are being scanned and if vulnerabilities found, could lead to FFM systems being exploited. The action was to "Monitor and perform weekly testing of all border devices, including internet facing web servers". It did

#### Obtained via FOIA by Judicial Watch, Inc.

not specifically state only the healthcare.gov website. All the sites being scanned are FFM related systems, so to state they were non-FFM systems is incorrect.

#### Teresa

Teresa Fryer, CISSP, HCISPP, CIPP/G
Chief Information Security Officer and
Director, Enterprise Information Security Group (EISG)
Centers for Medicare & Medicaid Services
Office of Information Services (OIS)
7500 Security Blvd, N1-26-18
Baltimore, MD 21244
410-786-2614 (W)
(b)(6) (C)

From: Linares, George E. (CMS/OIS)

teresa.fryer@cms.hhs.gov

Sent: Tuesday, November 12, 2013 8:42 PM

To: Cappelletti, John Danilo; Feuerberg, Lisa A.(CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Marantan, James

(CMS/OIS); Fryer, Teresa M. (CMS/OIS)

Cc: Steiner, Chip

**Subject:** RE: HROB report for 11/7. draft as of 11/12, 5:15

Here are my comments

- Please add Acting to my title
- Page 4 Results Remove Table 1 and change paragraph something like this and add caveat of s follows: During
  this reporting period, penetration testing of Internet-facing Web servers identified no vulnerabilities within FFM.
  However, during the prior reporting period one High and several Moderate vulnerabilities that were determined
  to be potentially exploitable were identified for non-FFM systems. In addition, five low... ... Starting with this
  reporting period, only FFM related vulnerabilities will be included.
- A2 please add caveat, that since this is data center metrics that some non-ffm systems have been included
- A6 leave it as is

James and Teresa, comments A2-A5 require your input

Thanks

From: Cappelletti, John Danilo [john.cappelletti@noblis.org]

Sent: Tuesday, November 12, 2013 5:18 PM

To: Feuerberg, Lisa A.(CMS/OIS); Linares, George E. (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Marantan, James

(CMS/OIS); Fryer, Teresa M. (CMS/OIS) **Cc:** Steiner, Chip; Cappelletti, John Danilo

Subject: [WARNING: MESSAGE ENCRYPTED] HROB report for 11/7. draft as of 11/12, 5:15

Lisa, et al.:

#### Obtained via FOIA by Judicial Watch, Inc.

This version has a number of updates, as discussed and presented further below. The following two sections are in most need of refinement / additional information:

- Section 2.3 Continuous Monitoring
- Section 2.2 Border Testing
- Executive summary once the above are refined

# Updates include:

- Refined the assets being tested and monitored to only those pertaining to FFM per our discussion today. These
  specifically include www.healthcare.gov/marketplace and https://www.cuidadodesalud.gov. And the five
  mentinoed FFM systems.
- Updated the vulnerabilities listed in Table 5 per the email from Hank.
- Included some of the updates from Corey in NotR esp migration.
- Added specific dates to SCA testing.

Lisa, we'll give you a call to discuss the needed additional information.

Regards,

John

PS: we have our documentation specialist cleaning up the acronym list presently

Message

```
From:
             Schankweiler, Thomas W. (CMS/OIS
                                                         NotResp
                                   NotResp
on behalf of
             Schankweiler, Thomas W. (CMS/OIS)
Sent:
             6/7/2013 11:55:26 AM
To:
             Lyles, Darrin V. (CMS/OIS) (Darrin.Lyles@cms.hhs.gov)
                                                                              NotResp
                                   NotResp
                                                      NotResp
CC:
             Brackett, Stacie D. (CMS/CCIIO)
                                 NotResp
Subject:
             FW: Private Plan Data Finder / HealthCare.gov
FYI, in regards to healthcare.gov and plan finder
>----Original Message-----
>From: Mellor, Michael (CMS/OIS)
>Sent: Friday, June 07, 2013 7:40 AM
>To: Chao, Henry (CMS/OIS); Trenkle, Tony (CMS/OIS)
>Cc: Fryer, Teresa M. (CMS/OIS); Schankweiler, Thomas W. (CMS/OIS);
>Outerbridge, Monique (CMS/OIS); Grothe, Kirk A. (CMS/OIS); Linares, George
>E. (CMS/OIS); Schreibman, Frank (CMS/OIS); Marantan, James (CMS/OIS)
>Subject: Re: Private Plan Data Finder / HealthCare.gov
>Henry - I will be in meetings all day today in DC. Frank Schreibman is the acting
>EISG director today and he can assist your staff with this. James Marantan is
>also available. Let us know how we can help.
>Sent from my Wireless Device
>---- Original Message -----
>From: Chao, Henry (CMS/OIS)
>Sent: Thursday, June 06, 2013 11:04 PM
>To: Booth, Jon G. (CMS/OC); Trenkle, Tony (CMS/OIS)
>Cc: Wallace, Mary H. (CMS/OC); Fryer, Teresa M. (CMS/OIS); Mellor, Michael
>(CMS/OIS); Schankweiler, Thomas W. (CMS/OIS); Outerbridge, Monique
>(CMS/OIS); Grothe, Kirk A. (CMS/OIS); Kerr, James T. (CMS/CMHPO); Snyder, >Michelle (CMS/OA); Bowen, Marianne (CMS/OA); Serio, Lois M. (CMS/OPE);
>Armstead, Andrea E. (CMS/OA); Linares, George E. (CMS/OIS)
>Subject: Re: Private Plan Data Finder / HealthCare.gov
>Tony,
>Jon and I talked this evening and will work closely with EISG to make sure the
>least risk option that is politically acceptable is chosen.
>I think if we can meet with Jon tomorrow and document the issue and briefly
>outline the options (there are only about 2 feasible options given the
>impending rollout of the Marketplace Portal/hc.gov) we can quickly come to
>agreement and start work even as early as tomorrow evening.
>Thanks.
>Henry Chao
>Deputy Chief Information Officer and Deputy Director Office of Information
>Services Centers for Medicare & Medicaid Services
>7500 Security Blvd
>Baltimore, MD 21244
>301-492-4100 (Pri)
>410-786-1800 (Alt)
               (BB)
    (b)(6)
>---- Original Message -----
>From: Booth, Jon G. (CMS/OC)
>Sent: Thursday, June 06, 2013 10:47 PM
>To: Trenkle, Tony (CMS/OIS)
>Cc: Chao, Henry (CMS/OIS); Wallace, Mary H. (CMS/OC); Fryer, Teresa M.
>(CMS/OIS)
```

>Jon

#### Message NotResp From: Schankweiler, Thomas W. (CMS/OIS) NotResp Schankweiler, Thomas W. (CMS/OIS) on behalf of Sent: 6/18/2013 11:27:13 AM NotResp To: England-Gordon, John E. (CMS/OIS) NotResp Jun, Eva T. [ejun@mitre.org] **NotResp** CC: (CMS/OIS) NotResp Subject: Agreements Discussions Attachments: QHP New Master Agreement 05022013.docx; Preamble + Regulation text CLEAN 05072013.docx; Policy FAQs 4-25-13.docx; IO Task 5\_Privacy\_Webinar\_Slides\_05 03 2013\_FINAL.pptx;

index\_health\_reform\_section\_exchanges\_reg\_summary\_chart.pdf;
FFE\_Direct\_Enrollment\_API\_Spec\_V1\_3\_20130510.docx; DSH\_INT\_Requester Onboarding.docx; agent-broker-5-1-

2013.pdf; Agent-broker FAQ Master 041713.docx; 2013 0515 Web-broker Agreement final.pdf

Eva, John, and Samantha,

Attached is my one note file

# **Agreements Discussions**

Monday, May 06, 2013 9:48 AM

#### Staff

# The team working on the security/privacy legal framework, and the agreements consists of:

Peter Nakahata, CCIIO

Julia Cassidy Esq., CCIIO

Karen Mandelbaum, CCIIO

Donna Fickett, Mitre

Maribel Francy, OEM (part-time)

Tom Schankweiler, OIS/CIISG

John Gordon, OIS/CIISG (part time)

Eva Jun, MITRE

Aaron Wesolowski (part time)

Rogelyn McLean, Esq., HHS OS/OGC - Primary (out on maternity leave)

Egan, Lynn Esq. HHS/OGC - covering for Rogelyn

Burke, Sherry Lynn Esq. HHS/OGC – covering for Rogelyn

Laura Schattschneider, Esq., HHS OGC (part-time)

## For QHP Issuer agreement discussion the following people are involved

Beth Parish, CCIIO

Rochel Schnur, CCIIO

Joy Kraybill, CCIIO

Larraine Doo, CMS/OEM

Kevin Stewart, CMS/OEM

Theo Willis, CMS/OEM

Ellen Ambrosini, CMS/OEM

Jessica Slater, CMS/OEM

# **Link to CCIIO Regulations**

http://www.cciio.cms.gov/resources/regulations/index.html

# Exchange Final Rule (Summary Chart) provided by NAIC via their website

<<index\_health\_reform\_section\_exchanges\_reg\_summary\_chart.pdf>>

# §155.260-Privacy and security of information

An Exchange must apply appropriate security and privacy protections when collecting, using, disclosing or disposing of personally identifiable information it collects. Personally identifiable information is information that, alone or when combined with other personal or identifying information which is linked or linkable to a specific individual, can reasonably be used to distinguish or trace an individual's identity.

The collection, use, and disclosure of personally identifiable information is limited to what is specifically required by:

- This section;
- Other applicable law;
- <u>Subpart E</u> of this regulation (dealing with enrollment of individuals in individual market OHPs):
- Standards established in accordance with § (5) 200(c); or
- Section 1942(b) of the (Social Security) Act (dealing with information required for Medicaid and CHIP eligibility determinations).

Exchanges may not collect, use or disclose personally identifiable information if prohibited by another law. HHS invites comments as to whether and how it should restrict the method of disposal in this section as well.

Each Exchange should conduct analysis of its operations and functions and determine its HIPAA status and must comply with HIPAA privacy requirements if it is a HIPA covered entity. Regardless of this analysis, each Exchange must implement safeguards to ensure that any and all personally identifiable information received, used, stored, transferred, or prepared for disposal by an Exchange is subject to adequate privacy and security protections.

Exchange security standards must be consistent with HIPAA security rules, and must be applied to sub-contractors through contractual requirements.

# (New Preamble Text) provided by Karen on 5/9

<< Preamble + Regulation text CLEAN 05072013.docx>>				
(b)(5)				

155.280 - Allows for collection of Oversight and Monitoring documents (at a minimum the third-party assessment report against MARS-E) PRA=150K to develop and submit this document...
This decision needs to go into our Oversight and Monitoring guidance.

155.26(b) Functions have to be laid out in the agreement

## QHP Issuer Agreement

PART A- Draft Markup
<<QHP New Master Agreement 05022013.docx>>

## QHP Issuers Training Slides -

Plan Management - they submit their product and get validation from DOI Later phases the QHP will get information regarding e&e; plus they can do direct enrollment Issuers will have a lot of data!

Below is a [IO Task-5...]Privacy presentation to issuers to be delivered next week, deck was provided by Karen on 5/9

<<IO Task 5\_Privacy\_Webinar\_Slides\_05 03 2013\_FINAL.pptx>>

# Web Broker Agreement (e-health, multiple plans multiple states etc.. .clearing house)

Web brokers will be using their own systems to retrieve data

# Final agreement, released May 13, 2013

<<2013 0515\_Web-broker Agreement\_final.pdf>>

#### **FFE Direct Enrollment API**

<<FFE\_Direct\_Enrollment\_API\_Spec\_V1\_3\_20130510.docx>>

# **Enrollment Request document**

<<DSH INT Requester Onboarding.docx>>

Agent/Broker -a/b has to work through a QHP Issuer, here the Issuer appoints (appointment) an a/b to assist with e&e.

# a/b FAQ

<< Agent-broker FAQ\_Master\_041713.docx>>

<<Policy FAQs 4-25-13.docx>>

# Roles of the Agent Broker (collected on 5/9 from Julia Cassidy)

<<agent-broker-5-1-2013.pdf>>

A/B training - BAH training

#### Obtained via FOIA by Judicial Watch, Inc.

- 1. CMS provides the BAH training (including test, questions); then they attest that they comply
- 2. Must get an appointment from the issuer, to ensure licensure with the state, and they will confirm they are licensed to sell in the state. That information is kept at the ISSUER website, CMS has delegated that trust. Unique number is then issued a number from CMS. (go see the enrollment process).

# Navigator Agreement -

Will be under grant agreements - 155.260 b(2) policy affects the community.

These links may not work anymore. Contact Joy Kraybill

#### **CAC Agreements**

## Number of Non-Exchange Agreements (NEA)- [Updated list on 6/17/2013]

- 1. Issuers Agent/Brokers
  - o Health Plans and QHP's
- 2. Web Broker Individual (and Traditional?)
  - Web-Brokers TPA to get a hub partner ID (coming in through the API/EDI)
  - Services Individual and Shop Markets
  - TPA only?
- 3. Navigator, and In-person assistors (both get grant money)
  - Person needs to sign a consent form
  - No data is held beyond that session other than the consent form
  - Supposed to be face-to-face, or over the phone
  - Helps an individual enroll, but they do not help the individual select a plan
  - Required terms and conditions they will need to be put into their grant information
    - Grant language needs to be in alignment in the
  - Required to take training, including a check box to note
  - Reasonable expectation to perform business, such as basic contact information for the purpose of setting up an initial appointment only, not for follow up
- 4. CAC and side-by-side assistor (volunteers)

Individual A/B look and feel

#### Creating a Common Appendix - From 6/17 meeting

- 1. Issuer A/B NEA, only
  - o For QHP Health Plans
  - Mars-E by reference, only first 3 volumes
- 2. Web Brokers
  - o Traditional and individual A/B
  - Web-Broker Trading Partner Agreement (Appendix)
- 3. Navigator
  - For people under grants
  - Implement Principles of MARS-E, reference specific controls?
- 4. Assistors
  - Certified Application Councilor, no grant money, just training
  - For people not under grants, side by side assistance, may use community computers
  - Issue a Manual not an agreement?

#### 5/9 mtg - Actions

Karen - A placeholder is in the PRA = 150K

Question: What are the functions of the QHP issuer?

Tom - Get functions of the QHP issuers? (get from Mark Oh)

#### Obtained via FOIA by Judicial Watch, Inc.

See Kristi's list for the web-broker (functions, need to talk with Mark Oh)

How to write this (Section B): General statement then a table [Function|Element]. This agreement assists applicants in completing (XXX) and contemplate they a/b may receive this information for the purpose of ... and the issuer is

Function - data elements (including not limited to) - purpose is limited.

Karen - to provide Tom a hardcopy of the 155 document Training -

QHP Issuer Training - Focus on Security, as the current for Privacy.

BAH has done the compliance training (IT, Compliance, and Legal)

FAQ Conflicts: with 155, stating the information collected does not need to just be limited to ACA. (wide verbiage) - (for efficient use of the exchange) - Revised use of 155.260! Issuer is prohibited from using this for any other purpose.

Karen - Will update the Notices with a Privacy Statement (due next week to CCIIO), and will add a note to check healthcare.gov for more information on CMS Security and Privacy protections

Created with Microsoft OneNote 2010
One place for all your notes and information

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



# AGREEMENT BETWEEN WEB-BROKERS AND THE CENTERS FOR MEDICARE & MEDICAID SERVICES ("CMS")

THIS WEB-BROKER AGREEMENT ("AGREEMENT") IS ENTERED INTO by and between THE CENTERS FOR MEDICARE & MEDICAID SERVICES ("CMS"), as the party responsible for the management and oversight of the Federally-facilitated Exchange ("FFE") and the CMS Data Services Hub ("Hub"), and an agent or broker that uses a non-FFE internet web site to assist Consumers, Applicants, and Enrollees in applying for advance payments of premium tax credits ("APTCs") and cost-sharing reductions ("CSRs") for Qualified Health Plans ("QHPs"), and/or in completing enrollment in OHPs offered in the individual market through the FFE (hereinafter referred to as "Web-broker").

# 1. Purpose and Scope.

- a. Web-brokers may assist Consumers, Applicants and Enrollees in: (1) applying for health care coverage under a QHP offered through the FFE; (2) applying for APTCs and CSRs; and/or (3) completing enrollment in a QHP through its web site for individual market coverage. An enrollment through the FFE is achieved if the Web-broker either directs a Consumer, Applicant, or Enrollee to file an application with the FFE, or ensures that a Consumer, Applicant, or Enrollee receives an eligibility determination for coverage through the FFE website.
- b. To facilitate the enrollment process, CMS will provide centralized and standardized business and technical services ("Hub Web Services") to Web-brokers that will enable Web-brokers to establish a secure connection with the Hub.
- c. Should a Web-broker choose to provide enrollment services using CMS' Hub Web Services, the Web-broker's access to the Hub and use of Hub Web Services are subject to the terms of this Agreement.

# 2. Definitions.<sup>1</sup>

a. Agent or broker: Has the meaning set forth in 45 CFR 155.20.

- b. CMS Data Services Hub ("Hub"): As defined for the purposes of this Agreement, the federal service managed by CMS to transmit data between federal and state entities that administer Insurance Affordability Programs (e.g., a state Medicaid agency, a state children's health insurance program (CHIP), a state basic health program (BHP), or an Exchange) to interface with federal agency partners, including, but not limited to the Internal Revenue Service, Social Security Administration, and Department of Homeland Security
- c. CMS Data Services Hub Web Services ("Hub Web Services"): As defined for the purposes of this Agreement, business and technical services made available by CMS to enable the determination of certain eligibility and enrollment data through the FFE website, including the collection of personal and financial information necessary for Consumer, Applicant or

<sup>&</sup>lt;sup>1</sup> Terms in this paragraph are defined pursuant to federal regulations, and are subject to change through future rulemaking.

- Enrollee account creations, QHP application submissions, and Insurance Affordability Program eligibility determinations.
- d. *Consumer or Applicant*: As defined for the purposes of this Agreement, a person who, for himself or herself, or on behalf of another individual, seeks from the Web-broker information related to eligibility for FFE participation or coverage under a QHP or other Insurance Affordability Program, or whom the Web-broker assists in applying for FFE participation, health care coverage under a QHP, applying for APTCs and CSRs, and/or completing enrollment in a QHP through its web site for individual market coverage.
- e. *Enrollee*: As defined for the purposes of this Agreement, an individual enrolled in a QHP or other Insurance Affordability Program.
- f. Federally-facilitated Exchange ("FFE"): As defined for the purposes of this Agreement, an Exchange established by HHS and operated by CMS under Section 1321(c)(1) of the Affordable Care Act for individual market coverage.
- g. Insurance Affordability Program: Has the meaning set forth in 45 CFR 155.300.
- h. *Minimum Acceptable Risk Standards—Exchanges ("MARS-E")*: As defined for the purposes of this Agreement, a CMS-published suite of documents that define the security standards required pursuant to 45 CFR 155.260 and 45 CFR 155.270, for any Exchange, individual, or entity gaining access to information submitted to an Exchange or through an Exchange using a direct, system-to-system connection to the CMS Hub.
- i. Personally identifiable information ("PII"): Has the meaning contained in OMB Memoranda M-07-16 and M-10-22 "information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual."
- i. Qualified Health Plan (QHP): Has the meaning set forth in 45 CFR 155.20.
- k. *Web-broker*: An agent or broker that uses a non-FFE internet web site to assist Consumers, Applicants, and Enrollees in the QHP selection and enrollment process as described in 45 CFR 155.220(c).

# 3. Terms and Conditions.

- a. <u>Term.</u> The term of this Agreement begins on the dates signed by the Web-broker and CMS, and ends September 30, 2014, after which this Agreement may be renewed for a subsequent period subject to CMS' discretion.
- b. <u>Authority</u>. CMS enters into this Agreement pursuant to its authority under 45 CFR 155.220 and the CMS System of Records Notice, "CMS Health Insurance Exchanges System (HIX), CMS System No. 09-70-0560" (the SORN).<sup>3</sup> Under the terms of the SORN, Routine Use No. 8, CMS will provide PII to Web-brokers for the purpose of filing applications for coverage under QHPs and other Insurance Affordability Programs, when relevant and necessary to determine eligibility to enroll in a QHP or in another Insurance Affordability Program.
- c. <u>Compliance with Agreement</u>. Web-broker acknowledges and agrees that its relationship with the FFE is contingent upon compliance with the terms of this Agreement and any applicable existing and future laws, statutes, and regulations as of their effective dates, including but not limited to the following:
  - i. All applicable state laws related to agents and brokers in each state in which Webbroker operates, including but not limited to:
    - 1. Maintaining valid licensure in every state that Web-broker offers QHPs through the FFE;

<sup>3</sup> 78 Federal Register 8538, March 6, 2013.

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<sup>&</sup>lt;sup>2</sup> Available at http://www.cciio.cms.gov/resources/regulations/index.html

- 2. Ensuring Web-brokers' employees, contractors, agents, or representatives who assist Consumers, Applicants, and Enrollees with QHP enrollment in a particular state are licensed in that state;
- 3. Compliance with state laws related to appointments, as a condition of enrolling Consumers, Applicants, and Enrollees in QHPs through the FFE.
- ii. The Affordable Care Act and all applicable current and future regulations and guidance, including
  - 1. Requirements set forth in 45 CFR 155.220(c)(3):
  - 2. Registration and training requirements set forth in 45 CFR 155.220(d) for Web-broker and Web-brokers' employees that assist Consumers, Applicants and Enrollees in eligibility applications or enrollment in QHPs through the FFE:
  - 3. All other applicable federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), Section 6103(b)(2) of the Internal Revenue Code, the Federal Privacy Act, and the Federal Information Security Management Act;
  - 4. Ensuring Web-brokers' employees, contractors, agents, or representatives that may access data and PII Web-broker receives from the Hub, comply with minimum FFE privacy and security standards pursuant to 45 CFR 155.260; and
  - 5. In accordance with future regulations and guidance, prominently displaying language that notifies Consumers, Applicants, and Enrollees that Web-broker has entered into this Agreement with CMS, and has agreed to conform to web site display, privacy, and security standards of the FFE.
- d. <u>Amendment of Agreement</u>. Web-broker acknowledges that during the term of this Agreement, CMS may amend this Agreement to incorporate any additional standards required by statute and any regulations or policies implementing or interpreting such statutory provisions. Notwithstanding the foregoing, should there be any conflict or inconsistency between the standards and obligations in this Agreement and any statutory, regulatory, or sub-regulatory guidance released by CMS, Web-broker must comply with the statutory, regulatory, and sub-regulatory standards released by CMS.
- e. <u>FFE Privacy and Security Policy</u>. Web-broker agrees that as a condition of this Agreement, it will implement and comply with all existing and future privacy and security standards adopted by the FFE, and any sub-regulatory guidance issued or published by CMS as it relates to those privacy and security requirements.
  - i. Web-broker agrees that, as a condition of this Agreement, it will require its employees, contractors, agents or representatives who collect PII from Consumers, Applicants, or Enrollees, to use, disclose or gain access to PII provided by the FFE through the Hub, or otherwise assist Consumers, Applicants, or Enrollees, with obtaining eligibility determinations or enrolling in Insurance Affordability Programs, to comply with FFE or CMS privacy and security standards and any privacy and security standards that Web-broker must or may implement to comply with the terms and conditions of this Agreement, including but not limited to:
    - 1. Proper and timely destruction of PII;
    - 2. Record-keeping requirements for PII collection, creation, use, and disclosure;
    - 3. Sufficient training in all FFE and CMS privacy and security standards for Web-broker's employees, contractors, agents or representatives, who may come into contact with PII or other information provided by a Consumer, an Applicant, or an Enrollee or from the Hub; and

- 4. Appropriate actions against any employee, contractor, agent or representative who fails to comply with the applicable privacy and security standards.
- ii. <u>Security and Technical Standards</u>. Web-broker agrees to comply with all current and future FFE and CMS technical, security, management, and control requirements, including but not limited to *MARS-E* requirements associated with the implementation and usage of information exchanged through the Hub.
- iii. <u>Data Received.</u> Subject to the terms and conditions of this agreement and applicable laws, in performing the tasks contemplated under this Agreement, Web-broker may collect and/or access the following data and PII of an applicant, including but not limited to:

Category	Description <sup>4</sup>
Personally	APTC percentage and amount applied
Identifiable	Auto disenrollment information
Information	Applicant Name
	Applicant Address
	Applicant Birthdate
	Applicant Telephone number
	Applicant Email
	Applicant spoken and written language preference
	Applicant Medicaid Eligibility indicator, start and end dates
	Applicant Children's Health Insurance Program eligibility indicator, start and end dates
	Applicant QHP eligibility indicator, start and end dates
	Applicant APTC percentage and amount applied eligibility indicator, start and end dates
	Applicant Maximum APTC amount
	Applicant CSR eligibility indicator, start and end dates
	Applicant CSR level
	Applicant QHP eligibility status change
	Applicant APTC eligibility status change
	Applicant CSR eligibility status change
	Applicant Initial or Annual Open Enrollment Indicator, start and end dates
	Applicant Special Enrollment Period eligibility indicator and reason code
	Contact Name
	Contact Address
	Contact Birthdate
	Contact Telephone number
	Contact Email
	Contact spoken and written language preference
	Enrollment group history (past six months)
	Enrollment type period
	FFE Applicant ID
	FFE Member ID
	Issuer Member ID
	Net premium amount
	Premium Amount, start and end dates
	Special enrollment period reason
	Subscriber Indicator and relationship to subscriber
	Tobacco use indicator and last date of tobacco use
Affordable Care	Any QHP data provided to the Web-broker by the FFE, including benefit, rate factors,
Act Program Data	premium, cost-sharing, service area, and quality rating data

<sup>&</sup>lt;sup>4</sup> Consistent with section 1411(b)(1) of the Affordable Care Act, the applicant information fields listed in this table also includes the personally identifiable information of other individuals on whose behalf an applicant seeks coverage.

- iv. <u>Permissible Uses and Disclosures.</u> Web-broker shall use or disclose the data/PII it receives from Consumers, Applicants, Enrollees, or the Hub, only to perform the specific functions expressly authorized in this Agreement, including:
  - 1. Display of all QHPs available through the FFE;
  - 2. Support the selection of a QHP and the enrollment in a QHP;
  - 3. Facilitation of the application for and the receipt of APTCs, and the collection of standardized attestations acknowledging the receipt of the APTC determination, if applicable;
  - 4. Inform Consumers, Applicants, or Enrollees of eligibility for Medicaid or Children's Health Insurance Program (CHIP);
  - 5. Transmission of information about the Consumer, Applicant, or Enrollee's decisions regarding QHP enrollment and/or CSR and APTC information from the Web-broker's web site to the FFE;
  - 6. Facilitation of payment of the initial premium amount;
  - 7. Support of an Enrollee's ability to disenroll from a QHP;
  - 8. Facilitation of an Enrollee's ability to report changes in eligibility status to the FFE:
  - 9. Maintenance of an electronic record of information related to health care coverage enrollment activity on the Web-broker's web site for a period of 10 years.
- v. Restrictions on Use. Pursuant to 1411(g), Web-broker agrees that it, and any of its employees, contractors, agents or representatives to whom it discloses the data/PII it receives from the Consumers, Applicants, or Enrollees, or the Hub, may use such information only for the purposes of, and to the extent necessary, in verifying the eligibility of Consumers, Applicants, or Enrollees to enroll in a QHP, or for Consumers, Applicants, or Enrollees to claim an APTC or CSR or obtain the amount of the APTC or CSR. Web-broker shall implement and use appropriate safeguards to protect the data/PII from misuse or inappropriate disclosure and to prevent any use or disclosure of the data/PII other than as provided for in this Agreement, or as otherwise required by law or regulation.
- vi. Civil Penalties for Unauthorized Use or Disclosure of Information. If Web-broker knowingly and willfully uses or discloses any Consumer's, Applicant's, or Enrollee's PII, including citizenship or immigration status, social security number, or personal income information, for purposes not authorized by a law, regulation, or this Agreement, in violation of section 1411(g) of the Affordable Care Act, Web-broker may be subject to a civil penalty of not more than \$25,000 per person or entity, per use or disclosure, in addition to other penalties that may be prescribed by law.
- vii. <u>Survival</u>. Web-broker's duty to protect and maintain the privacy and security of PII under this Agreement shall survive the termination of this Agreement.
- f. <u>Compensation</u>. CMS will not compensate Web-broker for any service it provides to Consumers, Applicants, and Enrollees in the FFE.

#### 4. Termination.

a. <u>Right to Termination without Cause</u>. Web-broker may terminate this Agreement at any time, without cause, by complying with the termination standards adopted by the FFE.

- b. <u>Termination with Cause</u>. At its sole discretion, CMS may revoke Web-broker's access to the Hub or terminate this Agreement and Web-broker's relationship with the FFE, with or without notice, at any time, in accordance with the standards adopted by the FFE, if CMS determines that Web-broker materially breached any term of this Agreement or applicable laws, including but not limited to potential unlawful use or disclosure of PII, or to protect the security and integrity of the Hub or other FFE-related information systems.
- c. <u>Opportunity to Cure</u>. Upon notice of revocation or termination from CMS, Web-broker agrees to correct any breach of this Agreement through good-faith negotiation with, and to the satisfaction of CMS, in accordance with the standards adopted by the FFE.
- d. <u>Reconsideration of Revocation or Termination</u>. Web-broker shall comply with the standards adopted by the FFE when requesting reconsideration or appeal of any action taken by CMS to revoke access to the Hub or terminate this Agreement.
- 5. Representations and Warranties. Web-broker agrees that by utilizing the Hub, it accepts risks associated with the sharing of information and data between CMS and Web-broker, and shall not hold CMS responsible for any resulting damages or losses. CMS does not provide any warranty or guarantee regarding the timeliness, accuracy, efficacy, or technology capabilities of any transactions involving the Hub.

# Appendix A: Web-broker Best Practices for the FFE Individual Market

CMS acknowledges that Web-brokers will provide a critical service in assisting Consumers, Applicants, or Enrollees<sup>5</sup> in obtaining healthcare coverage through Qualified Health Plans ("QHPs"), with applying for advance payments of premium tax credit ("APTCs") and cost-sharing reductions ("CSRs") for Qualified Health Plans ("QHPs"), and/or completing enrollment in QHPs through the FFE. Accordingly, CMS has identified the following best practices applicable to Web-brokers and Web-broker's employees, agents, contractors, and representatives assisting Consumers, Applicants, or Enrollees with individual market coverage through the FFE:

- 1. Offer a QHP plan selection process on Web-broker's web site that does not display sponsored links or paid advertising related to health insurance products for the FFE individual market;
- 2. Offer non-QHP health plans or non-QHP ancillary products on a separate web page from the QHP web pages (notwithstanding the fact that Consumers, Applicants, or Enrollees may search for non-QHP health plans in a separate page of Web-broker's web site other than QHP web pages);
- 3. If the web-broker is not appointed by every QHP issuer offering a QHP in a state, prominently display language that notifies Consumers, Applicants, or Enrollees that the Web-broker is not appointed with every QHP displayed on its web site;
- 4. If a Consumer, Applicant, or Enrollee expresses desire to enroll in a QHP for which Web-broker is not appointed by the QHP issuer as required by state law, direct them to the FFE;
- 5. Communicate to Consumers, Applicants, or Enrollees that they are not required to receive assistance from the Web-broker to enroll in a QHP, and that they can receive information about all available QHPs through the FFE;
- 6. Act in the best interest of Consumers, Applicants, or Enrollees when presenting QHP options based upon the preferences and needs of the Consumers, Applicants, or Enrollees, regardless of the compensation or appointment relationship between the Web-broker and issuers;
- 7. Refrain from steering a Consumer, Applicant, or Enrollee to a particular QHP based on financial or other non-financial factors that do not reflect Consumer, Applicant, or Enrollee preferences;
- 8. Assist all members of a family, including individuals who are ultimately determined eligible for Medicaid or the Children's Health Insurance Program (CHIP), and refer individuals who are determined eligible for Medicaid or CHIP to the appropriate resources;
- 9. If Web-broker or Web-broker's employees' licenses are revoked by state licensing entity, notify CMS of the license revocation in a timely manner;
- 10. If Web-broker elects to terminate its relationship with the FFE without cause, either notify the Consumers, Applicants, or Enrollees as of the date of the termination notice or complete the assistance for the Consumers, Applicants, or Enrollees.

<sup>&</sup>lt;sup>5</sup> These terms have the meaning set forth in the "Definitions" section of the "Agreement between Web-Brokers and the Centers for Medicare and Medicaid."

This "Agreement between Web-Brokers and the Centers for Medicare & Medicaid Services" has been signed by:

# FOR THE WEB-BROKER

The undersigned is an official of Web-broke Web-broker for purposes of this Agreemen	dersigned is an official of Web-broker who is authorized to represent and bind the oker for purposes of this Agreement.		
Name and Title of Senior Official	Date		
Entity Name			

Entity Address

This "Agreement between Web-Brokers and the Centers for Medicare & Medicaid Services" has been signed by:

# FOR THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

The undersigned are officials of CMS who are authorized to represent CMS for purposes of this Agreement.

James Kerr Acting Deputy Director, Operations Center for Consumer Information & Insurance Oversight Centers for Medicare & Medicaid Services	Date	
Tony Trenkle Director and CMS Chief Information Officer Office of Information Services	Date	

Centers for Medicare & Medicaid Services

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#### DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

200 Independence Avenue SW Washington, DC 20201

**Date:** INSERT DATE

From: Center for Consumer Information and Insurance Oversight

**Title:** Affordable Insurance Exchanges Guidance

**Subject:** Role of Agents, Brokers, and Web-brokers in Affordable Insurance Exchanges

Consumers who access health insurance coverage through an Exchange will be able to receive assistance from a variety of sources, including in-person, online, and telephone support. Agents and brokers, including web-brokers, will also play a role in educating consumers about Exchanges and insurance affordability programs, and in helping consumers receive eligibility determinations, compare plans, and enroll in coverage. In particular, CMS anticipates that agents and brokers will play a critical role in helping qualified employers and employees enroll in coverage through the Small Business Health Options Programs (SHOP).

Section I of this document provides a high-level overview of the role of agents and brokers, including web-brokers, in Federally-facilitated and State Partnership Marketplaces. In section II, we address common questions raised by states and other stakeholders on the role of agents and brokers, including web-brokers, in all Marketplaces – including State-based Marketplaces.

# INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

# I. Role of Agents, Brokers, and Web-brokers in Federally-facilitated and State Partnership Marketplaces

Where permitted under state law, CMS will work with agents and brokers to assist consumers in completing the eligibility application, comparing and selecting QHPs, and submitting enrollments through the Marketplace.

Agents and brokers will be able to assist consumers through either of two pathways: an issuer-based pathway, in which the agent or broker can use an issuer's website to assist the consumer, or a Marketplace pathway, in which the agent or broker can assist the consumer on the Marketplace website. In either pathway, the Marketplace will transmit an agent or broker's identifying information to the appropriate issuer to facilitate payment as part of the official enrollment transaction; in addition, both pathways will support initial enrollment and changes during the coverage year, including changes that impact eligibility. More information about each pathway is included below.

# Pre-registration with the Marketplace

In states where an FFM or SPM is operating, all agents and brokers will need to register with CMS before assisting consumers. We expect that an online registration process administered by CMS will begin in late summer 2013, prior to open enrollment. The registration process will consist of three steps:

- (1) First, the agent or broker will confirm his or her identity by answering a number of simple questions online.
- (2) Second, the agent or broker will complete a Marketplace-specific online training course.
- (3) Third, the agent or broker will agree to comply with existing federal and state privacy and security policies when working with consumers in the Marketplace.

Once an agent or broker has completed these three steps, he or she will receive an active FFM user ID. This user ID is the agent or broker's unique identifier in the Marketplace, and is essential for facilitating compensation by an issuer.

Agents and brokers, including web-brokers, will need to comply with applicable Marketplace privacy and security standards. CMS expects to issue additional guidance in this area in the future.

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# Issuer-based Pathway for Assisting Consumers

Today, many agents and brokers use issuer websites and other resources to assist consumers. The issuer-based pathway builds on these existing processes to allow an agent or broker to assist consumers in the Marketplace. This pathway will be available to agents and brokers who are assisting individual consumers in 2014.

Agents and brokers will need to establish relationships with issuers before accessing this pathway. CMS expects that this process will include licensure verification, registration verification, and other elements at the discretion of the issuer and consistent with state law. Agents and brokers should provide copies of their training certificates and FFM user IDs to issuers as part of the appointment process.

To initiate this pathway, the agent or broker will log on to the issuer's agent website. Once the consumer determines that he or she would like to apply for coverage through the Marketplace, the agent or broker will be securely redirected from the issuer's agent website to the Marketplace website to complete the eligibility application. As part of this discussion with the consumer, CMS expects that the agent or broker will inform the consumer that he or she may visit the Marketplace website, where additional plan choices are available. The agent or broker will use his or her CMS FFM user ID to access the Marketplace website.

Once the agent or broker has completed the application with the consumer and received the consumer's eligibility determination from the Marketplace, the agent or broker will be securely redirected to the issuer's agent website to assist the consumer with plan comparison, plan selection, and enrollment. The agent or broker's identifying information will be included on the official enrollment record sent to the issuer.

# Marketplace Pathway for Assisting Consumers

The Marketplace pathway will allow an agent or broker to assist consumers directly on the Marketplace website. This pathway will be available to agents and brokers who are assisting individual consumers, qualified employers, and employees in 2014.

In this pathway, the consumer, employer, or employee will log directly into his or her own Marketplace account. The agent or broker may assist the consumer in creating his or her account if needed, but the consumer must create his or her own Marketplace username and password.

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After the consumer has created a username and password, the agent or broker and the consumer will work together to complete the eligibility application. The consumer will be prompted to enter the agent or broker's FFM user ID and national producer number (NPN) on the application to indicate that the agent or broker assisted the consumer.

After the consumer receives an eligibility determination, the agent or broker can assist the consumer in comparing QHPs on the Marketplace website and submitting the consumer's selection. As with the eligibility application, the consumer will enter the agent or broker's FFM user ID and NPN as part of the enrollment transaction to indicate that the agent or broker assisted the consumer with plan selection and enrollment.

#### INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

# **II. Questions and Answers**

The following questions and answers provide additional detail and clarification on the role of agents and brokers in all Marketplaces, including State-based Marketplaces.

1. Can a State-based Marketplace (SBM) establish a commission schedule or pay commissions? How will FFMs and SPMs address compensation?<sup>1</sup>

Nothing in the Exchange regulation prohibits a state from establishing laws, regulations and standards for issuer compensation of agents or brokers, including for enrolling individuals through that state's Marketplace. Accordingly, SBMs may establish parameters for compensating agents and brokers, including direct compensation from the Marketplace, or allowing issuers to pay commissions. Where issuers pay commissions to agents or brokers, we encourage SBMs to consider providing information to issuers to facilitate these transactions (*e.g.*, by providing the agent or broker's national producer number or state license number).

FFMs, including SPMs, will not establish a commission schedule or pay commissions directly to agents or brokers. As is the case in the market today, we expect that the amount and terms of any commission would be negotiated by the issuer and the agent or broker. However, we note that HHS has established a QHP certification standard for issuers seeking certification in FFMs and Federally-facilitated SHOP (FF-SHOP) that would require the QHP issuer to pay the same agent and broker compensation for enrollment through the Marketplace and for enrollment in similar health plans offered outside the Marketplace.<sup>2</sup> CMS will evaluate this approach in the future. As described in Section I of this document, FFMs and SPMs will transmit agent and broker identifying information to issuers to facilitate payment.<sup>3</sup>

2. May a state participating in a State Partnership Marketplace modify processes and infrastructure for agents and brokers, including for training and registration?

For Federally-facilitated Marketplaces and State Partnership Marketplaces, CMS will be responsible for registering agents and brokers and conducting Exchange-related training.

<sup>&</sup>lt;sup>1</sup> Compensation includes commissions, fees, or other incentives as established in the relevant agreement between an issuer and an agent or broker.

<sup>&</sup>lt;sup>2</sup> HHS Notice of Benefit and Payment Parameters (78 F.R. 15410 – 15541). Available at: http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf.

<sup>&</sup>lt;sup>3</sup> Agents and brokers who are acting as Navigators may not receive compensation from issuers.

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Upon completion of the registration and training, agents and brokers will complete a privacy and security attestation and obtain a FFM user ID.

States will continue to license and regulate agents and brokers, including those who assist consumers in the Marketplace. States will also continue to establish licensure and continuing education requirements for agents and brokers, and may require additional state-specific training as a condition of licensure. However, the FFM will not be able to accommodate state-specific training requirements for 2014.

3. When assisting qualified individuals enrolling through a Marketplace, must an agent or broker display all QHPs? Must an agent or broker be able to enroll individuals in all QHPs?

With the exception of web-brokers, the Exchange regulation does not require agents and brokers to display all QHPs or to facilitate enrollment into all QHPs (*see* 45 C.F.R. §155.220). SBMs have discretion to implement policies that would require agents and brokers to display all QHPs. For example, SBMs may establish additional requirements for QHP issuers under state law or as part of the SBM's QHP certification process, consistent with the Exchange final rule. SBMs may also consider providing information on agent and broker relationships with issuers, including issuer appointment and compensation arrangements, to consumers.

In FFMs and SPMs, CMS will not require agents and brokers to facilitate enrollment into all available QHPs. All agents and brokers must comply with applicable state laws, regulations, and Exchange requirements, including standards related to relationships or appointments with issuers.<sup>5</sup>

4. What happens if an individual working with an agent or broker is determined to be eligible for Medicaid or CHIP?

We expect that agents and brokers who are approached by individuals and families looking for assistance with Marketplace enrollment will work with all consumers, including individuals who are ultimately determined to be eligible for Medicaid or CHIP. Any individual who is working with a registered agent or broker and is determined by a Marketplace to be eligible for Medicaid or CHIP will receive an appropriate notice of

<sup>&</sup>lt;sup>4</sup> As noted in the response to question 12 in this document, web-brokers must display and facilitate enrollment into all QHPs available in an Exchange because they are acting as an alternate portal for selecting a QHP.

<sup>&</sup>lt;sup>5</sup> CMS has also issued Minimum Acceptable Risk Standards for Exchanges (MARS-E) requirements. The MARS-E baseline was established in a collaboration with the Internal Review Service and other key stakeholders, and is based on the National Institute of Standards and Technology Special Publication 800-53 (NIST SP 800-53) and IRS Publication 107.

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assessment or determination of Medicaid/CHIP eligibility from the Marketplace.<sup>6</sup> In such cases, we expect that the agent or broker would refer the individual to state Medicaid agency. We anticipate that agent and broker training will provide information on where to direct Medicaid or CHIP-eligible clients.

5. How will agents and brokers work with qualified employers in FF-SHOPs?

Agents and brokers who are assisted qualified small employers in enrolling through an FF-SHOP will use the Marketplace pathway described in Section I of this document. With the introduction of employee choice – in which employees of a single qualified employer may select QHPs offered by different carriers – in 2015, CMS believes that the Marketplace pathway is more appropriate for agents and brokers who are working with customers in FF-SHOPs. [Note to reviewers: this response subject to change. CCIIO is finalizing the agent/broker solution for SHOP].

6. To what extent can agents and brokers continue communicating with consumers after they have been enrolled in a QHP through a Marketplace?

Agents and brokers (including web-brokers) may continue to communicate with qualified individuals after they have enrolled in a QHP, to the extent that such communications comply with applicable state law and regulations and the QHP issuer's agreement with the agent or broker. Such communication also must comply with the privacy and security standards adopted by the Marketplace pursuant to 45 C.F.R. §155.260, which limit how an agent or broker may use any information gained as part of providing assistance and services to a qualified individual. CMS expects to issue additional guidance on privacy and security requirements for non-Marketplace entities in the future. With respect to the FF-SHOP, HHS expects that agents and brokers will be in continual contact with employers both before and after enrollment, as they will serve as a primary contact for customer service issues for employers.

7. How will FFMs oversee agent and broker activity?

Agents and brokers, including web-brokers, seeking to enroll qualified individuals through a Marketplace, including an FFM or State Partnership Marketplace, must be licensed as an agent or broker by the state and adhere to all applicable state law. We expect that states will maintain their current roles overseeing agents and brokers in their insurance markets. FFMs will work with state departments of insurance to coordinate oversight activities related to

<sup>&</sup>lt;sup>6</sup> For more information on Medicaid and CHIP eligibility assessments versus determinations, please see XXX. INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

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agents and brokers. For example, CMS expects to refer information on potential misconduct to state regulators.

We note that agents and brokers would also need to adhere to any agreements they have executed with specific QHP issuers. We do not expect FFMs to have a role in connection with such agreements, provided that they do not violate applicable laws, regulations, and requirements.

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# DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

200 Independence Avenue SW Washington, DC 20201

**Date:** May 1, 2013

From: Center for Consumer Information and Insurance Oversight

Title: Health Insurance Marketplace Guidance

**Subject:** Role of Agents, Brokers, and Web-brokers in Health Insurance Marketplaces

Consumers who access health insurance coverage through an Affordable Insurance Exchange, or Health Insurance Marketplace, will be able to receive assistance in a variety of ways, including in-person, online, and through telephone support. Agents and brokers, including web-brokers, are among those who will play a role in educating consumers about Marketplaces and insurance affordability programs, and in helping consumers receive eligibility determinations, compare plans, and enroll in coverage. In particular, CMS anticipates that agents and brokers will play a critical role in helping qualified employers and employees enroll in coverage through the Small Business Health Options Programs (SHOPs).

Section I of this document provides a high-level overview of the role of agents and brokers, including web-brokers, in Federally-facilitated Marketplaces and State Partnership Marketplaces. In section II, we address common questions raised by states and other stakeholders on the role of agents and brokers in all Marketplaces – including State-based Marketplaces. In section III, we address questions specific to web-brokers. Finally, the Appendix includes process flows for both pathways.

# I. Role of Agents and Brokers in Federally-facilitated and State Partnership Marketplaces

Where permitted under state law, CMS will work with agents and brokers to assist consumers in completing the eligibility application, comparing and selecting qualified health plans (QHPs), and enrolling consumers through the Marketplace.

Agents and brokers intending to work with consumers in Federally-facilitated and State Partnership Marketplaces will be able to assist consumers in two ways: (a) an issuer-based pathway, through which an agent or broker uses an issuer's website to assist the consumer; or (b) a Marketplace pathway, through which an agent or broker assists the consumer using the Marketplace website. As explained in more detail below, both pathways will transmit to the Marketplace an agent's or broker's identifying information to the appropriate issuer to facilitate the issuer's payment to the agent or broker for each enrollment transaction. In addition, either pathway will allow an agent or broker to assist a qualified individuals and/or employers and employees with initial enrollment and changes during the coverage year, including changes that impact eligibility (e.g., adding a dependent). More information about each pathway is included below.

# A. Registration with the Marketplace

In states where a Federally-facilitated or State Partnership Marketplace is operating, all agents and brokers must register with CMS so that they may assist qualified individuals for individual Marketplace coverage. We expect that an online registration process administered by CMS will begin in the summer of 2013, prior to open enrollment. In completing the registration process, the agent or broker will:

- (1) Confirm his or her identity by answering a number of simple questions online.
- (2) Complete a Marketplace-specific online training course.
- (3) Agree to comply with federal and state laws, rules, standards and policies, including those related to privacy and security policies, as a condition of working with consumers in the Marketplace.

Once an agent or broker has completed these three steps, he or she will receive an active Federally-facilitated Marketplace user ID. This user ID is the agent or broker's unique identifier in the Marketplace, and it, along with the agent's or broker's national producer number (NPN), will be essential for the agent or broker to receive compensation from an issuer.

<sup>&</sup>lt;sup>1</sup> CMS also encourages agents and brokers working exclusively in SHOPs to register and complete training.

# B. Issuer-based Pathway for Assisting Consumers

Many agents and brokers already use issuer websites to assist consumers, and will be able to continue using issuer websites to work with consumers in the Federally-facilitated Marketplaces. This issuer-based pathway will be available to agents and brokers who are assisting individual consumers starting in the fall of 2013.

As is the case today, agents and brokers will be appointed by issuers; issuers will check the agent's or broker's licensure status and will verify an agent or broker's registration with the Federally-facilitated or State Partnership Marketplace. Agents and brokers will provide copies of their Federally-facilitated Marketplace training certificates and user IDs to issuers as part of the appointment process.

An agent or broker initiates this pathway by logging on to the issuer's website. Once the consumer determines that he or she would like to apply for coverage through the Federally-facilitated Marketplace, the agent or broker will be securely redirected from the issuer's agent website to the Marketplace website to complete the eligibility application, using his or her Federally-facilitated Marketplace user ID to access the Marketplace website. The agent or broker will be prompted to enter his or her Federally-facilitated Marketplace user ID and NPN as part of the eligibility application. As part of the discussion with the consumer, CMS expects that the agent or broker will inform the consumer that the agent or broker will provide information for certain QHPs with which he or she has a business relationship, but that the consumer could directly access the Federally-facilitated Marketplace website, where additional QHP information and choices are available.

Once the agent or broker has completed the application with the consumer and received the consumer's eligibility determination from the Federally-facilitated Marketplace, the agent or broker will be securely redirected to the issuer's website to assist the consumer with plan comparison, plan selection, and enrollment. The agent's or broker's identifying information will be included in the official Federally-facilitated Marketplace enrollment record sent to the issuer.

# C. Marketplace Pathway for Assisting Consumers

An agent or broker will also be able to assist consumers directly on the Federally-facilitated Marketplace website using the Marketplace pathway. In fall 2013, agents and brokers will be able to use this pathway to help enroll qualified individuals with individual Marketplace options, as well as qualified employers and employees with SHOP options.

In the Marketplace pathway, the consumer, employer, or employee will log directly into his or her own Marketplace account. The agent or broker may assist the consumer in creating his or her account if needed, but the consumer or a legally authorized representative must create his or her own Marketplace username and password and should not share this information with third parties, including agents and brokers.

The agent or broker will then work with the consumer to complete the eligibility application. The consumer will be prompted to enter the agent or broker's Federally-facilitated Marketplace user ID and NPN on the application to indicate that the agent or broker assisted the consumer.

After the consumer receives an eligibility determination, the agent or broker can assist the consumer in comparing QHPs on the Marketplace website and submitting the consumer's selection. All plan choices will be displayed. As with the eligibility application, the consumer will enter the agent's or broker's Federally-facilitated Marketplace user ID and NPN as part of the enrollment transaction to indicate that the agent or broker assisted the consumer with plan selection and enrollment.

To the extent permitted by a state, starting with the initial open enrollment period beginning in October 2013, CMS intends to work with web-brokers that meet all applicable requirements to provide an alternate option to help consumers select QHPs online. Please see section III for more information about web-brokers in the Federally-facilitated Marketplace.

# **II. Questions and Answers**

The following questions and answers provide additional detail and clarification on the role of agents and brokers in all Marketplaces, including State-based Marketplaces.

 Can a State-based Marketplace establish a commission schedule or pay commissions? How will Federally-facilitated Marketplaces, including State Partnership Marketplaces, address compensation?<sup>2</sup>

Nothing in the Exchange final rule prohibits a state from establishing laws, regulations and standards for issuer compensation of agents or brokers, including for enrolling individuals through that state's Marketplace. Accordingly, State-based Marketplaces may establish parameters for compensating agents and brokers, by direct compensation from the Marketplace, or by having issuers pay commissions. If issuers will be paying commissions to agents or brokers, we encourage State-based Marketplaces to consider providing information to issuers to facilitate these transactions (*e.g.*, by providing the agent or broker's national producer number or state license number).

Federally-facilitated Marketplaces, including State Partnership Marketplaces, will not establish a commission schedule or pay commissions directly to agents or brokers. As is the case in the market today, we expect that the amount and terms of any commission would be negotiated by the issuer and the agent or broker. However, we note that HHS has established a QHP certification standard for issuers seeking certification in Federally-facilitated Marketplaces and Federally-facilitated SHOPs (FF-SHOPs) that would require QHP issuers to pay the same agent and broker compensation for enrollment through the Federally-facilitated Marketplaces and FF-SHOPs and for enrollment in similar health plans offered outside the Federally-facilitated Marketplaces and FF-SHOPs.<sup>3</sup> CMS will re-evaluate this approach in the future. As described in Section I of this document, Federally-facilitated Marketplaces and State Partnership Marketplaces will transmit agent and broker identifying information to issuers to facilitate payment.<sup>4</sup>

2. May a state participating in a State Partnership Marketplace modify processes and infrastructure for agents and brokers, including for training and registration?

For Federally-facilitated Marketplaces, including State Partnership Marketplaces, CMS will be responsible for registering agents and brokers and conducting Marketplace-related training.

<sup>&</sup>lt;sup>2</sup> Compensation includes commissions, fees, or other incentives as established in the relevant agreement between an issuer and an agent or broker.

<sup>&</sup>lt;sup>3</sup> HHS Notice of Benefit and Payment Parameters (78 F.R. 15410 – 15541). Available at: http://www.gpo.gov/fdsys/pkg/FR-2013-03-11/pdf/2013-04902.pdf.

<sup>&</sup>lt;sup>4</sup> Agents and brokers who are acting as Navigators may not receive compensation from issuers.

Upon completion of the registration and training, agents and brokers will complete a privacy and security agreement and obtain a Federally-facilitated Marketplace user ID.

States will continue to license and regulate agents and brokers, including those who assist consumers in the Marketplace. States will also continue to establish licensure and continuing education requirements for agents and brokers, and may require additional state-specific training as a condition of licensure. However, the Federally-facilitated Marketplace training will not include state-specific training requirements in 2014.

3. When assisting qualified individuals enrolling through a Marketplace, must an agent or broker display all OHPs? Must an agent or broker be able to enroll individuals in all OHPs?

With the exception of web-brokers, the Exchange final rule does not require agents and brokers to display all QHPs or to facilitate enrollment into all QHPs (see 45 C.F.R. §155.220). State-based Marketplaces have discretion to implement policies that would require agents and brokers to display all QHPs. For example, State-based Marketplaces may establish additional requirements for QHP issuers under state law or as part of the State-based Marketplace QHP certification process, consistent with the Exchange final rule. State-based Marketplaces may also provide information to consumers on agent and broker relationships with issuers, including issuer appointment and compensation arrangements.

In Federally-facilitated Marketplaces, including State Partnership Marketplaces, CMS will not require agents and brokers to facilitate enrollment into all available QHPs. If the agent or broker is using the Marketplace pathway to assist consumers, all QHP choices will be displayed. All agents and brokers must comply with applicable state laws, regulations, and Marketplace requirements, including standards related to relationships or appointments with issuers.

4. What happens if an individual working with an agent or broker is determined to be eligible for Medicaid or CHIP?

We expect that agents and brokers who are approached by individuals and families looking for assistance with Marketplace enrollment will work with all consumers, including individuals who are ultimately determined to be eligible for Medicaid or CHIP. Any individual who is working with a registered agent or broker and is determined by a

<sup>&</sup>lt;sup>5</sup> As noted in the response to question 11 in this document, web-brokers must display all QHPs available in a Marketplace.

<sup>&</sup>lt;sup>6</sup> Agents and brokers who are acting as Navigators would be required to facilitate enrollment into all available QHPs.

<sup>&</sup>lt;sup>7</sup> CMS has also issued Minimum Acceptable Risk Standards for Exchanges (MARS-E) requirements. The MARS-E baseline was established in a collaboration with the Internal Review Service and other key stakeholders, and is based on the National Institute of Standards and Technology Special Publication 800-53 (NIST SP 800-53) and IRS Publication 107.

Marketplace to be eligible for Medicaid or CHIP will receive an appropriate notice of assessment or determination of Medicaid/CHIP eligibility from the Marketplace. In such cases, we expect that the agent or broker would refer the individual to state agency. We anticipate that agent and broker training will provide information on where to direct Medicaid or CHIP-eligible individuals.

5. How will agents and brokers work with qualified employers in FF-SHOPs?

Agents and brokers who assist qualified small employers in enrolling through an FF-SHOP will use the Marketplace pathway, except that agents and brokers will not be required to obtain a Federally-facilitated Marketplace user ID. As in the Marketplace pathway for consumers shopping for individual coverage, the SHOP application will include a field in which the employer or agent/broker can enter a Federally-facilitated Marketplace user ID (if applicable) and/or NPN. This information will be transmitted to the QHP issuer selected by the employer as part of the group enrollment.

6. To what extent can agents and brokers continue communicating with consumers after they have been enrolled in a QHP through a Marketplace?

Agents and brokers (including web-brokers) may continue to communicate with qualified individuals after they have enrolled in a QHP, to the extent that such communications comply with applicable laws and regulations. Such communication also must comply with the privacy and security standards adopted by the Marketplace pursuant to 45 C.F.R. §155.260, which limit how an agent or broker may use any information gained as part of providing assistance and services to a qualified individual. CMS expects to issue additional rulemaking on privacy and security requirements for non-Marketplace entities. With respect to the FF-SHOP, CMS expects that agents and brokers will be in continual contact with employers both before and after enrollment, as they will serve as a primary contact for customer service issues for employers.

# III. Additional Guidance for Web-brokers

45 C.F.R. 155.220(c)(3) establishes requirements that would apply when consumers in the Health Insurance Marketplaces for individual health insurance products select a QHP through an agent's or broker's website. CMS refers to such agents or brokers who enroll consumers through public-facing websites as "web-brokers." We expect web-brokers to provide another option for consumers seeking to enroll in QHPs through the Marketplaces for individual products, alongside traditional agents and brokers who will also be assisting consumers enroll through the Marketplace.

CMS recognizes that many consumers currently purchase insurance online from web-brokers. This guidance answers common questions about the role of web-brokers in Marketplaces.

7. Can State-based Marketplaces work with web-brokers?

Yes. In addition to operating its own Marketplace website, a State-based Marketplace can work with web-brokers to provide an alternate plan selection option for consumers. States may allow web-brokers to use their websites to provide consumer information for comparing and selecting QHPs, subject to the standards specified in 45 C.F.R. 155.220(c) for individual market QHPs.

State-based Marketplaces must continue to perform eligibility determination functions as set forth in subpart D of part 155 of the Exchange final rule and transmit enrollment information to QHP issuers for all individuals enrolling through the Marketplace – including those who enroll through the Marketplace with the assistance of web-brokers – as described in 45 C.F.R. 155.400.

8. Will Federally-facilitated Marketplaces offer the web-broker option?

Yes. To the extent permitted by a state, beginning in October 2013, CMS intends to work with web-brokers that meet all applicable requirements to provide an alternate option to help consumers select QHPs online. Web-brokers will provide an additional channel for Federally-facilitated Marketplaces to reach consumers and to help them enroll in QHPs. CMS is developing the capability to support integration between the web-broker's website and the Federally-facilitated Marketplace's website using secure redirect and application programming interface mechanisms. The application programming interface will allow a qualified individual to initiate his or her shopping experience on the web-broker's website, connect securely to the Federally-facilitated Marketplace website to complete the eligibility application and determination process, and return securely to the web-broker's site to compare plans and select a QHP.

9. How will web-brokers working with Federally-facilitated Marketplaces obtain consumer and OHP data?

In Federally-facilitated Marketplaces, the application programming interface will facilitate the secure transmission of key eligibility and enrollment information between the Marketplace and the web-broker.

CMS will make available to web-brokers QHP data, including premium information, provided by issuers to CMS. CMS will provide further technical guidance on how QHP data will be conveyed to web-brokers. Web-brokers will also receive consumer-specific eligibility information via a secure redirect from the Marketplace. These data will include contact information for the application filer and the individual or family's eligibility determination, including information on the maximum advance payment of premium tax credit (APTC) and cost-sharing reductions for which the individual or family is eligible.

After the consumer selects a QHP and the APTC amount has been determined, the webbroker will transmit the individual or family's QHP selection, including the applicable premium, APTC amount that will be applied to the premium, and broker identifier, back to the Marketplace.

The Marketplace, as the system of record for all eligibility and enrollment transactions, will convey all enrollment information to appropriate QHP issuers, including information identifying the web-broker in order to facilitate compensation by the issuer. Individuals determined eligible for Medicaid and CHIP will be referred by the Marketplace to the appropriate state agency.

Given the sensitive nature of personally identifiable information, web-broker websites will be required to comply with all existing and future privacy and security standards established by HHS pursuant to 45 C.F.R. 155.260, related to the use and handling of personally identifiable information obtained during the enrollment process, regardless of whether the enrollment is completed. These security standards will also require authentication of consumers to prevent unauthorized access to sensitive information.

10. Under 45 C.F.R §155.220(c)(3)(iv), web-brokers must display all QHPs available through a Marketplace. Is the Federally-facilitated Marketplace establishing standards for appointments with issuers?

Web-brokers must display all QHPs available through a Marketplace, irrespective of compensation or appointment arrangements. Web-brokers must comply with all applicable

state law, including state law related to appointments, as a condition of enrolling individuals through the Marketplace. If a consumer intends to enroll in a QHP for which the web-broker does not hold an appointment, the web-broker should direct the consumer to the Federally-facilitated Marketplace.

11. In the Federally-facilitated Marketplace, will web-brokers be able to modify the display of QHPs presented on their websites? What consumer protections must web-brokers keep in mind?

In Federally-facilitated Marketplaces, CMS expects that the sort order of or sorting algorithm for QHPs will not steer a consumer to a particular QHP based upon financial consideration to the web-broker. CMS also expects that a web-broker will disclose to the consumer the specific source and nature of web-broker compensation and that the compensation does not affect the display of QHP options or the premiums charged. CMS expects that consumers will not be charged a separate transaction or service fee for shopping or enrolling in a QHP through a web-broker's services or website.

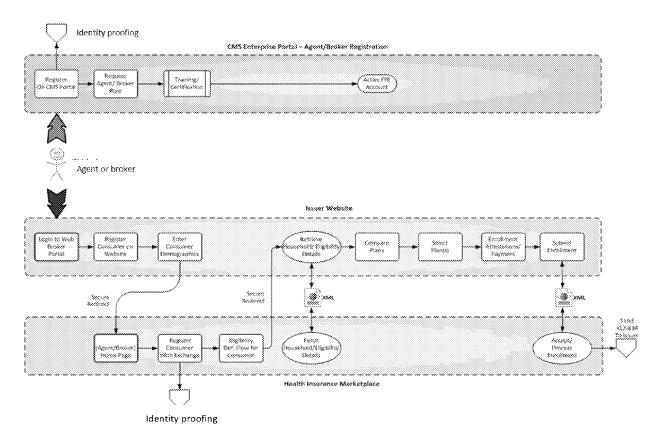
Web-brokers also may offer additional tools or decision support that the consumer can use to navigate or refine the display of QHPs. In addition, CMS expects web-brokers to display QHPs separately from non-QHPs, and offer a QHP plan selection experience that is free from advertisements or information for other health insurance-related products and sponsored links advertising health insurance-related products (e.g., an advertisement for a QHP issuer). Once a consumer has completed QHP plan selection and enrollment, the web-broker may offer the consumer the ability to search for additional products or services if desired. CMS expects that such offers will be made in a section of the web-broker's website that is separate from the QHP display.

A web-broker must adhere to the website disclosure and display standards specified in 45 C.F.R. 155.205(b)(1) and (c). In particular, we expect a web-broker to make available quality information on each QHP offered through a Marketplace easily accessible to consumers, including consumers with disabilities and limited English proficiency.

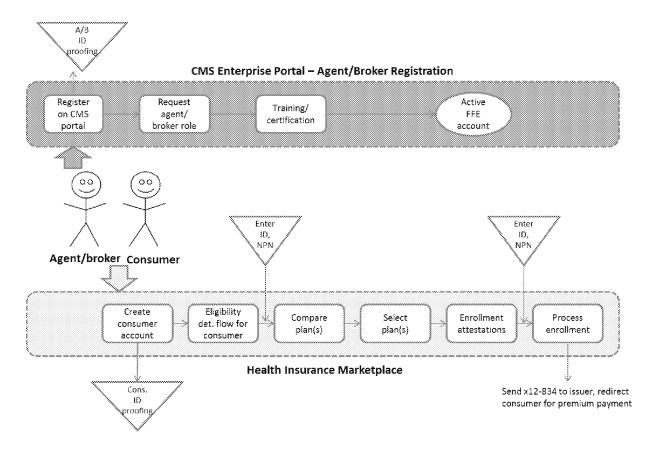
CMS also expects the web-broker to prominently display language explaining to consumers that the web-broker has entered into an agreement with CMS and has agreed to conform to website display and security standards in 45 C.F.R. 155.220(c)(3) and 155.260. Such language will also explain that the web-broker's website is distinct from the Federally-facilitated Marketplace website, and that consumers may opt to use the Federally-facilitated Marketplace website at any time. CMS will provide standard language that a web-broker may use on its website for this purpose in future guidance.

# Appendix: Process Flows for Agent/Broker Pathways

# Issuer-based Pathway



# Marketplace Pathway





# Federal Data Services Hub (DSH) Requester Onboarding Summary Document

Contract Number: HHSM-500-2007-00024I

Task Order No: HHSM-500-T0007

March 2013 Version 0.1 Document Control Number:

Quality Software Services, Inc. 10025 Governor Warfield Pkwy, Suite 401 Columbia, MD 21044 Main: (301) 977-7884

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# **REVISION HISTORY**

DATE	VERSION	DESCRIPTION	MODIFIED BY
March 21, 2013	0.1	Initial Baseline	QSSI

# **SIGNATURES**

The signatures below represent authorization for the QSSI Health Insurance Exchange (HIX) Data Services Hub (DSH) team to use QSSI and project resources to perform tasks in association with the successful completion of this Requester Onboarding Summary document and subsequent process improvement initiatives and activities.

Jagadish Akula, Requirements Team Lead	Date
Jagadish Gangahanumaiah, Development Manager	 Date
Niranjan Santhamoorthy, Deputy Project Manager	Date
Karlton Kim. Project Manager	Date



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# 1 Introduction

# 1.1 Purpose

The Affordable Care Act (ACA) lays out a vision for a streamlined eligibility and enrollment process, with supporting business and data activities designed to return accurate results with minimal administrative complexity. This system will be consumer-centric, with minimal burden on the consumer, and eligibility determinations will be made in a single online session whenever possible.

Achieving this vision requires a high level of coordination among Federal and State partners, including the development of interoperable Information Technology architecture and the integration of existing supporting business services. To that end, the Centers for Medicare and Medicaid Services (CMS) is working to establish a Data Services Hub (DSH) or "the Hub" that will provide centralized, standardized and reliable services to the Exchanges, Medicaid and CHIP programs which will minimize administrative burden and IT costs for Exchanges and Federal / state agencies by avoiding the development of multiple new point-to-point interfaces at each Federal / state agency partner.

The expectation is that the Federally Facilitated Exchanges (FFEs), State-Based Exchanges (SBEs), and Trusted Data Source (TDS) will integrate with the Hub to provide services to verify an applicant's eligibility, and ultimately enrolloing him/her under a qualified health plan, Medicaid, CHIP, APTC, or CSR.

The Hub logical data model leverages CMS Enterprise Canonical Data Model (ECDM) and the National Information Exchange Model (NIEM). The Hub expects Requestors to send CMS ECDM compliant messages.



# 1.2 Scope

This document is a technical guide to establish a connection with the Hub web Services in the testing and production environment.

# 1.3 Intended Audience

The current version of this document is intended for use by CMS identified partner agencies' development team. The partner agencies that want to access the Hub web services are referred as Requestors in this document.

# 1.4 Referenced Documents

The table below identifies all artifacts referenced while developing this document.

TABLE 1: REFERENCED DOCUMENTS

DOCUMENT NAME	DATE
DSH - On Boarding Summary.pptx	02/27/2013

# 1.5 Acronym List

The table below defines the acronyms used in this document.

TABLE 2: ACRONYM LIST

ACRONYM	DEFINITION
ACA	Affordable Care Act
APTC	Advance Payments on the Premium Tax Credit
BHP	Basic Health Program
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-Sharing Reduction
DSH	Data Services Hub
ESI	Employer Sponsored Insurance
FFE	Federally Facilitated Exchange
HHS	U.S. Department of Health and Human Services
ID	Identification
MEC	Minimum Essential Coverage
QHP	Qualified Health Plan
SBE	State-Based Exchanges
SSN	Social Security Number
TDS	Trusted Data Source
VHA	Veterans Health Administration



# 2 Onboarding Prerequisites

There are certain pre-requiquisites that Requestors need to complete for accessing the Hub web services. The prerequisites are as follows:

- Access to the CMS Service Catalog
- Generate a Local Certificate (for the testing environment)
- Request a Hub Partner ID
- Configuring NotResp or the testing environment)

The prerequisites are explained in the following sections. It's recommended to read the entire document before performing the steps mentioned.

# 2.1 Access to the CMS Service Catalog

The CMS Service Catalog is the primary tool for Requestor development to access the following information:

- Business Service Definitions (BSDs) / Interface Control Document (ICDs)
- NotResp est Scenarios
- Service End Points
- Web Service Description Language (WSDL)

In the production environment the Hub will provide required authorization for the services to each partner. This will be configured at the Hub gateway.

# 2.1.1 Gaining CMS Service Catalog access

To get access to the CMS Service Catalog the requestor development team needs to place a request for a Service Repository account id by:

a. Completing the Service Catalog User application form located at:

https:/	NotResp	
or		
https:	NotResp	
Sending the c	ompleted application to th	e following

b. Sending the completed application to the following email address:

NotResp @qssinc.com

## Note:

- i. Access is limited to CMS designated partner agencies and their contractors
- ii. CMS permits two Service Repository account IDs per State. However, when a State has many different IT vendors, then two additional account IDs per IT vendor are allowed.



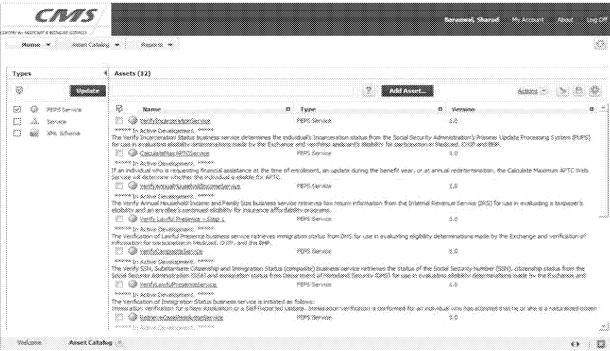
# 2.1.2 Opening CMS Service Catalog

The user logs in to the CMS Service Catalog using the ID. The user can navigate to the Asset Catalog (Service list) as shown in the following figure:

FIGURE 1 - HOME PAGE FOR THE USER



On selecting the Asset Catalog link the system displays the list of assets as shown in the following figure:





# 2.2 Generate a Local Certificate

The Requestor will use Local Certificates in the testing environment and CA signed certificates in the production environment.

The steps to generate the local certificate are as follows:

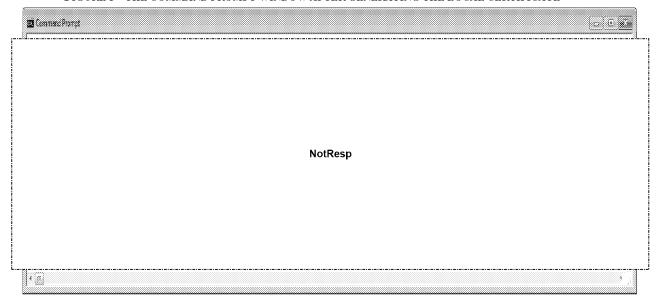
a.	Type	NotResp	in the
	command prompt windo		

The alias guidelines are as follows:

•	QSSI: NotResp		
•	CGI: NotResp		
•	CMS UAT NotResp	_]	
•	SBE states:	NotResp	
•	Medicaid	NotResp	
•	Other Testers: Contad No.	ptResp @assinc.com to obtain an alias	

- b. When prompted, select a password for your certificate. Be sure to avoid personal passwords.
- c. In the First and Last name field, enter the Organization name (ex: QSSI)
- d. Enter the name of your organization unit (ex: FFE, SBE, DSH, Medicaid, CHIP etc.).
- e. Enter the city, state, and country.
- f. Enter "yes" to import certificate into keystore
- g. Press ENTER.

FIGURE 3 - THE COMMAND PROMPT WINDOW AFTER GENERATING THE LOCAL CERTIFICATE





### Note:

- i. This is a one-time setup at an organization level.
- ii. If the Requestor has a trusted CA issued certificate, then skip the Local Certificate and Export Local Certificate steps.
- iii. The generated local certificate will be stored in the current working directory. Be sure to make a note of this location.
- iv. Email a copy of the local certificate to the DSH team.

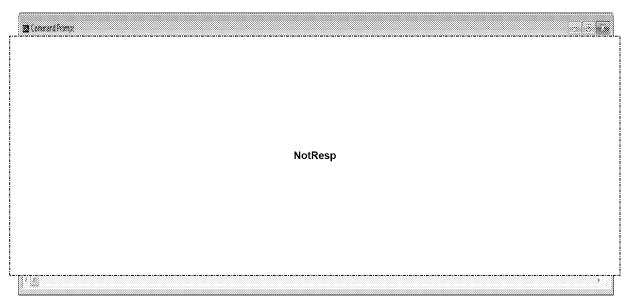
# 2.2.1 Export Local Certificate

The steps to export the local certificate as a .cer File are as follows:

**Important!** Use the alias guidelines from the Generate Local Certificate slide.

- 1. Type NotResp in the command prompt window.
- 2. When prompted, enter the password that was used while generating the local certificate.

FIGURE 4 - THE COMMAND PROMPT WINDOW AFTER EXPORTING THE LOCAL CERTIFICATE



# Note:

i. This is a one-time setup at an organization level.



# 2.3 Request a Hub Partner ID

The Hub is a single interface for all Marketplace partners, including the FFM, SBMs, State Partnership Marketplaces (SPMs), trusted data sources (TDSs), and Medicaid/CHIP agencies. TDSs include the Social Security Administration (SSA), the Department of Homeland Security (DHS), the Internal Revenue Service (IRS), CMS, the Veterans Health Administration (VHA), the Department of Defense (DOD), the Office of Personnel Management (OPM), Peace Corps, and others. The Hub allows multiple organizations to exchange data that must be transferred and stored in order to conduct Marketplace transactions. The Hub issues Partner ID for each partner. The Hub uses the Partner ID to correlate the messages with the Requestor.

To request the Hub Partner ID the Requestor has to send an email with the following information to the DSHSecurity group NotResp @qssinc.com):

- Name
- Organization Name (e.g., QSSI)
- Organization Unit (e.g., DSH, FFE, and SBE)
- Email address
- Phone number
- Attach the certificate file.

The QSSI email server does not accept attachments with the cer extension therefore copy the NotRes esp txt and attach the NotRes txt file.

Within 2 business days the DSHSecurity group provides the following information to the Requestor on an email:

- User ID to be used in the WSSE header
- O A zip file as an attachment with:
  - \* The Primary and Secondary VeriSign certificates
  - \* The public key for the DSH Gateway
- End points secured by the NotRe is used in the NotResp test.

  Gateway on the Terremark Environment. This is used in the NotResp test.

A second email will follow with the password to be used along with the User ID in the WSSE header.

After unzipping the attached zip file, save the 3 certificates to the folder from where the commands will run.

The User ID, password, and Certificates are used to build the keystore and configure soapUI.

In case the Requestor development team encounters problems with the security certificate steps, they can contact QSSI a NotResp @qssinc.com.



In the test environment Requestors uses the NotResp or connectivity testing with Hub whereas in production connectivity will be between the Hub and the Requestor application.



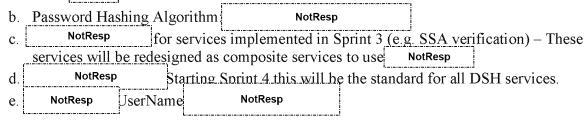
The soapUI has to be configured before connectivity test with the Hub. The following steps need to be followed to configured Notresp

- Share the Security Information within the Organization
- Configure NotResp Outgoing Security
- Configure Keystore/Certificates
- Configure | Fest Request Properties
- Configure the NotResp indpoint
- Configure NotResp o Add NotResp Header

# 2.4.1 WS Security Standards

The required security standards to access DSH Secure Web service (for both the testing and production environments) are as follows:

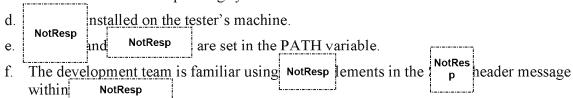
- a. WS Security 1.1 The standard components of NotResp are:
  - Standard XML schemas;
  - Timestamps;
  - Username Token;
  - Password digest; and
  - NotResp certificates.



# 2.4.2 Assumptions

Assumptions for configuring NotResp DSH Web services for security testing are as follows:

- a. The development team has experience in using NotResp or NotResp
- b. The NotResp project (for ex. VerifySSN) is already present in the tester's workspace.
- c. Windows 2007 is the operating system.



g. Initial security testing will be done in the Terremark DEV environment (shared cloud). Data Element Definitions.



h. The 3 unzipped certs from the hub + (Requestor) local cert + (Requestor) keystore, are stored in the same directory.

# 2.4.3 Recommendations

The list of recommendations before running the DSH Secure Web service tests are as follows:

- a. One-time setup activities are needed at the Requestor organizational level. This should be performed by a technician who is familiar with specific command promp NotResp and security performs these tasks.
- b. The Requestor organization should make an effort to resolve the setup issues by contacting experts within the organization prior to contacting the DSHSecurity group.
- c. Use the same current working directory for all command prompt items.

# 2.4.4 Importing Certificates

b. When prompted, enter a password.

The following steps are one time setup for the Requestor organization:

Importing the Primary VeriSign Certificate to Local Keystore

The steps to import the primary VeriSign certificate to the local key store are as follows:	
a. Typ NotResp	
NotResp Hint: Copy/Paste the command w/o "" in the command prompt window.)	)
b. When prompted, enter a password (that was created for the local certificate)	
FIGURE 5 - THE COMMAND PROMPT WINDOW AFTER IMPORTING THE PRIMARY VERISIGN CERTIFICATE	
NotResp	
Importing the Secondary VeriSign Certificate to Local Keystore	
The steps to import the secondary VeriSign certificate into the local keystore are as follows:	
a. Type NotResp	
NotResp (Hint: Copy/Paste the command w/o "" in the command prompt window."	)



FIGURE 6 - THE C	OMMAND PROMPT WINDOW AFTER IMPORTING THE SECONDARY VERISIGN CERTIFICATE  NotResp
	Houresp
Importing the DSI	H Gateway Certificate to Local Keystore
The steps to impo	rt the DSH Gateway certificate into the local keystore are as follows:
a. Type	NotResp
NotResp	(Hint: Copy/Paste the command w/o "" in the command prompt window.)
b. When pro	mpted, enter a password.
Figure 7 - ti	IE COMMAND PROMPT WINDOW AFTER IMPORTING THE <b>DSH G</b> ATEWAY CERTIFICATE
_ arc revenerationers	
	NotResp

For easier configuration the following measures are recommended:

- Use the same password that was created for the local certificate.
- Ensure that the current working directory has the three unzipped certificates.
- The local keystore will hold all the trusted certificates.
- The keystore will be stored in the current working directory. Make a note of this location.

For sharing the Security Certificate share the following items within the organization:

• Th NotResp file.



- The password created for the keystore file.
- The user id and password received from the DSHSecurity group.
- The endpoint received from the DSHSecurity group.

# 2.4.5 Configure NotResp for Outgoing Security

The steps to configure NotResp for the outgoing security are as follows.

Note: The steps are shown with the help of SSN composite service.

- a. Double-click the Verify SSN project (i.e NotResp
   b. Click NotResp Configuration and select the Outgoing NotResp Configuration tab.
- c. Click the "+" sign under the Outgoin NotResp Configuration tab to add Outgoing Configuration.
- d. Enter a name for configuration (e.g., Outgoing).

The steps to configure the username and NotResp intry are as follows:

- a. Click the "+" sign on the bottom right tab to add the NotRes entry.
- b. Select the user name from the drop-down and click UK
- c. Enter the user name and password received from the DSHSecurity group email.

Note: Selec NotResp or the Password Type.

The steps to configure Timestam NotResp entry are as follows:

- a. Click the "+" sign on the bottom right tab to add anothe sp entry.
- b. Select Timestamp from the drop-down and click OK.
- c. Enter 1500 in the Time to Live box.

Note: The NotResp tool should be configured to include the outgoing elements in the esp Header.



### FIGURE 8 - THE TABS AND AREAS USED IN CONFIGURING SOAPUI FOR THE OUTGOING SECURITY

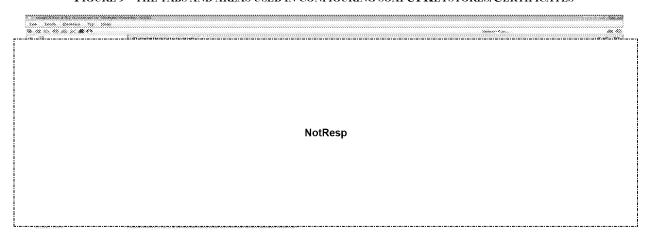
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# 2.4.6 Configure NotResp for Keystores/Certificates

The steps to configur NotResp for keystore/certificates are as follows:

- a. Click on the Keystores/Certificates tab.
- b. Click the "+" sign under the Outgoing NotResp Configuration tab.
- c. Navigate to the folder with the keystore file, and select NotResp
- d. When prompted, enter the password created while generating the NotResp file.

FIGURE 9 - THE TABS AND AREAS USED IN CONFIGURING SOAPUI KEYSTORES/CERTIFICATES



# 2.4.7 Configure NotResp Test Request Properties

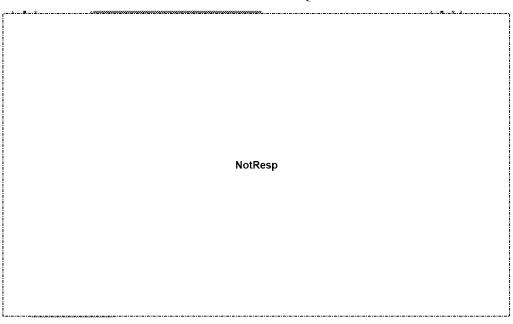
The steps to configure the NotResp test request properties are as follows:

a. Double-click the Test Step to open a Request/Response window on the right side.



- b. Click th NotResp roperties tab on the bottom right side.
- c. Scroll down to select the SSL Keystore property and keystore.jks from the drop-down.

## FIGURE 10 - TESTREQUEST PROPERTIES TAB

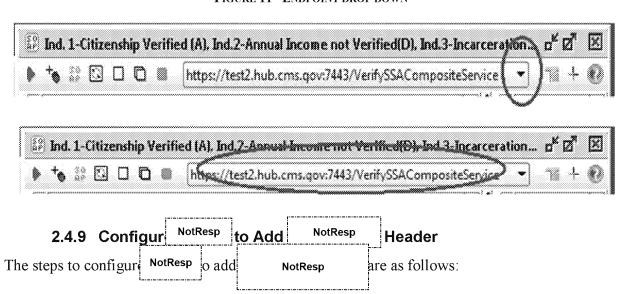


# 2.4.8 Configure NotResp Endpoint

The steps to configure the Notresp endpoint to use the DSH Gateway endpoint area are as follows:

- a. Click the endpoint drop-down and select Add New Endpoint.
- b. Enter the endpoint from the DSHSecurity group email, and click OK.

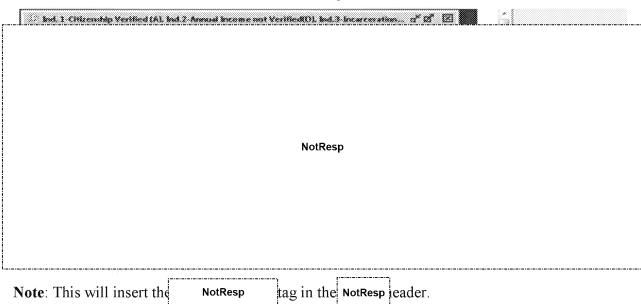
FIGURE 11 - ENDPOINT DROP DOWN





Select the Request tab, right click, select Outgoin NotResp then select Apply Outgoing.

# FIGURE 12 - REQUEST TAB



- b. Press Alt+F to reformat the newly inserted information to make it readable.
- c. Run the test.

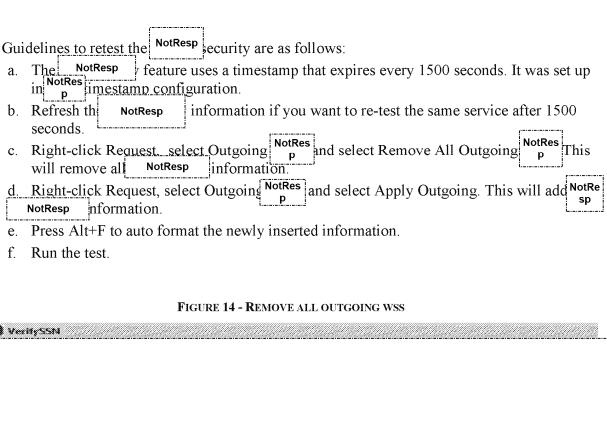
# NotResp Security Test

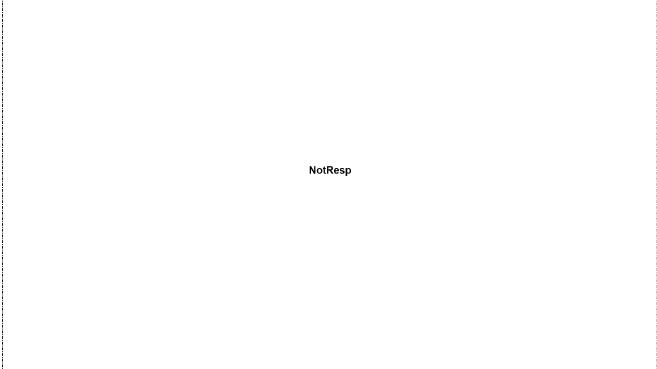
Submit the NotResp request to receive a response from the Hub.

FIGURE 13 - REQUEST AND RESPONSE

NotResp







2.5 Customer Support

The Requestors can contact QSSI at NotResp accessing the DSH web services.



In the produc	tion environ	ment the Exchange Operations Support Center (XOSC) is the ce	ntral
hub for provi	ding help de	sk support for all Marketplace stakeholders. The XOSC help des	k is
responsible for operational inquires and support resolution for the FFM, MIDAS, Hub, NotResp			
HIOS,	NotResp	and RBIS.	

The help desk performs the following functions:

- Notify customers or service outages or disruptions: Notifications are also sent for all scheduled and unscheduled service outages one week prior to outage with the exception of an emergency change request.
- <u>Log and manage trouble tickets identified by users</u>: The XOSC will facilitate the resolution of trouble tickets through established reporting protocols and escalation procedures.

# **Methods of Contact**

The XOSC operates the help desk from Monday to Friday from 9 a.m. until 5 p.m. (EST). To contact the help desk via phone, use: 1-855-CMS-1515 (1-855-267-1515). For evenings, weekends or government holidays, you can initiate a request through email:

NotResp cms.hhs.gov.





Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
7500 Security Blvd
Baltimore, MD 21244-1850

# Federally Facilitated Marketplace (FFM) Direct Enrollment API for Web Brokers/Issuers Technical Specifications

Version: 1.3 Last Modified: May 10, 2013

Contract Number: HHSM-500-T0012

Federally Facilitated Marketplace (FFM)

# **APPROVALS**

Submitting Organization's Approving Authority:			
Signature	Printed Name	Date	Phone Number
CMS' Approving Authority:			
Signature	Printed Name	Date	Phone Number

Federally Facilitated Marketplace (FFM)

# **REVISION HISTORY**

Version	Date	Organization/	Description of Changes
0.1	02/21/2012	Point of Contact	D 0
1.0	03/31/2013 04/05/2013	CGI/Lakshmi Manambedu CGI/Lakshmi Manambedu	Draft Initial Release
1.1	04/05/2013	CGI/Betty Fine	Updated to align with Canonical Data Modeling analysis findings, include additional SAML assertion details, and clarify business rules.
1.2	04/30/2013	CGI/Betty Fine	Updated to align with Canonical Data Modeling analysis findings for the Submit Enrollment/Change/Disenrollment Transaction web service. Updated terminology outside of the data elements to reflect the naming change of FFE to FFM except in the technical data element and services names.
1.3	05/10/2013	CGI/Betty Fine	<ul> <li>Revised APTC Attestation related data elements (added Other Person in Fetch Eligibility service, move APTC Attestation in Submit Enrollment service to a separate segment and updated data elements)</li> <li>Added description of how to collect APTC attestation in section 7.3.2.2.</li> <li>Added agent/broker and lead generation scenarios to Key Scenarios section.</li> <li>Corrected Relationship Code values to match values allowed on the 834.</li> </ul>

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# 1. Introduction

This document presents the specifications for the Direct Enrollment Application Programming Interface (API) exposed by the Federally Facilitated Marketplace<sup>1</sup> (FFM) to Web Broker and Issuer websites (collectively referred to as partner websites in this document).

The purpose of the document is to communicate the overall approach to implementing the FFM Direct Enrollment API. The document identifies and provides an overview of various points of integration between partner websites and the FFM - User Interface Integration as well as web services integration. Future versions will enhance the content of this document with more specific business rules and integration specifications.

Consumers shopping for Health Insurance for themselves and/or their household members would have the choice of enrolling into a Qualified Health Plan (QHP) by accessing the FFM website directly or by shopping via a partner website. The API described in this document would facilitate integration between partner websites and the FFM to support consumers shopping/enrolling in Qualified Health Plans (QHPs) through partner websites.

The FFM will support two models for Partner websites to integrate their consumer shopping experience with the FFM:

- <u>Direct Enrollment API:</u> Under this model, partner websites will use User Interface Services and Web Services provided by the FFM to implement a consumer's eligibility determination and plan shopping functions.
- Lead Generation API: Under this model, partner websites will provide educational content and do pre-selling of their plans before transferring the consumer to the FFM website. The consumer will complete all functions including eligibility determination, plan shopping and enrollment on the FFM. However, the partner website will be able specify Issuer/Plan filters that the FFM would apply as part of the consumer's plan shopping. This model is offered as an alternative to the Direct Enrollment API to support Issuers that may not be ready to implement the full Direct Enrollment API.

# **Determining Eligibility - Background Information**

Consumers seeking to enroll in coverage through the Exchange need to submit an application to the FFM for determining eligibility for QHP and, if interested, for advance payment of premium tax credit (APTC) and cost-sharing reductions (CSRs). If determined eligible, the consumer can enroll into a QHP through the FFM. The eligibility determination process includes collection and verification of demographic and income information and verification of information from federal data sources such as the Social Security Administration (SSA) and Internal Revenue Service (IRS). As part of the application process, for individuals seeking financial assistance the FFM would also determine/assess household member's eligibility for Medicaid or CHIP. Individuals eligible for Medicaid or CHIP would not be eligible for financial assistance on the exchange and would be transferred by the FFM to the appropriate state agency for enrollment in Medicaid or CHIP.

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<sup>&</sup>lt;sup>1</sup> For purposes of this document, the term "Federally-facilitated Marketplace" also includes State Partnership Marketplaces.

Federally Facilitated Marketplace (FFM)

IRS regulations prohibit third party sites (such as those of Web Brokers and Issuers) from accessing Federal Tax Information (FTI). This restricts the ability to seamlessly integrate the eligibility application (even using web service calls to the FFM) as part of the shopping experience on a partner website. Also, the process for determining eligibility for Medicaid, CHIP, APTC, and CSR involves a complex UI workflow that is best implemented by the FFM. Consequently, a consumer trying to enroll in a QHP through a partner website would need to be transferred to the FFM to submit an eligibility application.

### **Direct Enrollment**

In the direct enrollment process model, the consumer will be redirected to the FFM website to complete their eligibility application. Upon receiving an eligibility determination, the consumer would be transferred back to the partner website to continue plan shopping and selection for individuals eligible for a QHP, with or without financial assistance. It is worth noting that any individual(s) in the application determined eligible for Medicaid or CHIP would not be processed by the partner website.

Upon completion of plan shopping and selection in the direct enrollment model, the partner website would submit enrollment requests to the FFM through a web service invocation. The enrollment requests would be processed by the FFM and sent to the QHP Issuer. Section 1.3 New Consumer Process Flow Diagram illustrates the process flow for a consumer shopping for QHPs through a partner website.

The FFM Direct Enrollment API will provide partner websites access to FFM eligibility and enrollment business services through a combination of secure transfers of the consumer to and from the FFM website and web services. The secure transfer of the consumer between the FFM and the partner website would be used for submission of the eligibility application (for initial eligibility determinations as well as changes in circumstance). The plan shopping experience including submission of the plan selection would be implemented by the partner website using their own shopping and rating tools.

The endpoints for web services will be managed by the Federal Data Services Hub (DSH). The DSH will also manage Trading Partner Agreements, onboarding, and monitoring of the partner websites.

### **Lead Generation**

The Lead Generation model is offered as an alternative to the Direct Enrollment API for Partner websites that will not be able to implement plan shopping and enrollment functions integrated with the FFM. Under this model, once transferred to the FFM, the consumer will remain on the FFM website for all functions including eligibility determination, plan shopping, and selection. The Lead Generation model will use a subset of the Direct Enrollment API services, namely the User Interface transfers. A partner website can transition to the full Direct Enrollment API when they are ready to implement web services integration with FFM.

# Agents/ Brokers

Both the Direct Enrollment API and the Lead Generation API would also include support for licensed Agents and Brokers associated with the partner website. Agents and Brokers can use the API services to assist consumers with eligibility determination and enrollment. Please see section 3.2.2 Agents and Brokers for more information.

# **Document Organization**

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The remainder of this document is organized as follows:

- Section 2 Key Considerations
- Section 3 API Interaction Model
- Section 4 API Interaction Scenarios
- Section 5 API Interfaces
- Section 6 User Interface Integration
- Section 7 Web Services Integration
- Appendix A Code Values/ Descriptions
- Appendix B Key Interaction Scenarios

Section 2 - Key Considerations lists the considerations driving the design of this API.

**Section** 3 - **API Interaction Model** illustrates the high level end-to-end interactions involving the partner website, the Federal Data Services Hub and the FFM.

**Section 4 - API Interaction Scenarios** lists the primary business scenarios that drive the interaction between the partner website and the FFM. Appendix B - Key Interaction Scenarios includes the sequence of activities, on the FFM as well as the partner website, corresponding to each of these scenarios. It is to be noted that other more complex scenarios can be addressed as combinations of these primary scenarios. For simplicity, the FFM and DSH have been treated as a single entity while presenting the sequence of activities.

**Section** 5 - **API Interfaces** lists the various interfaces/services to be provided by the FFM to support the interactions described in Section 4. For each interface a brief description is included along with the inputs and outputs for that interface.

**Section** 6 - **User Interface Integration** provides details on the interface between the partner website and the FFM to securely transfer the consumer to the FFM and back to the partner website.

**Section** 7 - Web Services Integration provides details on the web services that would be exposed by the FFM for partner websites to perform the plan shopping and selection process.

Appendix A includes lists of values for codes used in the interfaces along with their descriptions.

**Appendix B** includes the sequence of activities on the FFM as well as the partner website to complete the consumer's experience in each of the key scenarios identified in Section 4.

# 1.1. Intended Audience

The target audience for this technical specifications document is the business/technical stakeholders of the partner websites.

# 1.2. Key Terms

The key terms used in this document are:

• Web Broker - A web-based entity licensed by a State as a broker and providing a website that consumers can use to shop for plans offered by multiple issuers, an in compliance with 45 C.F.R. 155.220(c)(3) for individual market QHPs.

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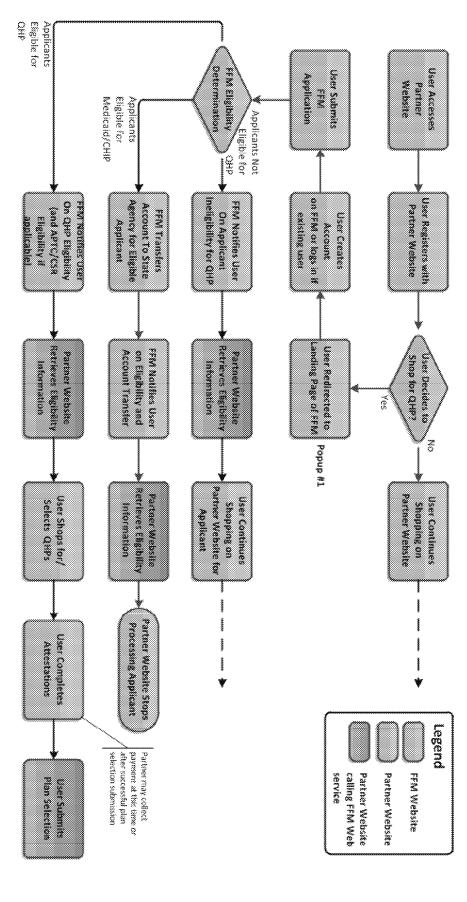
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- Issuer An entity licensed by the State as an insurance producer that offers a QHP in accordance with a certification from an Exchange.
- Agent/Broker A person licensed by the State as an agent, broker; may be independent, members of a brokerage or an employee of an issuer or a web-broker.
- Partner Collectively, Web Brokers and Issuers are being referred to as partners.
- Applicant An individual who wishes to apply or has applied for eligibility to enroll in a QHP.
- Consumer A person who has engaged a Web Broker or Issuer seeking to enroll himself/herself and/or other applicants that they are associated with in a QHP. In relation to the applicants, the Consumer must be someone who is an adult who is in the applicant's household, as defined in 42 CFR 435.603(f), or family, as defined in section 36B(d)(1) of the Code, or if the applicant is a minor or incapacitated, someone acting responsibly for an applicant.

## 1.3. New Consumer Process Flow Diagram

Figure 1 provides the Web Broker/Issuer new consumer process flow using the Direct Enrollment API.

Figure 1 - Web Broker/Issuer - Direct Enrollment API Process Flow



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### 2. Key Considerations

The following is a list of key considerations:

- 1. IRS regulations prohibit third party sites (such as Web Brokers and Issuer portals) from accessing Federal Tax Information (FTI). This restricts third parties' ability to verify income information that is integral to eligibility determination for Financial Assistance. Also, the eligibility determination process includes a complex orchestration of workflow/ business rules for Medicaid/CHIP eligibility (including state specific options) and QHP, APTC and CSR eligibility. These were the key drivers for the design approach that involves transferring the consumer to the FFM for completing the eligibility determination process.
- 2. Consumers can make both initial plan selection and changes through the partner websites using the direct enrollment process flow. Changes include changes in demographics, membership (add/remove members) and disenrollments.
- 3. The API interactions will include Web services as well as User Interface Integration with the FFM.
- 4. The User Interface Integration would involve secure transfer of the consumer to the FFM and back to the Issuer.
- 5. The consumer workflow would involve one transfer of the consumer to the FFM. The transfer would be for the consumer to create an account (or login to a previously created account) and fill out and submit an eligibility application.
- 6. Agents and Brokers would use the same workflow within the FFM as a consumer. However, there would be additional steps for Agents and Brokers for registering a consumer with the FFM or to associate with a consumer that is already registered with the FFM.
- 7. The interactions from Web Brokers and Issuers will largely be similar and supported by the same set of services exposed by the FFM. Variations in interactions will be realized through appropriate composition and parameterization of the API calls.
- 8. Partner websites will use the FFM Household/Eligibility web service to retrieve demographic and eligibility information on the applicants. The partner websites will also use the FFM enrollment web service to submit requests for initial enrollment, changes and disenrollments. The QHP shopping experience including plan search/compare, rating and plan selection will be supported by the partner websites using their own tools. HHS would provide Web Brokers a Public Use File (PUF) including information of QHPs to use as part of the plan shopping experience on their web sites.
- 9. For a consumer shopping directly on the partner website, the consumers will be required to maintain two accounts (User ID and Password), one on the partner website and the second on the FFM. Every time a consumer is transferred to the FFM, they would need to sign-in with their FFE User ID and Password. For a consumer shopping indirectly via a broker or agent, the consumer may have an FFM user ID and password (if they previously registered with the FFM), but is not required to have FFM web credentials.
- 10. The partner website will send the Information Exchange System ID (assigned by the DSH during onboarding of the partner) as part of all requests to the FFM (Transfer to the FFM as well as Web Service calls).

- 11. The partner website will assign a unique Partner Assigned Consumer ID for each consumer and send that as part of all requests to the FFM API. The FFM will in turn assign an FFE Assigned Consumer ID and send to the partner website (along with the Partner Assigned Consumer ID) when the consumer is transferred back to the partner website.
- 12. The partner website will send the FFE Assigned Consumer ID in all web service requests to the FFM.
- 13. For the direct enrollment interaction model, when the consumer completes the eligibility workflow on the FFM website, the FFM will transfer the consumer back to the return URL provided by the partner website as part of the transfer to the FFM. The consumer will also be returned to the same URL in cases of exceptions such as failure to create an account, failed Remote Identity Proofing (RIDP) or inability to provide information required for eligibility determination. An exception code will be returned to the partner website to indicate the type of exception.
- 14. For the lead generation interaction model, when the consumer completes the plan shopping workflow on the FFM, the FFM will transfer the consumer back to the return URL provided by the partner website as part of the transfer to the FFM.
- 15. FFM will send all notices relating to eligibility directly to the consumer.
- 16. If a verification issue results during the application process, the FFM will interact directly with the consumer (notices/other forms of contact) to resolve the issue.
- 17. All consumer appeals will be handled by the FFM with the consumer directly interacting with the FFM Appeals process.
- 18. The Direct Enrollment API will not support enrollments into catastrophic plans. Consumers seeking to enroll one or more members of their household in a catastrophic plan would need to enroll directly on the FFM.

### 3. API Interaction Model

### 3.1. System Context

The FFM APIs for partner websites will support two types of interactions:

- Secure Transfer of Consumer to the FFM and Back the consumer would be transferred to the FFM website to complete the eligibility workflow and then returned to the partner website
- Web Services the partner website will invoke one or more web services exposed by the FFM

Figure 2 - FFM API Consumer Interaction Model illustrates the interactions of the consumer with the FFM and the partner website and also the interactions of the partner website with the FFM through the DSH.

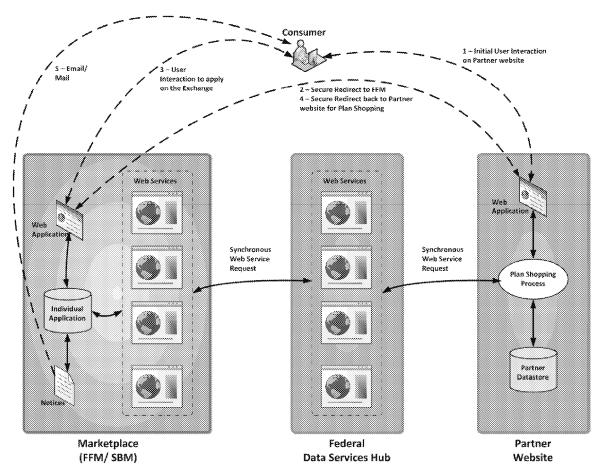


Figure 2 - FFM API Consumer Interaction Model

The Secure Transfer interactions will occur directly between the FFM and the partner website. The return URL would be sent by the partner website as part of the transfer request to the FFM and will be used by the FFM to navigate the consumer back after they complete their tasks on the FFM. The FFM will send any notifications related to eligibility determination directly to the consumer via online notifications or mail. The partner website will be able to retrieve the eligibility information by invoking an FFM Web Service.

The web services interactions between the FFM and partner websites will be routed through the Federal Data Services Hub (DSH). The FFM will manage the business process aspects of the web services and expose coarse grained business services that can be consumed by partner websites. The DSH will host the web services end points for all the FFM web services. The DSH will manage Trading Partner Agreements including onboarding of these partners. The DSH will also manage the security aspects of the web services.

All FFM web services will employ a standard Web Service Header that includes identifying information for the transaction with a custom payload for each type of transaction supported. The DSH will pass through the requests and responses by invoking the corresponding FFM services. The DSH will perform minimal inspection/actions and focusing on the authentication, auditing and monitoring functions of the interactions.

### 3.2. User Types Supported

The Direct Enrollment API and the Lead Generation Model are intended to support Consumers, Agents and Brokers who shop for and enroll into QHPs through a partner website. Since the interaction model includes UI Integration these users need to be registered on both the FFM as well as the partner website. This section describes the registration requirements for these users.

### 3.2.1. Consumers

### 3.2.1.1. Registration

This process applies to a consumer on the Individual Market trying to complete their plan shopping and enrollment activities through a partner website.

On the FFM, consumers would be registered similar to any consumer that directly accesses the FFM. The consumer would have to go through the CMS Enterprise Identity Management (EIDM) workflow that includes Remote Identity Proofing (RIDP) and setup of a User ID and password. Other requirements include setting up Security Questions (for Password Resets) as well as Assister Authorization Questions (similar to security questions, except these will be used to confirm the consumer's authorization for an Agent or Broker to work on their behalf). The same consumer credentials on the FFM apply regardless of whether the consumer accesses the FFM directly or through a partner website.

Partner websites have the choice of registering new consumers before redirecting them to the FFM or perform this function when they return from the FFM. With either model, duplicate data entry by consumer can be minimized by using contact information captured by one system being passed on to the other. Since, the partner website would be handling and presenting sensitive personal information received from the FFM via web services, the partner website's registration process would need to comply with Security standards provided by CMS. More details on this will be included in a future version of this document.

### 3.2.1.2. System Access and Workflow

Consumers registered with a partner website need to login to the partner website prior to accessing information from the FFM, either via redirect or behind the scenes via web services. Depending on the consumer's application status, they may need to be redirected to the FFM or continue on the partner website. If a consumer has not completed their application for eligibility determination or has returned to report a change in circumstance, the consumer would be redirected to the FFM to complete that process. In those situations, on reaching the FFM, the consumer would need to login using their FFM credentials. In all other interactions, the

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consumer would stay entirely on the partner website. The partner website would obtain the current eligibility status of the consumer's household from the FFM using a web service call and guide the consumer through the plan shopping or enrollment process on their website.

Consumers already registered with the FFM, directly or through a partner website, who try to access the FFM through a different partner website would need to be redirected to the FFM and Login with their FFM credentials to establish the link between their FFM application and their partner website account. These consumers can be registered either prior to accessing the FFM or after they return from the FFM. As part of establishing the link, the partner website and the FFM would exchange their respective identifiers for the consumer (Partner Assigned Consumer ID) and FFE Assigned Consumer ID) to be used in all subsequent interactions.

### 3.2.2. Agents and Brokers

### 3.2.2.1. Registration

This process applies to Agents and Brokers supporting consumers in the Individual Market. A pre-requisite for these users (based on current policy) is that they should be licensed Agents or Brokers appointed by the Issuer with whom they are enrolling their customer. Users under this category would need to register with the FFM and satisfy the requirements of NIST Level 3 authentication requirements. This process would include Remote Identity proofing, completion of training and certification before the account is activated. These users will also need to be registered by the partner website through which they access the FFM. As part of their registration, the partner website would need to validate licensure and appointment information of the agent or broker.

### 3.2.2.2. System Access and Workflow

Agents and Brokers will start at a partner website and be redirected to the FFM for completing the application for eligibility determination for their consumer. On the FFM, they would land on an Agent/Broker home page where they can look up their consumer, if they already exist on the FFM or start a new application for the consumer for new FFM consumers. Depending on the final security model, there may be a need for the Agents and Brokers to login to the FFM using their FFM credentials when they are redirected to the FFM (final details will be provided in a future version of the document). When an Agent of Broker tries to look up an existing FFM consumer, they would need to provide responses (obtained from the consumer) to Assister Authorization Questions for the FFM to validate that the Agent or Broker has the consumer's authorization to access their account. On successful authorization, the FFM will associate the Agent or Broker with the consumer. Once the association is established the Agent/ Broker will be able to access the consumers account till the consumer explicitly removes the association or associates with a different Agent or Broker. For new FFM consumers, the Agent or Broker would need to take the consumer through Remote Identity Proofing to establish the association.

Once an Agent or Broker has been associated with a consumer, they can register the consumer with the FFM (if not already registered on the FFM) and complete their application for eligibility. A key difference in this registration process from that of the consumer accessing the Partner Website/FFM is that logon credentials would not be established for the consumer. In such cases, the consumer will need to register with the FFM (if not already done) and the FFM will associate their Logon credentials with the application created by the Agent or Broker.

The eligibility determination workflow for Agents and Brokers will be similar to that of consumers. The Agent or Broker will be redirected back to the partner website when they complete the eligibility determination process. On the partner website Agents and Brokers will

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### 4. API Interaction Scenarios

Interactions between the partner website and the FFM will occur in a variety of business scenarios related to the consumer's situation with a corresponding list of steps/activities performed at either end. The interactions may vary depending on the type of partner website (Web Broker or Issuer) invoking the API. It is to be noted that the same set of FFM API will be used in each of these scenarios. Details of FFM API supporting these interactions are included in *Section 5 API Interfaces*.

Table 1 lists various business scenarios in which the FFM API will be invoked by a partner website. The sequence of steps/activities for each scenario is included in *Appendix B - Key Interaction Scenarios*.

**Table 1 - API Interaction Scenarios** 

Scenario		Scenario Description
Scenario #1a - New FFM	1.	Consumer and/or applicants are not enrolled in a QHP
Consumer: New FFM	2.	Consumer starts shopping for health insurance at the partner website
consumer through partner		and requests to enroll in a QHP (with or without financial assistance)
website for eligibility	3.	The partner website transfers the consumer to the FFM website for
determination		eligibility determination
	4.	After completion of eligibility determination by the FFM, consumer
		is transferred back to the partner website for comparing plans and
		selecting/enrolling in a plan
	5.	On completion of plan selection, the partner website will call a FFM
		web service to submit the enrollment request
Scenario #1b - New FFM	1.	Consumer and/or applicants may or may not be enrolled in a QHP
Consumer (Agent/Broker		(the scenario example, steps through when the consumer and/or
Initiated Direct		applicants are not enrolled in a QHP)
Enrollment): New FFM	2.	Tr S
consumer through partner		via an agent/broker and requests to enroll in a QHP (with or without
website for eligibility		financial assistance)
determination with	3.	The partner website transfers the agent/broker to the FFM website for
assistance of an agent/broker		eligibility determination of the consumer
	4.	After completion of eligibility determination by the FFM,
		agent/broker is transferred back to the partner website for comparing
		plans and selecting/enrolling in a plan
	5.	On completion of plan selection, the partner website will call a FFM
		web service to submit the enrollment request

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Scenario  Scenario #1c - New FFM Consumer (Consumer initiated lead generation): New FFM consumer through partner website for eligibility determination (lead generation)	Scenario Description  1. Consumer and/or applicants may or may not be enrolled in a QHP (the scenario example, steps through when the consumer and/or applicants are not enrolled in a QHP)  2. Consumer starts shopping for health insurance at the partner website and requests to enroll in a QHP (with or without financial assistance)  3. The partner website transfers the consumer to the FFM website for eligibility determination  4. After completion of eligibility determination by the FFM, FFM guides the consumer through comparing plans and selecting/enrolling in a plan (partner may have supplied a default filter for the plan results)  5. On completion of plan selection, FFM processes the enrollment selection and will transfer the consumer back to the partner website if
Scenario #2 - Returning FFM Consumer: Existing FFE consumer returning through partner website for eligibility determination.	<ol> <li>a return URL is supplied and if the consumer wishes to do so.</li> <li>Consumer and/or applicants are not enrolled in a QHP</li> <li>During a prior session consumer started shopping for health insurance at the partner website and requested to enroll in a QHP. Consumer was transferred to the FFE for eligibility determination but did not complete the eligibility determination process. This process also applies to consumers who started shopping at the FFE and decided to go a partner website or those who started at one partner website and subsequently moved to a different partner website.</li> <li>Consumer is now returning to continue the application for eligibility determination and shopping for health coverage</li> <li>The partner website transfers the consumer to the FFE website for eligibility determination</li> <li>After completion of eligibility determination by the FFE, consumer is transferred back to the partner website for comparing plans and selecting/enrolling in a plan</li> <li>On completion of plan selection, the partner website will call a FFE web service to submit the enrollment request</li> </ol>
Scenario #3 - Reporting Changes Impacting Eligibility: Existing FFM consumer returning through partner website to report changes that impact eligibility	<ol> <li>Consumer and/or applicants are enrolled in a QHP on the exchange</li> <li>Consumer is now reporting changes such as:         <ul> <li>Household income</li> <li>Membership (add or remove members)</li> <li>Residency</li> <li>Demographic information (for one or more members)</li> </ul> </li> <li>The change impacts their eligibility for financial assistance and may also require/allow the consumer to change QHPs</li> </ol>
Scenario #4 - Reporting changes not impacting eligibility: Existing FFM consumer returning through partner website to report changes that do not impact eligibility	<ol> <li>Consumer and/or applicants are enrolled in a QHP on the exchange</li> <li>Consumer is now reporting changes such as:         <ul> <li>Household income</li> <li>Demographic information (for one or more members)</li> <li>Residency</li> </ul> </li> <li>The change does not impact their eligibility for financial assistance and does not require/allow the consumer to change QHPs</li> </ol>

 $\begin{tabular}{ll} \textbf{Obtained via FOIA by Judicial Watch, Inc.} \\ Federally Facilitated Marketplace (FFM) \end{tabular}$ 

Scenario	
	Scenario Description
Scenario #5 - Reporting	1. Consumer and/or applicants are enrolled in a QHP on the exchange
changes leading to	through a previous interaction from the partner website
Disenrollment: Existing	2. Consumer is now reporting changes to their household information
FFM consumer returning	3. One or more members of the consumer's household lose eligibility
through partner website to	for QHP or APTC/CSR due to one or more of the following and may
report changes that lead to	be subject to auto disenrollment unless the consumer takes action:
Disenrollment	Change in lawful presence status
	Change in residency status
	Change in incarceration status
	<ul> <li>Change in household income</li> </ul>
	<ul> <li>Gained employer sponsored health coverage</li> </ul>
	Gained eligibility for other public assistance for health coverage
	(Medicaid, CHIP, Medicare etc.)
	4. Consumer may choose to continue QHP enrollment for impacted
	members without APTC/CSR or voluntarily terminate QHP
	enrollment for them. The exception to this is loss of eligibility for
	QHP, in which case the members impacted will always be disenrolled
	by the FFM
	<i>Note:</i> Disensollment transactions can be performed only from a partner
	website associated with the issuer of the QHP policy.
Scenario #6 - FFM Initiated	1. Consumer and/or applicants are enrolled in a QHP on the exchange
Disenrollment:	through a previous interaction from the partner website
Disenrollment initiated by	2. FFM re-determines eligibility for APTC/CSR due to one of the
FFM due to other events.	following
	• Expiry of period of reasonable opportunity to resolve a
	verification issue
	Periodic data match
	3. One or more members of the consumer's household lose eligibility
	for APTC/CSR due to one of the following and may be subject to
	auto disenrollment unless the consumer takes action:
	Lost eligibility for APTC/CSR due to unresolved inconsistencies
	Lost eligibility based on new information obtained through
	periodic data match
	Gained eligibility for other public assistance for health coverage
	(Medicaid, CHIP, Medicare etc.)
	4. Consumer may choose to continue QHP enrollment for impacted
	members without APTC/CSR or voluntarily terminate QHP
	enrollment for them.
	Note: Disensellment transactions can be performed only from a partner
	website associated with the issuer of the QHP policy.
Scenario #7 - Voluntary	Consumer and/or applicants are enrolled in a QHP on the exchange
Disenrollment by	through a previous interaction from the partner website
Consumer: Voluntary	2. Consumer is voluntarily disenrolling from the QHP.
Disenrollment by FFM	Note: Disensellment transactions can be performed only from a partner
consumer through partner	website associated with the issuer of the QHP policy.
website	website associated with the issuer of the QFF policy.
WOUSILE	

### 5. API Interfaces

This section provides a list of all Interfaces supported by the FFM API to facilitate consumer interactions through partner websites.

**Section 5.1- List of API Interfaces - UI Integration** lists the Interfaces supported by the FFM API to support the secure transfer of a consumer to the FFM website and back to the partner website. The information structure (data elements) for the request and response for each of these interfaces is included in Section 6.3 - UI Integration Specification. The UI integration interfaces will be utilized by partner websites implementing the Direct Enrollment API as well as those implementing the Lead Generation Model.

Section 5.2 - List of Interfaces - Web Services lists the web services exposed by the FFM API to the partner website to support plan shopping, selection and submission of enrollment information. The information structure (data elements) for the request and response for each of these web services is included in Section 7.3 - Web Service Specifications. The Web Services interfaces are applicable to partner websites using the Direct Enrollment API only.

### **5.1.** List of API Interfaces - UI Integration

Table 2 provides a list of API interfaces for UI integration.

Interface Interface Name Description Identifier HTTP.WB.FFE.01 This interface will facilitate secure transfer of the Transfer Consumer to **FFM** consumer from the Partner Website to the FFM to complete the application for eligibility or for reporting changes in circumstances. This interaction will also establish a link between the consumer's accounts on the Partner Website and the FFM. HTTP.FFE.WB.01 Transfer Consumer This interface will facilitate secure transfer of the back to Web consumer back to the Partner Website from the FFM. Broker/Issuer The interface will be used in the following contexts: • Completed Eligibility Application • Voluntary return by consumer to partner website • Return to partner website due to an exception The FFM will transfer the consumer to a Return URL provided by the partner website while transferring the consumer to the FFM.

Table 2 - List of API Interfaces

### **5.2.** List of Interfaces - Web Services

Table 3 provides a list of API interfaces for web services.

### **Table 3 - List of API Interfaces**

Interface Identifier	Interface	Description
WS.WB.FFE.01	Fetch Household/	Returns details of all applicants in the household
	Eligibility Details	requesting coverage along with their eligibility for
		financial assistance. Information returned will include:
		Household contact information
		• List of household members that are applicants and
		their demographic/ eligibility information. Eligibility
		information would include details on the members
		eligibility for Medicaid, CHIP, Premium Tax Credits
		and CSR
		• Enrollment information for the household.
WS.WB.FFE.02	Submit Enrollment/	Process a new enrollment, an enrollment change or
	Change/ Disenrollment	termination/cancellation of an enrollment. This service
	Transaction	will accept and process the submitted request. Processed
		requests will be transmitted to the Issuer as x12-834
		enrollment transactions.

### 6. User Interface Integration

### 6.1. Overview

As described in earlier sections, the Partner Websites will need to redirect the end-user (consumer or agent/broker) securely to the FFM Website to conduct eligibility determination. At the end of the eligibility determination, the end-user will be redirected back to the Partner Site where the end-user can continue shopping and ultimately enroll.

This section and following subsections describe in detail how the following two transfers will be conducted:

- HTTP.WB.FFE.01 Secure Inbound Redirect from Partner Website to FFM
- HTTP.FFE.WB.01 Secure Outbound Redirect from FFM to Partner Website

Please note that several information parameters will be securely transferred between the Partner site and FFM and vice versa using HTTP POST during each of the redirects. These parameters are outlined in detail in sections 6.3.1.1 and 6.3.2.1 respectively. In addition NotResp HTTP POST Binding (a W3C standard) will be used to secure and maintain the integrity of the information during these transfers. Further details on the security considerations and the NotResp assertions are also provided in the sections below.

### **6.2.** Technical Implementation

### **6.2.1.** Connectivity Pre-requisites

Before any partner website can interact with the FFM, the partner website would need to complete onboarding requirements with the Federal Data Services Hub (DSH). The companion document titled "Federal Data Services Hub (DSH) - Requester Onboarding Summary Document" outlines the protocol for interacting with the DSH including onboarding requirements.

The partner website would also need to comply with security requirements governing access to Federal Systems. This would include signing a Data Use Agreement with CMS to become an official partner.

### 6.2.2. Secure Transfer of Consumer between FFM and Partner Sites

Based on the item # 1 in **Section 2 - Key Considerations**, a user coming to the Partner Website needs to be transferred to the FFM website securely for eligibility determination purposes. Once the user completes their function on the FFM website they would be securely transferred back to the partner website.

To achieve this secure transfer, the following security considerations and corresponding provisions are proposed to be put in place for inbound transfer to the FFM and outbound transfer back to the partner website.

### **6.2.2.1.** Securing Inbound Redirect from Partner Website to FFM (HTTP.WB.FFE.01)

Table 4 provides an overview of the security considerations and provisions required to secure the inbound http re-direct from Partner Website to FFM.

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**Table 4 - HTTP.WB.FFE.01 Security Considerations** 

Security Consideration	Security Provision	Additional Notes
Protect any data being	Leverage HTTPS protocol to	
transferred from Partner site to	transfer the user from the	
FFM Website	partner website to the FFM	
• Ensure that the user is being	website	
transferred to the authentic		
FFM Website		
• FFM needs to authenticate and	• The nartner website sends a	More details on what the
validate that the secure transfer	NotResp using	NotResp should
request is coming from an	HTTP POST binding that	contain are included in section
authorized partner website	contains the Information	6.3.1 below.
• FFM needs to securely receive	Exchange System ID issued to	NotResp HTTP post binding
parameters from the partner	them during the onboarding	provides a standards
website related to the end-user	process and a series of	compliant way to authenticate
and their purpose (eligibility,	attributes related to the user	the partner website as well as
attestation, etc.) and make sure	and their purpose	securely receive additional
their integrity is not	● FFM validates the NotResp	attributes in an extensible
compromised	NotResp is from a trusted	way. This is achieved by
	partner and accepts the secure	validating the digital signature
	inbound transfer.	of the NotResp

### **6.2.2.2.** Securing Outbound HTTP Redirect from FFM to Partner Site (HTTP.FFE.WB.01)

Table 5 provides an overview of the security considerations and provisions required to secure the inbound http re-direct from Partner Website to FFM.

Table 5 - HTTP.FFE.WB.01 Security Considerations

Security Consideration	Security Provision	Additional Notes
Protect any data being transferred from FFM Website site to the Partner site - specifically the FFM Assigned Consumer to be used for subsequent web service requests	<ul> <li>Leverage HTTPS protocol to transfer the user from FFM site to the Partner Site</li> <li>On completion of application submission or another event necessitating return of the consumer to the partner website, FFM will re-direct the consumer to a Return URL for the Partner Website that was sent to the FFM as part of transferring the consumer to the FFM.</li> </ul>	The Return URL will be included in the transfer to the FFM from the partner website.

Security Consideration	Security Provision	Additional Notes
• The Partner site needs to	<u>● FFM sen</u> ds a NotResp	<ul> <li>More details on what the</li> </ul>
validate that the http redirect is	NotResp using the HTTP	NotResp hould
coming from the FFM website	POST binding that contains	contain are listed in section
• FFM needs to securely deliver	the FFE Assigned Consumer	6.3.2 below.
parameters to the Partner site	ID that the Partner site can use	NotResp   ITTP post binding
and make sure that the integrity	for subsequent web service	provides a standards
is not compromised	access	compliant way to authenticate
	• The Partner site validates the	FFM as well as securely
	NotResp s from FFM	receive additional attributes in
	and accepts the http redirect.	an extensible way.

### 6.2.3. Web Services Interaction between Partner Site and FFM

Please refer to the companion document "Federal Data Services Hub (DSH) - Requester Onboarding Summary Document" for information on web services interactions with the FFM.

### .3. Ul Integration Specification

## 6.3.1. Transfer User from Partner Website to FFM (HTTP.WB.FFE.01)

appropriate filters for the consumer. account creation and eligibility determination. This will establish a link between the consumer's accounts on the Partner Website and the FFM. The same transfer mechanism will be used by Partner websites using the Direct Enrollment API as well as those using the This secure transfer interface will transfer the user (the consumer or the agent/broker) from the Partner Website to the FFM for Lead Generation model. The transfers for the lead generation model will require additional fields listed in the table below to apply

# Transfer User from Partner Website to FFM (HTTP.WB.FFE.01) - Request

Table 6 provides the data elements for the request from a partner website to transfer a user to the FFM.

NotResp CoreResponse Protocol Attributes NotResp Group Element Data NotResp statusCode format NotResp | Response format Data Element Transfer Consumer from Partner Website to FFM (HTTP.WB.FFE.01) - Request NotResp Z  $\nabla$ Z Conditional(C) Optional(O), Required(R), partner website during the Data This should be the Information Contains Success or Failure Services Hub onboarding process Exchange System ID issued to the Description NotResp String String String Type Data NotResp Length Length Max

Table 6 - Transfer User from Partner Website to FFM - Request

Federally Facilitated Marketplace (FFM)

r ouci mily i u	monnimica manifoldinos (r r m)					
	Transfer Consumer from Partner Website to FFM	from Partner Web	(HTTP.WB.FFE.01) -	Request		
Data	Data Element	Required(R),	Description	Data	Min	Max
Element		Optional(O), Conditional(C),		Type	Length	Length
	NotResp SubjectConfirmation Vietnod	R	Not Dono	String		
	ds:Signature	R		NotResp		
SAML Exten	SAML Extended Attributes					
Consumer Identifiers						
	State Exchange Code	R	Code indicating the specific state instance of the FFM on which the consumer will submit the application/	String		
			2 Character State Abbreviation 2 Character State Abbreviation followed by a digit. The last position will always be NotResp			
	Partner Assigned Consumer ID	R	Unique Identifier assigned by Partner Website for the consumer for interactions with the FFM.	String		(
	FFE Assigned Consumer ID	С	Unique Identifier assigned by the FFM for the consumer's eligibility determination interaction with the FFM. Required to indicate a returning user.	String	NotResp	<u>.</u>
Transfer Informatio n						······································
	User Type	R	Type of the user logged on to the partner website  Consumer	String		
			Partner Call Center Kep Agent Broker			

Federally Facilitated Marketplace (FFM)

	Transfer Consume	Transfer Consumer from Partner Website to FFM	HTTP.WB.FFF.01)	- Request		
Data	Data Element	Required(R),	Description	Data	Min	Max
Element		Optional(O),		Type	Length	Length
Group		Conditional(C)				
	FFE User ID	С	User ID of the current user on the FFM. Only applicable when User Type is Partner Call Center Rep, Agent or Broker.	String		
	Transfer Type	R	Direct Enrollment or Lead Generation	String		
			Direct Enrollment - the FFM will redirect the user back to the Partner website after the eligibility determination to continue plan shopping on the Partner website.			
			Lead Generation - the FFM will redirect the user back to the Partner website after plan shopping/enrollment.		NotResp	q
	Return URL	C	Partner Website URL to which the current user will be securely transferred back after their interaction	String		
			with the FFM.  Required for Transfer Type of direct			
			generation.			
	Keep Alive URL	0	Partner Website URL which the FFM	String	•	
			will periodically ping to prevent the current user's session on the partner			
			website from expiring.			
Lead			Additional attributes to facilitate plan			
Generation			shopping and enrollment submission in			
			the lead generation process model			
			where the applicant will remain on the			
			1 x x 11x xox breez onobbreez.			

Federally Facilitated Marketplace (FFM)

				Name	Contact	Contact Inf													Element	Data	
Suffix Name	Last Name	Middle Name	First Name			Contact Information (Optional. Applicable only for New Consumer)				Plan Results Filter								NPN		Data Element	I ransier Consum
0	0	0	0			nly for New Consumer)				0								0	Optional(O), Conditional(C)	Required(R),	Fansier Consumer from Partner Website
Suffix of the contact person: Jr. Sr. III	Last name of the contact person	Middle name of the contact person	First name of the contact person	collected by the partner that can be used to pre-populate the registration form for a new consumer.	Optional contact name information		Note: The consumer will still have the ability to reset the filter if they wish view all plans available on the FFM.	comma separated list.	IDs will need to be specified as a	A list of up to 10 Issuer/QHP IDs for	as part of the enrollment submission to FFM via the web service.	enrollment transaction will be passed	since the NPN to be submitted with the	Generation.	Optional if Transfer Type is Lead	submitted as part of the current transfer session.	associated with any enrollments	National Producer Number to be		Description	TO PENI (HILE. W.B. PFE.UI) -
String	String	String	String							String								Number	Type	Data	Kequest
								NotResp											Length Length	Min Max	

	Transfer Consum	Transfer Consumer from Partner Website to FFM	(HTTP.WB.FFE.01	) - Request		
Data	Data Element	Required(R),	Description	Data	Min	Max
Element		Optional(O),		Type	Length	Length
Group		Conditional(C)				
Contact			Optional address information collected			
Person			by the partner that can be used to pre-			
Address			populate the registration form for a			
			new consumer.			
	Street Name 1	0	Street address	String		
	Street Name 2	0	Apt/suite/etc. number	String	<u>-</u> 1	
	City Name	0	Name of City	String	<del></del> ł	
	State	0	State Code	String	<del>-</del>	
	Zip Code	0	Zip Code	String	h	
Demograp			Optional demographic information		<del>1</del>	
Informatio			used to pre-populate the registration			
7 ,			form for a new consumer.			
	SSN	0	Social Security Number of the contact	String	<del></del> J.	
			person.		<u></u>	) }
			Must be 9 digits, numeric. First digit		NotResp	(esp
			cannot be 0. First three digits cannot			
			be between 900 and 999. All digits			
			may not be the same. 4th and 5th and			
			last 4 digits cannot be zeroes.		<del></del>	
	Birth Date	0	Date of Birth of contact person	Date		
			Must be a valid date, year must be >			
			1912 and <= current year. Entered in			
			YYYY-MM-DD format. Cannot be			
			greater than current date.			
	Email Address	0	Email address of the contact person.	String		
	Phone Number	0	Primary phone number of the contact	String	<del></del> l	
			person			

## Sample - Notresp Protocol Responses

For the sample, User Type is Consumer and Transfer Type is Direct Enrollment.

			Obtained via FOIA by Judicial Watch, Inc.
onsumers, if the ered with the FFN	NotRe	6.3.1.2. Response	Obtained via FOIA by Judicial Watch, Inc.  No.Resp
user will be displayed the FFM Registration/Login Page. If the user has previous will be directed to last step in the eligibility application they were at during the	sage will be displayed to the user.		NotResp

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Account page. If the Consumer is new to the FFM, the Consumer can register with FFM to begin the application process.

prior interaction with the FFM. If they had previously completed the eligibility determination process, they will be taken to their My

## 6.3.2. Transfer User Back to Partner Website (HTTP.FFE.WB.01)

the case of Lead Generation, the consumer will be transferred back after they complete plan shopping/enrollment. two models is that under the Direct Enrollment API, the consumer will be transferred back after eligibility determination, whereas in completion of the eligibility determination process. This interface will also be used in other situations such as on the user's intent to returning as part of the Direct Enrollment API as well as the Lead Generation Model. The difference between the transfers under these URL provided by the partner website while transferring the user to the FFM. The same transfer mechanism will be used for users return or exceptions such as failure to create an FFM account due to failure i NotResp The FFM will transfer the user to the Return This HTTP redirect interface will transfer the user (the consumer or the agent/broker) from the FFM to the partner website after

# Transfer User Back to Partner Website (HTTP.FFE.WB.01) - Request

Table 7 provides the data elements for the FFM request to transfer a user back to the partner website

NotResp | Core NotResp Protocol Attributes Response Data Element Group format NotResp : StatusCode NotResp Response Data Element NotResp Transfer User Back to Partner Website (HTTP.FFE.WB.01) - Request  $\pi$  $\pi$  $\nabla$ Conditional(C Required(R), Optional(0), Contains Success or Failure FFM Description NotResp String String String Type Data Length NotResp Length Max

Table 7 - Transfer User Back to Partner Website - Request

Federally Facilitated Marketplace (FFM)

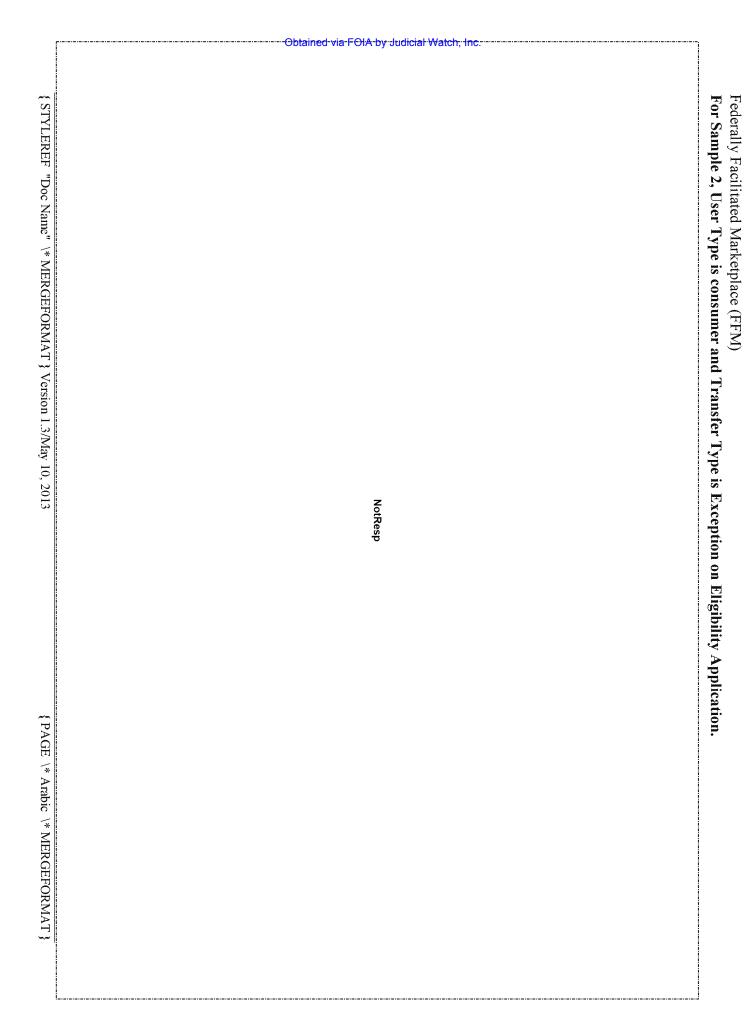
	Transfer U	Fransfer User Back to Partner Website	Website (HTTP.FFE.WB.01) - Request	lest	
Data Element Group	Data Element	Required(R), Optional(O),	Description	Data Type	Min Max Length Length
		Conditional(C)			
	Subject Confirmation	~		String	
	Method				
	ds:Signature	R	NotResp	NotResp	
	,			Digital Signatur	
				е	
Partner/		<u></u>			
Consumer  Identification					
	Information Exchange	R	Unique Identifier assigned to the	String	
	C J DEVELO		Services Hub as part of the on boarding process for the partner		
	State Exchange Code	R	Code indicating the specific state instance of the FFM on which the	String	
			consumer will submit the application/		
			changes.  2 Character State Abbreviation		
			followed by a digit. The last position will always be '0'.		NotResp
	Partner Assigned	R	Unique Identifier assigned by Partner	String	
	Consumer		interacting with the FFM.		
	FFE Assigned	С	Unique Identifier assigned by the	String	
	Consumer ID		FFM for the consumer's eligibility		
Transfer					
Injormation		;			
	User Type	70	Type of the user logged on to the partner website	String	
			• Consumer		
			<ul> <li>Partner Call Center Rep</li> </ul>		
			• Agent	_	
			Broker		

, , , , ,	Transfer	ser Back to Partner	Transfer User Back to Partner Website (HTTP.FFE.WB.01) - Request	IPS†		
Data Element	Data Element	Required(R),		Data	Min	Max
Group		Optional(O), Conditional(C)		Type	Length	Length
	FFE User ID	С	User ID of the current user on the FFM	String		
			Only applicable when User Type is Partner Call Center Rep, Agent or Rroter			
	Transfer Type	R	Type of Transfer to the FFM	String	NotResp	7
			<ul> <li>Completed Eligibility Application</li> </ul>			
			<ul> <li>Exception on eligibility application</li> </ul>			
			User initiated return			
	Exception Reason	С	f exception	String		
			that occurred on the FFM.			
			Proofing.			
			<ul> <li>Application in Pend Status.</li> </ul>			
			<ul> <li>Application not completed.</li> </ul>			
			<ul> <li>System Unavailable. Retry later.</li> </ul>			
			<ul> <li>Data Sources Unavailable. Retry</li> </ul>			
			later.			
			Will be set when Transfer Type is			
			'Exception on eligibility application'.			

### Sample | NotResp | Protocol Responses

For Sample 1, User Type is consumer and Transfer Type is Completed Eligibility Application.

NotResp



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### 7. Web Services Integration

### 7.1. Overview

This section applies only to partner websites utilizing the Direct Enrollment API. The Direct Enrollment API would include two web services exposed by the FFM:

- WS.WB.FFE.01 Fetch Household/Eligibility Details
- WS.WB.FFE.02 Submit Enrollment/Change/Disenrollment Transaction

The "Fetch Household/Eligibility Details" web service would allow the partner website to query the FFM and fetch information on the household and eligibility information for members of the household. The response would also include current enrollment status of members in the household and any Enrollment Periods available for members to enroll and change plans. This information can be used by the partner website to tailor the plan shopping/ enrollment maintenance experience of the consumer.

The Submit Enrollment/Change/Disenrollment web service would allow the partner website to submit new enrollment and change transactions to the FFM for processing. The FFM will be the system of record for QHP enrollments and all enrollment-related transactions need to be processed on the FFM. The normal FFM enrollment workflow including sending x12-834 transactions to the Issuer would be executed when this web service is invoked.

### 7.2. Technical Implementation

The Web Services Interactions between Partner site and FFM will be brokered through the CMS Data Services Hub. The web services interaction will need to include the FFE Assigned Consumer ID that is issued at the completion of eligibility determination by the user that was transferred to the FFM website from the partner website.

All web services will be brokered through the CMS Data Services Hub and follow the same messaging standards established by the Hub Please refer to the companion document "Federal Data Services Hub (DSH) - Requester Onboarding Summary Document" for information on web services interactions with the FFM.

#### 7.3. Web Service Specifications

This section of the document presents details on web services exposed by the FFM. The following details are included for each web service

- Service Description: An overview of the service along with information on correct usage.
- Key Business Rules/Constraints: Business rules and constraints to be accounted for when using the web service as part of the process orchestration on the partner website
- Request: Information model for the web service request. Includes a list of data elements
  organized under structures of Segments and Data Element Groups. Information on the data
  elements include a description in the given context, data type, length, and optionality. Data
  Element Groups are a logical grouping of related data elements. A segment is collection of
  Data Element Groups.

#### 7.3.1. Fetch Household/ Eligibility Details (WS.WB.FFE.01)

#### 7.3.1.1. Service Description

This FFM Web service is a query service that will return details of the consumer's household along with information on their eligibility for financial assistance. Information returned by this service will include:

- Contact Person Information: The contact person on the eligibility application (also referred to as the application filer) will be the same individual referred to as the consumer in the direct enrollment context. The web service will return the Name, Address, Birth Date, Telephone and contact preferences for the contact person.
- Applicant Information: An applicant is a member of the household listed on the application that is seeking health insurance coverage. There could be one or more applicants on the eligibility application and the web service will return information relating each of those applicants. The Applicant Information returned will include:
  - Identifying Information
  - Name, Address, and demographic information
  - Relationship to other applicants in the household
  - Eligibility Information: Information on eligibility for QHP with or without APTC/CSR, eligibility for Medicaid and CHIP. Eligibility Information will be included for the prior six months and any period in the future. Changes in eligibility will be communicated via distinct snapshots of eligibility details for the applicant over the prior six months onward.
  - Eligibility for Enrollment Periods: Details on whether the applicant is currently eligible for an Initial/Annual Enrollment Period and/or a Special Enrollment Period. The start and end dates associated with the enrollment periods will also be included.
  - Enrollment Information: Provides enrollment history over the prior six months and any periods in the future. Enrollment history will be organized as enrollment groups (Issuer Policy) and a list of members included in the enrollment group/policy.
    - Information on an enrollment group will include an Issuer ID, Assigned QHP ID, Issuer Policy Number, FFE Assigned Policy Number and Start and End dates of the policy. Please note that the Issuer Policy Number, Issuer ID and Plan ID will not be included if a consumer were to shop through a partner's website where the partner is not associated with the Issuer of the policy.

- Information on members of the enrollment group will include
  - Identifying Information FFE Assigned Applicant ID (a unique ID for a household member within the application), Issuer Assigned Member ID, FFE Assigned Member ID (a unique ID for the member within the context of that specific Issuer)
  - Subscriber information/relationship to subscriber
  - Start and end date of the member on the enrollment group including information on enrollment period used
  - Smoking status
  - Information on any pending auto disenrollments

#### 7.3.1.2. Key Business Rules/ Constraints (TBD)

- Partner Assigned Consumer ID This is a unique ID assigned by the Partner to the consumer which the FFM will pass back to the Partner when responding to requests from the Partner. The FFM expects the Partner to enforce uniqueness on this ID so FFM will not be enforcing uniqueness of the ID within FFM.
- FFE Assigned Consumer ID FFM generates and assigns a Consumer ID as soon as FFM has sufficient information to create a basic account (i.e., prior to passing NotResp proofing) which subsequently become the primary identifier for the partner to use in retrieving the consumer's information. The FFE Assigned Consumer is only unique within the context of the given partner within a given exchange.
- Enrollment History The exchange will only provide the full enrollment history details for enrollment in QHPs where the partner is affiliated with the Issuer of the QHP. For enrollment history of other QHPs where the partner is not affiliated with the QHP's Issuer, the exchange will only provide information regarding the covered timeframe.

## Fetch Household/ Eligibility Details (WS.WB.FFE.01) - Request

members of the consumer's household. Table 8 provides the data elements for the partner's request to retrieve current eligibility, eligibility history and enrollment history for

Table 8 - Fetch Household/ Eligibility Details - Request

•	Data Data	Element	Group	User	Identity	Assertion			FFE User ID				First Name	Middle Name		Last Name
Fetch Ho	Data Element													C		
ousehold/Eligibility De	Required(R),	Optional(O),	Conditional(C)						С				R	0	R	_
Fetch Household/Eligibility Details (WS.WB.FFE.01) - Request	Description			Partner's assertion on the identity of	the user on behalf of whom the web	service call is made.	Required when User is an Agent or a	Broker.	User ID of the user accessing FFM.	Only applicable when User Type is	Partner Call Center Rep, Agent or	Broker.	First name of the user accessing the FFM	Middle name of user accessing the FFM	Last name of the user accessing the	
	Data	Type							String				String	String	String	
	Min Max	Length Length											NotResp			

# Fetch Household/Eligibility Details (WS.WB.FFE.01) - Response

Table 9 provides data elements for the Fetch Household/Eligibility Details response.

 Table 9 - Fetch Household/Eligibility Details - Response

	Fetch H	ousehold/Eligibility	Fetch Household/Eligibility Details (WS.WB.FFE.01) - Response	se	
Data Element Group	Data Element	Required(R), Optional(O), Conditional(C)	Description	Data Type	Min Max Length Length
Partner/ Consumer Info					
	Information Exchange System ID	R	Unique Identifier assigned to the Partner Website by the Federal Data Services Hub as part of the onboarding process for the partner	String	NotResp

Federally Facilitated Marketplace (FFM)

		M. T.			
		Home			
	String	Name of Address Type	R	Address Type Name	
		will be included.			
		fixed address, only Mailing address			
		the contact person does not have a			
		address will be included by default. If			
		Mailing Address, if different. Home			Address
		May include Home address and			Contact Porson
		·			
		•			
		• Sr			
		• Jr.			
	String	Suffix of the contact person:	0	Suffix Name	
<u></u>	String	Last name of the contact person	R	Last Name	
	String	Middle name of the contact person	0	Middle Name	
NotResp	String	First name of the contact person	R	First Name	
					Name
					Contact Person
				formation	Contact Person Information
ļ		given partner.	-		
		determination interaction with the			
		FFM for the consumer's eligibility		Consumer ID	
	String	Unique Identifier assigned by the	R	FFE Assigned	
,		interacting with the FFM.			
		Website for the consumer for		Consumer ID	
	String	Unique Identifier assigned by Partner	R	Partner Assigned	
		will always be '0'.			
		2 Character State Abbreviation			
		eligibility was determined.			
		instance of the FFM on which			
	String	Code indicating the specific state	R	State Exchange Code	
			Conditional(C)		•
Length Length	Type		Optional(O),		Group
Nin Max	Data	Description	Required(R),	Data Element	Data Element
	ë	Details (WS.WB.FFE.III) - Response	Fetch Household/Eligibility Details	Fetch H	

Federally Facilitated Marketplace (FFM)

	Refch H	ancohold/Aligibility	Fetch Household/Flioibility Details (WS WR FFF 01) - Response	Đ		
Data Element	Data Element	Required(R),		Data	Nin	Max
Group		Optional(O),		Type	Length	Length
		Conditional(C)				
	Street Name 1	R	Street address	String		
	Street Name 2	0	Apt/suite/etc. number	String		
	City Name	R	Name of City	String		
	State	R	State Code	String		
	Zip Code	R	Zip Code	String	•	
Contact Person			Demographic information for the			
Demographic Information			contact person on the application.			
	SSN	0	Social Security Number of the contact	String		
			person.			
	Birth Date	R	Date of Birth of the contact person.	Date		
Telephone			Telephone numbers of the contact			
Number Group			person.			
			May be multiple instances of			
			Telephone Number Group		NotResp	<del>ర</del> ో 
	Telephone Priority	R	Indicates if the phone number is	String		
	Type		preferred or secondary			
			<ul> <li>Preferred</li> </ul>			
			Secondary			,
	Phone Number	R	Phone Number to reach the contact.	String		
			No alpha or symbols allowed.		•	,
	Telephone Type Name	R	Type of phone to be used for contact:	String		
			• Home			
			<ul> <li>Mobile</li> </ul>			
			<ul><li>Work</li></ul>		-	
			<ul><li>Friend</li></ul>			
			<ul> <li>Employer</li> </ul>			
	Extension	0	Extension of the telephone number.	Integer		
			Numeric up to 6 digits			<b></b>
	Email	0	Email address provided by the contact	String		
			person. Will be used as the primary			
			eman for nonlications.			

Federally Facilitated Marketplace (FFM)

e			200			
1	Perci H	usenoid/Engionity	retch Household/Englothly Details (WS, WB, FFE, 01) - Response			1
Data Element	Data Element	Required(R),	Description	Data	Nm Length 1	Max
		Conditional(C)				0
Preferences		R	Preferences for the household contact,			
4			including language preferences and			
			contact preferences	-		
	Contact Method Type	R	Method the application filer would	String		
			like to receive notices and			
			notifications:			
			• US Mail			
			Electronic with Text Notification			
			Electronic with Email			
			Notification			
	Notification Cell Phone	C, required if	Cell phone number used to receive	String		
		Contact Method	text notifications			
		Type = Text	No alpha or symbols allowed			r
	Notification Email	C, required if	Email address used to receive	String	NotResp	
	Address	Contact Method	electronic notifications			
		Type = Email	Must contain "@", may not contain			
			spaces or start/end with a hyphen or			
			contain two hyphens together.			
	Carlon Longuago	D	Cannot exceed Res inaracters.	Ctions		
	Spoken ranguage	>	Janonage.	Sming		
			• English			
			Spanish			
			<ul> <li>Vietnamese</li> </ul>			
			Tagalog			ļ
			• Russian			
			Portuguese			
			• Other			

Federally Facilitated Marketplace (FFM)

ę	Fetch H	ancehald/Flioihility	Fetch Household/Fligibility Details (WS.WB FFF.01) - Response	0		
Data Element	Data Element	Required(R),		Data	Min	Max
Group		Optional(O), Conditional(C)		Type	Length	Length
	Written Language	R	Single-selection of preferred written language:  English Spanish Vietnamese Tagalog Russian Portuguese Other	String	<b>—</b>	esp esp
Application Type						
	Requesting Financial Assistance	R	Trus Annlicante are cooking	1	<u></u>	
Applicant Inform the application not	ation (Will repeat for each seeking health insurance c		financial Assistance False - Applicants are not seeking financial assistance	Boolean		
Applicant Identity		applicant, i.e., househo	ncial Assistance e - Applicants are not seel ncial assistance moder who is seeking heal	Boolean lee coverage.	king Boolean king his area boolean king his area boolean king his area boolean king his area boolean king his area boolean king his area boolean king king his area boolean king king king king king king king kin	nembers or
	FFE Assigned Applicant ID	Assistance  Applicant Information (Will repeat for each applicant, i.e., household menthe application not seeking health insurance coverage will not be included.)  Applicant  Applicant  Applicant  Applicant  Applicant	ncial Assistance e - Applicants are not seel ncial assistance mber who is seeking heal	Boolean  Ice coverage	Household n	nembers on
		applicant, i.e., househo overage will not be incl	rcial Assistance e - Applicants are not seel ncial assistance mber who is seeking heal mber who is seeking heal pue identifier for the appli in the household. Only ur application, not a general ue ID across the system. gned by the FFM.	Boolean ice coverage. Integer	Household n	nembers on
Applicant Name	SSN	applicant, i.e., househo overage will not be incl R	rial Assistance e - Applicants are not seel cial assistance mber who is seeking healing the household. Only unapplication, not a general ue ID across the system. gned by the FFM. al security number of Applashes.	Boolean Ice coverage Integer String	Household mo	lembers on
	SSN	applicant, i.e., househo overage will not be incl R	rcial Assistance e - Applicants are not seel ncial assistance mber who is seeking heal que identifier for the appli in the household. Only ur application, not a general ue ID across the system. gned by the FFM. al security number of App Dashes. The of the applicant	Boolean Ice coverage Integer String	Household n	nembers on
	SSN First Name	applicant, i.e., househo overage will not be incl  R  R	ncial Assistance e - Applicants are not seel ncial assistance mber who is seeking heal- mber who is seeking heal- que identifier for the appliant the household. Only un application, not a general ue ID across the system. gned by the FFM. al security number of Applicant name of the Applicant name of the Applicant	Boolean Ice coverage Integer String	Household n	embers on
	SSN First Name Middle Name	applicant, i.e., househo overage will not be incl  R  O	rcial Assistance e - Applicants are not seeicial assistance mber who is seeking healing healing the household. Only urapplication, not a general ue ID across the system. gned by the FFM. al security number of Applicant name of the Applicant name of the Applicant	Boolean  Ice coverage  Integer  String  String	Household n	lembers on

Federally Facilitated Marketplace (FFM)

	Fetch F	Household/Eligibility Details	Details (WS.WB.FFE.01) - Response	e	
Data Element	Data Element	Required(R),	Description		
Group		Conditional(C)		Туре	Length Length
	Suffix Name	0	Suffix of the Applicant  Jr.  Sr.	String	
			• • • III		
Applicant Demographic Info			Demographic information of applicant		
	Birth Date	R	Date of birth of the Applicant.  yyyy-mm-dd  Must be a valid date, year must be > 1912 and <= current year. Entered in  YYYY-MM-DD format. Cannot be greater than current date.	Date	NotResp
	Sex Name	R	Name of person's sex: - Male - Female	String	
	Marital Status	0	Marital Status of the applicant Y - Married N - Single	String	
	Student Status	0	Student Status of the Applicant Y - Full Time Student N - Not a Student	String	
Applicant Address			May include multiple addresses, if different. Home address will be included by default. If the applicant		
			Mailing address will be included.		

Federally Facilitated Marketplace (FFM)

	Fetch H	ousehold/Eligibility	Fetch Household/Eligibility Details (WS.WB.FFE.01) - Response		Min	7.6
Group	Dam Element	Optional(O), Conditional(C)	rose Paron	Type	Length	Length
	Address Type Name	R	Name of Address Type (multiple may apply to a single address)  Home  Mailing  Residency  Temporary  Intend to Reside	String		
	Street Name 1	С	Street address of the address. PO Box is not permitted if address type is Home.	String		
			Required if not intend to reside address			
	Street Name 2	0	Apt/suite/etc. number of the address.	String	NotResp	esp
	City	R	City of the address.	String		
	State	R	State Code (abbreviation) of the address.	String		
	Zip Code	R	Zip Code of the address.	String		
	County Name	С	Name of County using standard FIPS name.	String		
			multiple counties.			
	County Code	С	County Code Will be included if Zip Code spans	String		
			multiple counties.			

Federally Facilitated Marketplace (FFM)

Data Element   Data Element   Data (No. No. B. Fr. c.U.) - (Response				Y - The applicant is eligible for CHIP			
per tech relation by Description  Data Element  Required(R),  Optional(O),  Information on the type of healthcare coverage that the applicant is eligible for CHIP or Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible or Medicaid Eligibility Change  Eligibility Change  Eligibility Change  Eligibility Change  Effective Date  Medicaid Eligibility  Medicaid Eligibility  Medicaid Eligibility  CC  CHIP Eligibility  R  Medicaid Eligibility  R  Medicaid Eligibility  R  CC  End Date  Medicaid Eligibility  R  Indicator  R  Medicaid Eligibility  R  Medicaid Eligibility  R  Medicaid Eligibility  R  Medicaid Eligibility  R  Medicaid Eligibility  R  Medicaid Eligibility  R  Medicaid Eligibility  R  Medicaid Eligibility  R  Medicaid Eligibility  R  Medicaid Eligibility  R  Medicaid Eligibility  R  Medicaid Eligibility  R  Medicaid Fligibility  Medicaid Fligibili				CHIP			
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mement Data Element Required (R), Description Data Min Optional(O), The many beautiful to the population on the type of healthcare coverage that the applicant is eligible for Medicaid Eligibility of the applicant is eligible for Medicaid Eligibility of Medicaid Eligibility Eligibility Indicator is 'Y'  Medicaid Eligibility C C Medicaid Eligibility Indicator is 'Y'  Medicaid Eligibility Eligibility Indicator is 'Y'  Medicaid Eligibility Eligibility Indicator is 'Y'  Medicaid Eligibility Eligibility Indicator is 'Y'  Medicaid Eligibility Eligibility Indicator is 'Y'  Medicaid Eligibility Indicator is 'Y'  Medi			String	Indicator for whether the applicant is	R	CHIP Eligibility	
mement Data Element Required(R), Description  Data Element Required(R),  Uptional(C),  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility over a period of time. The eligibility over a period of time. The eligibility over the prior six months and the future.  Eligibility Change R  Effective Date  Medicaid Eligibility R  Indicator for whether the applicant is eligible for Medicaid CHIP, or everage that the applicant is eligible over the prior six months and the future.  Shapshot date or the Date on which be reverage to the applicant is eligible for Medicaid Start Date  Medicaid Eligibility R  R  Indicator for whether the applicant is eligible for Medicaid Start Date  Will be included if Medicaid.  End Date for eligibility for Medicaid.  End Date on which bate  Notressponded of the applicant is not eligible for Medicaid Start Date  Will be included if Medicaid.  End Date for eligibility for Medicaid.  End Date on the Date  Notressponded of Medicaid.  Date  Will be included if Medicaid.  Date				Medicaid Eligibility Indicator is 'Y'.			
mement Data Element Required(R),  up Description  Required(R),  Up Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR. There may be multiple instances of this information to provide snapshots of the applicant's eligibility over a period of time. The eligibility over a period of time. The eligibility over the prior six months and the future.  Eligibility Change R Snapshot date or the Date on which Effective Date everage.  Medicaid Eligibility R Indicator for whether the applicant is eligible for Medicaid N - The applicant is of eligible for Medicaid Start Date for eligiblity for Medicaid.  Medicaid Eligibility C Start Date for eligiblity for Medicaid.  Medicaid Eligibility C Start Date for eligiblity for Medicaid.  Medicaid Eligibility C Start Date for eligible for Medicaid Eligible for Medicaid Eligibility for Medicaid Eligible f			t ac	Will be included, if available and	(	End Date	
mement Data Element Required(R),  up Conditional(C),  Information on the type of healthcare coverage that the applicant is eligible for This will include information on the type of healthcare coverage that the applicant is eligible for This will include information on eligibility over a period of time. The eligibility over a period of time. The eligibility over the prior six months and the future.  Eligibility Change R Snapshot date or the Date on which there was a change to the applicant is eligibility for health insurance coverage.  Medicaid Eligibility R Indicator for whether the applicant is String eligibility for health insurance coverage.  Notresp Medicaid Start Date  Medicaid Eligibility Change Eligibility for health insurance coverage.  Start Date Start Date Eligibility for Medicaid Will be included if Medicaid. Date Eligibility Indicator is 'Y'.			Date	End Date for eligibility for Medicaid		Medicaid Eligibility	
ement Data Element Required(R), Description  Required(R),  up  Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for This will include information on eligibility over a period of time. The eligibility over a period of time. The eligibility over the prior six mounts and the future.  Eligibility Change R  Medicaid Eligibility  Medicaid Eligibility  R  Medicaid Eligibility  R  Medicaid Eligibility  C  Start Date  Will be included information on eligible for Medicaid.  Start Date  Will be included in flow the applicant is eligible for Medicaid.  We have the prior six mounts and the future.  Notresp  Notresp  Notresp  Notresp  Coverage.  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp  Notresp				Eligibility Indicator is 'Y'			
mement Data Element Required(R), Description  Optional(O)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR. There may be multiple instances of this information to provide snapshots of the applicant is eligibility over a period of time. The eligibility over a period of time. The eligibility over a period of time the prior six months and the future.  Eligibility Change R Snapshot date or the Date on which there was a change to the applicant is eligibility over the prior six months and the future.  Snapshot date or the Date on which there was a change to the applicant is eligible for Medicaid Indicator for whether the applicant is overage.  Indicator First Date for Medicaid N - The applicant is eligible for Medicaid Medicaid Medicaid Medicaid Medicaid Start Date for Medicaid Date  Modicaid Fliethility G Start Date for Medicaid Date			7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Will be included if Medicaid	(	Start Date	
ement Data Element Required(R), Description  Uptional(Q), Description  Uptional(Q), Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR. There may be multiple instances of this information to provide snapshots of the applicant's eligibility over a period of time. The eligibility over a period of time. The eligibility over the prior six months and the future.  Eligibility Change R Snapshot date or the Date on which there was a change to the applicant's eligibility for health insurance coverage.  Medicaid Eligibility R Indicator for Medicaid N - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid M - The applicant is eligible for Medicaid M - The applicant is eligible for Medicaid M - The applicant is eligible for Medicaid M - The applicant is eligible for Medicaid			Date	Start Date for eligibility for Medicaid	C	Medicaid Eligibility	
mement Data Element Required(R),  Optional(O),  Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR. There may be multiple instances of this information to provide snapshots of the applicant is eligibility over a period of time. The eligibility over a period of time. The eligibility over the prior six months and the future.  Eligibility Change R Sampshot date or the Date on which there was a change to the applicant's eligibility over the prior degibility over the prior six months and the future.  Sampshot address the future overage.  Medicaid Eligibility R eligibility for health insurance coverage.  Indicator for whether the applicant is String eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Y - The applicant is eligible for Medicaid Medicaid Medicaid Y - The applicant is eligible for Medicaid Medicaid Y - The applicant is eligible for Medicaid Medicaid Medicaid Y - The applicant is eligible for Medicaid Me				Medicaid			
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ement Data Element Required(R),  Up  Conditional(C),  Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for Medicaid, CHIP, or QHP with or without APTC and CSR.  There may be multiple instances of this information to provide snapshots of the applicant's eligibility over a period of time. The eligibility over the prior six months and the future.  Eligibility Change R  Eligibility Change R  Eligibility Change R  Medicaid Eligibility R  Medicaid Eligibility R  Medicaid Eligibility R  Indicator for whether the applicant is String eligible for Medicaid and N-The applicant is not eligible for				Medicaid			
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ement         Data Element         Required(R), Optional(O), Conditional(C)         Description         Data Data Pleas         Min Type         Min Length           up         Conditional(C)         Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR. There may be multiple instances of this information to provide snapshots of the applicant are eligibility over a period of time. The eligibility over a specificant seligibility over the prior six months and the future.         Snapshot date or the Date on which applicant's eligibility for health insurance coverage.         Date         NorResp           Medicaid Eligibility         R         Indicator for whether the applicant is         String         NorResp				eligible for Medicaid		Indicator	
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retch Household, Eligibility Octange  mp  Data Element  Required(R),  Optional(O),  Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR.  There may be multiple instances of this information to provide snapshots of the applicant's eligibility over a period of time. The eligibility over a period of of time. The eligibility over the prior six months and the future.  Eligibility Change  Effective Date  R  Snapshot date or the Date on which there was a change to the applicant's eligibility over the prior six months and the future.  Not Reserved.		100000		coverage.			
retch Household/Eligibility Details (WS.W.B.F.F.E.U1) - Kesponse  Required(R), Description Data Min Optional(O), Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR. There may be multiple instances of this information to provide snapshots of the applicant's eligibility over a period of time. The eligibility over a period of time. The eligibility over the prior six months and the future.  Eligibility Change R Eligibility Change to the applicant's eligibility over the prior six months and the future.	ر	NotRest		eligibility for health insurance			
rettin Household/Eligibility Changee  Required(R),  Optional(O),  Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR. There may be multiple instances of this information to provide snapshots of the applicant's eligibility over a period of time. The eligibility over a applicant's eligibility over the prior six months and the future.  Eligibility Changee R Snapshot date or the Date on which Date				there was a change to the applicant's		Effective Date	
ement Data Element Required(R), Optional(O), Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR. There may be multiple instances of this information to provide snapshots of the applicant's eligibility over a period of time. The eligibility over the prior six months and the future.			Date	Snapshot date or the Date on which	R	Eligibility Change	
retch Household/Enginity Details (WS.WB.FF.E.UI) - Kesponse  mup    Data Element   Required(R),				six months and the future.			
retch Household Engibility Details (WS.WB.FFE.01) - Response  Required(R), Optional(O), Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR.  There may be multiple instances of this information to provide snapshots of the applicant's eligibility over a period of time. The eligibility snapshots will reflect changes in the							
mp  Data Element  Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR.  There may be multiple instances of this information to provide snapshots of the applicant's eligibility over a period of time. The eligibility							
mp  Data Element  Conditional(C),  Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR.  There may be multiple instances of this information to provide snapshots of the applicant's eligibility over a  Min  Type  Length  Type  Length  Optional(C)  There may be multiple instances of this information to provide snapshots of the applicant's eligibility over a							
retch Household/Englobility Details (WS.WB.FF.E.OI) - Kesponse  Required(R), Optional(O), Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR.  There may be multiple instances of this information to provide snapshots  WS.WB.FF.E.OI) - Kesponse  Data Min Length Length Type Length There may be multiple instances of this information to provide snapshots				of the applicant's eligibility over a			
mp  Data Element  Conditional(C),  Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR.  There may be multiple instances of  The may be multiple instances of				this information to provide snapshots			
ement Data Element Required(R), Optional(O),  Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or QHP with or without APTC and CSR.				There may be multiple instances of			
ement Data Element Required(R), Optional(O),  Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on eligibility for Medicaid, CHIP, or				QHP with or without APTC and CSR.			
ement Data Element Required(R), Optional(O),  Up Conditional(C)  Information on the type of healthcare coverage that the applicant is eligible for. This will include information on				eligibility for Medicaid, CHIP, or			
reten Household/Engiolity Details (WS.WB.F.F.E.U1) - Kesponse  ement Data Element Required(R), Description Data Min  Optional(O), Conditional(C) Information on the type of healthcare coverage that the applicant is eligible				for. This will include information on			
ement Data Element Required(R), Description Data Min  Optional(O), Conditional(C) Information on the type of healthcare				coverage that the applicant is eligible			Eligibility
Data Element Required(R), Description Data Min Optional(O), Conditional(C)				Information on the type of healthcare			Applicant
Data Element Required(R), Description Data Min Optional(O), Type Length					Conditional(C)		
Data Element Required(R), Description Data Min	Length	Length	Type		Optional(O),		Group
Details (WS.WB.FFE.UI) -	Max	Min	Data	Description	Required(R),	Data Element	Data Element
			6	Details (WS.WB.FFE.UI) -	ousenoud Engionity	retti n	

Federally Facilitated Marketplace (FFM)

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	Fetch He	busehold/Eligibility	Fetch Household/Eligibility Details (WS.WB.FFE.01) - Response			
Data Element Group	Data Element	Required(R), Optional(O),	Description	Data Type	Min Length L	Max Length
•		Conditional(C)				
	CHIP Eligibility Start	С	Start Date for eligibility for CHIP.	Date		
	Date		Will be included if CHIP Eligibility Indicator is 'Y'.			
	CHIP Eligibility End	С	End Date for eligibility for CHIP.	Date	_ <del></del>	
	Date		Will be included, if available and			
			CHIP Eligibility Indicator is 'Y'.			
	QHP Eligibility	R	Indicator for whether the applicant is	String		
	Indicator		eligible for QHP			
			N - The applicant is not eligible for		"	
			Y - The applicant is eligible for OHP			
	OHP Eligibility Start	С	Start Date for eligibility for OHP.	Date		
	Date		Will be included if QHP Eligibility			
			Indicator is 'Y'.			]
	QHP Eligibility End	С	End Date for eligibility for QHP.	Date		
	Date		Will be included, if available and		NotResp	
	A DTC Eligibility	Q	Indicator for whather the applicant is	Ctring		
	Indicator	7	eligible for APTC	Smns		
			N - The applicant is not eligible for			
			APTC			
			Y - The applicant is eligible for			
			APTC			
	APTC Eligibility Start	С	Start Date for eligibility for APTC.	Date		
	Date		Will be included if APTC Eligibility		- <del></del>	
			Indicator is Y.			
	APTC Eligibility End	С	End Date for eligibility for APTC.	Date		
	Date		Will be included, if available and			
			APTC Eligibility Indicator is 'Y'.			]
	Monthly APTC	С	Prorated Maximum APTC Amount	Amount		
	Amount		for the applicant. Will be included if			
			AP I C Eligibility Indicator is 'Y'.	1	7	

Federally Facilitated Marketplace (FFM)

v	Tatab II				
Data Element	Data Element	Required(R),	nent Required(R), Description	Data	Min Max
Group		Optional(O),		Type	Length Length
		Conditional(C)		,	
	CSR Eligibility Indicator	R	Indicator for whether the applicant is eligible for CSR	String	
			"N" - The applicant is not eligible for CSR		
			"Y" - The applicant is eligible for		
	CSR Eligibility Start Date	С	Start Date for eligibility for CSR. Will be included if CSR Eligibility	Date	
			Indicator is 'Y'.		
	CSR Eligibility End	С	End Date for eligibility for CSR.	Date	
	Date		Will be included if available and if CSR Eligibility Indicator is 'Y'.		
	CSR Level	С	CSR Level applicable to the	String	
			applicant.		NotResp
			Indicator is 'Y'.		
			02 - Open to Members of Federally		
			Recognized Tribes below 300%FPL		
			03 - Open to Members of Federally		
			Recognized Tribes above 300%FPL		
			05 - 87% AV Level Silver Dlan CSR		
			06 - 94% AV Level Silver Plan CSR		
	QHP Eligibility Status	С	Indicator for any changes in QHP	String	
	Change		Eligibility status since the prior		
			No Change		
			<ul> <li>New Applicant for QHP</li> </ul>		
			<ul> <li>Gained Eligibility for QHP</li> </ul>	_	
			<ul> <li>Lost Eligibility for QHP</li> </ul>		
			Will be included after initial		
			eligibility is determined for		
			subsequent eligibility changes.		

Federally Facilitated Marketplace (FFM)

	Fotoh U	meabold/Elimibility	Fotoh Household/Flimibility Datails (WS WP FFF 01) Desmons			
Data Element	Data Element	Required(R),	Description	Data	Min	Max
Group		Optional(O),		Type		ength
	APTC Eligibility Status Change	C	Indicator for any changes in APTC Eligibility status since the prior eligibility snapshot.  No Change Gained Eligibility for APTC Lost Eligibility for APTC Change in APTC Amount Will be included after initial	String	NotResp	
	CSR Eligibility Status Change	С	Indicator for any changes in APTC Eligibility status since the prior	String		
			<ul> <li>No Change</li> <li>Gained Eligibility for CSR</li> <li>Lost Eligibility for CSR</li> <li>Change in CSR Level</li> <li>Will be included after initial eligibility is determined for subsequent eligibility changes.</li> </ul>			
Enrollment Period						
	IEP/AEP Eligibility Indicator	R	Indicator for whether the applicant is eligible for an Initial Enrollment Period (IEP) or Annual Enrollment	Boolean		
			Period (AEP). Y - Eligible for IEP/AEP N - Not Eligible for IEP/AEP			

Federally Facilitated Marketplace (FFM)

	Fetch H	ancehold/Fligibility	Fetch Household/Fligibility Details (WS WR FFF 01) - Resnouse	٥		
Data Element	Data Element	Required(R),		Data	Min	Max
Group		Optional(O),		Type	Length	Length
		Conditional(C)				
	IEP/AEP Type	С	Indicator for the whether the	String	_	
	;		enrollment period is an IEP or an	(	_	
			AEP.			
			I -Initial Enrollment Period		-	
			A -Annual Enrollment Period			
			Will be included if "IEP/AEP			
			Eligibility Indicator" is "Y".			
	IEP/AEP Start Date	С	Date from which IEP/AEP is	Date		
			available.			
			Will be included if "IEP/AEP			
			Eligibility Indicator" is 'Y'.			
	IEP/AEP End Date	С	Date until which IEP/AEP is	Date		
			available.			
			yyyy-mm-dd.			
			Will be included if "IEP/AEP		NotResp	
			Eligibility Indicator" is 'Y'.			
	IEP/AEP Earliest QHP	С	Earliest date the applicant's	Date		
	Effective Date		enrollment in a QHP can become			
			effective.			
			yyyy-mm-dd.			<b></b>
			Will be included if "IEP/AEP			
			Eligibility Indicator" is 'Y'.			
	IEP/AEP Latest QHP	С	Latest date the applicant's enrollment	Date		
	Effective Date		in a QHP can become effective.			
			yyyy-mm-dd.			
			Will be included if "IEP/AEP			
			Eligibility Indicator" is 'Y'.			
	SEP Eligibility	R	Indicates whether the applicant is	String		1
	Indicator		eligible for a Special Enrollment			
			Period.			
			Y - Eligible for SEP			
			N - Not eligible for SEP			

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			anomer applicant winning		Appurant in	
NotResp	N	Integer	The FFE Assigned Applicant ID for	R	FFE Assigned	
						Relationship to Other Applicants Information
0	I				200	enrollment groups.
ill communicate	p code wi	icant) esponding relationship code will com by the partner website for composing	Relationship to Other Applicants (repeat for each applicant besides the currently selected applicant)  The FFE Assigned Applicant ID for each of the other household members in conjunction with a corresponding relationship code will communicate the relationships between this applicant and the rest of the household. This information will be used by the partner website for composing	or each applicant besid he other household mem he rest of the household	her Applicants (repeat for Applicant ID for each of the Applicant ID for each of the Applicant and the	<b>Relationship to Ot</b> The FFE Assigned <i>t</i> the relationships bet
			yyyy-mm-dd. Will be included if "SEP Eligibility Indicator" is 'Y'.			
		Date	Latest date the applicant's enrollment in a OHP can become effective.	С	SEP Latest QHP Effective Date	
			yyyy-mm-dd. Will be included if "SEP Eligibility Indicator" is 'Y'.			
			enrollment in a QHP can become effective.		Effective Date	
		Date	Earliest date the applicant's	С	SEP Earliest OHP	
NotResp	No		yyyy-mm-dd. Will be included if "SEP Eligibility Indicator" is "Y".			
		Date	Date until which the SEP is available.	0	SEP End Date	
			yyyy-mm-dd. Will be included if "SEP Eligibility Indicator" is 'Y'.			
		Date	Date from which SEP is available.	0	SEP Start Date	
		String	Reason why SEP was granted. See Appendix A.2 SEP Reason Code for a list of SEP reasons. Will be included if "SEP Eligibility Indicator" is 'Y'.	С	SEP Eligibility Reason	
				Conditional(C)		
th Length	Min Length	Data Type	Description	Required(R), Optional(O),	Data Element	Data Element Group
				a Comment of the Comm		

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	Fetch H	ousehold/Eligibility	Fetch Household/Eligibility Details (WS.WB.FFE.01) - Response	e		
Data Element Group	Data Element	Required(R), Optional(O),	Description	Data Type	Min Length	Max Length
		Conditional(C)			<u> </u>	į
	Relationship to	R	The relationship of the household	String	NotResp	
	Applicant (CMS is		member to the applicant. See			
	continuing to work on		Relationship Codes for the list of			
	final set of values for		values.			
	this list)					

not applicants [household members seeking coverage]) provided to the partner for gathering APTC attestation. The other persons are persons who are tax filers and are not the application contact and are Other rerson information (with repeat for person on the application desides the application contact and the applicants whose names needs to be

 						r	,				_
									Name	Other Person	Tot appropriate incl
					Suffix Name	Last Name	Middle Name	First Name			moraphicans incusoring memoris seeming coverage]
					0	R	0	R			mg coveragel)
• IV	•	• 11	• Sr.	• Jr.	Suffix of the other person	Last name of the other person	Middle name of the other person	First name of the other person			
					String	String	String	String			
						NotResp	·				
 						<u> </u>	L	L	L		L

#### **Existing Enrollment Information**

policies. This existing policy information set of data elements will repeat to include information on all policies in the prior six months and any prospective

					Information	Group	Enrollment
Number	FFE Assigned Policy						
	R						
the policy.	Unique ID assigned by the FFM for	application members are enrolled.	Issuer under which one or more	corresponds to a policy issued by an	insurance plan together. This	applicants enrolled in a health	Includes information on a group of
(	String						
	NotResp						

Federally Facilitated Marketplace (FFM)

,	Fetch H	meehald/Fligibility	Fetch Household/Fligibility Details (WS.WB.FFF.01) - Response	9	
Data Element Group	Data Element	Required(R), Optional(O), Conditional(C)		Data Type	Min Max Length Length
	Issuer Policy Number	С	Unique ID assigned by the Issuer for the policy.  Will only be included if the partner is	String	
			associated with the Issuer of the policy.		
	Start Date	R	Effective date on which coverage	Date	
			of a cancelled enrollment, this will be		
			the date on which the policy would		
	7	)	rad commenced.	7	
		(	under the policy ended.		
			Required when Enrollment Status is		NotResp
			Terminated.		
	Enrollment Status	R	Status of the enrollment:	String	
			Pending Effectuation		
			Cancelled		
			Effectuated		
			Terminated		
	Issuer ID	С	Issuer of the Policy.	String	
			Will only be included if the partner is		
			associated with the Issuer of the		
		,	poncy.		-
	Assigned QHF ID		Assigned QHP ID for the poncy.	String	
			seconisted with the leaver of the		
			nolica		
					_

Federally Facilitated Marketplace (FFM)

	Hetch Ha	mechald/Fligibility	etch Household + ligibility Defails >> > Section - Response	•		
Data Element	Data Element	Required(R),		Data	Min	Max
Group		Optional(O),	•	Type	Length	Length
		Conditional(C)		;	ı	ı
Premium			The details of the premium			
Information			information for the enrollment group			
			Enrollment Group Start Date and the			
			may be multiple instances of			
			enrollment group.			
			Will only be included if the partner is			
			associated with the Issuer of the			
		2	policy			
		•	information is applicable			
			Will only be included if the partner is		N 2 + 1	
			associated with the Issuer of the		Nother	
		-	policy			·
	Premium End Date	0	Date till which the premium	Date		
			information is applicable			
	Total Premium Amount	С	Total premium amount for the	Amount		
			will only be included if the nation is			
			associated with the Issuer of the			
			policy			
	Maximum Enrollment	С	For the enrollment group, the	Amount		
	Group Eligible APTC		maximum allowed APTC amount for			
			all applicants eligible to receive			
			APTC, as determined in eligibility.			
			Will only be included if the partner is			
			associated with the Issuer of the			
			policy			

Federally Facilitated Marketplace (FFM)

Data Element   Data Element   Required(R),   Description   Data   Min   Max	•	Forch L	Weahold/Flimibility				
Optional(O),  APTC Elected %  C  Conditional(C)  Percent of the maximum APTC elected by the consumer to apply towards premium costs.  Will not be sent if the % is not the same for all individuals or the applicable because the applicants were not seeking financial assistance.  APTC Applied Amount  C  Consumer for the enrollment group. Will not be sent if APTC lected by the consumer for the enrollment group. Will not be sent if APTC lected by the applicable lece, no financial assistance application)  Will only be included if the parmer is associated with the Issuer of the policy  Total Individual  C  Net premium amount (after applying the APTC amount elected) that will be paid by the consumer. Will only be included if the parmer is associated with the Issuer of the policy.  Information will repeat for each member in the policy. It is to be noted that members may be added or removed from a policy at different points in time within the start and end dates of the policy.	Data Element	Data Element	Required(R),			Min	Max
APTC Elected % C  APTC Elected % C  Elected by the consumer to apply towards premium costs.  Will not be sent if the % is not the same for all individuals or if this is not applicable because the applicants were not seeking financial assistance. Total amount of APTC elected by the Consumer for the enrollment group.  APTC Applied Amount C  Total Individual  Total Individual  Responsibility Amount be policy  Total Individual	Group		Optional(O),	•	Type	Length	Length
APTC Elected %  C Recent of the maximum APTC elected by the consumer to apply towards premium costs.  Will not be sent if the % is not the same for all individuals or if this is not applicable because the applicants were not seeking financial assistance.  APTC Applied Amount  C Total amount of APTC elected by the consumer for the emollment group.  Will not be sent if APTC elected by the ensumer for the emollment group.  Will not be sent if APTC is not applicable (i.e., no financial assistance application)  Will only be included if the partner is associated with the Issuer of the policy  Total Individual  C Net premium amount (after applying the APTC amount elected) that will be paid by the consumer.  Will only be included if the partner is associated with the Issuer of the policy  Information on a household member included in the policy. This group of information will repeat for each member in the policy. It is to be noted that members may be added or removed from a policy at different points in time within the start and end dates of the policy.	,		Conditional(C)			(	C
clected by the consumer to apply towards premium costs.  Will not be sent if the % is not the same for all individuals or if this is not applicable because the applicants were not seeking financial assistance.  APTC Applied Amount  C  Total amount of APTC elected by the consumer for the enrollment group.  Will not be sent if APTC is not applicable (i.e., no financial assistance application)  Will not be sent if APTC is not applicable (i.e., no financial assistance application)  Will not be sent if APTC is not applicable (i.e., no financial assistance application)  Will not be sent if APTC is not applicable (i.e., no financial assistance application)  Will only be included if the partner is associated with the Issuer of the policy  Will only be included if the partner is associated with the Issuer of the policy. This group of information on a household member included in the policy. It is to be noted that members may be added or removed from a policy at different points in time within the start and end dates of the policy.		APTC Elected %		Percent of the maximum APTC	Double		
Will not be sent if the % is not the same for all individuals or if this is not applicable because the applicants were not seeking financial assistance.  APTC Applied Amount  C  Total amount of APTC elected by the consumer for the enrollment group. Will not be sent if APTC is not applicable (i.e., no financial assistance application) Will only be included if the partner is associated with the Issuer of the policy  Total Individual  C  Net premium amount (after applying the APTC amount elected) that will be paid by the consumer. Will only be included if the partner is associated with the Issuer of the policy Information on a household member included in the policy. This group of information will repeat for each member in the policy. It is to be noted that members may be added or removed from a policy at different points in time within the start and end dates of the policy.				elected by the consumer to apply			
will not be sent if the % is not the same for all individuals or if this is not applicable because the applicants were not seeking financial assistance.  APTC Applied Amount  C  Total amount of APTC elected by the consumer for the enrollment group. Will not be sent if APTC is not applicable (i.e., no financial assistance application) Will only be included if the partner is associated with the Issuer of the policy  Total Individual  Responsibility Amount  Will only be included if the partner is associated with the Issuer of the policy Information on a household member included in the policy. It is to be noted that members may be added or removed from a policy at different points in time within the start and end dates of the policy.				towards premium costs.			
APTC Applied Amount  APTC Applied Amount  C  Total amount of APTC elected by the consumer for the enrollment group.  Will not be sent if APTC is not applicable (i.e., no financial assistance application)  Will only be included if the partner is associated with the Issuer of the policy  Total Individual  Responsibility Amount  Responsibility Amount  Information on a household member included in the policy. This group of information will repeat for each member in the policy. This group of information may be added or removed from a policy at different points in time within the start and end dates of the policy.				Will not be sent if the % is not the			
APTC Applied Amount  APTC Applied Amount  C  Total amount of APTC elected by the consumer for the enrollment group.  Will only be sent if APTC is not applicable (i.e., no financial assistance application)  Will only be included if the partner is associated with the Issuer of the policy  Total Individual  Responsibility Amount  Will only be included if the partner is associated with the Issuer of the policy  Will only be included if the partner is associated with the Issuer of the policy  Information on a household member included in the policy. It is to be noted that members may be added or removed from a policy at different points in time within the start and end dates of the policy.				same for all individuals or if this is			
APTC Applied Amount  APTC Applied Amount  C  Total amount of APTC elected by the consumer for the enrollment group.  Will not be sent if APTC is not applicable (i.e., no financial assistance application)  Will not be included if the partner is associated with the Issuer of the policy  Total Individual  Responsibility Amount  Be paid by the consumer.  Will only be included if the partner is associated with the Issuer of the policy  Total Individual  Responsibility Amount  Information on a household member included in the policy. This group of information will repeat for each member in the policy. It is to be noted that members may be added or removed from a policy at different points in time within the start and end dates of the policy.				not applicable because the applicants			
APTC Applied Amount  APTC Applied Amount  C consumer for the enrollment group.  Will not be sent if APTC is not applicable (i.e., no financial assistance application)  Will only be included if the partner is associated with the Issuer of the policy  Total Individual  Responsibility Amount  Responsibility Amount  Information on a household member included in the policy. This group of information will repeat for each member in time within the start and end dates of the policy.				were not seeking financial assistance.			
consumer for the enrollment group.  Will not be sent if APTC is not applicable (i.e., no financial assistance application)  Will only be included if the partner is associated with the Issuer of the policy  Total Individual  Responsibility Amount  Responsibility Amount  Total Individual  C  Net premium amount (after applying the APTC amount elected) that will be paid by the consumer.  Will only be included if the partner is associated with the Issuer of the policy  Information on a household member included in the policy. This group of information will repeat for each member in the policy at different points in time within the start and end dates of the policy.		APTC Applied Amount	С	Total amount of APTC elected by the	Amount		
applicable (i.e., no financial assistance application)  Will only be included if the partner is associated with the Issuer of the policy  Total Individual Responsibility Amount  Will only be included if the partner is associated with the Issuer of the will be paid by the consumer.  Will only be included if the partner is associated with the Issuer of the policy  Information on a household member included in the policy. It is to be noted that members may be added or removed from a policy at different points in time within the start and end dates of the policy.				consumer for the enrollment group.			
applicable (i.e., no financial assistance application)  Will only be included if the partner is associated with the Issuer of the policy  Total Individual Responsibility Amount  Responsibility Amount  Total Individual Responsibility Amount  Responsibility Amount  Information on a household member is associated with the Issuer of the policy  Information on a household member included in the policy. This group of information will repeat for each member in the policy at different points in time within the start and end dates of the policy.				Will not be sent if APTC is not			
assistance application)  Will only be included if the partner is associated with the Issuer of the policy  Total Individual Responsibility Amount Be paid by the consumer. Will only be included if the partner is associated with the Issuer of the policy  Information on a household member included in the policy. This group of information will repeat for each member in the policy. It is to be noted that members may be added or removed from a policy at different points in time within the start and end dates of the policy.				applicable (i.e., no financial			
Total Individual Responsibility Amount  Total Seponsibility Amount  Total Individual Responsibility Amount  Total Individual  Total Indi				assistance application)			
Total Individual Responsibility Amount Responsibility Amount Responsibility Amount Responsibility Amount Responsibility Amount Responsibility Amount Be paid by the consumer. Will only be included if the partner is associated with the Issuer of the policy Information on a household member included in the policy. This group of information will repeat for each members may be added or removed from a policy at different points in time within the start and end dates of the policy.				Will only be included if the partner is			
Total Individual  Responsibility Amount  Responsibility Amount  Responsibility Amount  C  Net premium amount (after applying the APTC amount elected) that will be paid by the consumer.  Will only be included if the partner is associated with the Issuer of the policy  Information on a household member included in the policy. This group of information will repeat for each members may be added or removed from a policy at different points in time within the start and end dates of the policy.				associated with the Issuer of the			
Total Individual Responsibility Amount (after applying the APTC amount elected) that will sassociated with the Issuer of the policy Information on a household member included in the policy. This group of information will repeat for each member in the policy. It is to be noted that members may be added or removed from a policy at different points in time within the start and end dates of the policy.				policy			
Responsibility Amount the APTC amount elected) the be paid by the consumer.  Will only be included if the passociated with the Issuer of the policy.  Information on a household member in the policy. This grant information will repeat for earnember in the policy. It is to that members may be added or removed from a policy at difficult points in time within the start dates of the policy.		Total Individual	С	Net premium amount (after applying	Amount		
be paid by the consumer.  Will only be included if the passociated with the Issuer of tassociated	Responsibility Amount		the APTC amount elected) that will				
will only be included if the passociated with the Issuer of to policy  Information on a household mincluded in the policy. This grainformation will repeat for earnember in the policy. It is to that members may be added or removed from a policy at difficult points in time within the start dates of the policy.				be paid by the consumer.			
associated with the Issuer of t policy  Information on a household m included in the policy. This grant information will repeat for ear member in the policy. It is to that members may be added o removed from a policy at diff points in time within the start dates of the policy.				Will only be included if the partner is			
Information on a household m included in the policy. This gr information will repeat for ear member in the policy. It is to that members may be added o removed from a policy at diff points in time within the start dates of the policy.				associated with the Issuer of the			
tion  Information on a household m included in the policy. This gu information will repeat for earmember in the policy. It is to that members may be added o removed from a policy at difficult points in time within the start dates of the policy.				policy			
included in the policy. This grainformation will repeat for ear member in the policy. It is to that members may be added or removed from a policy at difficulty points in time within the start dates of the policy.	Member			Information on a household member			
peat for eacy. It is to be added o licy at diffin the start	Information			included in the policy. This group of			
cy. It is to be added o licy at diffin the start				information will repeat for each			
be added o licy at diffi in the start				member in the policy. It is to be noted			
removed from a policy at different points in time within the start and end dates of the policy.				that members may be added or			
points in time within the start and end dates of the policy.				removed from a policy at different			
dates of the policy.				points in time within the start and end			
				dates of the policy.			

Federally Facilitated Marketplace (FFM)

			past.   N - Not a Tobacco user			
			nas used 100acco products in the			
		Boolean	Indicator to whether the member	~	Tobacco Use Indicator	
			Codes for list of valid values.	,		
			See Appendix A.1 Relationship			
			this member to the subscriber.		Subscriber	
		String	Code indicating the relationship of	R	Relationship to	
			N - No			
		String	Y-Yes	R	Subscriber Indicator	
			policy			
			associated with the Issuer of the			
			Will only be included if the partner is			
			the policy for the member.		Member ID	
		String	Unique ID assigned by the Issuer of	С	Issuer Assigned	
			policy.			
			associated with the Issuer of the			
			Will only be included if the partner is			
NotResp	z		context of an Issuer.			
			unique for an individual within the			
			enrolled with an Issuer. This ID is		ID	
		String	Unique ID assigned to each member	С	FFE Assigned Member	
			this household member on this policy.			
		Date	Date on which coverage ended for	0	End Date	
			this household member on this policy.			
		Date	Date on which coverage started for	R	Start Date	
			FFM.			
			application, not a generally unique in across the system. Assigned by the			
			policy. Only unique for that			
			corresponding to the member of the			
			member within the household		Applicant ID	
		Integer	Unique identifier for an applicant	R	FFE Assigned	
				Conditional(C)		
Length	Length	Type		Optional(O),		Group
Max	Nin	Data	Description	Required(R),	Data Element	Data Element

Federally Facilitated Marketplace (FFM)

-					
		C			
	String	<ul> <li>Will be included when "Auto Disenrollment Pending Indicator" is 'Y'.</li> <li>I ass of APTC Fligibility due to</li> </ul>		Auto Disenrollment Reason	
	Boolean	Y - Yes N - No		Auto Disenrollment Pending Indicator	
	String	Maintenance type code corresponding to the reason for disenrollment. See Appendix Maintenance Reason Codes for a list of valid values. Will be included when "Enrollment Status" is 'Cancelled' or 'Terminated'.	C	Cancelation/Termination Reason Code	
NotResp	String	Reason for Special Enrollment Period.  Will be included "Enrollment Period Type Indicator" is 'S'. See Appendix A.2 SEP Reason Code for a list of values.	С	Special Enrollment Reason Code	
	String	Indicator for Enrollment Period Type used for the enrollment I - Initial Enrollment Period A- Annual Enrollment Period S - Special Enrollment Period	R	Enrollment Period Type	
	Date	Last date on which the applicant used tobacco products. This will be required when Tobacco Use Indicator is 'Y'.	C	Last date of Tobacco Use	
<b>3</b>	Type	Description.	Optional(O), Conditional(C)	Danie Licenson	Group
Min Max	Data		ent Required(R)	Data Flement	Data Flement

Federally Facilitated Marketplace (FFM)

•	Fotoh H	hold/Elinibility	Eatch Household/Flimibility, Datails (WC W/R FFF 01) Passage	5		
Data Element Group	Data Element	Required(R), Optional(O), Conditional(C)	Description	Data Type	Min Length I	Max Length
	Auto Disenrollment Effective Date	C	First date on which health insurance coverage will become unavailable under this policy.  Will be included when "Auto Disenrollment Pending Indicator" is 'Y'.	Date		
	Auto Disenrollment Scheduled Date	C	Date on which auto disenrollment will be processed. Will be included when "Auto Disenrollment Pending Indicator" is 'Y'.	Date		
	Auto Disenrollment Cancelled by Application Contact Indicator	C	Indicator to whether the application contact has indicated their intent to continue the enrollment without APTC/CSR and hence cancelled the auto disenrollment  • Y - Yes  • N - No  Will be included when "Auto Disenrollment Pending Indicator" is	Boolean	NotResp	
	Auto Disenrollment Cancelled Date	С	Date on which Application Filer indicated their intent to continue the enrollment without APTC/CSR.	Date		<u> </u>
			Disenrollment Pending Indicator" is 'Y' and if response to "Auto Disenrollment Cancelled by Application Filer Indicator" is 'Y'.			

# 7.3.2. Submit Enrollment/Change/Disenrollment Transaction (WS.WB.FFE.02)

#### 7.3.2.1. Service Description

checks will be processed by the FFM and enrollment details communicated to the Issuer via x12-834 transaction eligibility). FFM will also validate the premium computation, APTC applied and CSR Level prior to processing the enrollments. If to existing enrollments, including terminations/cancellations. The request may include information on one or more enrollment groups information on any of the enrollment groups fails validation checks the entire request will be rejected. Requests that pass all validation for the given household. The FFM will validate the information in the request against information on the application (including This FFM web service will process an enrollment request from the partner website. The request could be a new enrollment or changes

## 7.3.2.2. Key Business Rules/Constraints

The key business rules and constraints are:

- Applying APTC As part of the Fetch Eligibility service, the Exchange will provide the maximum APTC that can be applied based on their eligibility at an individual level. The APTC to be applied to the enrollment selection is then further adjusted as
- The partner will gather from the consumer a single percentage of the APTC to be used which then needs to be applied APTC amounts of \$100 and \$60 respectively. The consumer wants to only use 50% of the APTC. The individual APTC amounts would be reduced for Person A and Person B to \$50 and \$30, respectively. to every applicant's individual APTC amount. For example: Person A and Person B are applicants with individual
- either the summed individual APTC amounts after applying rule 1 above or the summed EHB portion of the premium Once the applicants are grouped into enrollment groups, the amount of APTC to be applied to the policy is the lesser of portion of the premium was \$70, the APTC applied to the policy would be \$70. EHB portion of the premium is \$90, the APTC applied to the policy will be \$80 (\$50 + \$30). If instead the EHB for the enrollment group. Continuing with the example above, if Person A and B enroll together in a plan where the
- Obtaining APTC Attestation As part of the Fetch Eligibility service, the FFM would have provided the names of the persons a tax filer, provide an APTC attestation for the person. When the FFM receives the attestation information, the FFM will validate who may be the tax filer since the tax filer(s) may be the application contact, applicants or other persons provided by FFM. The which persons are tax filers and allow partners to collect attestations for the specific people identified as tax filers that the persons which have attestations match the tax filers on the application. A change is planned for a future version to indicate partner will need to have the consumer select the tax filers from the persons provided and for each person the consumer selects as
- Assigning CSR level If an enrollment group includes individuals that are eligible for different CSR Levels, the CSR level applied to the enrollment group as a whole would be the least beneficial CSR level that a member in the enrollment group is eligible for. The following is a list of CSR levels that could apply to various members of a household. More detailed information on

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### Federally Facilitated Marketplace (FFM) appropriate application of a CSR level

appropriate application of a CSR level for an enrollment group will be included in future versions of this document.

- (Variant = 01) Individuals not eligible for CSRs
- 2 (Variant = 03) Individuals who are Indians enrolled in a QHP that are furnished an item or service directly by the contract health services shall have no cost-sharing imposed under the plan for such item or service Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under
- ω. (Variant = 04) Individuals who are expected to have a household income greater than 200 percent of FPL and less than or equal to 250 percent of FPL for the benefit year.
- 4 (Variant = 05) Individuals who are expected to have a household income greater than 150 percent of the FPL and less than or equal to 200 percent of the FPL for the benefit year and for which coverage is requested
- S (Variant = 06) Individuals who are expected to have a household income greater than or equal to 100 percent of FPL year for which coverage is requested Medicaid by reason of immigration status, that have a household income less than 100 percent of FPL for the benefi who is eligible for APTC under the special rule for non-citizens who are lawfully present and who are ineligible for and less than or equal to 150 percent of FPL for the benefit year for which the coverage is requested, or an individual
- 6 (Variant = 02) Individuals who are Indians that are eligible for CSRs under the general requirements and have a household income that does not exceed 300 percent of FPL
- Note: This rule does not preclude qualified individuals with different levels of eligibility for CSRs from enrolling in separate policies to secure the highest CSRs for which they are respectively eligible.
- Applying Enrollment Periods
- Rules surrounding Enrollment Periods will be included in a future version of this document.
- Submitting Initial Enrollments
- information on all members to be included in the enrollment group. While submitting Initial Enrollments, the request shall include information at the policy level as well as member level
- If members to be included in an enrollment group are currently enrolled (either under a plan offered by an Issuer associated with the partner website or otherwise), the request shall only include information on the new enrollment

group. As part of processing the enrollment request, the FFM will automatically terminate the coverage of the members from their prior enrollment

eligible for APTC will be enrolled after processing the request. This could include situations when all members of the either as an entire enrollment group or splitting or merging enrollment groups household are enrolling together (as part of one or more enrollment groups) or part of the household is changing plans, While processing an initial enrollment request, the FFM will validate that all members of the household determined

#### Enrollment/Policy changes

associated with the consumer's application were submitted through the partner website. The FFM would address the allow enrollment/policy changes (change in membership as well as other changes to the policy) only if all enrollments A partner website may help any consumer through submitting eligibility changes. However, a partner website may members for whom the changes apply. If there are no member specific changes, member level information need not be enrollment changes directly resulting from eligibility changes such as those resulting from periodic redeterminations While submitting changes to existing policies, the request will include information at the policy level and specific

### • Situations involving Auto Disenrollment

- When a partner is enrolling applicants that are switching from one QHP to another QHP, the partner will only submit the enrollment for the new QHP and the Exchange will submit the cancelation/termination for the previously selected
- Partner may only submit consumer voluntary termination for enrollments in QHPs where the partner is affiliated with the QHP's Issuer
- auto-disenrollment: changes, the exchange will initiate the auto-disenrollment. The below situations detail when the exchange will initiate When a partner submits a change for a consumer that results in applicants being auto-disenrolled due to eligibility
- clock to terminate the applicant's QHP coverage unless the consumer responds prior to the clock expiring to Applicant that is currently in a QHP gains Medicaid or CHIP eligibility which also means the person is no keep the applicant in the QHP coverage without financial assistance. longer eligible for APTC and CSR. The exchange will transfer the applicant to Medicaid or CHIP and set a
- Applicant that loses QHP eligibility will be terminated from QHP per the termination date rules defined in CFR

#### Voluntary Disenrollments

Rules surrounding Voluntary disenrollments will be specified in a future version of this document

#### Premium, APTC and CSR

#### Federally Facilitated Marketplace (FFM) The FFM will calculate the

compare with the information sent as part of the request. If the amounts do not match, the request will be rejected along The FFM will calculate the Premium amount for each enrollment group/policy, apply the applicable APTC amount and with the correct amounts. The same check applies to the CSR level for each enrollment group/policy.

# Submit Enrollment/Change/Disenrollment Transaction (WS.WB.FFE.02) - Request

of the consumer's household. Table 10 provides the data elements to be included in a request to initiate enrollment, change enrollment or disensoll one or members

Table 10 - Submit Enrollment/Change/Disenrollment Transaction - Request

;	Submit Enrollmer	t/Change/Disenroll	VB.	FFE.02) - Request	# A	•
Data Element Group	Data Element	Required(R), Optional(O), Conditional(C)	Description	Data Type	Min Length	Max Length
Partner/ Consumer Identification	r Identification					
	Information Exchange System ID	R	Unique Identifier assigned to the Partner Website by the Federal Data	String		
			Services Hub as part of the onboarding process for the partner		_	
	User Type	R	Type of the user logged on to the	String		
			• Consumer			
			<ul> <li>Partner Call Center Rep</li> </ul>			
			• Agent			
	State Exchange Code	R	Code indicating the specific state	String	NotResp	
			instance of the FFM on which			
			eligibility was determined.			
			2 Character State Abbreviation		_	
			followed by a digit. The last position		-	
			will always be '0'.			<u>.                                    </u>
	Partner Assigned	R	Unique Identifier assigned by Partner	String		
	Consumer ID		Website for the consumer for			
			interacting with the FFM.			
	FFE Assigned	R	Unique Identifier assigned by the	String		
	Consumer ID		FFM for the consumer's eligibility		_	
			determination interaction.		T	

Federally Facilitated Marketplace (FFM)

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	Submit Enrollme	Submit Enrollment/Change/Disenrollment Transaction	ment Transaction (WS.WB.FFE.02)	) - Request		
Data Element Group	Data Element	Required(R), Optional(O),	Description	Data Type	Min Length	Max Length
		Conditional(C)				
User Identity Assertion			Partner's assertion on the identity of the user on behalf of whom the web service call is made.  Required when User is an Agent or a Broker.			
	FFE User ID	С	User ID of the user submitting the enrollment to FFM.	String		
			Only applicable when User Type is Partner Call Center Rep, Agent or Broker.			
	First Name	R	First name of the user accessing the FFM	String		
	Middle Name	0	Middle name of user accessing the FFM	String		
	Last Name	R	Last name of the user accessing the FFM	String		
Agent/ Broker Information	ormation					
Agent/Broker Identification					NotResp	
	Agent Or Broker Indicator	R	Indicator for whether the information relates to an Agent or Broker	String		
			<ul><li>Agent</li><li>Broker</li></ul>			
	National Producer	R	National Producer Number of Agent/ Broker	String		
	Agent/ Broker First Name	R	First name of the Agent/ Broker to be associated with the enrollment	String		
	)		right and right	2		
	Name	C	be associated with the enrollment	Sume		
			transaction			1
	Agent/ Broker Last	R	Last name of the Agent/ Broker to be	String		
			transaction			

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1 11	Submit Enrollme	Submit Enrollment/Change/Disenrollment Transaction	ment Transaction (WS.WB.FFE.02)	1	* * * * * * * * * * * * * * * * * * * *
Data Element Group	Data Element	Required(R), Optional(O), Conditional(C)	Description	Data Type	Min Max Length Length
	Agent/ Broker Name Suffix	0	Name suffix of the Agent/ Broker to be associated with the enrollment transaction	String	NotResp
APTC Attestation to the partner for g	APTC Attestation (Will repeat for person on to the partner for gathering APTC attestation).	the application besides).	<b>APTC Attestation</b> (Will repeat for person on the application besides the application contact and the applicant to the partner for gathering APTC attestation).	s whose nan	applicants whose name needs to be provided
Attestation					
Injoi muiton	Firet Name	72	First name of the other nerson	String	
	Middle Name	0	Middle name of the other person	String	
	Last Name	R	Last name of the other person	String	Noncop
	Suffix Name	0	Suffix of the other person  • Jr.	String	
			• Sr. • III		
	APTC Attestation	С	Applicable for initial enrollment and enrollment changes where there is an APTC Applied Amount on any of the enrollment group/policy.	Boolean	
			At least one attestation is required if any applicant APTC eligible as of the Action Effective Date.		
Enrollment Grou Information identified each enrollment or	Enrollment Group/Policy Information Information identifying an enrollment group/policy and the actions to be performed each enrollment group/policy on which one or more actions need to be performed.	policy and the actions to	Enrollment Group/Policy Information Information identifying an enrollment group/policy and the actions to be performed on the enrollment group/policy. This group will repeat for each enrollment group/policy on which one or more actions need to be performed	olicy. This g	group will repeat for
Enrollment Group /Policy					
Identification					

Federally Facilitated Marketplace (FFM)

Data Element   Data Element   Required(R),   Description   Data   Min   Max   Optional(O),   Type   Longth		Suhmit Enrollme	nt/Change/Disenroll	2000	- Request		
FFE Assigned Policy Number  Conditional(C)  Unique ID assigned by the FFM for the policy covering the enrollment transactions except initial enrollments.  Issuer Policy Number  C  Unique ID assigned by the FFM for the policy covering the enrollment transactions except initial enrollments.  Issuer Date  R  R  Effective date on which coverage will Date commence under the policy will end.  Required for all transactions  Effective date on which coverage will end.  Required for dissembllment and cancellation. Not applicable for new enrollment series enrollment changes.  Issuer ID  R  Assigned Plan ID  R  E - Enrollment (Initial Enrollment Change in Premium, APTC/CSR)  Policy  Number  String  NotResp  NotResp  NotResp  **Concellation (Cancelling a policy before it becomes  **Concellation (Cancelling a policy before it becomes	Data Element	Data Element	Required(R),		Data	Min	Max
Number    C	Group		Optional(O), Conditional(C)		Type	Length	Length
Issuer Policy Number  C  C  C  C  C  C  C  C  C  C  C  C  C		FFE Assigned Policy Number	18	Unique ID assigned by the FFM for the policy covering the enrollment	String		
Issuer Policy Number  C  Unique ID assigned by the Issuer for String the policy covering the enrollment group. Will be required for all transactions except initial enrollments. Optional for initial enrollments. Optional for initial enrollments. Optional for initial enrollments. Optional for initial enrollments.  Start Date  C  Effective date on which coverage will Date commence under the policy.  Effective date on which coverage will end. Required for dissentollment and cancellation. Not applicable for new enrollments or enrollment changes.  Issuer ID  R  Assigned Plan ID  R  • E - Enrollment (Initial Enrollment (New Policy) • C - Change (Add/Remove a member; change in Premium, APTC/CSR) • D - Dissenrollment (Terminating a Policy) • X - Cancellation (Cancelling a policy before it becomes				group. Required for all enrollment transactions except initial			
Issuer Policy Number  C  Unique ID assigned by the Issuer for String the policy covering the enrollment group. Will be required for all transactions except initial enrollments. Optional for initial enrollments. Optional for initial enrollments.  Effective date on which coverage will Effective date on which coverage will end. Required for disenrollment and cancellation. Not applicable for new enrollments or enrollment changes. Issuer ID  R  Assigned Plan ID  R  • E - Enrollment (Initial Enrollment / New Policy) • C - Change (Add/Remove a member, change in Premium, APTC/CSR) • D - Disenrollment (Terminating a Policy) • X - Cancellation (Cancelling a policy before it becomes				enrollments. Optional on initial			
Issuer Policy Number  C  Unique ID assigned by the Issuer for String the policy covering the enrollment group.  Will be required for all transactions except initial enrollments. Optional for initial enrollments. Optional for initial enrollments. Optional for initial enrollments. Optional for initial enrollments. Optional for initial enrollments. Optional for initial enrollments overage will Date commence under the existing policy will end. Required for dissenollment and cancellation. Not applicable for new enrollments or enrollment changes. Issuer ID  Assigned Plan ID  R  Assigned QHP ID for the Policy. String Enrollment (Initial Enrollment (Initial Enrollment (Initial Enrollment))  • E - Enrollment (Initial Enrollment)  • D - Disenrollment (Terminating a Policy)  • X - Cancellation (Cancelling a policy before it becomes				enrollments.			
Start Date  Start Date  R  Effective date on which coverage will Date commence under the policy.  End Date  C  End Date  C  Effective date on which coverage will commence under the policy.  End Date  End Date  C  Effective date on which coverage will on the policy.  Effective date on which coverage will on the policy		Issuer Policy Number	С	Unique ID assigned by the Issuer for the policy covering the enrollment	String		
Start Date  R  Effective date on which coverage will  End Date  C  Effective date on which coverage will  End Date  C  Effective date on which coverage  under the policy.  Effective date on which coverage  under the existing policy will end.  Required for disenrollment and  cancellation. Not applicable for new  enrollments or enrollment changes.  Issuer ID  R  Assigned Plan ID  R  Assigned QHP ID for the Policy.  String  Enrollment (Initial  Enrollment (New Policy)  C - Change (Add/Remove a  member, change in Premium,  APTC/CSR)  D - Disenrollment (Terminating a  Policy)  P  Transaction Cancelling a  policy before it becomes				group.  Will be required for all transactions			
Start Date  R  Effective date on which coverage will Date commence under the policy.  End Date  C  Effective date on which coverage will Date commence under the policy.  Effective date on which coverage will Date end of the existing policy will end.  Required for disenrollment and cancellation. Not applicable for new enrollments or enrollment changes.  Issuer ID  R  Assigned Plan ID  R  Assigned QHP ID for the Policy.  String  Enrollment (Initial Enrollment (Initial Enrollment)  Enrollment New Policy)  C - Change (Add/Remove a member, change in Premium, APTC/CSR)  Policy  A - Cancellation (Cancelling a policy before it becomes				except initial enrollments. Optional			
End Date  C  Effective date on which coverage under the existing policy will end.  Required for disenrollment and cancellation. Not applicable for new enrollments or enrollment changes.  Issuer ID  R  Assigned Plan ID  R  Assigned QHP ID for the Policy.  C - Change (Add/Remove a member, change in Premium, APTC/CSR)  Policy)  • X - Cancellation (Cancelling a policy before it becomes		Start Date	R	Effective date on which coverage will	Date	NotResp	
End Date  C  Effective date on which coverage under the existing policy will end.  Required for disenrollment and cancellation. Not applicable for new enrollments or enrollment changes.  Issuer ID  R  Issuer ID for the Policy.  Assigned Plan ID  R  E - Enrollment (Initial Enrollment New Policy)  C - Change (Add/Remove a member, change in Premium, APTC/CSR)  Policy)  X - Cancellation (Cancelling a policy before it becomes				commence under the policy.			
Issuer ID  Required for disenrollment and cancellation. Not applicable for new enrollments or enrollment changes.  Issuer ID  R  Assigned Plan ID  R  Assigned OHP ID for the Policy.  C - Change (Add/Remove a member, change in Premium, APTC/CSR)  Policy)  X - Cancellation (Cancelling a policy before it becomes		End Date	С	Effective date on which coverage	Date		
Required for disenrollment and cancellation. Not applicable for new enrollments or enrollment changes.  Issuer ID  R  Assigned Plan ID  R  Assigned QHP ID for the Policy.  Assigned QHP ID for the policy.  - C - Change (Add/Remove a member, change in Premium, APTC/CSR)  - D - Disenrollment (Terminating a policy before it becomes				under the existing policy will end.			
Issuer ID  R  Assigned Plan ID  R  Assigned Plan ID  R  Assigned QHP ID for the Policy.  Assigned QHP ID for the policy.  C - Change (Add/Remove a member, change in Premium, APTC/CSR)  Policy)  X - Cancellation (Cancelling a policy before it becomes				Required for disenrollment and			
Issuer ID  Assigned Plan ID  R  Assigned QHP ID for the Policy.  Assigned QHP ID for the policy.  Paramsaction Type  R  • E - Enrollment (Initial Enrollment New Policy)  • C - Change (Add/Remove a member, change in Premium, APTC/CSR)  • D - Disenrollment (Terminating a policy)  • X - Cancellation (Cancelling a policy before it becomes				cancellation. Not applicable for new			
Assigned Plan ID  R  Assigned QHP ID for the Policy.  Assigned QHP ID for the policy.  E-Enrollment (Initial Enrollment/ New Policy)  C-Change (Add/Remove a member, change in Premium, APTC/CSR)  Policy)  X-Cancellation (Cancelling a policy before it becomes				enrollments or enrollment changes.			
Assigned Plan ID  R  Assigned QHP ID for the policy.  E - Enrollment (Initial Enrollment/ New Policy)  C - Change (Add/Remove a member, change in Premium, APTC/CSR)  Policy  X - Cancellation (Cancelling a policy before it becomes		Issuer ID	7	Issuer ID for the Policy.	String		]
Transaction Type  R  Enrollment (Initial Enrollment/ New Policy)  C - Change (Add/Remove a member, change in Premium, APTC/CSR)  D - Disenrollment (Terminating a Policy)  X - Cancellation (Cancelling a policy before it becomes		Assigned Plan ID	R	Assigned QHP ID for the policy.	String		
<ul> <li>E - Enrollment (Initial Enrollment/ New Policy)</li> <li>C - Change (Add/Remove a member, change in Premium, APTC/CSR)</li> <li>D - Disenrollment (Terminating a Policy)</li> <li>X - Cancellation (Cancelling a policy before it becomes</li> </ul>	Transaction Type						
		Transaction Type	R	• E - Enrollment (Initial Enrollment/ New Policy)	String		
member, change in Premium, APTC/CSR)  • D - Disenrollment (Terminating a Policy)  • X - Cancellation (Cancelling a policy before it becomes				C - Change (Add/Remove	Γ		<u></u>
<ul> <li>D - Disenrollment (Terminating a Policy)</li> <li>X - Cancellation (Cancelling a policy before it becomes</li> </ul>				member, change in Premium,			
Policy)  • X - Cancellation (Cancelling a policy before it becomes				D - Disenrollment (Terminating a)			
• X - Cancellation (Cancelling a policy before it becomes				Policy)			
policy before it becomes				X - Cancellation (Cancelling a			
				policy before it becomes			

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repeated for each member in the enrollment group/policy with an action necessary. In case of a new enrollment group, all members of the Information on a member of the enrollment group/policy for whom one or more actions need to be performed. This set of data elements will be

enrollment group will be included.

				Member Identifier
				ber fier
ID	FFE Assigned Member	Issuer Assigned Member ID	FFE Assigned Applicant ID	
,	С	С	R	
enrolled with an Issuer. This ID is unique for an individual within the context of an Issuer.  Will be required all transactions except initial enrollments.  Optional on initial enrollments (would only be applicable on initial enrolling in a QHP with the same Issuer).	Required all transactions except initial enrollments.  Optional on initial enrollments.  Unique ID assigned to each member	Unique ID assigned by the Issuer of the policy for the member.	Unique identifier for the applicant within the household returned by the FFM.	
O	String	String	Integer	
		NotResp		
<u> </u>				

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		Required when "Tobacco Use			
	Date	Last date on which the applicant used tobacco products.	С	Last date of Tobacco Use	
		Also required for new members to an existing enrollment group on an enrollment change.			
		Required on initial enrollment for all applicants in the enrollment group.			
NotResp		Y - Yes, a Tobacco user			
		has used Tobacco products in the past.			
	String	Indicator to whether the member	С	Tobacco Use Indicator	
<u> </u>		See Appendix A.1 Relationship Codes for list of valid values.			
	String	this member to the subscriber.	×	Subscriber	
		Types.			
		not applicable on other transaction			
		the Subscriber. Subscriber indicator is			
		For initial enrollments one applicant			
		have N.			
		the enrollment group will need to			
		subscriber (Y). All other applicants in			
		Only one Applicant per enrollment			
		N - No			
		Y - Yes			
	Boolean	Indicator for whether the applicant is the subscriber	С	Subscriber Indicator	
			Conditional(C)		
Length	Type		Optional(O).		Group
MIN	Data	Description	Kequired(R),	Data Element	Data Element

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	Total premium amount for the	R	Total Premium Amount	
ating	Identifies a specific geographic rating area as defined by a State	R	Rating Area	
				Premium Information
	yyyy-mm-dd	7	Action Effective Date	
value	See Appendix A.4 Maintenance Reason Codes for a list of valid values	1	- 1133	
ng	corresponding to the action being performed on the member.			
	Maintenance reason code	R	Reason Code	
alid	(Member Level) for a list of valid values.			
	See Maintenance Type Codes			
eing	corresponding to the action being			
	Maintenance type of action	R	Type Code	
an	existing enrollment group on an enrollment change.			
ers to ar	Also required for new members to an			
it for all	Required on initial enrollment for a			
<u>d</u>	S - Special Enrollment Period			
ъ	A - Annual Enrollment Period			
	enrollment group.			
to the	applicant in case of addition to the	C	Type	
2		Conditional(C	1	
		Optional(O),		Group
	R), Description	Required(R),	Data Element	Data Element

1	Submit Enrollmer	nt/Change/Disenroll	Submit Enrollment/Change/Disenrollment Transaction (WS.WB.FFE.02)	1
Data Element Group	Data Element	Required(R), Optional(O), Conditional(C)	Description	Data Type
	APTC Elected %	C	Percent of the maximum APTC elected by the consumer to apply towards premium costs.	Double
			Required if any member of the enrollment group/policy is APTC eligible as of the Action Effective	
	APTC Applied Amount	С	Total amount of APTC applied to the enrollment group/policy.	Amount
			Required if any member of the enrollment group/policy is APTC eligible as of the Action Effective Date.	
	Total Individual Responsibility Amount	R	Net premium amount (after applying the APTC amount applied) that will be paid by the consumer for the enrollment group/policy.	Amount
	CSR Level Applicable	R	Cost Sharing Reduction Level applicable to the enrollment	String
			group/policy. Please note that if members of the enrollment	
			group/policy are eligible for different CSR levels, the least beneficial CSR	
			Level will be applied to the enrollment group/policy.	

# Submit Enrollment/Change/Disenrollment Transaction (WS.WB.FFE.02) - Response

Table 11 provides the data elements for FFM's response to a partner's enrollment submission request.

## Table 11 - Submit Enrollment/Change/Disenrollment Transaction - Response

	Submit Enrollmen	// Change/Disenrollin	Submit Enrollment/Change/Disenrollment Transaction (WS.WB.FFE.02) -	<ul> <li>Response</li> </ul>		
Data Element Group	Data Element	Required(R), Optional(O), Conditional(C)			Min Length	Max Length
Partner/ Consumer Identification	r Identification					
	Information Exchange System ID	R	Unique Identifier assigned to the Partner Website by the Federal Data Services Hub as part of the	String		
	State Exchange Code	R	Code indicating the specific state instance of the FFM on which	String		
			eligibility was determined.  2 Character State Abbreviation		NotResp	<del>-</del>
			followed by a digit. The last position will always be '0'.			
	Partner Assigned Consumer ID	R	Unique Identifier assigned by Partner Website for the consumer for	String		
			interacting with the FFM.			
	FFE Assigned Consumer	R	Unique Identifier assigned by the	String		
			determination interaction.			
rollment Group ormation identify	Enrollment Group/Policy Information Information identifying an enrollment group/ 1	policy (the enrollment g	Enrollment Group/Policy Information  Information identifying an enrollment group/ policy (the enrollment group would be issued as a policy upon acceptance of the enrollment group by	ceptance of	the enrollmen	nt group by
the FFM) and the actions perf more actions were performed	ctions performed on the en	rollment group/policy.	the FFM) and the actions performed on the enrollment group/policy. This group will repeat for each enrollmen more actions were performed.	ıt group/poli	enrollment group/policy on which one or	ne or
Enrollment Group/Policy Identification						
	FFE Assigned Policy Number	R	Unique ID assigned by the FFM for the policy covering the enrollment group.	String	NotResp	<del>, 8</del>

Federally Facilitated Marketplace (FFM)

	7.hmif Enrollne	Submit Enrollment/Change/Disenrollment Transaction (	WSWB	FFE.02) - Resnonse		
Data Element Group	Data Element	Required(R), Optional(O), Conditional(C)	iption	Data Type	Min Length	Max Length
	Issuer Policy Number	C	Unique ID assigned by the Issuer for the policy covering the enrollment group.  Optional for initial enrollment transactions, required for all other enrollment transaction types.  Note: Pending clarification: If Issuer Policy Number is not allowed on the 834 initial enrollment transaction, it will not be accepted by the direct enrollment service for initial	String	NotResp	<del>ğ</del>
	Start Date	R	Effective date on which coverage will commence under the policy	Date	J.	
	End Date	0	Effective date on which coverage under the policy will end.	Date		
	Issuer ID Plan ID	R	Issuer ID for the Policy.  Assigned OHP ID for the policy.	String String		
Transaction Information						
	Transaction Type	R	<ul> <li>E - Enrollment (Initial Enrollment/ New Policy)</li> <li>C - Change (Add/Remove a member, change in Premium, APTC/CSR)</li> <li>D - Disenrollment (Terminating a Policy)</li> <li>X - Cancellation (Cancelling a policy before it becomes</li> </ul>	String		

Federally Facilitated Marketplace (FFM)

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Data Flament	Data Flement	Data Floment Required(R) Described	Description  Description	- Response	Win	3
		Optional(O),		Type	Length	Length
	Transaction Response Code	₹	Code indicating acceptance of the transaction or reason for the failure of the transaction (if applicable)  Transaction accepted as submitted User not permitted to perform enrollment transactions for the consumer's applicants  Subscriber not specified  More than one subscriber in an enrollment group  Invalid Issuer ID  Invalid Issuer/Plan combination  Invalid Member Information  Incorrect Premium Amount  Incorrect APTC Amount  Elected APTC Exceeds EHB  Portion of QHP Premium  Invalid CSR Level for enrollment group/policy  Incorrect CSR Level for	String	NotResp	
	Payment Transaction ID	С	Unique Identifier returned by the FFM to the partner website on successful submission of the enrollment for enrollment into a OHP	String		
			enrollment for enrollment into a QHP that accepts online payment. The payment transaction ID should be submitted by the partner to the Issuer if payment is made online so that the Issuer can correlate the online			
			enrollment transaction sent by the			

Federally Facilitated Marketplace (FFM)

·			AND AND	5		
Data Element	Data Element	Data Element Required(R), Description	iption	Data	Min	Max
Group		Optional(O),	•	Type	Length	Length
		Conditional(C)				
Community			Dennism and CCD Information as			
Premium			calculated by the FFM. If there are			
Information			discrepancies between these			
•			calculations and those sent by the			
			Issuer, the transaction will be rejected			
			for the Issuer to resubmit with			
			corrected information.			
			A Partner website has the choice of			
			collecting payment information from			
			the consumer before or after making			
			the Enrollment web service request.			
			However, they should not process the			
			payment till the enrollment			
			transaction has been successfully			
			accepted by the FFM.	.,		
-	Rating Area	С	Identifies a specific geographic rating	Integer	NotResp	
			area as defined by a State.			
			Required when FFM when FFM data			
			validation of the partner enrollment			
			submission determined a correction is			
			needed for this data element.			
	Total Premium Amount	С	Total premium amount for the	Amount		
			enrollment group.			
			Required when FFM when FFM data			
			validation of the partner enrollment			
			submission determined a correction is			
			needed for this data element.			

Federally Facilitated Marketplace (FFM)

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Data Element	Data Element	Data Element Required(R), Description	Description	Data	Min	Max
Group		Optional(O), Conditional(C)	,	Type	Length	Length
	APTC Applied Amount	С	Total amount of APTC elected by the consumer for the policy.	Amount		
			Required when FFM when FFM data validation of the partner enrollment			
			submission determined a correction is needed for this data element.			
	Total Individual Responsibility Amount	С	Net premium amount (after applying the APTC amount elected) that will be paid by the consumer	Amount		
			Required when FFM when FFM data			
			validation of the partner enrollment submission determined a correction is			
	Applicable CSR Level	С	• 01 - Exchange variant (no CSR)	String	NotResp	7
			<ul> <li>02 - Open to Members of Federally Recognized Tribes below 300%FPL</li> </ul>			
			<ul> <li>03 - Open to Members of Federally Recognized Tribes above</li> <li>300%FPI</li> </ul>			
			• 04 - 73% AV Level Silver Plan CSR			
			• 05 - 87% AV Level Silver Plan CSR			
			• 06 - 94% AV Level Silver Plan CSR			
			Required when FFM when FFM data validation of the partner enrollment			
			needed for this data element.			

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Information on a member of the enrollment group for whom one or more actions were performed. This	Member Actions (For each applicant seeking health coverage within the enrollment group/policy	
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the enrollment gro	the enrollment group with an action.				
Member Identification					
		5			
	FFE Assigned Applicant	R	Unique identifier for the applicant	Integer	
	ID		within the household returned by the FFM.		
	Issuer Assigned Member	С	Required on all transactions except	String	
	Ð		initial enrollment, optional otherwise.		
	FFE Assigned Member	C		String	
	Ð		ñ		F
Action Details					
	Type Code	R	Maintenance type of action	String	
			corresponding to the action being		NotResp
			Appendix A 3 Maintenance Type		
			Codes (Member Level) for a list of		
			valid codes.		<b> </b>
	Reason Code	R	Maintenance reason code	String	
			corresponding to the action being		
			performed on the member.		
			See Appendix A.4 Maintenance		
			Reason Codes for a list of valid codes		<b></b>
	Action Effective Date	R	Effective Date for the action.	Date	
			yyyy-mm-dd		

t was the first that the	Submit Enrollmen	t/Change/Disenrollm	Submit Enrollment/Change/Disenrollment Transaction (WS.WB.FFE.02)	FE.02) - Response		
Data Element	Data Element	Required(R),	Description	Data	Min	Max
Group		Optional(O),		Type	Length	Length
		Conditional(C)				·
	Action Response Code	R	No Error	String	NotResp	ő
			<ul> <li>Member not on Application</li> </ul>			
			<ul> <li>No Available Enrollment Period</li> </ul>			
			<ul> <li>Invalid Enrollment Period</li> </ul>			
			<ul> <li>Invalid Effective date for</li> </ul>			
			Enrollment Period			
			<ul> <li>Invalid Relationship</li> </ul>			
			<ul> <li>Invalid Maintenance Reason</li> </ul>			
			Code			
			<ul> <li>Invalid Tobacco Use Indicator</li> </ul>			

# **Appendix A.** Code Values/ Descriptions

## A.1 Relationship Codes

Table 12 provides a list of relationship codes, code values, and descriptions.

**Table 12 - Relationship Codes** 

Code	Description
	Spouse
	Father or Mother
! ! !	Grandfather or Grandmother
	Grandson or Granddaughter
	Uncle or Aunt
	Nephew or Niece
! ! ! !	Cousin
i i i	Adopted Child
	Foster Child
	Son-in-law or Daughter-in-law
	Brother-in-law or Sister-in-law
! ! ! !	Mother-in-law or Father-in-law
	Brother or Sister
	Ward
NotResp	Stepparent
! ! !	Stepson or Stepdaughter
	Self
	Child
	Sponsored Dependent
i i i	Dependent of a Minor Dependent
	Ex-spouse
	Guardian
	Court Appointed Guardian
	Collateral Dependent
	Life Partner
	Annultant
! ! !	Trustee
	Other Relationship
	Other Relative

### A.2 SEP Reason Code

Table 13 provides a list of SEP reason codes and descriptions.

### Obtained via FOIA by Judicial Watch, Inc.

Federally Facilitated Marketplace (FFM)

# **Table 13 - SEP Reason Codes**

Code Values
Termination of Benefits
Marriage
Birth
Adoption
Newly Eligible
Exchange Error
Dissatisfied with medical care/services rendered
Financial Change
Change of Location
Exceptional Circumstance

# A.3 Maintenance Type Codes (Member Level)

Table 14 provides a list of member level maintenance type codes and descriptions.

**Table 14 - Member Level Maintenance Type Codes** 

	ode Description	Code	
	Change		
	Addition		
NotResp	Cancellation or Termination	esp	
	Reinstatement		
	Cancel Pending Auto Disenrollment due to loss of APTC/CSR		

# A.4 Maintenance Reason Codes

Table 15 provides a list of maintenance reason codes and descriptions.

**Table 15 - Maintenance Reason Codes** 

Code	Description
	Divorce
	Birth
	Death
	Adoption
	Strike
	Termination of Benefits
	Consolidation Omnibus Budget Reconciliation Act (COBRA)
	Consolidation Omnibus Budget Reconciliation Act (COBRA) Premium Paid
	Voluntary Withdrawal
NotResp	Plan Change
	Change in Identifying Data Elements
	Initial Enrollment
	Benefit Selection
	Re-enrollment
	Change of Location
	Non Payment
	No Reason Given
	Member Benefit Selection

# **Appendix B.** Key Interaction Scenarios

# **B.1** Scenario #1a - New FFM Consumer (Consumer initiated direct enrollment)

*Figure 3 - New FFM Consumer* illustrates the consumer workflow between the partner website and the FFM.

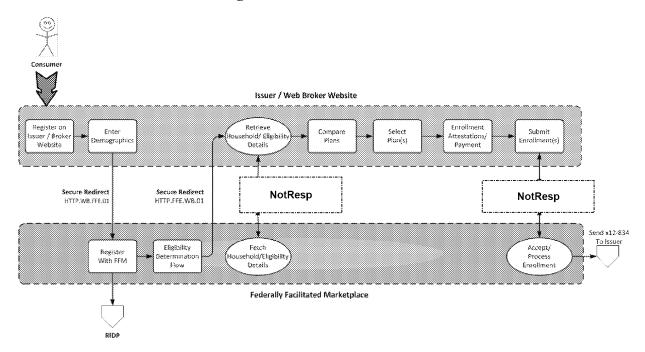


Figure 3 - New FFM Consumer

### **B.1.1 Scenario Overview**

This scenario applies to a new consumer shopping for health insurance on a partner website. As part of the shopping experience, if the consumer decides to shop for a QHP for their health coverage, the partner website will transfer the consumer to the FFM website for determination of eligibility for QHP, with or without financial assistance. After completion of eligibility determination by the FFM, the consumer will be transferred back to the partner website to complete their plan shopping, ultimately resulting in an enrollment under a QHP. The partner website will use its own tools to guide the consumer through QHP shopping and enrollment. The partner website will present the consumer various views of QHPs matching their needs, including information on benefits covered and premium costs. The QHP information presented will reflect Cost Sharing Reductions (CSR) and Advance Premium Tax Credit (APTC) the consumer is eligible for. When the consumer is ready to enroll into a QHP, the partner website will capture enrollment attestations, including those for APTC, and submit an enrollment transaction to the FFM by invoking a web service on the FFM. The partner website may collect payment for the initial premium either prior to submission of the enrollment transaction or after successful submission. The FFM will process the enrollment transaction and generate an x12-834 transaction to notify the Issuer.

## **B.1.2** Sequence of Activities

### On Partner Website

- 1) Consumer starts their shopping for Health Insurance Coverage
- 2) If consumer already has an account with the partner website they would login using their credentials for the partner website. Otherwise, consumer may create an Account on the partner website. Note: Depending on the partner website, the account creation step may be performed upfront or after the consumer is transferred back to the partner website after eligibility determination by FFM.
- 3) Consumer indicates intent to enroll in a QHP, with or without financial assistance for their Health Insurance Coverage
- 4) Partner website will generate a unique ID for the Consumer referred to as Partner Assigned Consumer ID.
- 5) Partner website will transfer the consumer to the FFM website for submitting the eligibility application. Information passed to the FFM would include:
  - a. Information Exchange System ID A Unique Identifier assigned to the partner website as part of their onboarding by the Federal Data Services Hub.
  - b. Partner Assigned Consumer ID.
  - c. Consumer's Contact Information (Optional). If sent, this information will be used to prefill the FFM registration page. This is applicable only to new FFM consumers. The information will be discarded by the FFM for returning consumers.
  - d. Return URL partner website URL to which the consumer will be transferred by FFM on completion of eligibility determination or on consumer's intent to return
  - e. Keep-alive URL partner website URL that the FFM website will ping periodically to keep the partner website session of the consumer active. This is optional and the ping will be performed only if the Keep-alive URL is sent to the FFM as part of the transfer.

### On FFM

- 6) Consumer does not already have an account with the FFM.
- 7) Consumer will create an account on the FFM. The account creation process on the FFM would involve the standard CMS Enterprise Identity Management (EIDM) workflow including Remote Identity Proofing (RIDP)
- 8) FFM will associate the Consumer's FFM account with the partner website
  - Note 1: A consumer's FFM account may be associated with multiple Partner Websites if they visit the FFM through those websites.
  - Note 2: Each partner website will provide the FFM its own Partner Assigned Consumer ID
  - Note 3: The FFM will generate a separate FFE Assigned Consumer ID for each partner website
  - Note 4: The consumer may disassociate their account from a partner website through the My Account functionality of the FFM
  - Note 5: Consumer may choose to return to the FFM directly and perform their entire shopping on the FFM, including enrollment

- 9) Consumer fills out an application for QHP enrollment with or without a request for financial assistance. The following information will be collected
  - a. Household information List of household members (Applicants and Non-Applicants) with demographic information
  - b. The following information will be collected only if the consumer requested financial assistance
    - i. Tax filing status and tax household information
    - ii. Other demographic information required for Medicaid/CHIP eligibility
    - iii. Income information
    - iv. Information on other health coverage
- 10) FFM will generate the FFE Assigned Consumer ID for the consumer
- 11) FFM will verify information entered by consumer with internal and external data sources
- 12) FFM will determine eligibility for QHP for each member of the household seeking health insurance coverage
- 13) If consumer requested financial assistance, FFM will determine eligibility for Medicaid, CHIP and APTC/CSR
  - a. For each applicant eligible for Medicaid or CHIP
    - i. FFM will perform an account transfer for the applicant to the State Medicaid/CHIP agency
  - For applicants not eligible for Medicaid/CHIP, but eligible for APTC and/or CSR
    - FFM will calculate Maximum APTC and CSR level
- 14) FFM will transfer the consumer to the Return URL provided by the partner website. The Partner Assigned Consumer ID and FFE Assigned Consumer ID will be sent to the partner website as part of the transfer.

### On Partner Website

- 15) Partner website will invoke the FFM Household/Eligibility web service using the FFE Assigned Consumer ID
- 16) FFM Household/Eligibility Service will return the following information:
  - a. Application Contact Information
  - b. List of members and demographic Information required for plan shopping and enrollment. This will only include members requesting health insurance coverage (including those referred to Medicaid/CHIP)
  - c. Eligibility information for each member of the household
    - i. Eligibility for Medicaid/CHIP
    - ii. Eligibility for APTC including Maximum Monthly APTC
    - iii. Eligibility for CSR and CSR Level
    - iv. Eligibility for Enrollment Period Initial Enrollment Period (IEP), Annual Enrollment Period (AEP) or Special Enrollment Period (SEP).
  - d. Enrollment status of members of the household (applicable if a member is enrolled through a different application on the FFM).
- 17) The following steps will be performed only if the consumer has submitted their eligibility application on the FFM and determination of eligibility has been completed.
- 18) For members transferred by FFM to Medicaid/CHIP, partner website will notify consumer and stop processing.

- 19) For members not eligible for Medicaid/CHIP or QHP, partner website will notify consumer and may guide them through their commercial plan shopping experience (non-QHPs). There will be no further interaction with the FFM for those applicants.
- 20) The remaining steps on the partner website apply only if one or more members are eligible for QHP, with or without eligibility for APTC and/or CSR and also eligible for an enrollment period (IEP, AEP or SEP).
  - <u>Note:</u> Based on eligibility for an enrollment period of a household member, other members enrolled in a QHP with that member may also be eligible to change plans.
- 21) Consumer goes through shopping experience for QHPs
  - a. Partner website will allow consumer to form enrollment Groups within the household including one or more members in each enrollment group. Multiple enrollment groups would allow members of the household to enroll in different QHPs more suitable to their respective needs. Multiple enrollment groups will also be necessary in situations where a QHP would not accept all members in a single enrollment group (policy) based on residency or their relationship to the subscriber.
  - b. Consumer may specify criteria including Plan Metal level, and premium cost to search and compare plans
- 22) At the end of the QHP shopping experience, the consumer will select a QHP for each of the enrollment groups
- 23) Consumer will complete attestations required for enrollment including those for APTC and CSR
- 24) Consumer submits the enrollment request
- 25) Partner website will invoke a FFM Enrollment web service to submit the enrollment request. FFM will validate and process the enrollment transaction. If the transaction fails validation checks, FFM will return an exception. Otherwise, FFM will return an enrollment transaction ID.
- 26) For successful enrollment transactions, partner website may collect payment information for the initial premium.
- 27) Partner website may guide consumer through other product shopping options

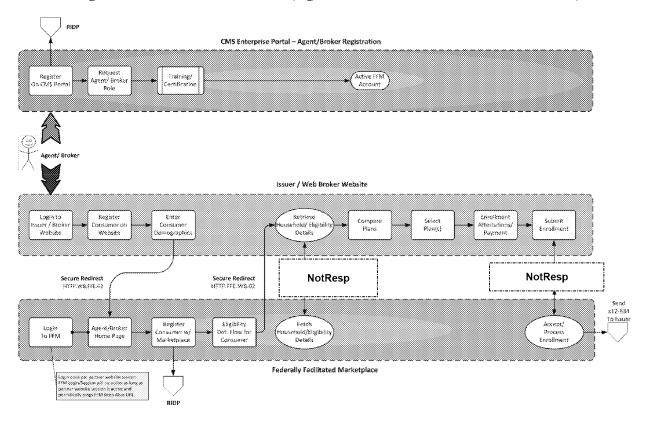
### On FFM (No consumer interaction)

- 28) FFM will complete processing of the QHP enrollment transaction(s)
- 29) For each enrollment group, FFM will generate an x12-834 transaction for initial enrollment and transmit to the Issuer of the QHP
  - Note 1: The Agent/Broker information sent by the partner website as part of the enrollment transaction will be listed as the agent/broker on the x12-834 transaction for compensation purposes
  - Note 2: If a consumer returns to the FFM directly and performs their enrollment on the FFM, none of the partner websites through which they had previously visited the FFM will be included on the x12-834 transaction

# **B.2** Scenario #1b - New FFM Consumer (Agent/Broker Initiated Direct Enrollment)

*Figure 3 - New FFM Consumer* illustrates the agent/broker assisted workflow between the partner website and the FFM.

Figure 4 - New FFM Consumer (Agent/Broker Initiated Direct Enrollment)



### **B.2.1** Scenario Overview

This scenario applies to a new consumer shopping for health insurance on a partner website via an agent/broker. Prior to being able to assist consumer, agents/brokers would have to completed registration with the FFM, depicted above in the "CMS Enterprise Portal – Agent/Broker Registration" section. Outside of the FFM, agents/brokers would also need to establish access to partner website tools as agent/brokers. See Section 3.2.2.1 Registration for more details on agent/broker prerequisites for assisting FFM consumers.

As part of the agent/broker assisted shopping experience, if the consumer decides to shop for a QHP for their health coverage, the partner website will transfer the agent/broker to the FFM website for determination of eligibility for QHP for the consumer, with or without financial assistance. After completion of eligibility determination by the FFM, the agent/broker will be transferred back to the partner website to complete the consumer's plan shopping, ultimately resulting in an enrollment under a QHP. The partner website will use its own tools to guide the agent/broker through QHP shopping and enrollment. The agent/broker, using the partner website, will present the consumer various views of QHPs matching their needs, including information on benefits covered and premium costs. The QHP information presented will reflect Cost Sharing Reductions (CSR) and Advance Premium Tax Credit (APTC) the consumer is eligible for. When

the consumer is ready to enroll into a QHP, the agent/broker will use the partner website to capture enrollment attestations, including those for APTC, and submit an enrollment transaction to the FFM by invoking a web service on the FFM. The agent/broker may use the partner website to collect payment for the initial premium either prior to submission of the enrollment transaction or after successful submission, according to the partner's procedures. The FFM will process the enrollment transaction and generate an x12-834 transaction to notify the Issuer.

### **B.2.2** Sequence of Activities

#### On Partner Website

- 1) Agent/Broker starts the shopping for Health Insurance Coverage for a consumer on the partner website.
- 2) Consumer indicates intent to enroll in a QHP, with or without financial assistance for their Health Insurance Coverage
- 3) Partner website will generate a unique ID for the Consumer referred to as Partner Assigned Consumer ID.
- 4) Partner website will transfer the agent/broker to the FFM website for submitting the consumer's eligibility application. Information passed to the FFM would include:
  - a. Information Exchange System ID A Unique Identifier assigned to the partner website as part of their onboarding by the Federal Data Services Hub.
  - b. FFM User ID The agent/broker's user ID assigned by the FFM.
  - c. Partner Assigned Consumer ID.
  - d. Consumer's Contact Information (Optional). If sent, this information will be used to prefill the FFM registration page. This is applicable only to new FFM consumers. The information will be discarded by the FFM for returning consumers.
  - e. Return URL partner website URL to which the agent/broker will be transferred by FFM on completion of eligibility determination or on agent/broker's intent to return.
  - f. Keep-alive URL partner website URL that the FFM website will ping periodically to keep the partner website session of the agent/broker active. This is optional and the ping will be performed only if the Keep-alive URL is sent to the FFM as part of the transfer.

### On FFM

- 5) Consumer does not already have an account with the FFM.
- 6) Agent/broker will create an account on the FFM for the consumer as the first step in the application process which would involve a portion of the standard CMS Enterprise Identity Management (EIDM) workflow for NotResp ote: the account creation performed by the agent/broker will exclude creation of an online User ID and password for the consumer which the consumer would need to perform themselves on the FFM directly.
- 7) FFM will associate the Consumer's FFM account with the partner website
  - Note 1: A consumer's FFM account may be associated with multiple Partner Websites if they visit the FFM through those websites.
  - Note 2: Each partner website will provide the FFM its own Partner Assigned Consumer ID

- Note 3: The FFM will generate a separate FFE Assigned Consumer ID for each partner website
- Note 4: The consumer may disassociate their account from a partner website through the My Account functionality of the FFM
- Note 5: Consumer may choose to return to the FFM directly and perform their entire shopping on the FFM, including enrollment. If the consumer were to choose to do so, the consumer would need to register themselves with the FFM for the purposes of establishing a User ID and password via the standard CMS EIDM workflow including NotResp Once the consumer established their direct online access to the FFM, the consumer would be able to see the information they had submitted to the FFM via the agent/broker.
- 8) Working with the consumer, the agent/broker completes an application for QHP enrollment with or without a request for financial assistance. The following information will be collected
  - a. Household information List of household members (Applicants and Non-Applicants) with demographic information
  - b. The following information will be collected only if the consumer requested financial assistance
    - i. Tax filing status and tax household information
    - ii. Other demographic information required for Medicaid/CHIP eligibility
    - iii. Income information
    - iv. Information on other health coverage
- 9) FFM will generate the FFE Assigned Consumer ID for the consumer
- 10) FFM will verify information entered by consumer with internal and external data sources
- 11) FFM will determine eligibility for QHP for each member of the household seeking health insurance coverage
- 12) If consumer requested financial assistance, FFM will determine eligibility for Medicaid, CHIP and APTC/CSR
  - a. For each applicant eligible for Medicaid or CHIP
    - i. FFM will perform an account transfer for the applicant to the State Medicaid/CHIP agency
  - b. For applicants not eligible for Medicaid/CHIP, but eligible for APTC and/or CSR
    - FFM will calculate Maximum APTC and CSR level
- 13) FFM will transfer the agent/broker to the Return URL provided by the partner website. The Partner Assigned Consumer ID and FFE Assigned Consumer ID will be sent to the partner website as part of the transfer.

### On Partner Website

- 14) Partner website will invoke the FFM Household/Eligibility web service using the FFE Assigned Consumer ID
- 15) FFM Household/Eligibility Service will return the following information:
  - a. Application Contact Information
  - b. List of members and demographic Information required for plan shopping and enrollment. This will only include members requesting health insurance coverage (including those referred to Medicaid/CHIP)
  - c. Eligibility information for each member of the household

- i. Eligibility for Medicaid/CHIP
- ii. Eligibility for APTC including Maximum Monthly APTC
- iii. Eligibility for CSR and CSR Level
- iv. Eligibility for Enrollment Period Initial Enrollment Period (IEP), Annual Enrollment Period (AEP) or Special Enrollment Period (SEP).
- d. Enrollment status of members of the household (applicable if a member is enrolled through a different application on the FFM).
- 16) The following steps will be performed only if the consumer eligibility application has been submitted on the FFM and determination of eligibility has been completed.
- 17) For members transferred by FFM to Medicaid/CHIP, partner website will notify consumer and stop processing.
- 18) For members not eligible for Medicaid/CHIP or QHP, partner website will notify consumer and may guide them through their commercial plan shopping experience (non-QHPs). There will be no further interaction with the FFM for those applicants.
- 19) The remaining steps on the partner website apply only if one or more members are eligible for QHP, with or without eligibility for APTC and/or CSR and also eligible for an enrollment period (IEP, AEP or SEP).
  - <u>Note:</u> Based on eligibility for an enrollment period of a household member, other members enrolled in a QHP with that member may also be eligible to change plans.
- 20) Agent/broker assists the consumer goes through shopping experience for OHPs
  - a. Partner website will allow forming enrollment groups within the household including one or more members in each enrollment group. Multiple enrollment groups would allow members of the household to enroll in different QHPs more suitable to their respective needs. Multiple enrollment groups will also be necessary in situations where a QHP would not accept all members in a single enrollment group (policy) based on residency or their relationship to the subscriber.
  - b. Working with the agent/broker, the Consumer may specify criteria including Plan Metal level, and premium cost to search and compare plans
- 21) At the end of the QHP shopping experience, the agent/broker will gather the consumer selections of a QHP for each of the enrollment groups
- 22) Agent/broker gathers from the consumer the attestations required for enrollment including those for APTC and CSR
- 23) Agent/broker submits the enrollment request
- 24) Partner website will invoke a FFM Enrollment web service to submit the enrollment request. FFM will validate and process the enrollment transaction. If the transaction fails validation checks, FFM will return an exception. Otherwise, FFM will return an enrollment transaction ID.
- 25) For successful enrollment transactions, partner website may collect payment information for the initial premium.
- 26) Partner website may guide consumer through other product shopping options

### On FFM (No consumer interaction)

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Federally Facilitated Marketplace (FFM)

- 27) FFM will complete processing of the QHP enrollment transaction(s)
- 28) For each enrollment group, FFM will generate an x12-834 transaction for initial enrollment and transmit to the Issuer of the OHP
  - Note 1: The Agent/Broker information sent by the partner website as part of the enrollment transaction will be listed as the agent/broker on the x12-834 transaction for compensation purposes
  - Note 2: If a consumer returns to the FFM directly and performs their enrollment on the FFM, none of the partner websites through which they had previously visited the FFM will be included on the x12-834 transaction

# **B.3** Scenario #1c - New FFM Consumer (Consumer initiated lead generation)

*Figure 3 - New FFM Consumer* illustrates the consumer workflow between the partner website and the FFM in the lead generation model.

Issuer/Web Broker Website Register on Shop other Broker/Issue Products Maheita Secure Redirect Show plans based on filter sent by partner, Customer may reset filter Broker NPN Secure Redirect Issuer/ Plan Filter HTTP FEE WA OL Send x12-834 To Issuer Register Eligibility Accept/ Encathment Process Enrollment(s) Plans Plan(s) Attestations Marketpiace Encolment **Federally Facilitated Marketplace** issuer's Payment Portal NotResp

Figure 5 - New FFM Consumer (Lead Generation)

### **B.3.1 Scenario Overview**

This scenario applies to consumers shopping for health insurance on a partner website. As part of the shopping experience, if the consumer decides to shop for a QHP for their health coverage, the partner website will transfer the consumer to the FFM website for determination of eligibility for QHP, with or without financial assistance. If the partner website is choosing to do lead generation rather than direct enrollment, after completion of eligibility determination by the FFM, the consumer will not be transferred back to the partner website to complete their plan shopping. The FFM rather than the partner website will guide the consumer through QHP shopping and enrollment including capturing enrollment attestations, and generating an x12-834 transaction to notify the Issuer. If the partner website supplied a filter for the Issuers/plans to display, FFM will default the plan results to be filtered accordingly, but the consumer will have the choice to remove the filter. If the partner website supplied a return URL as part of the lead generation, the FFM will transfer the consumer back to the partner website after enrollment submission.

## **B.3.2** Sequence of Activities

### On Partner Website

- 1) Consumer starts their shopping for Health Insurance Coverage
- 2) If consumer already has an account with the partner website they would login using their credentials for the partner website. Otherwise, consumer

- may create an Account on the partner website. <u>Note:</u> Depending on the partner website, the account creation step may be performed upfront or after the consumer is transferred back to the partner website after enrollment by FFM.
- 3) Consumer indicates intent to enroll in a QHP, with or without financial assistance for their Health Insurance Coverage
- 4) Partner website will generate a unique ID for the Consumer referred to as Partner Assigned Consumer ID.
- 5) Partner website will transfer the consumer to the FFM website for submitting the eligibility application and enrollment. Information passed to the FFM would include:
  - a. Information Exchange System ID A Unique Identifier assigned to the partner website as part of their onboarding by the Federal Data Services Hub.
  - b. Partner Assigned Consumer ID.
  - c. Consumer's Contact Information (Optional). If sent, this information will be used to prefill the FFM registration page. This is applicable only to new FFM consumers. The information will be discarded by the FFM for returning consumers.
  - d. Return URL partner website URL to which the consumer will be transferred by FFM on completion of eligibility determination or on consumer's intent to return
  - e. Keep-alive URL partner website URL that the FFM website will ping periodically to keep the partner website session of the consumer active. This is optional and the ping will be performed only if the Keep-alive URL is sent to the FFM as part of the transfer.
  - f. NPN The national producer number to be submitted with the resulting enrollment(s) where the consumer selected to enroll in plan that meets the Plan Results Filter criteria.
  - g. Plan Results Filter The default filter of up to ten Issuer IDs or QHP IDs to filter the plan results in FFM for the consumer.

### On FFM

- 6) Consumer does not already have an account with the FFM.
- 7) Consumer will create an account on the FFM. The account creation process on the FFM would involve the standard CMS Enterprise Identity Management (EIDM) workflow including Remote Identity Proofing (RIDP)
- 8) FFM will associate the Consumer's FFM account with the partner website
  - Note 1: A consumer's FFM account may be associated with multiple Partner Websites if they visit the FFM through those websites.
  - Note 2: Each partner website will provide the FFM its own Partner Assigned Consumer ID
  - Note 3: The FFM will generate a separate FFE Assigned Consumer ID for each partner website
  - Note 4: The consumer may disassociate their account from a partner website through the My Account functionality of the FFM
  - Note 5: Consumer may choose to return to the FFM directly and perform their entire shopping on the FFM, including enrollment

- 9) Consumer fills out an application for QHP enrollment with or without a request for financial assistance. The following information will be collected
  - a. Household information List of household members (Applicants and Non-Applicants) with demographic information
  - b. The following information will be collected only if the consumer requested financial assistance
    - i. Tax filing status and tax household information
    - ii. Other demographic information required for Medicaid/CHIP eligibility
    - iii. Income information
    - iv. Information on other health coverage
- 10) FFM will generate the FFE Assigned Consumer ID for the consumer
- 11) FFM will verify information entered by consumer with internal and external data sources
- 12) FFM will determine eligibility for QHP for each member of the household seeking health insurance coverage
- 13) If consumer requested financial assistance, FFM will determine eligibility for Medicaid, CHIP and APTC/CSR
  - a. For each applicant eligible for Medicaid or CHIP
    - i. FFM will perform an account transfer for the applicant to the State Medicaid/CHIP agency
  - b. For applicants not eligible for Medicaid/CHIP, but eligible for APTC and/or CSR
    - FFM will calculate Maximum APTC and CSR level
- 14) Consumer goes through shopping experience for QHPs, with the plan results default filtered by the filter provided by the partner, if applicable. If no plan results are returned due to the filter or if the consumer voluntarily chooses to do so, the filter can be removed on the FFM to allow the consumer to view all plans on the FFM that their household members can choose.
- 15) If partner website provided a return URL, FFM transfers the consumer back to the partner website. The Partner Assigned Consumer ID and FFE Assigned Consumer ID will be sent to the partner website as part of the transfer.

16)

### On the Partner Website

17) Partner website may guide consumer through other product shopping options 18)

### On FFM (No consumer interaction)

- 19) FFM will complete processing of the QHP enrollment transaction(s)
- 20) For each enrollment group, FFM will generate an x12-834 transaction for initial enrollment and transmit to the Issuer of the QHP
  - Note 1: The Agent/Broker information sent by the partner website as part of the enrollment transaction will be listed as the agent/broker on the x12-834 transaction for compensation purposes
  - Note 2: If a consumer returns to the FFM directly and performs their enrollment on the FFM, none of the partner websites through which

Obtained via FOIA by Judicial Watch, Inc. Federally Facilitated Marketplace (FFM) they had previously visited the FFM will be included on the x12-834 transaction

## **B.4** Scenario #2 - Returning FFM Consumer

*Figure 6 - Returning FFM Consumer* illustrates the interaction between the Partner Website and the FFM under this scenario.

Issuer / Web Broker Website Enrollment Login to Retrieus Compare ssuer / Broker hold/Eligibilit Attestations/ Plan(s) Enrollment(s) Plans Payment website **Oetails** Secure Redirect Secure Redirect NotResp NotResp ×12-834 Ta Issuei Eligibility Fetch Accept/ Login Household/Eligibilit To FEM Flow Oetails Enrollment

**Figure 6 - Returning FFM Consumer** 

Federally Facilitated Marketplace

### **B.4.1** Scenario Overview

This scenario is an extension of Scenario #1. This applies if in Scenario #1, the consumer stops prior to enrollment and returns later to continue shopping. This also applies to other previously registered FFM consumers (either directly on the FFM or through another partner website) accessing the partner website. The consumer may continue their eligibility application from the last step during their previous interaction with the FFM website. The partner website will reuse the previously generated Partner Assigned Consumer ID (if the consumer previously registered with them) or generate a new Partner Assigned Consumer ID. The Partner Assigned Consumer ID along with the FFE Assigned Consumer ID (if available) will be used in all interactions with the FFM.

## **B.4.2** Sequence of Activities

The sequence of activities will be the same as for Scenario #1 with the following considerations

### On Partner Website

- If the consumer returns to the same partner website, account creation would have been completed in the prior session. The consumer will need to login using their credentials for the partner website.
- If the consumer goes to a different partner website or initially registered on the FFM and goes to a partner website, they would need to create an account on the partner website. The partner website would generate a Partner Assigned Consumer ID. The consumer would also need to login to the FFM (regardless of if they already completed eligibility application on

the FFM or not) to complete the association between the partner website and the FFM.

- Partner Assigned Consumer ID and FFE Assigned Consumer ID (if available) will be used in interactions with the FFM
- Consumer will resume the process at the last step they were at during the prior session but will be able move to prior steps subject to workflow rules of the partner website
- Consumer will be able to retrieve QHPs or QHP lists saved during a previous session on the partner website

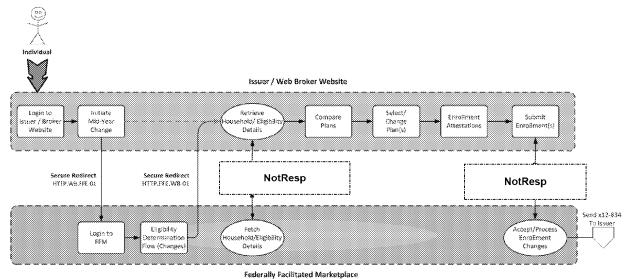
#### On FFM

- Account creation would have been completed in the prior session. The consumer will login using their credentials for the FFM. There will not be a need for the EIDM workflow.
   If the consumer is transferred by a partner website that has not previously
- If the consumer is transferred by a partner website that has not previously interacted with the FFM for this consumer, FFM will generate a FFE Assigned Consumer ID for this consumer/ partner website.
- Partner Assigned Consumer ID and FFE Assigned Consumer ID will be used in interactions with the partner website
- Consumer will resume the process at the last step they were at during the prior session, but can move to prior steps subject to the application workflow rules of the FFM
- Consumer may also return directly to the FFM and continue/complete their entire shopping experience on the FFM

## B.5 Scenario #3 - Reporting Changes Impacting Eligibility

*Figure 7 - Reporting Changes Impacting Eligibility* illustrates the interaction between the Partner Website and FFM under this scenario.

Figure 7 - Reporting Changes Impacting Eligibility



### **B.5.1 Scenario Overview**

In this scenario, a consumer with a household previously enrolled in a QHP with or without APTC/CSR returns to report changes in their household membership, income or other demographic information. The changes impact their eligibility for QHP or APTC/CSR. The changes in eligibility may allow the consumer to add a new member, or change enrollments of one or more members to a new QHP that is more favorable to their current eligibility.

## **B.5.2** Sequence of Activities

### On Partner Website

- 1) Consumer and/or members of their household are enrolled in a QHP.
- Consumer may or may not have an account on the partner website. If they
  do not have an account on the partner website, they would create one.
   Otherwise, they would login using their credentials for the partner website.
- 3) Consumer indicates intent to report changes to demographic/household information for an FFM enrollment
- 4) Partner website transfers consumer to the FFM website. Information passed to the FFM includes:
  - a. Information Exchange System ID
  - b. Partner Assigned Consumer ID
  - c. FFE Assigned Consumer ID
  - d. Return URL
  - e. Keep-alive URL

### On FFM

5) Consumer already has an account with the FFM and will login using FFM credentials

- 6) Consumer reviews their account/application details on the FFM and enters changes where applicable. Changes could include:
  - a. Contact Information
  - b. Addition or removal of household members
  - c. Change in request for financial assistance
  - d. Changes in household income
  - e. Changes in availability of other health coverage (employer sponsored or other public programs)
  - f. Residency changes
  - g. Other Demographic changes
- 7) FFM will verify information entered by consumer with internal and external data sources
- 8) FFM will determine eligibility for Medicaid, CHIP and APTC/CSR (if consumer requested financial assistance)
  - a. For each applicant eligible for Medicaid or CHIP and not previously transferred to the state agency
    - i. FFM will perform an account transfer for the applicant to the State Medicaid/CHIP agency
  - For applicants not eligible for Medicaid/CHIP, but eligible for APTC and/or CSR
    - i. FFM calculates Maximum APTC and CSR level
- 9) FFM transfers consumer to the Return URL provided by partner website and passes back the Partner Assigned Consumer ID and FFE Assigned Consumer ID

### On Partner Website

- 10) Partner website invokes the FFM Household/Eligibility web service using the FFE Assigned Consumer ID
- 11) partner website receives following information from the FFM Household/ Eligibility web service
  - a. Application Contact Information
  - b. List of members and demographic Information required for plan shopping and enrollment. This will only include members requesting health insurance coverage (including those referred to Medicaid/CHIP)
  - c. Eligibility information for each member of the household including the eligibility history for the past 6 months
    - i. Eligibility for Medicaid/CHIP
    - ii. Eligibility for APTC including Maximum Monthly APTC
    - iii. Eligibility for CSR and CSR Level
    - iv. Eligibility for Enrollment Period Initial Enrollment Period (IEP), Annual Enrollment Period (AEP) or Special Enrollment Period (SEP).
    - v. Flag indicating if a member has gained or lost eligibility for QHP and or APTC/CSR
  - d. Enrollment status of members of the household including enrollments in the prior 6 months and prospective enrollment.
- 12) For members transferred by FFM to Medicaid/CHIP during current interaction,
  - a. Partner website will notify consumer on eligibility for Medicaid or CHIP and ineligibility for APTC/CSR.

- b. If the member is newly added, partner website will stop processing applicant
  - The consumer may still be able to enroll the member in a QHP without APTC or CSR
- c. If the member is already enrolled in a QHP, the partner website will follow the process outlined in Scenario #5 Reporting changes leading to Disenrollment.
- 13) Members previously eligible for APTC/CSR but lost eligibility due to changes reported during the current interaction, will be handled per process outlined in Scenario #5 Reporting changes leading to Disenrollment
- 14) For members not eligible for any financial assistance (Medicaid/CHIP, APTC and CSR), partner website may present the following options to the consumer
  - a. Add member to a QHP enrollment (based on SEP) without APTC or CSR
  - b. Shop for non-exchange plans offered by the partner website.
- 15) The remaining steps on the partner website apply only if one or more members are eligible for a QHP, with or without eligibility for APTC and/or CSR and also eligible for an enrollment period (IEP, AEP or SEP).
  - <u>Note:</u> Based on eligibility for an enrollment period of a household member, other members enrolled in a QHP with that member may also be eligible to change plans.
- 16) Consumer goes through shopping experience for QHPs
  - a. Partner website will allow consumer to add a new member to an existing enrollment Group or reorganize enrollment groups (including creating new enrollment groups) with one or more members in each enrollment group.
  - b. Consumer may specify criteria including Plan Metal level, and premium cost to search and compare plans
- 17) At the end of the QHP shopping experience, the consumer may select a new QHP for an existing enrollment group that includes members eligible for an enrollment period or select a QHP for new enrollment groups.
- 18) Consumer will complete attestations required for enrollment including those for APTC and CSR
- 19) Consumer submits the enrollment request
- 20) Partner website will invoke the FFM Enrollment web service to submit the enrollment request. FFM will validate and process the enrollment transaction. If the transaction fails validation checks, FFM will return an exception. Otherwise, FFM will return the enrollment transaction ID.
- 21) Partner website may collect the initial premium for any new enrollment groups or enrollment groups that have changed QHPs.
- 22) Partner website may guide consumer through other product shopping options

### On FFM (No Consumer Interaction)

- 23) For any existing enrollment groups that a member is added to or removed from
  - a. FFM will process QHP enrollment change transaction to add/remove members

- b. FFM will generate x12-834 enrollment change transaction and transmit to the Issuer of the policy
- 24) For any existing enrollment groups from which all members have be removed
  - a. FFM will process a QHP disenrollment from the QHP (policy level)
  - b. FFM will generate an x12-834 cancellation/termination transaction for the QHP and transmit to the Issuer of the policy
- 25) For any existing enrollment groups for which the plan has been changed.
  - a. FFM will process a QHP disenrollment from the old QHP (policy level)
  - b. FFM will generate an x12-834 cancellation/termination transaction for the old QHP and transmit to the Issuer of the policy
  - c. FFM will process a QHP Initial Enrollment from the new QHP
  - d. FFM will generate an x12-834 initial enrollment transaction for the new QHP and transmit to the Issuer of the policy
- 26) For any new enrollment groups
  - a. FFM will process QHP enrollment into the new QHP
  - b. FFM will generate an x12-834 initial enrollment transaction for new QHP and transmit to Issuer
- 27) In all the above cases where FFM generates an x12-834 transaction
  - Note 1: The Agent/Broker information sent by the partner website as part of the enrollment transaction will be listed as the agent/broker on the x12-834 transaction for compensation purposes
  - Note 2: If a consumer returns to the FFM directly and performs their enrollment on the FFM, none of the partner websites through which they had previously visited the FFM will be included on the x12-834 transaction