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



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## Frequently Asked Questions (FAQs) Regarding the Centers for Medicare and Medicaid Services (CMS) and Direct Enrollment (DE) Entity Partnership Display

These FAQs clarify the guidelines for DE Entities, including classic DE and enhanced DE Entities, to display language indicating CMS's approval for the DE Entity to operate a DE pathway.

For any questions regarding these FAQs, please contact DE Support at <u>directenrollment@cms.hhs.gov</u>.

### 1. Can DE/EDE Entities display the HealthCare.gov or CMS logo on their DE/EDE Website?

No, in accordance with 45 CFR 155.220(j)(2)(i), entities must "refrain from marketing or conduct that is misleading (including by having a direct enrollment website that HHS determines could mislead a consumer into believing they are visiting *HealthCare.gov*) [...]"

# 2. What language does CMS permit DE/EDE Entities to display on their DE/EDE Website to convey the website has been approved by CMS?

DE Entities that have an active countersigned agreement from CMS to offer a DE or EDE pathway, may display any of the following phrases on the DE or EDE website to represent CMS's approval of the DE or EDE entity:

Permissible Language	Accompanying Text (if applicable)
CMS Partner	Not applicable
CMS Approved* "Direct Enrollment" or	*CMS considers a Direct Enrollment
"Enhanced Direct Enrollment" Entity	(DE)/Enhanced Direct Enrollment (EDE) Entity
	to be "approved" when CMS has authorized
	the Entity to participate in DE or EDE.
Enrollment Partner	Not applicable
HealthCare.gov Partner	Not applicable
CMS Partner Website or CMS Partner	Not applicable
Entity	

DE and EDE Entities that have been approved to be displayed on HealthCare.gov as certified enrollment partners and that have an active countersigned agreement from CMS to offer a DE pathway, may display the following phrase on the DE website to represent CMS's additional approval of the DE Entity (in addition to any of the phrases listed in the table above):

Permissible Language	Accompanying Text (if applicable)
Certified* Enrollment Partner of	*CMS offers a voluntary process for Direct
HealthCare.gov	Enrollment (DE)/Enhanced Direct Enrollment
	(EDE) Entities to be certified to be displayed on
	HealthCare.gov. CMS considers a DE/EDE
	Entity to be "certified" after it has submitted
	documentation to CMS and is displayed on
	HealthCare.gov.

DE and EDE issuers and web-brokers must provide consumers with correct information, without omission of material fact, regarding the Federally-facilitated Exchanges, QHPs offered through the Federally-facilitated Exchanges, and insurance affordability programs, and refrain from marketing or conduct that is misleading. CMS would consider it an omission of material fact for entities to display the terms "approved" or "certified" without an explanation of the meaning of those terms. To avoid such an omission, entities that choose to display permissible language with required accompanying text, as indicated in the tables above, may prominently display the accompanying text.

CMS would consider such text prominently displayed if it is written in a font size no smaller than the majority of the text on the webpage, displayed in the same non-English language as any language(s) the DE Entity maintains translations for on its website,<sup>2</sup> and noticeable in the context of the website (that is, DE Entity non-Exchange websites use a font or graphic color that contrasts with the background of the webpage). The DE Entity may change the font color, size, or graphic context of the information to ensure that it is noticeable to the user in the context of its website or other written material.

Please note, the tables above do not include the full scope of permissible language. Please contact DE Support at <u>directenrollment@cms.hhs.gov</u> with questions about alternative language that may be permissible.

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<sup>&</sup>lt;sup>1</sup> See 45 CFR 156.1230(b)(2) and 45 CFR 155.220(j)(2)(i).

<sup>&</sup>lt;sup>2</sup> 45 CFR § 155.205(c)(2)(iv).