



FROM |  health net



ENHANCED DIRECT ENROLLMENT TOOL (OFF EXCHANGE)

Use the Ambetter from Health Net Enhanced Direct Enrollment tool to quote and submit Off Exchange applications directly to Ambetter from Health Net.

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Enhanced Direct Enrollment Navigation

Enhanced Direct Enrollment (EDE) is a technology that enables brokers to quote and submit Ambetter applications directly to Ambetter from Health Net.

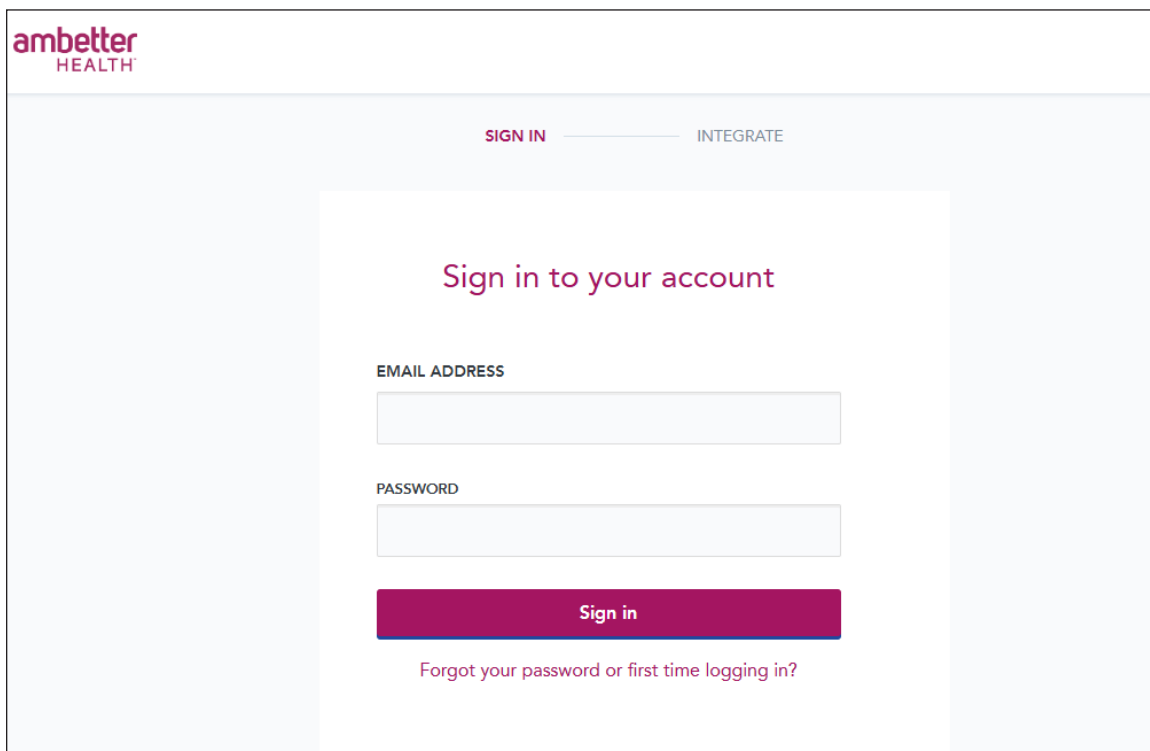
Use EDE to:

- Enroll members in off-exchange plans
- Quickly effectuate plans with document upload/payment button
- Send quotes directly to your clients

Go to the Ambetter from Health Net EDE at <https://enroll.ambetterhealth.com>.

Logging into EDE

Once contracted with Health Net, please email brokers@healthnet.com to request your username for logging into the EDE tool.



The screenshot shows the Ambetter Health login interface. At the top left is the 'ambetter HEALTH' logo. Below it, there are two links: 'SIGN IN' and 'INTEGRATE'. The main heading is 'Sign in to your account'. Below this, there are two input fields: 'EMAIL ADDRESS' and 'PASSWORD'. A red 'Sign in' button is positioned below the password field. At the bottom, there is a link that says 'Forgot your password or first time logging in?'.

Most brokers are registered with their email address domain +ambetter as their username.

Example: Christa+ambetter@gmail.com

If you don't know your username or if you have any questions, please reach out to Broker Support at (800) 909-3447 Option 3 or email Brokers@healthnet.com.

Broker Quoting

Quickly quote and search for plans using the **Quote** option in your EDE tool.

Quoting On-Exchange Plans

To quote on-exchange plans, select **Yes, I'd like to see if I qualify for a subsidy**. You then will be redirected to <https://coveredca.com>.

Quoting Off-Exchange Plans

To quote off-exchange plans, select **No, show me off-exchange plans designed for those who don't qualify for subsidies.**

Would you like to see if you qualify for financial assistance?

You may qualify to receive a subsidy, which is a tax credit that lowers your monthly premium. Check to see if you're eligible for these savings through the Health Insurance Marketplace!

☐ Yes, I'd like to see if I qualify for a subsidy.
 ☒ No, show me off-exchange plans designed for those who don't qualify for subsidies.

Back
Continue

You'll be prompted to enter the client's details. Be sure to enter all details to get a plan quote.

- Zip code
 - If the zip code is in multiple counties, a drop down will appear to select the specific county.
- Applicants
 - When clicking **Add Yourself**, it will prompt you to enter the client's Age or DOB and Gender
 - You can also add the spouse and/or dependents
- ICHRA offered
 - If selected, it will prompt you to enter the total ICHRA amount and the salary deductions for premium amount.

ambetter HEALTH Dashboard

[Español](#)
[Log out](#)
[Save Lead](#)

Close

Share Print

Your details

Zip code

Applicants

Add yourself

ICHRA offered

☐ Individual Coverage HRA

You are shopping for off-exchange coverage. This means you have opted out of financial assistance. [See if you qualify for savings](#)

Off-Exchange Plan Results 2025

Plan results will display as your details are completed

Compare Plans and Share Quote

After running a quote, you'll be able to compare plans, email the quote to the client to review or enroll the client after a plan is selected by clicking **Share** on the top right.

Compare plans: Check **Compare** box of each quote then select **Compare 2 plans**.

Monthly premium max: \$647

Max total deductible: \$5800

Usage estimate: Low, Medium (selected), High

Additional Benefits: Adult Dental and Vision

Metal levels: Silver, Gold

Networks: EPO

4 plans

Plan year 2025

Lowest Premium

Lowest premium plan

Silver 201 HSA - EPO

Monthly premium: \$492.80

Deductible (Health + Rx) per person: \$5,800

Drug deductible: N/A

Out-of-pocket max: \$5,800

Doctor visits: No charge after deductible

Specialist visit: No charge after deductible

Generic drugs: No charge after deductible

☒ Compare

Drugs Doctors Benefits Plan details Enroll now

Silver 203 - EPO

Monthly premium: \$527.66

Deductible (Health + Rx) per person: \$4,450

Drug deductible: N/A

Out-of-pocket max: \$7,250

Doctor visits: \$15

Specialist visit: 35% after deductible

Generic drugs: \$3

☒ Compare

Drugs Doctors Benefits Plan details Enroll now

Silver 201 HSA \$493 per month Silver 203 \$528 per month

Compare 2 plans Clear X

Share quote: Email the quote to the client by clicking **Share** on the top right.

ambetter HEALTH Dashboard

76110 1 Edit

Off-Exchange Plan Res

Most affordable

Monthly premium max: \$647

Max total deductible: \$5800

Usage estimate: Low, Medium (selected), High

Additional Benefits

Share this quote or copy the link

Email this quote Copy the link

Recipient email: Email

Recipient phone (optional): (XXX) XXX-XXXX

Message Preview

Subject: Take a look at these health plans

Message: Hi there, here are some health insurance plans that I want to share with you.

View Plans

Test Agent, ambetter_test_agent@healthsherpa.com 4070000000

Cancel Share

Share

Compare 2 plans Clear X

Start an Application: Off-Exchange

Off-Exchange applications are completed on the direct enrollment site and sent directly to Ambetter from Health Net

Primary Contact

Your Information section

- The residential address must be a physical street address. **P.O. Boxes are not accepted.**
- If mailing address is different than the permanent address, select **No** and then enter a mailing address in the fields. **The mailing address can be a street or P.O. Box.**
- If the zip code is in multiple counties, a drop down will appear to select the specific county.

Primary contact
Your information
Who's applying?
Additional questions
Finalize application

Primary contact

Your information

Please tell us about the primary applicant.

First name
Middle (Optional)
Last name

Suffix (Optional)
Select

Date of birth
Sex

MM/DD/YYYY
Male
Female

Contact information

How can we reach you?

Email address
Phone number
Mobile number (Optional)

(XXX) XXX-XXXX
(XXX) XXX-XXXX

Current residential address

No P.O. boxes allowed.

Street address
Apt. / Ste. (Optional)

City
State
Zip code

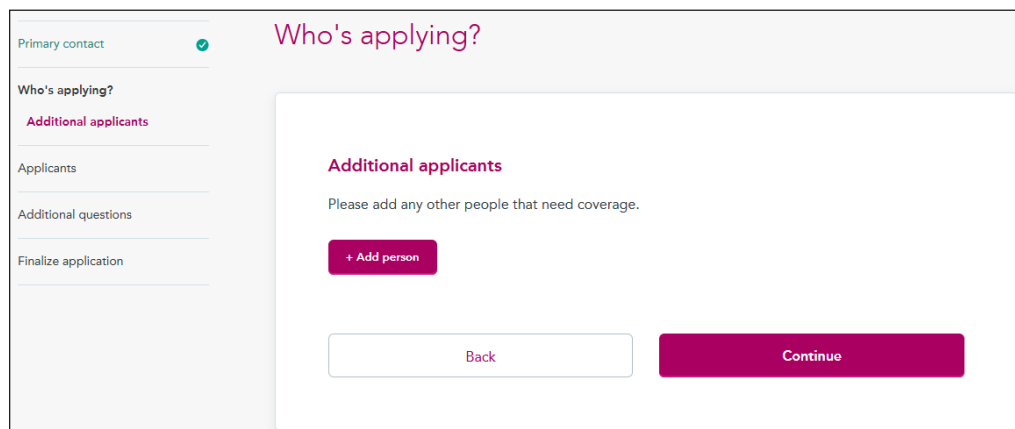
Arizona
85001

Is your mailing address the same as your permanent address?

Yes
No

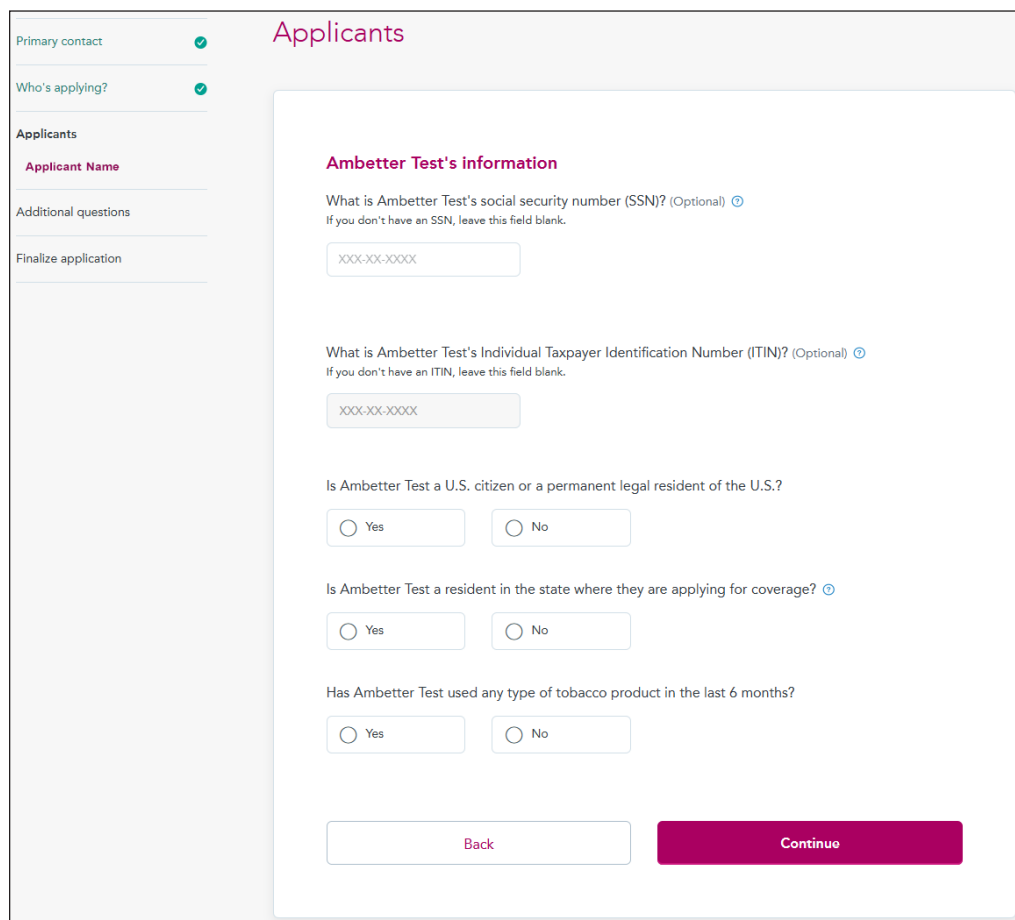
Who's Applying

Additional Applicants section – If there are multiple members applying for coverage within the household, you may add them here.



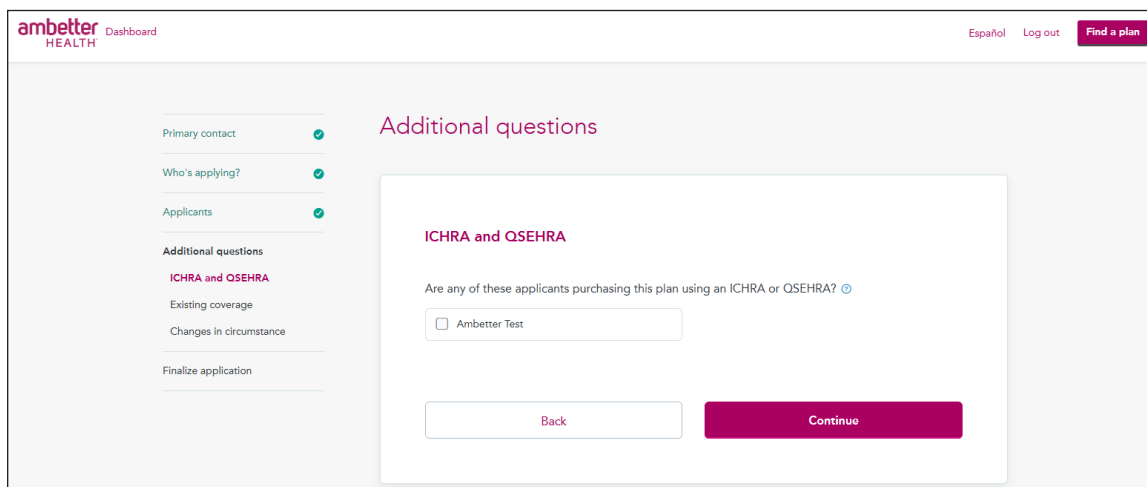
Applicants

- The SSN is an optional field. However, Ambetter from Health Net does include a request field for SSNs of any individuals enrolling in health insurance for those wanting to provide it.
- Applicants must be a US citizen or legal resident to apply for coverage as well as a resident in the state in which they are applying for coverage.



Additional Questions

ICHRA and QSEHRA section – If the client(s) has or have been offered an Individual Coverage Health Reimbursement Arrangement (ICHRA) or Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) through their job, you must enter that information here.



ambetter HEALTH Dashboard

Español Log out Find a plan

Primary contact ✓

Who's applying? ✓

Applicants ✓

Additional questions

ICHRA and QSEHRA

Existing coverage

Changes in circumstance

Finalize application

Additional questions

ICHRA and QSEHRA

Are any of these applicants purchasing this plan using an ICHRA or QSEHRA? ⓘ

☐ Ambetter Test

Back Continue

Changes in Circumstance section –

For all SEP applications, you'll be required to select a qualifying life event for the applicant(s). **Loss of coverage can be selected for any reason other than fraud, misrepresentation or failure to pay premium.**

Primary contact

Who's applying?

Applicants

Additional questions

ICHRA and QSEHRA

Existing coverage

Changes in circumstance

Finalize application

Additional questions

Changes in circumstance

Did any of the following life changes apply to any of the applicants in the last 60 calendar days (since 3/16/2025) or will any apply in the next 60 calendar days (up to 7/14/2025)? (Or has any applicant lost CHIP/Medicaid coverage in the last 90 calendar days (since 2/14/2025) or will lose CHIP/Medicaid coverage in the next 90 calendar days (up to 8/13/2025)?)

☒ Lost minimum essential coverage
 ☐ Moved to a new permanent residence
 ☐ Gained new household members due to domestic partnership or marriage
 ☐ Released from incarceration
 ☐ If there was a birth, adoption, placement for adoption, or you began fostering
 ☐ Mandated to be covered as a dependent
 ☐ Your health insurance carrier violated your coverage contract
 ☐ Returning from active duty in the US Military or National Guard
 ☐ Did not enroll because you were misinformed about being eligible for coverage
 ☐ Lost eligibility for tax credits/subsidies under the plan you were recently enrolled in
 ☐ Offered an ICHRA (Individual Coverage HRA)
 ☐ Offered a QSEHRA
 ☐ A qualified individual or member, or their dependent member, who is eligible for advance premium tax credit, and whose household income is projected to be at or below 150 percent of the federal poverty level
 ☐ None of the above

When did this change occur?

MM/DD/YYYY

BackContinue

Upload Documents section – For all SEP applicants, **qualifying life events proof is required.**

You'll not be able to bypass this page without uploading a document. You may upload multiple documents if applicable.

Primary contact

Who's applying?

Applicants

Additional questions

ICHRA and QSEHRA

Existing coverage

Changes in circumstance

Upload documents

Finalize application

Additional questions

Please upload documents to verify your change

Documents must show that your change was in the past 60 days, or will occur in the next 60 days. These documents must include your name and the date of the change.

Documents

Select file

Upload

Acceptable file types: .pdf, .jpg, .gif, .bmp, .doc.
File upload size limited to 2MB.

BackContinue

Privacy Statement and Consent

Please make sure you read and understand the privacy statement before continuing the application.

All applications require consent from the client before completing an enrollment. You may download the consent form provided or utilize your own form.

Privacy statement

Double redirect

Here at Ambetter, we work with the Marketplace to help you get health coverage.

[Learn more about the Marketplace](#)

Privacy, consent, and the use of your information

Important Marketplace Emails: If the Marketplace has your email address, they'll automatically send you important information, updates, and reminders about Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.

Privacy and the use of your information: The Marketplace will keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. The Marketplace will check your answers using the information in their databases and the databases of other federal agencies. If the information doesn't match, the Marketplace may ask you to send them proof. The Marketplace won't ask any questions about your medical history.

To continue, you must agree and check each of the following statements:

☐ I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.

☐ I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a Special Enrollment Period if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.

Consent

[Download consent form](#)

CMS requires you to collect written or verbal consent from your client before completing an enrollment. You can maintain this proof of consent in your own records or in your HealthSherpa dashboard.

How would you like to maintain proof of consent?

☐ Email digital consent form to my client

☐ Select consent from my Consent Library

☐ Text consent form to my client

☐ Upload my consent files to HealthSherpa

☒ I already have proof of consent in my own records

Back

Continue

Finalize Application

Before signing and submitting the application, you'll be able to review all the information that was entered on the application and make any final edits.

Your broker information will appear on this page. If any of this information is incorrect, please correct it here.

Brokers must obtain consent from the member prior to signing and submitting an application on behalf of your client.

Broker information

The broker must be certified, licensed, and appointed with Ambetter in Arizona.

First name	Last name
Agent	One
AZ license ID number	National producer number (NPN)

☐ Brokers may not sign on a consumer's behalf without written consent. By checking this box, you attest that you have obtained written consent to sign this application on behalf of your client. Ambetter reserves the right to verify written consents.

The eligible effective date will appear below and is not changeable. No exceptions.

Effective date

If the insurance coverage is effectuated, the policy will be effective from the following date:

Applicant Signatures

Test Ambetter, type your full name below to sign electronically.

Date: 05/15/2025

Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application containing a false, incomplete or deceptive statement may be guilty of insurance fraud.

Back

Continue

Review Coverage section – Once the application is submitted, you may assist the applicant with submitting a payment.

Primary contact

✓

Who's applying?

✓

Applicants

✓

Additional questions

✓

Finalize application

Review application

✓

Agree and sign

✓

Review coverage

Review coverage

Based on your application, here's a summary of what your coverage will look like.

Plan Summary




Silver 201 HSA - HMO

 SILVER

Premium	Deductible	Out of pocket
\$302.63 / mo	\$5,800 / yr	\$5,800 / yr

Estimated coverage start date - 6/1/2025

Applicants

Name	Relationship	Date of birth
Test Ambetter	Self	

By clicking "Enroll in plan" below, you will submit your application for coverage to Health Net of Arizona, Inc..

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Enroll in plan

If these results were not what you expected, you can [change your plan](#).

All binder payments are due within 30 days of the requested effective date. Coverage will not begin until the initial payment is completed.

You've finished your application

Make sure to complete the following steps to secure your coverage for the year!

1

Pay your first premium

You must make your first monthly payment of \$302.63 by 6/1/2025.

Pay Premium

2

Log into your dashboard

In your dashboard, you can view, download or print a copy of your application.

Ambetter application ID #:




Silver 201 HSA

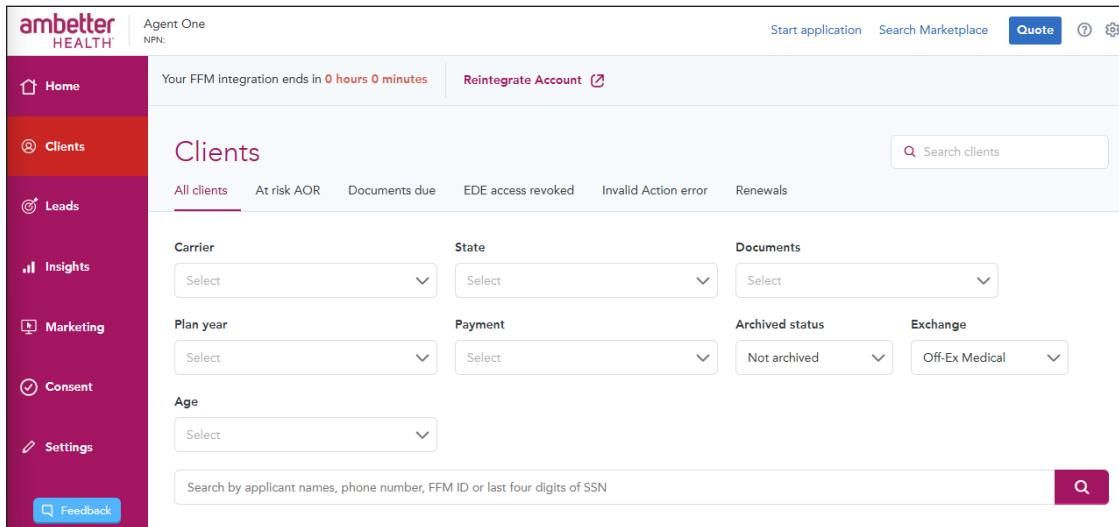
\$302.63/mo

Go to my dashboard

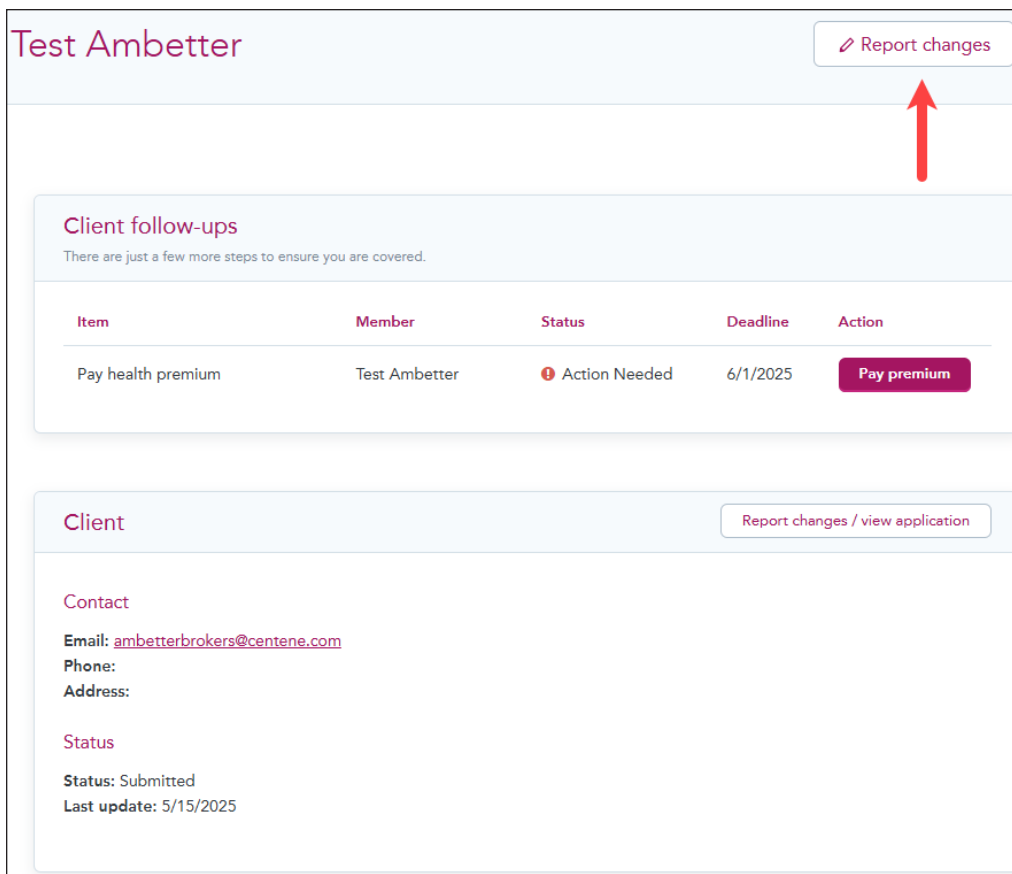
If a payment is not made at the time of the application, the member must now wait for an Health Net Member ID to be assigned before making an online payment.

Clients

Client details allows you to view all applications and clients you have through the EDE tool. You may filter through your list by off-exchange, state, plan year, etc.



When clicking on a clients name, you'll be able to report changes, view their application details, assist with follow ups and see application history.



Test Ambetter [Report changes](#)

Client follow-ups
There are just a few more steps to ensure you are covered.

Item	Member	Status	Deadline	Action
Pay health premium	Test Ambetter	Action Needed	6/1/2025	Pay premium

Client [Report changes / view application](#)

Contact
 Email: ambetterbrokers@centene.com
 Phone:
 Address:

Status
 Status: Submitted
 Last update: 5/15/2025

If additional follow-ups are needed to verify coverage, you'll be able to see that on the top under Follow-ups. You may upload documents directly from your EDE portal.

Follow-ups				
There are just a few more steps to ensure you are covered.				
Item	Member	Status	Deadline	Action
Verify loss of coverage		! Action Needed	5/21/2025	<button>Verify</button>

Leads

This section will display all leads that have begun quoting, shopping or applying but have not yet applied.

In this tab, you can select **Resume** on any of your leads. This will allow you to resume where you and/or the applicant last left the application.

ambetter HEALTH

Agent One
NPN:

Start application Search Marketplace Quote ?

Home

Clients

Leads

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Settings

Feedback

Your FFM integration ends in 0 hours 0 minutes Reintegrate Account

Leads

Search leads

Carrier

State

Status

Exchange

Archived status

Search by applicant names, phone number, FFM ID or last four digits of SSN

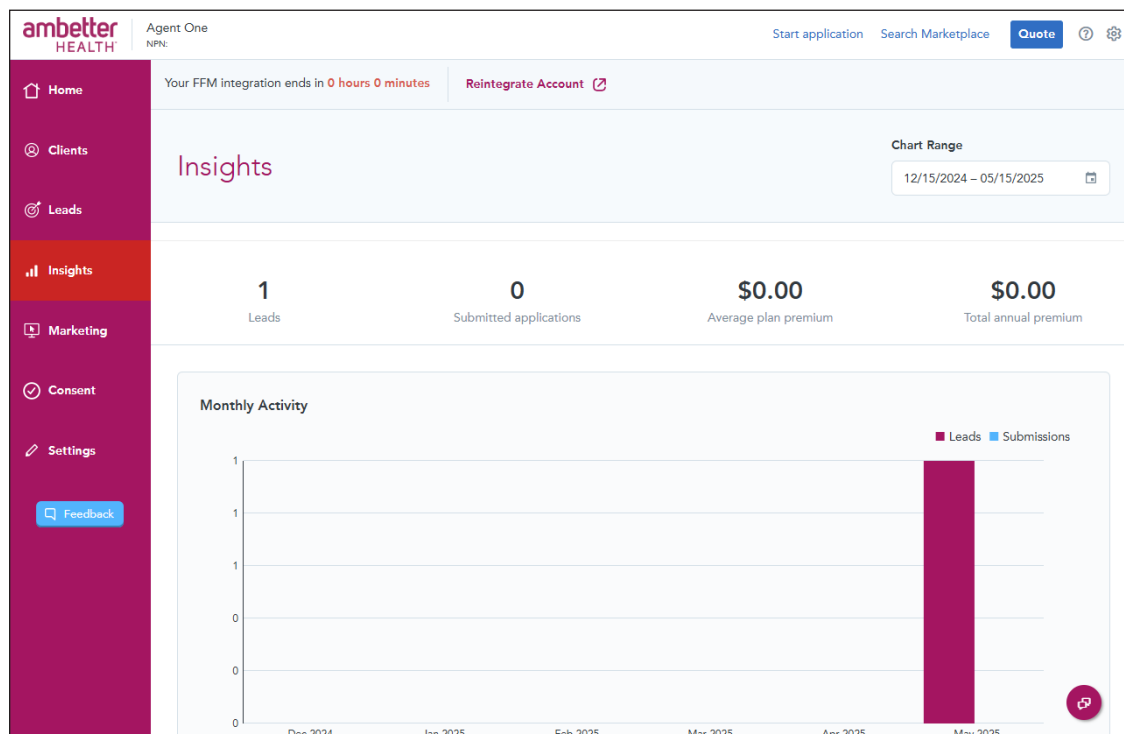
1-5 of 5

Import Export

☐	Lead	Plan	Gross	Net	Last active	Status	Actions
☐	Alex Johnson	Elite VALUE Bronze	\$893.24	\$0.00	5/15/2025	Applying	<button>Resume</button>
☐	Testing Ambetter	-	-	-	5/15/2025	Reviewing	<button>Resume</button>

Insights

This tab will help keep track of the number of leads vs submissions you have.



Marketing

This contains marketing information for your EDE portal. This includes a unique marketing link and QR code attached to your NPN which you can send to your clients to use to enroll.

Your marketing link

Each HealthSherpa for Agents account includes a free, [customizable direct marketing link](#). When clients enroll through your marketing link, they are associated with your account and your NPN is automatically applied to any application they submit.

You can edit this link using letters, numbers, dashes, and underscores.

Update your Carrier Settings before using your marketing link.

Your NPN (or Override NPN) will automatically apply to applications submitted for carriers that have disabled the Enrollee Assistance Program.

Copy your marketing link

Copy
Edit
Convert to Spanish

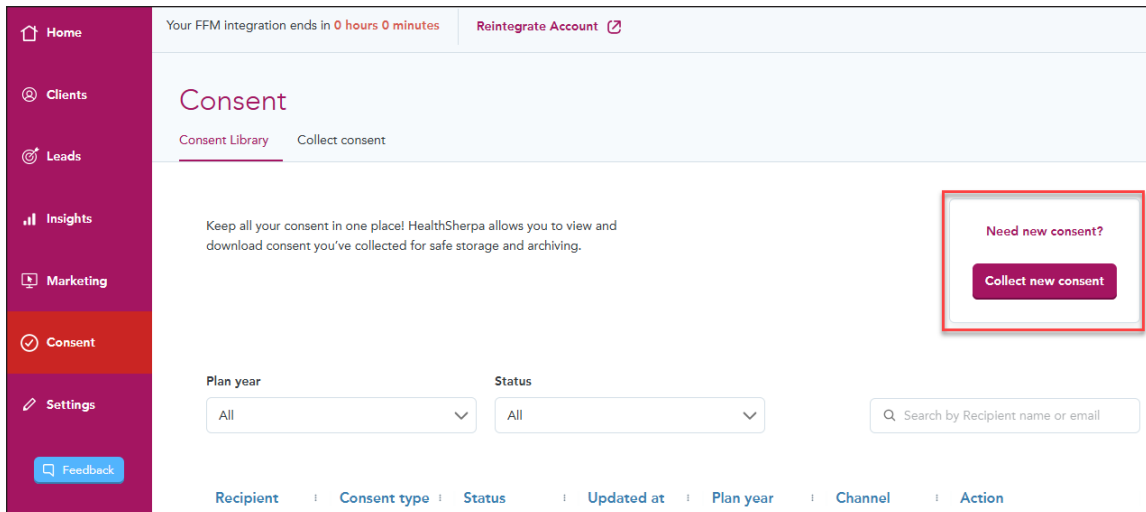
Download your QR code

Save and share this QR code with your clients so they can easily scan to visit your marketing site!

Download QR code

Consent

This allows you to keep all your consent forms/documentations in one place.

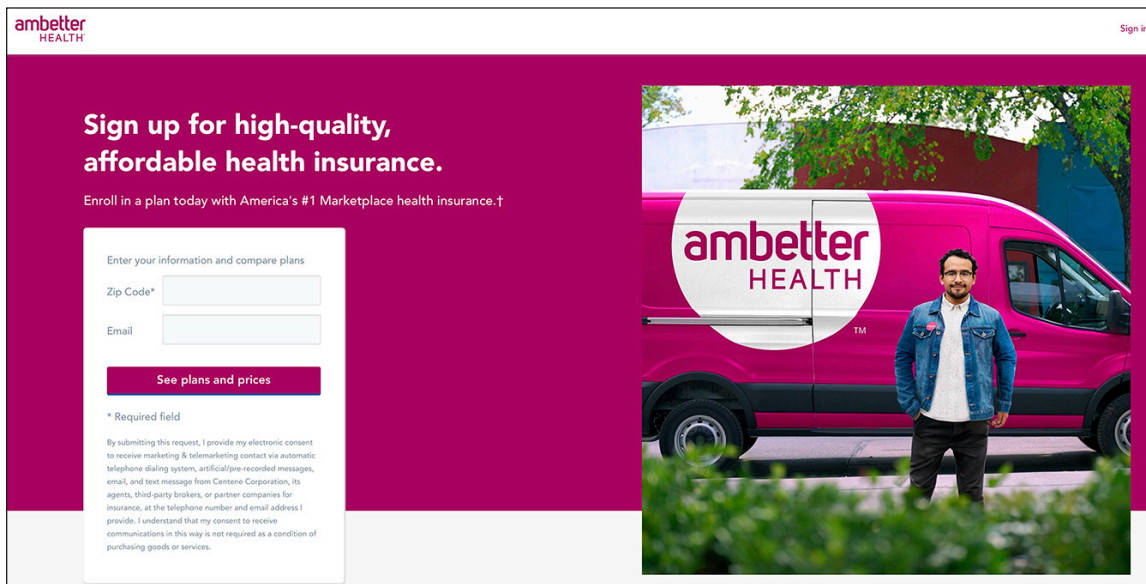


The screenshot shows the 'Consent' section of the EDE tool. On the left is a sidebar with navigation links: Home, Clients, Leads, Insights, Marketing, Consent (highlighted), and Settings. At the top of the main area, there's a notification: 'Your FFM integration ends in 0 hours 0 minutes' and a 'Reintegrate Account' button. Below this is the 'Consent' header with a sub-link 'Consent Library'. A message states: 'Keep all your consent in one place! HealthSherpa allows you to view and download consent you've collected for safe storage and archiving.' To the right of this message is a red-bordered box containing the text 'Need new consent?' and a 'Collect new consent' button. Below the message are two dropdown menus for 'Plan year' and 'Status', both currently set to 'All'. To the right of these is a search bar labeled 'Search by Recipient name or email'. At the bottom, there's a table header with columns: Recipient, Consent type, Status, Updated at, Plan year, Channel, and Action.

Reset Your EDE Password

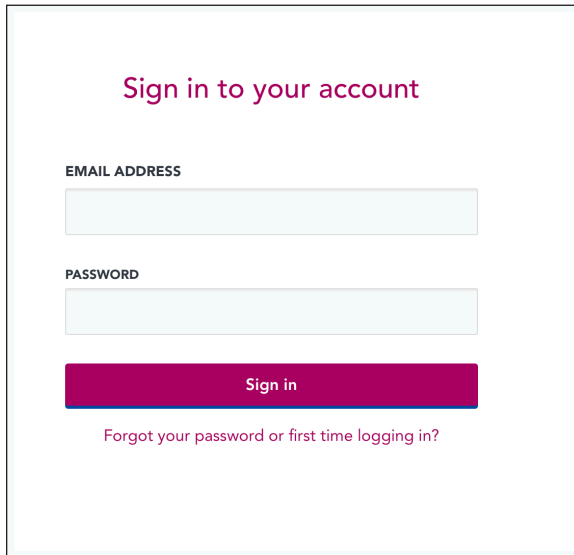
Go to the Ambetter from Health Net EDE at <https://enroll.ambetterhealth.com>.

Click **Sign In** on the top right corner of the page.



The screenshot shows the Ambetter Health enrollment page. At the top left is the 'ambetter HEALTH' logo, and at the top right is a 'Sign in' link. The main heading is 'Sign up for high-quality, affordable health insurance.' Below this is a sub-headline: 'Enroll in a plan today with America's #1 Marketplace health insurance.†'. On the left is a form titled 'Enter your information and compare plans' with fields for 'Zip Code*' and 'Email'. Below these fields is a 'See plans and prices' button. A note indicates '* Required field'. Below the note is a paragraph of legal text: 'By submitting this request, I provide my electronic consent to receive marketing & telemarketing contact via automatic telephone dialing system, artificial/pre-recorded messages, email, and text message from Centene Corporation, its agents, third party brokers, or partner companies for insurance. I understand that my consent to receive communications in this way is not required as a condition of purchasing goods or services.' On the right is a large image of a man standing next to a red Ambetter Health van.

Then click **Forgot your password or first time logging in?**



Sign in to your account

EMAIL ADDRESS

PASSWORD

Sign in

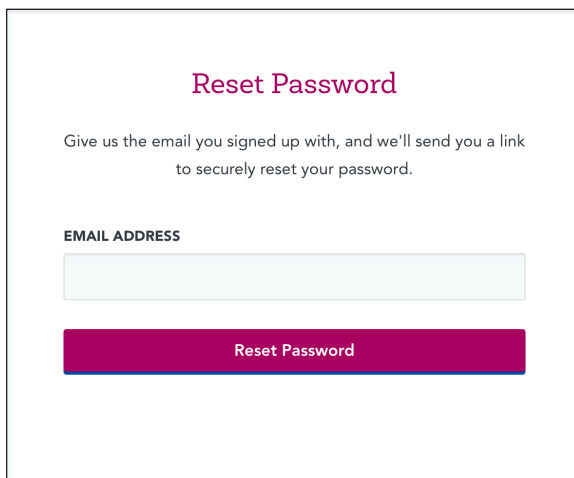
[Forgot your password or first time logging in?](#)

Enter the email address/user name you signed up with to create your EDE account.

Most brokers are registered with their email address domain +ambetter as their username.

Example: Christa+ambetter@gmail.com

If you don't know your username, please reach out to (800) 909-3447 Option 3 or email Brokers@healthnet.com.



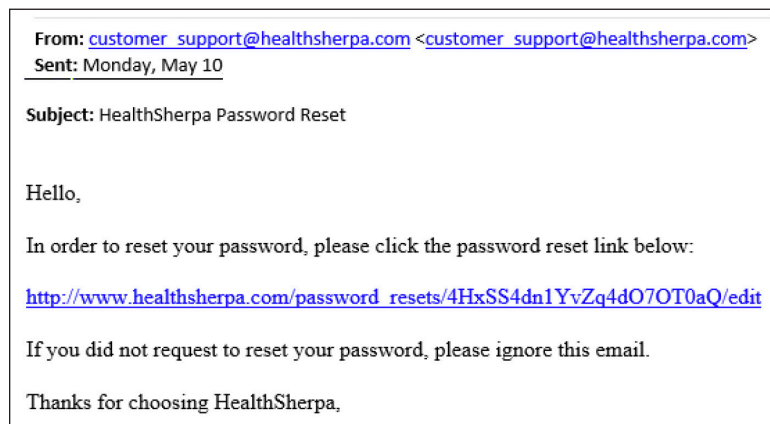
Reset Password

Give us the email you signed up with, and we'll send you a link to securely reset your password.

EMAIL ADDRESS

Reset Password

You'll receive an email from Health Sherpa with instructions to change your password.



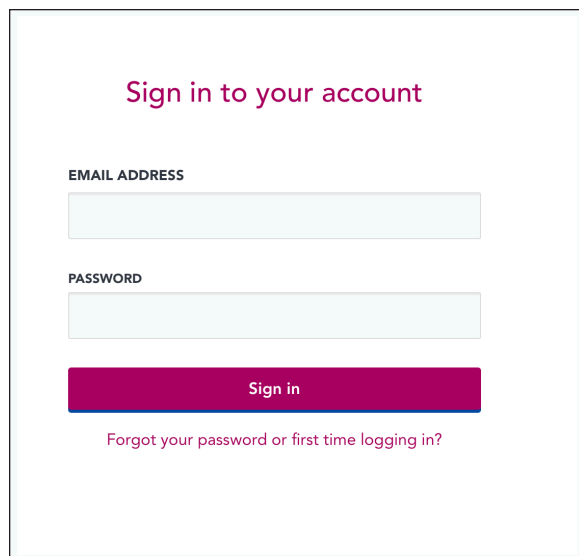
Once you've updated your password you'll need to close that browser window and open a new window or tab and go to the Ambetter from Health Net EDE at <https://enroll.ambetterhealth.com>.

Click **Sign In** on the top right corner of the page.

Enter the email address/user name you signed up with to create your EDE account and your new password.

Most brokers are registered with their email address domain +ambetter as their username.

Example: Christa+ambetter@gmail.com



Sign in to your account

EMAIL ADDRESS

PASSWORD

Sign in

[Forgot your password or first time logging in?](#)