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WHITE PAPER

Migration from MARS-E to ARC-AMPE Risk Assessment (RA) controls

CMS requirements for Administering Entities

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Purpose

This white paper provides a guide for Administering Entities (AEs) to upgrade their System Security and Privacy Plans (SSPPs) from the Minimum Acceptable Risk Standards for Exchanges (MARS-E) to the Acceptable Risk Controls for ACA, Medicaid, and Provider Entities (ARC-AMPE).

Due to the substantial number of controls, and to facilitate ease of use, this white paper is one of a series of 20 which divides the ARC-AMPE by control family. This white paper addresses the Risk Assessment controls:

ARC-AMPE Control Families	
Control Family	**Number of Controls**
Access Control	51
Awareness and Training	9
Audit and Accountability	19
Assessment, Authorization, and Monitoring	12
Configuration Management	31
Contingency Planning	23
Identification and Authentication	24
Incident Response	16
Maintenance	16
Media Protection	9
Physical and Environmental Protection	19
Planning	**6**
Program Management	28
Personnel Security	9
Personally Identifiable Information Processing and Transparency	10
Risk Assessment (This Document)	12
System and Services Acquisition	34
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Background

Affordable Care Act

The Affordable Care Act (ACA) revolutionized access to healthcare in the United States by establishing Health Insurance Marketplaces (HIMs). Enhanced Direct Enrollment (EDE) is an ACA innovation that allows third-party entities, such as insurers and web-brokers, to offer consumers a seamless application and enrollment experience directly through their platforms. This approach improves accessibility to the marketplace while maintaining compliance with federal regulations.

CMS oversight

The Centers for Medicare & Medicaid Services (CMS) exercises oversight of AEs, which are responsible for overseeing and managing marketplace operations to ensure compliance with federal regulations, safeguard consumer data, and maintain the integrity of the HIM. Key aspects of CMS's oversight include:

- Requiring AEs to undergo rigorous audit processes, including demonstrating compliance with security and privacy control requirements.
- Enforcing strict data protection measures in the AE environment to ensure the confidentiality, integrity, and availability of consumer data and requiring entities to implement cybersecurity controls, conduct regular risk assessments, and submit independent security audits.
- Requiring AEs to adhere to operational policies and procedures, such as providing accurate plan information, maintaining transparent consumer interactions, and facilitating HIM enrollment without bias.
- Requiring AEs to report any data breaches or system incidents promptly and to take corrective actions as directed by CMS and the U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR).
- Requiring AEs to renew their Authority to Connect (ATC) or Authority to Operate (ATO) annually, providing updated documentation and evidence of continued compliance with all requirements.

Through these oversight mechanisms, CMS ensures that AEs in the healthcare.gov environment deliver secure, compliant, and user-friendly services, aligning with the ACA's mission to expand access to quality health coverage.

ARC-AMPE

CMS published the ARC-AMPE Version 1.02 on April 9, 2025. This framework is slated to replace the Minimum Acceptable Risk Standards for Exchange (MARS-E) security and privacy guidelines:

- ARC-AMPE Volume 1 contains high-level guidance, and Volume 2 has the minimum-level security and privacy controls.
- ARC-AMPE Volume 2 is the new format for the SSPP for ACA AEs.
- AEs must have ARC-AMPE implemented by March 4, 2026.
- The implementation date for EDE entities has yet to be announced as of the date of this white paper.

The minimum control baseline for ARC-AMPE compliance consists of 402 controls which have been derived from the National Institute of Standards and Technology (NIST) Special Publication (SP) 800-53 Revision 5, "Security and Privacy Controls for Information Systems and Organizations."

The number of controls required represents a significant increase from the MARS-E baseline, and AEs should be prepared for an increased level of effort for developing the SSPP and to submit more artifacts during audits.

Another major change is the format of the SSPP template. MARS-E uses a Microsoft Word format whereas ARC-AMPE is an Excel spreadsheet.

Control mapping

The mapping of the controls found in MARS-E Version 2.2 (based on NIST SP 800-53 Revision 4) to their new locations in ARC-AMPE (based on NIST SP 800-53 Revision 5) are included in the table below. The table lists the MARS-E control directly compared with the ARC-AMPE equivalent control name, as applicable. The table also documents any new ARC-AMPE controls that do not have MARS-E equivalents, as well as those controls that have been combined or withdrawn for ARC-AMPE.

Note also that all references to NIST SP 800-53 Revision 5 included below are based on version 5.1.1, which was issued on November 7, 2023.

Risk Assessment (RA)

The set of controls in this family focus on how the Exchange shall periodically assess the risk to Exchange operations (including mission, functions, image, or reputation), Exchange assets, and individuals, resulting from the operation of Exchange IT systems and the associated processing, storage, or transmission of Exchange information.

MARS-E		ARC-AMPE	
Control	**Risk Assessment Policy and Procedure**	**Control**	**Policy and Procedures**
RA-1: Risk Assessment Policy and Procedure The organization: **a.** Develops, documents, and disseminates to applicable personnel: **1.** A risk assessment policy that addresses purpose, scope, roles, responsibilities, management commitment, coordination among organizational entities, and compliance; and **2.** Procedures to facilitate the implementation of the risk assessment policy and associated risk assessment controls on information systems and paper records; and **b.** Reviews and updates (as necessary) the current: **1.** Risk assessment policy within every three hundred sixty-five (365) days; and **2.** Risk assessment procedures within every three hundred sixty-five (365) days. Organization risk assessment policy and procedures must incorporate the requirements to conduct information system privacy risk management processes across the life cycle of an information system collecting, using, maintaining, and/or disseminating Personally Identifiable Information (PII).		**RA-01: Policy and Procedures** **a.** Develop, document, and disseminate to organization-defined personnel or roles: **1.** Organization-level risk assessment policy that **(a)** Addresses purpose, scope, roles, responsibilities, management commitment, coordination among organizational entities, and compliance; and **(b)** Is consistent with applicable laws, Executive Orders, directives, regulations, policies, standards, and guidelines; and **2.** Procedures to facilitate the implementation of the risk assessment policy and the associated risk assessment controls; **b.** Designate an organization-defined official to manage the development, documentation, and dissemination of the risk assessment policy and procedures; and **c.** Review and update the current risk assessment: **1.** Policy at least every one (1) year and following organization-defined events; and **2.** Procedures at least every one (1) year and following organization-defined events.	
Control	**Security Categorization**	**Control**	**Security Categorization**
RA-2: Security Categorization The organization:		**RA-02: Security Categorization** **a.** Categorize the system and information it processes, stores, and transmits;	

MARS-E	ARC-AMPE
a. Categorizes information and the information system in accordance with applicable federal laws, Executive Orders, directives, policies, regulations, standards, and guidance; **b.** Documents the security categorization results (including supporting rationale) in the security plan for the information system; **c.** Ensures the authorizing official or authorizing official's designated representative reviews and approves the security categorization decision; and **d.** Involves the Senior Official for Privacy, or their designee, when conducting the security categorization process for information systems containing Personally Identifiable Information (PII).	**b.** Document the security categorization results, including supporting rationale, in the security plan for the system; and **c.** Verify that the Authorizing Official (AO) or AO's designated representative reviews and approves the security categorization decision.
Control **Risk Assessment**	**Control** **Risk Assessment**
RA-3: Security Categorization The organization: **a.** Conducts an assessment of risk, including the likelihood and magnitude of harm, from the unauthorized access, use, disclosure, disruption, modification, or destruction of the information system and the information it processes, stores, or transmits; **b.** Conducts an E-Authentication Risk Assessment (ERA), as required, on systems and determines e-authentication assurance levels; **c.** Documents risk assessment results in the applicable security plan; **d.** Reviews risk assessment results within every three hundred sixty-five (365) days; **e.** Disseminates risk assessment results to affected stakeholders, Business/System Owners(s), and CMS; **f.** Updates the risk assessment every three (3) years or whenever there are significant changes to the information system or environment of operation (including the identification of new threats and vulnerabilities), or other conditions that may impact the security or authorization state of the system (significant change is defined in NIST Special Publication 800 37 Revision 2, Appendix F); and **g.** Includes an assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of PII in the related risk assessment documentation. **Implementation Standards** **1.** The organization documents risk assessment results in the information security assessment report. The Information Security Risk Assessment Procedure can be found at: https://zone.cms.gov/community/cms-aca-program-security-privacy-policy-guidance-templates. **2.** The system owner reviews risk assessment results at least every three hundred sixty-five (365) days or when a significant change occurs.	**RA-03: Risk Assessment** **a.** Conduct a risk assessment, including: **1.** Identifying threats to and vulnerabilities in the system; **2.** Determining the likelihood and magnitude of harm from unauthorized access, use, disclosure, disruption, modification, or destruction of the system; the information it processes, stores, or transmits; and any related information; and **3.** Determining the likelihood and impact of adverse effects on individuals arising from the processing of Personally Identifiable Information (PII); **b.** Integrate risk assessment results and risk management decisions from the organization and mission or business process perspectives with system-level risk assessments; **c.** Document risk assessment results in security and privacy plans, risk assessment report, and any additional organization-defined documents; **d.** Review risk assessment results at least every one (1) year or when a significant change occurs **e.** Disseminate risk assessment results to organization-defined personnel or roles; and **f.** Update the risk assessment at least every three (3) years at a minimum or when there are significant changes to the system, its environment of operation, or other conditions that may impact the security or privacy state of the system.
Control **N/A**	**Control** **Use of All-Source Intelligence**
New NIST SP 800-53 Rev.5 Control and applicable to ARC-AMPE.	**RA-03(02): Use of All-Source Intelligence** Use all-source intelligence to assist in the analysis of risk.

MARS-E		ARC-AMPE	
Control	**Vulnerability Scanning**	**Control**	**Vulnerability Monitoring and Scanning**
RA-5: Vulnerability Scanning The organization: **a.** Scans for vulnerabilities in the information system and hosted applications, no less often than once every 72 hours and when new vulnerabilities potentially affecting the system/applications are identified and reported; **b.** Employs vulnerability scanning tools and techniques that facilitate interoperability among tools and automate parts of the vulnerability management process by using standards for: **1.** Enumerating platforms, software flaws, and improper configurations; **2.** Formatting checklists and test procedures; **3.** Measuring vulnerability impact; **4.** Complying with the organization's continuous monitoring program and CMS requirements; and **5.** Complying with the required reporting metrics. **c.** Analyzes vulnerability scan reports and results from security control assessments; **d.** Remediates legitimate vulnerabilities based on the System Owner's risk prioritization in accordance with the organization's assessment of risk (also refer to guidance defined under security control SI-2); and **e.** Shares information obtained from the vulnerability scanning process and security control assessments with affected/related stakeholders on a "need to know" basis to help eliminate similar vulnerabilities in other information systems (i.e., systemic weaknesses or deficiencies). **Implementation Standards** **1.** Vulnerability scans must be performed when new vulnerabilities, risks, or threats potentially affecting the system/applications are identified and reported or on request from CMS. **2.** Raw results from vulnerability scanning tools must be available in an unaltered format to the organization or on request from CMS. **3.** Perform external network penetration testing and conduct enterprise security posture review as needed but no less than once within every three hundred sixty-five (365) days, in accordance with organizational Information Security procedures. **4.** Installs security-relevant software and firmware updates on production equipment within a timeframe based on the National Vulnerability Database (NVD) Vulnerability Severity Rating of the flaw as follows: flaws rated as High severity within seven (7) calendar days; Moderate severity within fifteen (15) calendar days; and all others within thirty (30) calendar days; and **5.** Remediates all other findings (e.g., improper configurations, security controls not implemented, etc.) as follows; vulnerabilities rated as Critical severity within fifteen (15) calendar days, High severity within thirty (30) calendar days, Moderate severity within ninety (90) calendar days and Low severity within three hundred sixty-five (365) calendar days.		**RA-05: Vulnerability Monitoring and Scanning** **a.** Monitor and scan for vulnerabilities in the system and hosted applications every thirty (30) calendar days and when new vulnerabilities potentially affecting the system are identified and reported; **b.** Employ vulnerability monitoring tools and techniques that facilitate interoperability among tools and automate parts of the vulnerability management process by using standards for: **1.** Enumerating platforms, software flaws, and improper configurations; **2.** Formatting checklists and test procedures; and **3.** Measuring vulnerability impact; **c.** Analyze vulnerability scan reports and results from vulnerability monitoring; **d.** Remediate legitimate vulnerabilities as follows: vulnerabilities rated as Critical severity within fifteen (15) calendar days, High severity within thirty (30) calendar days, Moderate severity within ninety (90) calendar days, and Low severity within one (1) year in accordance with the organization's assessment of risk; **e.** Share information obtained from the vulnerability monitoring process and control assessments with affected/related stakeholders to eliminate similar vulnerabilities in other information systems (i.e., systemic weaknesses or deficiencies); and **f.** Employ vulnerability monitoring tools that include the capability to readily update the vulnerabilities to be scanned.

MARS-E		ARC-AMPE	
6. The organization must provide to CMS the results of vulnerability scans based on the schedule stated in the *Information Security and Privacy Continuous Monitoring (ISCM) Guide for Administering Entity (AE) Systems in Operation* that can be found at: https://zone.cms.gov/document/information-security-and-privacy-continuous-monitoring-guide-administering-entity-systems.			
Control	**Update Tool Capability**	**Control**	**N/A**
RA-5 (1): Update Tool Capability The organization employs vulnerability scanning tools that include the capability to readily update the information system vulnerabilities scanned.		**Withdrawn Control**: Incorporated into **RA-5**.	
Control	**Update by Frequency/Prior to New Scan/ When Identified**	**Control**	**Update Vulnerabilities to be Scanned**
RA-5 (2): Update by Frequency/Prior to New Scan/When Identified The organization updates the information system vulnerabilities scanned within 72 hours, immediately prior to a new scan, and when new vulnerabilities are identified and reported.		**RA-05(02): Update Vulnerabilities to be Scanned** Update the system vulnerabilities to be scanned prior to a new scan, and when new vulnerabilities are identified and reported.	
Control	**Breadth/Depth of Coverage**	**Control**	**Breadth and Depth of Coverage**
RA-5 (3): Breadth/Depth of Coverage The organization employs vulnerability scanning procedures with sufficient breadth and depth of coverage on the information system components scanned and vulnerabilities checked.		**RA-05(03): Breadth and Depth of Coverage** Define the breadth and depth of vulnerability scanning coverage.	
Control	**Privileged Access**	**Control**	**Privileged Access**
RA-5 (5): Privileged Access The information system implements privileged access authorization to operating system, telecommunications, and configuration components for selected vulnerability scanning activities to facilitate more thorough scanning. **Implementation Standards** **1.** If automated scanning tool functionality is used, it must be able to perform credentialed scans. To the extent possible, credentials should be compliant with organizational policy. **2.** Credentialed scanning must be performed on all information systems and network devices (including appliances). **3.** The organization must maintain and provide changes to the system accounts to support credentialed scanning no later than two (2) weeks prior to expiration or when other changes to the accounts are needed.		**RA-05(05): Privileged Access** Implement privileged access authorization to all components that support authentication for all scans.	
Control	**Automated Trend Analysis**	**Control**	**N/A**
RA-5 (6): Automated Trend Analysis		**Withdrawn Control**: No longer required for the minimum baseline but should still be considered a best practice.	

MARS-E		ARC-AMPE	
The organization employs automated mechanisms to compare the results of vulnerability scans over time to determine trends in information system vulnerabilities.			
Control	**Review Historic Audit Logs**	**Control**	**N/A**
RA-5 (8): Review Historic Audit Logs The organization reviews historic audit logs to determine if a vulnerability identified in the information system has been previously exploited.		**Withdrawn Control**: No longer required for the minimum baseline but should still be considered a best practice.	
Control	**N/A**	**Control**	**Public Disclosure Program**
New NIST SP 800-53 Rev.5 Control and applicable to ARC-AMPE.		**RA-05(11): Public Disclosure Program** Establish a communication channel for the public to report discovered vulnerabilities in organizational systems and components to the responsible organization.	
Control	**N/A**	**Control**	**Risk Response**
New NIST SP 800-53 Rev.5 Control and applicable to ARC-AMPE.		**RA-07: Risk Response** Respond to findings from security and privacy assessments, monitoring, and audits in accordance with organizational risk tolerance.	
Control	**N/A**	**Control**	**Privacy Impact Assessments**
New NIST SP 800-53 Rev.5 Control and applicable to ARC-AMPE.		**RA-08: Privacy Impact Assessments** Conduct privacy impact assessments for systems, programs, or other activities before: **a.** Developing or procuring information technology that processes Personally Identifiable Information (PII); and **b.** Initiating a new collection of PII that: **1.** Will be processed using information technology; and **2.** Includes PII permitting the physical or virtual (online) contact of a specific individual, if identical questions have been posed to, or identical reporting requirements imposed on, ten (10) or more persons, other than agencies, instrumentalities, or employees of the federal government. *Incorporates privacy impact assessment elements of withdrawn **App J control AR-2**.*	
Control	**N/A**	**Control**	**Criticality Analysis**
New NIST SP 800-53 Rev.5 Control and applicable to ARC-AMPE.		**RA-09: Criticality Analysis** Identify critical system components and functions by performing a criticality analysis for systems, system components, or system services at organization-defined decision points in the system development life cycle (SDLC).	

References

NIST SP 800-53 Revision 5.1.1

NIST SP 800-53 Revision 4

CMS Standards

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Jessica joined Coalfire in 2024 with five prior years of cybersecurity consulting experience. She supports our clients as a Consultant for the GRC Healthcare team where she specializes in cybersecurity risk management, cybersecurity program advisory, and compliance for the healthcare industry.

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About Coalfire

The world's leading technology infrastructure providers, SaaS companies, and enterprises – including the top 5 cloud service providers and 8 of the top 10 SaaS businesses – rely on Coalfire to strengthen their security posture and secure their digital transformations. As the largest firm dedicated to cybersecurity, Coalfire delivers a comprehensive suite of advisory and managed services, spanning cyber strategy and risk, cloud security, threat and vulnerability management, application security, privacy, and compliance management. A proven leader in cybersecurity for the past 20 years, Coalfire combines extensive cloud expertise, advanced technology, and innovative approaches that fuel success. For more information, visit **Coalfire.com**.

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