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Please carefully read the following Agreement and Appendices, which are incorporated by reference into the Agreement. By clicking “I Agree” when this option is made available to you, you understand this constitutes your electronic signature and you accept/agree to be bound by and abide by the terms and conditions of the Agreement. If you do not want to accept/agree to the terms and conditions of the Agreement, you must click “I Disagree.”

You can access the Appendices to this Agreement by clicking on the following links:

[Appendix A](#)

[Appendix B](#)

AGREEMENT BETWEEN AGENTS AND BROKERS AND
THE CENTERS FOR MEDICARE & MEDICAID SERVICES FOR THE SMALL BUSINESS
HEALTH OPTIONS PROGRAMS OF THE
FEDERALLY-FACILITATED EXCHANGES AND STATE-BASED EXCHANGES ON THE
FEDERAL PLATFORM

THIS AGREEMENT (“Agreement is entered into by and between THE CENTERS FOR MEDICARE & MEDICAID SERVICES (“CMS”), as the Party (as defined below) responsible for the management and oversight of the Federally-facilitated Small Business Health Options Programs (“FF-SHOPs”) and the use of the Federal eligibility and enrollment platform by the State-based Exchanges on the Federal Platform* (SBE-FP SHOPs), and the Agent or Broker who established this account and whose name appears on the Marketplace Learning Management System (MLMS) account (hereinafter referred to as “SHOP Agent/Broker”), and who, among other things, assists Consumers, Applicants, Employees, Employers, Qualified Employees, Qualified Employers, and Enrollees in applying for Qualified Health Plan (“QHP”) coverage through the FF-SHOPs or SBE -FP SHOPs, and/or in completing enrollment in QHPs offered through the FF-SHOPs or SBE-FP SHOPs, and provides Customer Service (SHOP Agent/Broker and CMS hereinafter referred to as the “Party,” or collectively, as the “Parties”).

**References to the Federally-facilitated Exchange equates to the Federally-facilitated Marketplace. References to the State-based Exchange on the Federal Platform equates to the State-based Marketplace on the Federal Platform.*

WHEREAS:

1. Section 1311(b) of the Affordable Care Act (“ACA”) establishes that there will be a SHOP in each State to assist Qualified Employers in providing health insurance coverage to their Employees.

2. Section 1312(e) of the ACA provides that the Secretary of the U.S. Department of Health and Human Services (“HHS”) shall establish procedures under which Agents and Brokers may participate in an Exchange, and 45 CFR 155.220(a) provides that Agents and Brokers may assist Employers and Employees to enroll in any QHPs offered through a SHOP, to the extent that Agents and Brokers are permitted to do so by the State in which they operate.
3. To facilitate the operation of the FF-SHOPs and SBE-FP SHOPs, CMS desires to permit SHOP Agent/Broker to create, collect, disclose, access, maintain, store, and use PII from CMS, Consumers, Applicants, Employers, Employees, Qualified Employers, Qualified Employees, and Enrollees, to the extent that these activities are necessary to carry out the Authorized Functions that the ACA and implementing regulations permit SHOP Agent/Broker to carry out.
4. SHOP Agent/Broker is an individual or entity licensed by the applicable State Department of Insurance (“DOI”) in at least one FF-SHOP or SBE-FP SHOP who desires to create, collect, disclose, access, maintain, store, and use Personally Identifiable Information (“PII”) from CMS, FF-SHOPs, SBE-FP SHOPs, Consumers, Applicants, Employers, Employees, Qualified Employers, Qualified Employees, and Enrollees to perform the Authorized Functions set forth in Section II.a of this Agreement.
5. 45 CFR 155.260(b) provides that an Exchange must, among other things, require privacy and security standards that are consistent with the principles in 45 CFR 156.260(a)(1) through (a)(6), including being at least as protective as the standards the Exchange has established and implemented for itself under 45 CFR 155.260(a)(3), as a condition of contract or agreement with Non-Exchange Entities, and SHOP Agent/Broker is a Non-Exchange Entity.
6. CMS, in the administration of the FF-SHOPs and the use of the Federal eligibility and enrollment platform by the SBE-FP SHOP, has adopted privacy and security standards concerning PII, as set forth in [Appendix A](#), “Privacy and Security Standards and Implementation Specifications for Non-Exchange Entities.”

Now, therefore, in consideration of the promises and covenants herein contained, the adequacy of which the Parties acknowledge, the Parties agree as follows.

I. Definitions.

Capitalized terms not otherwise specifically defined herein shall have the meaning set forth in the attached [Appendix B](#), “Definitions.” If the term is not defined herein or in the attached [Appendix B](#), the definition in 45 CFR 155.20 shall apply.

II. Acceptance of Standard Rules of Conduct.

SHOP Agent/Broker hereby acknowledges and agrees to accept and abide by the standard rules of conduct set forth below and in [Appendix A](#), “Privacy and Security Standards and Implementation Specifications for Non-Exchange Entities,” which is incorporated by reference in this Agreement, while and as engaging in any activity as an Agent or Broker for purposes of facilitating enrollment through the FF-SHOPs or SBE-FP SHOPs. SHOP Agent/Broker shall be bound to strictly adhere to the privacy and security standards, and to ensure that its Workforce that create, collect, disclose, access, maintain, store, and use PII, strictly adhere to the same, for the efficient operation of the FF-SHOPs and the SBE-FP SHOPs.

- a. Authorized Functions. SHOP Agent/Broker may create, collect, disclose, access, maintain, store, and use PII from CMS, Consumers, Applicants, Employers, Employees, Qualified Employers, Qualified Employees, and Enrollees, for:
1. Assisting with application, eligibility, and enrollment processes for QHPs offered through the FF-SHOPs or SBE-FP SHOPs;
 2. Supporting FF-SHOP QHP selection and enrollment by assisting with plan comparisons and plan selections;
 3. Facilitating Employer premium contribution amount selections through the FF-SHOPs or SBE-FP SHOPs;
 4. Facilitating payment of the initial and subsequent group premium amount for FF-SHOP or SBE-FP SHOP coverage;
 5. Facilitating Employee and dependent enrollment and disenrollments in QHPs offered through the FF-SHOPs or SBE-FP SHOPs;
 6. Handling FF-SHOP or SBE-FP SHOP coverage changes throughout the plan year that may impact eligibility, including but not limited to adding a new hire, removing an Employee no longer employed at a company, removing an Employee no longer employed full-time, and adding a new born or spouse during a special enrollment period;
 7. Assisting with filing appeals of FF-SHOP or SBE-FP SHOP eligibility determinations;
 8. Providing Customer Service activities related to FF-SHOP or SBE-FP SHOP coverage if permitted under state and federal law, including correction of errors on FF-SHOP or SBE-FP SHOP applications and policies, handling complaints and appeals regarding FF-SHOP or SBE-FP SHOP coverage, responding to questions about FF-SHOP or SBE-FP SHOP insurance policies, assisting in communicating with FF-SHOP or SBE-FP SHOP issuers, assisting with communicating with state regulatory authorities regarding FF-SHOP or SBE-FP SHOP issues, and assistance in communicating with CMS, FF-SHOP or SBE-FP SHOP Workforces;
 9. Conducting quality assurance activities, including assessment of consumer satisfaction related to SHOP Agent/Broker’s assistance with FF-SHOP or SBE-FP SHOP coverage;

- 10. Providing information, materials, and programs to educate Consumers, Applicants, Employers, Employees, Qualified Employers, Qualified Employees, and Enrollees, about the use and maintenance of their FF-SHOP or SBE-FP SHOP health coverage and policies;
- 11. Carrying out SHOP Agent/Broker’s legal responsibilities related to QHP Issuer functions in the FFEs or SBE-FP SHOPS, as permitted or required by SHOP Agent/Broker’s contractual relationships with QHP Issuers; and
- 12. Other functions substantially similar to those enumerated above and such other functions that may be approved by CMS in writing from time to time.

b. PII Received. Subject to the terms and conditions of this Agreement and applicable laws, in performing the tasks contemplated under this Agreement, SHOP Agent/Broker may create, collect, disclose, access, maintain, store, and use the following data and PII from CMS, Consumers, Applicants, Employers, Employees, Qualified Employers, Qualified Employees, and Enrollees, including but not limited to:

Category	Description
Employee Personally Identifiable Information	Employee Applicant Name
	Employee Unique Employer Code
	Employee Home Address
	Employee Applicant Mailing Address
	Employee Applicant Birthdate
	Employee Social Security Number
	Employee Applicant Telephone Number (and type)
	Employee Applicant Email
	Employee Applicant Spoken and Written Language Preference
	Employee Tobacco Use Indicator and Last Date of Tobacco Use
	Employee Sex
Employee Race and Ethnicity	

Category	Description
	<p>Employer Business Name</p> <p>If American Indian/Alaskan Native: Name and Location of Tribe</p> <p>Health Coverage Type (Individual or Family, if offered)</p> <p>Health Plan Name and ID Number</p> <p>Dental Plan Name and ID Number</p> <p>Other Sources of Coverage</p> <p>Accepting or Waiving Coverage</p> <p>Dependent information, if applicable, including</p> <ul style="list-style-type: none"> • Dependent Name • Dependent Date of Birth • Dependent Social Security Number • Dependent Relationship to Employee • Dependent Sex • Dependent Spoken and Written Language Preference • Dependent Race and Ethnicity • If American Indian/Alaskan native: Name and Location of Tribe • Dependent Tobacco Use Indicator and Last Date of Tobacco Use • If individual is living outside of home; name of individual, address, phone, e-mail address • Dependent Other Sources of Coverage • Dependent Accepting or Waiving Coverage • Special Circumstances for Employees and Dependents, i.e. marriage, moving, adopting children, losing eligibility for coverage under a group health plan or losing Employer contribution, or giving birth)
Employer Offering Coverage Information	<p>Employer Name/"Doing Business As"</p> <p>Employer Federal Tax ID Number</p> <p>Employer Address</p> <p>Business Type</p>

Category	Description
	<p>Employer Attestation to SHOP Eligibility Requirements</p> <p>Employer Contact Information</p> <p>Employer Contact Name and Title</p> <p>Employer Contact Mailing Address (if different than employer address)</p> <p>Employer Contact Phone Numbers (and type)</p> <p>Employer Contact Spoken and Written Language Preference</p> <p>Employer Contact Email address</p> <p>Employer Contact Fax Number</p> <p>Secondary Contact Name (optional)</p> <p>Secondary Contact Phone number (and type)</p> <p>Secondary Contact Fax Number</p> <p>Secondary Contact Email Address</p> <p>Secondary Contact Authorizations</p> <p>Employer Coverage Offered</p> <p>Employer AV Levels (Bronze, Silver, Gold, or Platinum)</p> <p>Benchmark Plan</p> <p>Offer of Dependent Coverage</p> <p>Agent/Broker/Assister/Navigator Name, Organization Name, Contact Information, FFM User ID</p> <p>Employer Contribution Information:</p> <ul style="list-style-type: none"> • Benchmark Plan ID number-Medical Plan • Benchmark Plan ID number-Dental Plan • Percentage towards Employee-Medical Coverage • Percentage towards Employee Dental Coverage

Category	Description
	<ul style="list-style-type: none"> • Percentage towards Dependent Medical Coverage • Percentage towards Dependent Dental Coverage • Employer Offering- Single QHP or Single Metal Level • Employer Offering-Single QDP or Two QDPs <p>Offer of Stand-alone Dental Coverage</p> <p>Desired Effective Date of Coverage</p> <p>Employee Selection Due Date</p> <p>Waiting Period for New Hires to Enroll</p> <p>Employee List, including</p> <ul style="list-style-type: none"> • Employee Name • Employee Date of Birth • Employee Age • Employee Social Security Number • Employee Email Address • Employee Employment Status • Employee’s Other Coverage • Number of Dependents • Dependent information, including Dependent Name • Dependent Date of Birth • Dependent Age • Dependent Social Security Number • Dependent Email Address • Dependent’s Other Coverage <p>Payment Method options, including</p> <ul style="list-style-type: none"> • Electronic Funds Transfer Information (Checking Account Number, Routing Number) • Credit Card information (Credit Card type, Name on Credit Card, Credit Card Number, Expiration Date, Signature, Signature Date) • Checking Information <p>Employer Attestation to COBRA/Medicare Compliance Questions</p>

c. Collection of PII. PII collected from Consumers, Applicants, Employers, Employees, Qualified Employers, Qualified Employees, and Enrollees, or their legal representative or Authorized Representative in the context of completing an

application for or enrollment in a QHP, or any data transmitted from or through the Hub, may be used only for the Authorized Functions specified in Section II.a of this Agreement. Such information may not be reused for any other purpose.

- d. Collection and Use of Information Provided Under Other Authorities. This Agreement does not preclude SHOP Agent/Broker from separately collecting information from Consumers, Applicants, Employers, Employees, Qualified Employers, Qualified Employees, and Enrollees, or their legal representative or Authorized Representative for a non-FF-SHOP/non-SBE-FP SHOP/non-Hub purpose, and using, reusing, and disclosing the non-FF-SHOP/non-SBE-FP SHOP/non-Hub information obtained separately as permitted by applicable law and/or other applicable authorities. Such information must be separately collected and stored from any PII collected in accordance with Section II.c of this Agreement.
- e. Ability of Consumer to Limit Collection and Use. SHOP Agent/Broker agrees to allow individuals or entities to limit SHOP Agent/Broker's creation, collection, disclosure, access, maintenance, storage, and use of their PII to the sole purpose of obtaining SHOP Agent/Broker's assistance in applying for or enrolling in a QHP, and for performing the Authorized Functions specified in Section II.a of this Agreement.

III. Effective Date; Term and Renewal

- a. Effective Date and Term. This Agreement becomes effective on the date that the SHOP Agent/Broker electronically executes this Agreement and ends on the day before the first day of the open enrollment period under 45 CFR 155.410(e)(2) for the benefit year beginning January 1, 2018.
- b. Renewal. This Agreement may be renewed in the sole and absolute discretion of CMS for subsequent and consecutive one (1) year periods upon thirty (30) Days' advance written notice to SHOP Agent/Broker.

IV. Termination.

- a. Termination without Cause. Either Party may terminate this Agreement without cause and for its convenience upon thirty (30) Days' prior written notice to the other Party. Consistent with 45 CFR 155.220(f), SHOP Agent/Broker must include the intended date of termination in its notice. If a date is not specified, or the date is not acceptable to CMS, CMS may set a different termination date that is no less than 30 days from the date on the SHOP Agent/Broker's notice of termination. This Agreement shall automatically terminate at the end of its term (unless renewed as provided for in Section III.b. of this Agreement) or in connection with the rejection of an amendment as provided for in Section VI.i of this Agreement.

- b. Termination for Cause. The termination of this Agreement for cause and the reconsideration of any such termination shall be governed by the termination and reconsideration standards adopted by the FFE under 45 CFR 155.220(g). Notwithstanding the foregoing, SHOP Agent/Broker shall be considered in "Habitual Default" of this Agreement in the event that it has been served with a non-compliance notice under 45 CFR 155.220(g) more than three (3) times in any calendar year, whereupon CMS may, in its sole discretion, immediately thereafter terminate this Agreement upon notice to SHOP Agent/Broker without any further opportunity to resolve the breach and/or non-compliance.
- c. Termination for Failure to Maintain Valid State Licensure. SHOP Agent/Broker acknowledges and agrees that valid state licensure in each state in which SHOP Agent/Broker assists Consumers, Applicants, Employers, Employees, Qualified Employers, Qualified Employees, or Enrollees in applying for or obtaining coverage under a qualified health plan through an FF-SHOP or SBE-FP SHOP is a precondition to the SHOP Agent/Broker's authority under this Agreement. Accordingly, CMS may immediately terminate this Agreement upon thirty (30) Days' prior written notice if SHOP Agent/Broker fails to maintain valid licensure in at least one FF-SHOP or SBE-FP SHOP state and in each state that SHOP Agent/Broker facilitates enrollment in a QHP through an FF-SHOP or SBE-FP SHOP. Any such termination shall be governed by the termination and reconsideration standards adopted by the FF-SHOP under 45 CFR 155.220(g).

V. Destruction of PII.

SHOP Agent/Broker covenants and agrees to destroy all PII in its possession at the end of the record retention period required under [Appendix A](#). If, upon the termination or expiration of this Agreement, SHOP Agent/Broker has in its possession PII for which no retention period is specified in [Appendix A](#), such PII shall be destroyed within thirty (30) Days of the termination or expiration of this Agreement. SHOP Agent/Broker's duty to protect and maintain the privacy and security of PII, as provided for in [Appendix A](#) of this Agreement, shall continue in full force and effect until such PII is destroyed and shall survive the termination or expiration of this Agreement.

VI. Miscellaneous.

- a. Notice. All notices specifically required under this Agreement shall be given in writing and shall be delivered as follows:

If to CMS:

Centers for Medicare & Medicaid Services (CMS)
Center for Consumer Information & Insurance Oversight (CCIIO)

Attn: Office of the Director
Room 739H
200 Independence Avenue, SW
Washington, DC 20201

If to SHOP Agent/Broker, SHOP Agent/Broker's address on record.

Notices sent by hand or overnight courier service, or mailed by certified or registered mail, shall be deemed to have been given when received; notices sent by facsimile shall be deemed to have been given when the appropriate confirmation of receipt has been received; provided, that notices not given on a business day (*i.e.*, Monday – Friday excluding Federal holidays) between 9:00 a.m. and 5:00 p.m. local time where the recipient is located shall be deemed to have been given at 9:00 a.m. on the next business day for the recipient. Either Party to this Agreement may change its contact information for notices and other communications by providing 30-Days' written notice of such change in accordance with this provision.

- b. Assignment and Subcontracting. SHOP Agent/Broker shall not assign this Agreement in whole or in part, whether by merger, acquisition, consolidation, reorganization or otherwise, nor subcontract any portion of the services to be provided by SHOP Agent/Broker under this Agreement, nor otherwise delegate any of its obligations under this Agreement, without the express, prior written consent of CMS, which consent may be withheld, conditioned, granted or denied in CMS's sole and absolute discretion. SHOP Agent/Broker further shall not assign this Agreement or any of its rights or obligations hereunder without the prior written consent of the State. If SHOP Agent/Broker attempts to make an assignment, subcontract its service obligations or otherwise delegate its obligations hereunder in violation of this provision, such assignment, subcontract or delegation shall be deemed void *ab initio* and of no force or effect, and SHOP Agent/Broker shall remain legally bound hereto and responsible for all obligations under this Agreement. SHOP Agent/Broker shall further be thereafter subject to such compliance actions as may otherwise be provided for under applicable law.
- c. Survival. SHOP Agent/Broker's duty to protect and maintain the privacy and security of PII under this Agreement shall survive the expiration or earlier termination of this Agreement.
- d. Severability. The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement. In the event that any provision of this Agreement is determined to be invalid, unenforceable or otherwise illegal, such provision shall be deemed restated, in accordance with applicable law, to reflect as nearly as possible the original intention of the parties, and the remainder of the Agreement shall be in full force and effect.

- e. Disclaimer of Joint Venture. Neither this Agreement nor the activities of SHOP Agent/Broker contemplated by and under this Agreement shall be deemed or construed to create in any way any partnership, joint venture or agency relationship between the Parties. Neither Party is, nor shall either Party hold itself out to be, vested with any power or right to bind the other Party contractually or to act on behalf of the other Party, except to the extent expressly set forth in ACA and the regulations codified thereunder, including as codified at 45 CFR part 155.
- f. Remedies Cumulative. No remedy herein conferred upon or reserved to CMS under this Agreement is intended to be exclusive of any other remedy or remedies available to CMS under operative law and regulation, and each and every such remedy, to the extent permitted by law, shall be cumulative and in addition to any other remedy now or hereafter existing at law or in equity or otherwise.
- g. Compliance with Law. SHOP Agent/Broker covenants and agrees to comply with any and all applicable laws, statutes, regulations or ordinances of the United States of America, and any Federal Government agency, board or court, that are applicable to the conduct of the activities that are the subject of this Agreement, including but not necessarily limited to, any additional and applicable standards required by statute, and any regulations or policies implementing or interpreting such statutory provisions hereafter issued by CMS. In the event of a conflict between the terms of this Agreement and, any statutory, regulatory, or sub-regulatory guidance released by CMS, the requirement which constitutes the stricter, higher or more stringent level of compliance shall control.
- h. Governing Law. This Agreement will be governed by the laws and common law of the United States of America, including without limitation such regulations as may be promulgated from time to time by HHS or any of its constituent agencies, without regard to any conflict of laws statutes or rules. SHOP Agent/Broker further agrees and consents to the jurisdiction of the Federal Courts located within the District of Columbia and the courts of appeal therefrom, and waives any claim of lack of jurisdiction or *forum non conveniens*.
- i. Amendment. CMS may amend this Agreement for purposes of reflecting changes in applicable law or regulations, with such amendments taking effect upon thirty (30) Days' written notice to SHOP Agent/Broker ("CMS notice period"). Any amendments made under this provision will only have prospective effect and will not be applied retrospectively. SHOP Agent/Broker may reject such amendment, by providing to CMS, during the CMS notice period, thirty (30)-Days' written notice of its intent to reject the amendment ("rejection notice period"). Any such rejection of an amendment made by CMS shall result in the termination of this Agreement upon expiration of the rejection notice period.
- j. Audit. SHOP Agent/Broker agrees that CMS, the Comptroller General, the Office of the Inspector General of HHS or their designees have the right to audit, inspect,

evaluate, examine, and make excerpts, transcripts, and copies of any books, records, documents, and other evidence of SHOP Agent/Broker's compliance with the requirements of this Agreement, upon reasonable notice to SHOP Agent/Broker and during SHOP Agent/Broker's regular business hours and at SHOP Agent/Broker's regular business location. SHOP Agent/Broker further agrees to allow reasonable access to the information and facilities requested by CMS, the Comptroller General, the Office of the Inspector General of HHS or their designees for the purpose of such an audit.

Accept Privacy and Security Agreement

Do you accept the privacy and security terms and conditions of the Agreement between Agents and Brokers and CMS for the Federally-facilitated SHOPS and the State-based Exchange on the Federal Platform?

Select "I Agree" to provide your electronic signature.

Select your response and then click **Submit**. After you have submitted your response, please close the window by clicking **Exit** in the upper right corner. This will ensure that your response is entered successfully.

- I Agree
- I Do Not Agree

Correct Answer:

You have accepted the terms and conditions of the Agreement between Agents and Brokers and CMS for the Federally-facilitated SHOPS and the State-based Exchange on the Federal Platform. Your records will be updated accordingly to reflect your electronic signature.

Incorrect Answer:

You have not accepted the terms and conditions of the Agreement between Agents and Brokers and CMS for the Federally-facilitated SHOPS and the State-based Exchange on the Federal Platform. As a result, you will not be permitted to register as an agent or broker in the FF-SHOP or SBE-FP SHOP Marketplaces.

APPENDIX A
PRIVACY AND SECURITY STANDARDS
AND
IMPLEMENTATION SPECIFICATIONS FOR NON-EXCHANGE ENTITIES

Statement of Applicability:

These standards and implementation specifications are established in accordance with Section 1411(g) of the Affordable Care Act (42 U.S.C. § 18081(g)) and 45 CFR 155.260. Capitalized terms not otherwise specifically defined herein shall have the meaning assigned in [Appendix B](#), “Definitions.” If the term isn’t defined herein or in Appendix B, the definition in 45 CFR 155.20 shall apply.

The standards and implementation specifications that are set forth in this Appendix A are consistent with the principles in 45 CFR 155.260(a)(1) through (a)(6), including being at least as protective as the privacy and security standards and implementation specifications that we have established for the Federally-Facilitated Exchanges (“FFE”).

The FFEs will enter into contractual agreements with all Non-Exchange Entities that gain access to Personally Identifiable Information (“PII”) exchanged with the FFEs or SBE-FPs, or directly from Consumers, Applicants, Qualified Individuals, Enrollees, Qualified Employees, and Qualified Employers, or these individuals’ legal representatives or Authorized Representatives. That agreement and its appendices, including this Appendix A, govern any PII that is created, collected, disclosed, accessed, maintained, stored, or used by Non-Exchange Entities in the context of the FFEs or SBE-FPs. In signing that contractual agreement, in which this Appendix A has been incorporated, Non-Exchange Entities agree to comply with the standards and implementation specifications laid out in this document and the applicable standards, controls, and applicable implementation specifications within the privacy and security standards as established by the FFE under 155.260(a)(3) and as applicable to non-Exchange entities under 155.260(b)(3) while performing the Authorized Functions outlined in their respective agreements.

NON-EXCHANGE ENTITY PRIVACY AND SECURITY STANDARDS AND IMPLEMENTATION SPECIFICATIONS

Non-Exchange Entities must meet the following privacy and security standards.

(1) *Individual Access to PII: In keeping with the standards and implementation specifications used by the FFE, Non-Exchange Entities that maintain and/or store PII must provide Consumers, Applicants, Qualified Individuals, Enrollees, Qualified Employees, and Qualified Employers, or these individuals' legal representatives and Authorized Representatives, with a simple and timely means of appropriately accessing PII pertaining to them and/or the person they represent in a physical or electronic readable form and format.*

- a. Standard: Non-Exchange Entities that maintain and/or store PII must implement policies and procedures that provide access to PII upon request.
 - i. Implementation Specifications:
 1. Access rights must apply to any PII that is created, collected, disclosed, accessed, maintained, stored, and used by the Non-Exchange Entity to perform any of the Authorized Functions outlined in their respective agreements with CMS.
 2. The release of electronic documents containing PII through any electronic means of communication (e.g., e-mail, web portal) must meet the verification requirements for the release of "written documents" in Section (5)b. below.
 3. Persons legally authorized to act on behalf of the Consumers, Applicants, Qualified Individuals, Enrollees, Qualified Employees, and Qualified Employers regarding their PII, including individuals acting under an appropriate power of attorney that complies with applicable state and federal law, must be granted access in accordance with their legal authority. Such access would generally be expected to be coextensive with the degree of access available to the Subject Individual.
 4. At the time the request is made, the Consumer, Applicant, Qualified Individual, Enrollee, Qualified Employees, and Qualified Employers, or these individuals' legal representatives or Authorized Representatives should generally be required to specify which PII he or she would like access to. The Non-Exchange Entity may assist them in determining their Information or data needs if such assistance is requested.
 5. Subject to paragraphs (1)a.i.6. and 7. below, Non-Exchange Entities generally must provide access to the PII in the form or format requested, if it is readily producible in such form or format.

6. The Non-Exchange Entity may charge a fee only to recoup their costs for labor for copying the PII, supplies for creating a paper copy or a copy on electronic media, postage if the PII is mailed, or any costs for preparing an explanation or summary of the PII if the recipients has requested and/or agreed to receive such summary. If such fees are paid, the Non-Exchange Entity must provide the requested copies in accordance with any other applicable standards and implementation specifications.
7. A Non-Exchange Entity that receives a request for notification of, or access to PII must verify the requestor's identity in accordance with Section (5)b. below.
8. A Non-Exchange Entity must complete its review of a request for access or notification (and grant or deny said notification and/or access) within 30 days of receipt of the notification and/or access request.
9. Except as otherwise provided in (1)a.i.10., if the requested PII cannot be produced, the Non-Exchange Entity must provide an explanation for its denial of the notification or access request, and, if applicable, information regarding the availability of any appeal procedures, including the appropriate appeal authority's name, title, and contact information.
10. Unreviewable grounds for denial. Non-Exchange Entities may deny access to PII that they maintain or store without providing an opportunity for review, in the following circumstances:
 - A. If the PII was obtained or created solely for use in legal proceedings;
 - B. If the PII is contained in records that are subject to a law that either permits withholding the PII or bars the release of such PII.

(2) *Openness and Transparency.* In keeping with the standards and implementation specifications used by the FFE, Non-Exchange Entities must ensure openness and transparency about policies, procedures, and technologies that directly affect Consumers, Applicants, Qualified Individuals, Enrollees, Qualified Employers, and Qualified Employees, and their PII.

- a. Standard: Privacy Notice Statement. Prior to collecting PII, the Non-Exchange Entity must provide a notice that is prominently and conspicuously displayed on a public facing Web site, if applicable, or on the electronic and/or paper form the Non-Exchange Entity will use to gather and/or request PII.
 - i. Implementation Specifications.

1. The statement must be written in plain language and provided in a manner that is accessible and timely to people living with disabilities and with limited English proficiency.
2. The statement must contain at a minimum the following information:
 - A. Legal authority to collect PII;
 - B. Purpose of the information collection;
 - C. To whom PII might be disclosed, and for what purposes;
 - D. Authorized uses and disclosures of any collected information;
 - E. Whether the request to collect PII is voluntary or mandatory under the applicable law;
 - F. Effects of non-disclosure if an individual chooses not to provide the requested information.
3. The Non-Exchange Entity shall maintain its Privacy Notice Statement content by reviewing and revising as necessary on an annual basis, at a minimum, and before or as soon as possible after any change to its privacy policies and procedures.
4. If the Non-Exchange Entity operates a Web site, it shall ensure that descriptions of its privacy and security practices, and information on how to file complaints with CMS and the Non-Exchange Entity, are publicly available through its Web site.

(3) *Individual choice.* In keeping with the standards and implementation specifications used by the FFE, Non-Exchange Entities should ensure that Consumers, Applicants, Qualified Individuals, Enrollees, Qualified Employees, and Qualified Employers, or these individuals' legal representatives or Authorized Representatives, are provided a reasonable opportunity and capability to make informed decisions about the creation, collection, disclosure, access, maintenance, storage, and use of their PII.

- a. Standard: Informed Consent. The Non-Exchange Entity may create, collect, disclose, access, maintain, store, and use PII from Consumers, Applicants, Qualified Individuals, Enrollees, or these individuals' legal representatives or Authorized Representatives, only for the functions and purposes listed in the Privacy Notice Statement and any relevant agreements in effect as of the time the information is collected, unless the FFE or Non-Exchange Entity obtains informed consent from such individuals.

i. Implementation specifications:

1. The Non-Exchange Entity must obtain informed consent from individuals for any use or disclosure of information that is not permissible within the scope of the Privacy Notice Statement and any

relevant agreements that were in effect as of the time the PII was collected. Such consent must be subject to a right of revocation.

2. Any such consent that serves as the basis of a use or disclosure must:
 - A. Be provided in specific terms and in plain language;
 - B. Identify the entity collecting or using the PII, and/or making the disclosure;
 - C. Identify the specific collections, use(s), and disclosure(s) of specified PII with respect to a specific recipient(s);
 - D. Provide notice of an individual's ability to revoke the consent at any time.
3. Consent documents must be appropriately secured and retained for 10 years.

(4) *Creation, collection, disclosure, access, maintenance, storage, and use limitations.* In keeping with the standards and implementation specifications used by the FFE, Non-Exchange Entities must ensure that PII is only created, collected, disclosed, accessed, maintained, stored, and used, to the extent necessary to accomplish a specified purpose(s) in the contractual agreement and any appendices. Such information shall never be used to discriminate against a Consumer, Applicant, Qualified Individual, Enrollee, Qualified Employee, or Qualified Employer.

- a. Standard: Other than in accordance with the consent procedures outlined above, the Non-Exchange Entity shall only create, collect, disclose, access, maintain, store, and use PII:
 - i. To the extent necessary to ensure the efficient operation of the Exchange;
 - ii. In accordance with its published Privacy Notice Statement and any applicable agreements that were in effect at the time the PII was collected, including the consent procedures outlined above in Section (3) above; and/or
 - iii. In accordance with the permissible functions outlined in the regulations and agreements between CMS and the Non-Exchange Entity.
- b. Standard: Non-discrimination. The Non-Exchange Entity should, to the greatest extent practicable, collect PII directly from the Consumer, Applicant, Qualified Individual, Enrollee, Qualified Employee, or Qualified Employer, when the information may result in adverse determinations about benefits.
- c. Standard: Prohibited uses and disclosures of PII
 - i. Implementation Specifications:

1. The Non-Exchange Entity shall not request Information regarding citizenship, status as a national, or immigration status for an individual who is not seeking coverage for himself or herself on any application.
2. The Non-Exchange Entity shall not require an individual who is not seeking coverage for himself or herself to provide a Social Security number (SSN), except if an Applicant's eligibility is reliant on a tax filer's tax return and their SSN is relevant to verification of household income and family size.
3. The Non-Exchange Entity shall not use PII to discriminate, including employing marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in QHPs.

(5) *Data quality and integrity.* In keeping with the standards and implementation specifications used by the FFE, Non-Exchange Entities should take reasonable steps to ensure that PII is complete, accurate, and up-to-date to the extent such data is necessary for the Non-Exchange Entity's intended use of such data, and that such data has not been altered or destroyed in an unauthorized manner, thereby ensuring the confidentiality, integrity, and availability of PII.

- a. Standard: Right to Amend, Correct, Substitute, or Delete PII. In keeping with the standards and implementation specifications used by the FFE, Non-Exchange Entities must offer Consumers, Applicants, Qualified Individuals, Enrollees, Qualified Employees, and Qualified Employers, or these individuals' legal representatives or Authorized Representatives, an opportunity to request amendment, correction, substitution, or deletion of PII maintained and/or stored by the Non-Exchange Entity if such individual believes that the PII is not accurate, timely, complete, relevant, or necessary to accomplish an Exchange-related function, except where the Information questioned originated from other sources, in which case the individual should contact the originating source.

- i. Implementation Specifications:

1. Such individuals shall be provided with instructions as to how they should address their requests to the Non-Exchange Entity's Responsible Official, in writing or telephonically. They may also be offered an opportunity to meet with such individual or their delegate(s) in person.
2. Such individuals shall be instructed to specify the following in each request:
 - A. The PII they wish to correct, amend, substitute or delete;
 - B. The reasons for requesting such correction, amendment, substitution, or deletion, along with any supporting justification or evidence.

3. Such requests must be granted or denied within no more than 10 working days of receipt.
 4. If the Responsible Official (or their delegate) reviews these materials and ultimately agrees that the identified PII is not accurate, timely, complete, relevant or necessary to accomplish the function for which the PII was obtained/provided, the PII should be corrected, amended, substituted, or deleted in accordance with applicable law.
 5. If the Responsible Official (or their delegate) reviews these materials and ultimately does not agree that the PII should be corrected, amended, substituted, or deleted, the requestor shall be informed in writing of the denial, and, if applicable, the availability of any appeal procedures. If available, the notification must identify the appropriate appeal authority including that authority's name, title, and contact information.
- b. Standard: Verification of Identity for Requests to Amend, Correct, Substitute or Delete PII. In keeping with the standards and implementation specifications used by the FFE, Non-Exchange Entities that maintain and/or store PII must develop and implement policies and procedures to verify the identity of any person who requests access to; notification of; or amendment, correction, substitution, or deletion of PII that is maintained by or for the Non-Exchange Entity. This includes confirmation of an individual's legal or personal authority to access; receive notification of; or seek amendment, correction, substitution, or deletion of a Consumer's, Applicant's, Qualified Individuals', Enrollee's, Qualified Employee's, or Qualified Employer's PII.
- i. Implementation Specifications:
 1. The requester must submit through mail, via an electronic upload process, or in-person to the Non-Exchange Entity's Responsible Official, a copy of one of the following government-issued identification: a driver's license, school identification card, voter registration card, U.S. military card or draft record, identification card issued by the federal, state or local government, including a U.S. passport, military dependent's identification card, Native American tribal document, or U.S. Coast Guard Merchant Mariner card.
 2. If such requester cannot provide a copy of one of these documents, he or she can submit two of the following documents that corroborate one another: a birth certificate, Social Security card, marriage certificate, divorce decree, employer identification card, high school or college diploma, and/or property deed or title.
- c. Standard: Accounting for Disclosures. Except for those disclosures made to the Non-Exchange Entity's Workforce who have a need for the record in the performance of their duties; and the disclosures that are necessary to carry out the required

functions of the Non-Exchange Entity, Non-Exchange Entities that maintain and/or store PII shall maintain an accounting of any and all disclosures.

i. Implementation Specifications:

1. The accounting shall contain the date, nature, and purpose of such disclosures, and the name and address of the person or agency to whom the disclosure is made
2. The accounting shall be retained for at least 10 years after the disclosure, or the life of the record, whichever is longer.
3. Notwithstanding exceptions in Section (1)a.10, this accounting shall be available to Consumers, Applicants, Qualified Individuals, Enrollees, Qualified Employees, Qualified Employers, or these individuals' legal representatives or Authorized Representatives, on their request per the procedures outlined under the access standards in Section (1) above.

(6) *Accountability.* In keeping with the standards and implementation specifications used by the FFE, Non-Exchange Entities should adopt and implement the standards and implementation specifications in this document and the privacy and security standards as established by the FFE under 155.260(a)(3) and as applicable to non-Exchange entities under 155.260(b)(3), in a manner that ensures appropriate monitoring and other means and methods to identify and report Incidents and/or Breaches.

- a. Standard: Reporting. The Non-Exchange Entity must implement Breach and Incident handling procedures that are consistent with CMS' Incident and Breach Notification Procedures¹ and memorialized in the Non-Exchange Entity's own written policies and procedures. Such policies and procedures would:
 - i. Identify the Non-Exchange Entity's Designated Privacy Official, if applicable, and/or identify other personnel authorized to access PII and responsible for reporting and managing Incidents or Breaches to CMS.
 - ii. Provide details regarding the identification, response, recovery, and follow-up of Incidents and Breaches, which should include information regarding the potential need for CMS to immediately suspend or revoke access to the Hub for containment purposes; and
 - iii. Require reporting any Incident or Breach of PII to the CMS IT Service Desk by telephone at (410) 786-2580 or 1-800-562-1963 or via email notification at cms_it_service_desk@cms.hhs.gov within one hour of discovery.

¹ Available at http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/RMH_VIII_7-1_Incident_Handling_Standard.pdf

- b. Standard: Standard Operating Procedures. The Non-Exchange Entity shall incorporate privacy and security standards and implementation specifications, where appropriate, in its standard operating procedures that are associated with functions involving the creation, collection, disclosure, access, maintenance, storage, or use of PII.
- i. Implementation Specifications:
1. The privacy and security standards and implementation specifications shall be written in plain language and shall be available to all of the Non-Exchange Entity's Workforce members whose responsibilities entail the creation, collection, maintenance, storage, access, or use of PII.
 2. The procedures shall ensure the Non-Exchange Entity's cooperation with CMS in resolving any Incident or Breach, including (if requested by CMS) the return or destruction of any PII files it received under the Agreement; the provision of a formal response to an allegation of unauthorized PII use, reuse or disclosure; and/or the submission of a corrective action plan with steps designed to prevent any future unauthorized uses, reuses or disclosures.
 3. The standard operating procedures must be designed and implemented to ensure the Non-Exchange Entity and its Workforce comply with the standards and implementation specifications contained herein, and must be reasonably designed, taking into account the size and the type of activities that relate to PII undertaken by the Non-Exchange Entity, to ensure such compliance.
- c. Standard: Training and Awareness. The Non-Exchange Entity shall develop training and awareness programs for members of its Workforce that create, collect, disclose, access, maintain, store, and use PII while carrying out any Authorized Functions.
- i. Implementation Specifications:
1. The Non-Exchange Entity must require such individuals to successfully complete privacy and security training, as appropriate for their work duties and level of exposure to PII, prior to when they assume responsibility for/have access to PII.
 2. The Non-Exchange Entity must require periodic role-based training on an annual basis, at a minimum.
 3. The successful completion by such individuals of applicable training programs, curricula, and examinations offered through the FFE is sufficient to satisfy the requirements of this paragraph.

(7) *Safeguarding PII. In keeping with the standards and implementation specifications used by the FFE, a Non-Exchange Entity must ensure that PII is protected with reasonable operational, administrative, technical, and physical safeguards to ensure its confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure.*

- a. Standard: Security Controls. The Non-Exchange Entity is required to establish and implement operational, technical, administrative and physical safeguards that are consistent with any applicable laws and ensure that:
 - i. PII is only used by or disclosed to those authorized to receive or view it;
 - ii. PII is protected against any reasonably anticipated threats or hazards to the confidentiality, integrity, and availability of such information;
 - iii. PII is protected against any reasonably anticipated uses or disclosures of such information that are not permitted or required by law; and
 - iv. PII is securely destroyed or disposed of in an appropriate and reasonable manner and in accordance with retention schedules.
- b. Standard: Required Monitoring of Security Controls. A Non-Exchange Entity must monitor, periodically assess, and update its security controls and related system risks to ensure the continued effectiveness of those controls.
- c. Standard: A Non-Exchange Entity must develop and utilize secure electronic interfaces when transmitting PII electronically.

APPENDIX B
DEFINITIONS

This Appendix defines terms that are used in the Agreement and other Appendices. Any capitalized term used in the Agreement or Appendix A that are not defined therein, and are also not defined here in Appendix B has the meaning provided in 45 CFR 155.20.

- (1) **Affordable Care Act (ACA)** means the Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), which are referred to collectively as the Affordable Care Act.
- (2) **Access** means availability of a SORN Record to a subject individual.
- (3) **Advance Payments of the Premium Tax Credit (APTC)** has the meaning set forth in 45 CFR 155.20.
- (4) **Agent** or **Broker** has the meaning set forth in 45 CFR 155.20.
- (5) **Applicant** has the meaning set forth in 45 CFR 155.20.
- (6) **Application Filer** has the meaning set forth in 45 CFR 155.20.
- (7) **Authorized Function** means a task performed by a Non-Exchange Entity that the Non-Exchange Entity is explicitly authorized or required to perform based on applicable law or regulation, and as enumerated in the Agreement that incorporates this Appendix B.
- (8) **Authorized Representative** means a person or organization meeting the requirements set forth in 45 CFR 155.227.
- (9) **Breach** is defined by OMB Memorandum M-07-16, Safeguarding and Responding to the Breach of Personally Identifiable Information (May 22, 2007), as the compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, loss of control or any similar term or phrase that refers to situations where persons other than authorized users or for an other than authorized purpose have access or potential access to Personally Identifiable Information (PII), whether physical or electronic.
- (10) **CCIIO** means the Center for Consumer Information and Insurance Oversight within the Centers for Medicare & Medicaid Services (CMS).
- (11) **Certified Application Counselor** means an organization, staff person, or volunteer meeting the requirements set forth in 45 CFR 155.225.
- (12) **CMS** means the Centers for Medicare & Medicaid Services.

- (13) **CMS Companion Guides** means a CMS-authored guide, available on the CMS web site, which is meant to be used in conjunction with and supplement relevant implementation guides published by the Accredited Standards Committee.
- (14) **CMS Data Services Hub (Hub)** is the CMS Federally-managed service to interface data among connecting entities, including HHS, certain other Federal agencies, and State Medicaid agencies.
- (15) **CMS Data Services Hub Web Services (Hub Web Services)** means business and technical services made available by CMS to enable the determination of certain eligibility and enrollment or Federal financial payment data through the Federally-facilitated Exchange or State-based Exchange on the Federal platform website, including the collection of personal and financial information necessary for Consumer, Applicant, Qualified Individual, Qualified Employer, Qualified Employee, or Enrollee account creations; Qualified Health Plan (QHP) application submissions; and Insurance Affordability Program eligibility determinations.
- (16) **CMS Companion Guide** means a CMS-authored guide, available on the CMS web site, which is meant to be used in conjunction with and supplement relevant implementation guides published by the Accredited Standards Committee.
- (17) **Compliance and Oversight Activities** are the routine activities and processes conducted by a QHP Issuer as related to ensuring operational integrity, including but not limited to internal reviews and audits of business procedures and processes and maintaining records as required by State or Federal law.
- (18) **Consumer** means a person who, for himself or herself, or on behalf of another individual, seeks information related to eligibility or coverage through a Qualified Health Plan (QHP) or other Insurance Affordability Program, or whom an agent or broker (including Web-brokers), Navigator, Issuer, Certified Application Counselor, or other entity assists in applying for a coverage through QHP, applying for APTCs and CSRs, and/or completing enrollment in a QHP through the Federally-facilitated Exchanges or State-based Exchanges on the Federal Platform for individual market coverage.
- (19) **Controlling Health Plan (CHP)** has the meaning set forth in 45 CFR 162.103.
- (20) **Cost-sharing Reduction (CSR)** has the meaning set forth in 45 CFR 155.20.
- (21) **Customer Service** means assistance regarding Health Insurance Coverage provided to a Consumer, Applicant, Qualified Individual, Qualified Employer, or Qualified Employee, including but not limited to responding to questions and complaints and providing information about Health Insurance Coverage and enrollment processes in connection with an FFE or SBE-FP.
- (22) **Day or Days** means calendar days unless otherwise expressly indicated in the relevant provision of the Agreement that incorporates this Appendix B.

- (23) **Department of Insurance (DOI)** means the State agency or regulatory authority that, among other things, licenses, oversees, and regulates Issuers, Agents, and Brokers, as applicable.
- (24) **Designated Privacy Official** means a contact person or office responsible for receiving complaints related to Breaches or Incidents, able to provide further information about matters covered by the notice, responsible for the development and implementation of the privacy and security policies and procedures of the Non-Exchange Entity, and ensuring the Non-Exchange Entity has in place appropriate safeguards to protect the privacy and security of PII.
- (25) **Enrollee** has the meaning set forth in 45 CFR 155.20.
- (26) **Enrollment Reconciliation** is the process set forth in 45 CFR 155.400(d).
- (27) **Exchange** has the meaning set forth in 45 CFR 155.20.
- (28) **Federally-facilitated Exchange (FFE)** means an **Exchange** (or **Marketplace**) established by HHS and operated by CMS under Section 1321(c)(1) of the ACA for individual or small group market coverage, including the Federally-facilitated Small Business Health Options Program (**FF-SHOP**). **Federally-facilitated Marketplace (FFM)** has the same meaning as FFE.
- (29) **Federal Privacy Impact Assessment (PIA)** is an analysis of how information is handled: (i) to ensure handling conforms to applicable legal, regulatory, and policy requirements regarding privacy; (ii) to determine the risks and effects of collecting, maintaining and disseminating information in identifiable form in an electronic information system; and (iii) to examine and evaluate protections and alternative processes for handling information to mitigate potential privacy risks, as defined in OMB Memorandum M-03-22, OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002 (September 26, 2003).
- (30) **Health Insurance Coverage** has the meaning set forth in 45 CFR 155.20.
- (31) **Health Insurance Exchanges Program (HIX)** means the System of Records that CMS uses in the administration of the FFE. As a System of Records, the use and disclosure of the SORN Records maintained by the HIX must comply with the Privacy Act of 1974, the implementing regulations at 45 CFR Part 5b, and the “routine uses” that were established for the HIX in the Federal Register at 78 Fed.Reg. 8538 (February 6, 2013), and amended by 78 Fed.Reg. 32256 (May 29, 2013).
- (32) **HHS** means the U.S. Department of Health & Human Services.
- (33) **Health Insurance Portability and Accountability Act (HIPAA)** means the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, as amended, and its implementing regulations.

- (34) **Incident, or Security Incident**, means the act of violating an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent.
- (35) **Information** means any communication or representation of knowledge such as facts, data, or opinions in any medium or form, including textual, numerical, graphic, cartographic, narrative, or audiovisual.
- (36) **Insurance Affordability Program** means a program that is one of the following:
- (1) A State Medicaid program under title XIX of the Social Security Act.
 - (2) A State children's health insurance program (CHIP) under title XXI of the Social Security Act.
 - (3) A State basic health program established under section 1331 of the Affordable Care Act.
 - (4) A program that makes coverage in a Qualified Health Plan through the Exchange with Advance Payments of the Premium Tax Credit established under section 36B of the Internal Revenue Code available to Qualified Individuals.
 - (5) A program that makes available coverage in a Qualified Health Plan through the Exchange with Cost-sharing Reductions established under section 1402 of the Affordable Care Act.
- (37) **Issuer** has the meaning set forth in 45 CFR 144.103.
- (38) **OMB** means the Office of Management and Budget.
- (39) **Personally Identifiable Information (PII)** has the meaning contained in OMB Memoranda M-07-16 (May 22, 2007) and means information which can be used to distinguish or trace an individual's identity, such as their name, Social Security number, biometric records, *etc.*, alone, or when combined with other personal or identifying information that is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, *etc.*
- (40) **Qualified Employee** has the meaning set forth in 45 CFR 155.20.
- (41) **Qualified Employer** has the meaning set forth in 45 CFR 155.20.
- (42) **Qualified Health Plan (QHP)** has the meaning set forth in 45 CFR 155.20.
- (43) **Qualified Individual** has the meaning set forth in 45 CFR 155.20.

- (44) **Responsible Official** means an individual or officer responsible for managing a Non-Exchange Entity or Exchange's records or information systems, or another individual designated as an individual to whom requests can be made, or the designee of either such officer or individual who is listed in a Federal System of Records Notice as the system manager, or another individual listed as an individual to whom requests may be made, or the designee of either such officer or individual.
- (45) **Security Control** means a safeguard or countermeasure prescribed for an information system or an organization designed to protect the confidentiality, integrity, and availability of its information and to meet a set of defined security requirements.
- (46) **State** means a State that has licensed the Agent, Broker, or Web-broker that is a party to this Agreement and in which the Agent, Broker, or Web-broker is operating.
- (47) **State Partnership Exchange** means a type of FFE in which a State assumes responsibility for carrying out certain activities related to plan management, consumer assistance, or both.
- (48) **State-based Exchange on the Federal Platform (SBE-FP)** means an **Exchange** (or **Marketplace**) established by a State that receives approval under 45 CFR 155.106(c) to utilize the Federal platform to support select eligibility and enrollment functions. **State-based Marketplace on the Federal Platform (SBM-FP)** has the same meaning as SBE-FP.
- (49) **Subhealth Plan (SHP)** has the meaning set forth in 45 CFR 162.103.
- (50) **Subject Individual** means that individual to whom a SORN Record pertains.
- (51) **System of Records** means a group of Records under the control of any Federal agency from which information is retrieved by name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.
- (52) **System of Records Notice (SORN)** means a notice published in the Federal Register notifying the public of a System of Records maintained by a Federal agency. The notice describes privacy considerations that have been addressed in implementing the system.
- (53) **System of Record Notice (SORN) Record** means any item, collection, or grouping of information about an individual that is maintained by an agency, including but not limited to that individual's education, financial transactions, medical history, and criminal or employment history and that contains that individual's name, or an identifying number, symbol, or the identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print or a photograph, that is part of a System of Records.
- (54) **Trading Partner** means an entity that exchanges enrollment or financial management data with a Hub contractor.

- (55) **Web-broker** means an agent or broker who uses a non-Federally-facilitated Exchange internet web site to assist Consumers, Applicants, Qualified Individuals, and Enrollees in the QHP selection and enrollment process as described in 45 CFR 155.220(c).
- (56) **Workforce** means a Non-Exchange Entity's, FFE's, SBE-FP's employees, agents, contractors, subcontractors, officers, directors, agents, representatives, and any other individual who may create, collect, disclose, access, maintain, store, or use PII in the performance of his or her duties.