APPENDIX B

DEFINITIONS

This Appendix defines terms that are used in the Agreement and other Appendices. Any capitalized term used in the Agreement that is not defined here 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 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 its web site 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 the FFE.

(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

(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.


(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.
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) **Minimum Acceptable Risk Standards—Exchanges (MARS-E)** means a CMS-published suite of documents, version 1.0 (August 1, 2012), that defines the security standards required pursuant to 45 CFR 155.260 and 45 CFR 155.270, for any Exchange, individual, or entity gaining access to information submitted to an Exchange or through an Exchange using a direct, system-to-system connection to the Hub, available on the CCIIO web site.

(39) **Navigator** has the meaning set forth in 45 CFR 155.20.

(40) **Non-Exchange Entity** has the meaning at 45 CFR 155.260(b), including but not limited to Navigators, agents, and brokers.

(41) **OMB** means the Office of Management and Budget.

(42) **Other Entity Identifier (OEID)** means an alternative identification mechanism that is used to identify itself or have itself identified on all covered transactions in which it needs to be identified or any other lawful purpose and is available through the Enumeration System identified in 45 CFR 162.508 to entities with the following characteristics:

1. Is identified in a transaction for which the Secretary of HHS has adopted a standard under 45 CFR Part 162;
2. Is not eligible to obtain a Health Plan Identifier under 45 CFR 162.506;
3. Is not eligible to obtain a National Provider Identifier (NPI) under 45 CFR 160.410; and
4. Is not an individual.

(43) **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.
(44) **Qualified Employee** has the meaning set forth in 45 CFR 155.20.

(45) **Qualified Employer** has the meaning set forth in 45 CFR 155.20.

(46) **Qualified Health Plan (QHP)** has the meaning set forth in 45 CFR 155.20.

(47) **Qualified Individual** has the meaning set forth in 45 CFR 155.20.

(48) **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.

(49) **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.

(50) **State** means the State that has licensed the Agent, Broker, or Issuer that is a party to this Agreement or the State where the Certified Application Counselor, Navigator, or Non‐Navigator that is a party to this Agreement is operating.

(51) **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.

(52) **Subhealth Plan (SHP)** has the meaning set forth in 45 CFR 162.103.

(53) **Subject Individual** means that individual to whom a SORN Record pertains.

(54) **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.

(55) **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.

(56) **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.

(57) **Trading Partner** means an entity that exchanges enrollment or financial management
data with a Hub contractor.

(58) **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).

(59) **Workforce** means a Non-Exchange Entity’s or FFE’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.