

QUALIFIED HEALTH PLAN CERTIFICATION AGREEMENT AND PRIVACY AND SECURITY AGREEMENT BETWEEN QUALIFIED HEALTH PLAN ISSUER AND THE CENTERS FOR MEDICARE & MEDICAID SERVICES

THIS QUALIFIED HEALTH PLAN (“QHP”) ISSUER AGREEMENT (“Agreement”) is entered into by and between THE CENTERS FOR MEDICARE & MEDICAID SERVICES (“CMS”), as the party responsible for the management and oversight of the Federally-facilitated Exchange (“FFE”), including the Federally-facilitated Small Business Health Options Program (“FF-SHOP”) and the CMS Data Services Hub (“Hub”), and QHP Issuer (“QHPI”) that provides Health Insurance Coverage through QHPs offered through an FFE or FF-SHOP to Enrollees and provides customer service. CMS and QHPI each are hereinafter referred to as a “Party” or, collectively, the “Parties.”

WHEREAS:

1. Section 1301(a) of the Affordable Care Act (“ACA”) provides that QHPs are health plans that are certified by an Exchange and, among other things, comply with the regulations developed by the Secretary of the Department of Health and Human Services (HHS) under section 1321(a) and other requirements that an applicable Exchange may establish.
2. QHPI is an entity licensed by an applicable State Department of Insurance (“DOI”) as an Issuer and seeks to offer through the FFE and/or FF-SHOP in such State one or more plans that are certified to be QHPs.
3. It is anticipated that periodic advance payments of the premium tax credit (APTC) and payments of FFE user fees will be due between CMS and QHPI.
4. QHPI and CMS are entering into this Agreement to memorialize the duties and obligations of the parties, including to satisfy the requirements under 45 CFR 155.260(b)(2).

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

I. Definitions

- a. **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), and as further amended, which are referred to collectively as the Patient Protection and Affordable Care Act.
- b. **Advance Payments of the Premium Tax Credit (APTC)** has the meaning set forth in 45 CFR 155.20.

- c. **Applicant** has the meaning set forth in 45 CFR 155.20.
- d. **Breach** has the meaning contained in OMB Memorandum M-17-12 (January 3, 2017), and means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, or any similar occurrence where (1) a person other than an authorized user accesses or potentially accesses personally identifiable information or (2) an authorized user accesses or potentially accesses personally identifiable information for an other than authorized purpose.
- e. **CMS Companion Guides** means a CMS-authored guide, available on the CMS website, which is meant to be used in conjunction with and supplement relevant implementation guides published by the Accredited Standards Committee, available at <https://www.cms.gov/ccio/resources/regulations-and-guidance/downloads/companion-guide-for-ffe-enrollment-transaction-v15.pdf>.
- f. **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.
- g. **CMS Data Services Hub Web Services (Hub Web Services)** means business and technical services made available by CMS to enable certain eligibility and enrollment determinations and the transmission of certain Federal financial payment data through the FFE web site, including the collection of personal and financial information necessary for Consumer, Applicant, Qualified Individual, or Enrollee account creations; QHP application submissions; and Insurance Affordability Program eligibility determinations.
- h. **Consumer** means a person who, for himself or herself, or on behalf of another individual, seeks information related to eligibility or coverage through a 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 coverage through a QHP, applying for APTCs and CSRs, and/or completing enrollment in a QHP through its web site for individual market coverage.
- i. **Cost-sharing Reduction (CSR)** has the meaning set forth in 45 CFR 155.20.
- j. **Day or Days** means calendar days unless otherwise expressly indicated in this Agreement.
- k. **Enrollee** has the meaning set forth in 45 CFR 155.20.
- l. **Exchange** has the meaning set forth in 45 CFR 155.20.
- m. **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 a Federally-facilitated Small Business Health Options Program (**FF-SHOP**).
- n. **Health Insurance Coverage** has the meaning set forth in 45 CFR 155.20.

- o. **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.
- p. **Incident**, or **Security Incident**, has the meaning contained in OMB Memorandum M-17-12 (January 3, 2017) and means an occurrence that (1) actually or imminently jeopardizes, without lawful authority, the integrity, confidentiality, or availability of information or an information system; or (2) constitutes a violation or imminent threat of violation of law, security policies, security procedures, or acceptable use policies.
- q. **Issuer** has the meaning set forth in 45 CFR 144.103.
- r. **Personally Identifiable Information (PII)** has the meaning contained in OMB Memorandum M-17-12 (January 3, 2017), and refers to information that can be used to distinguish or trace an individual's identity, either alone or when combined with other information that is linked or linkable to a specific individual.
- s. **Qualified Employee** has the meaning set forth in 45 CFR 155.20.
- t. **Qualified Employer** has the meaning set forth in 45 CFR 155.20.
- u. **Qualified Health Plan (QHP)** has the meaning set forth in 45 CFR 155.20.
- v. **Qualified Health Plan (QHP) Application** means the materials an issuer submits to CMS in order to obtain certification of a QHP to be offered on an Exchange.
- w. **Qualified Individual** has the meaning set forth in 45 CFR 155.20.
- x. **State** means a State that has licensed the Issuer that is a party to this Agreement.

II. Acceptance of Standard Rules of Conduct

a. Standards regarding Personally Identifiable Information

QHPI and CMS are entering into this Agreement to satisfy the requirements under 45 CFR 155.260(b)(2). QHPI hereby acknowledges and agrees to accept and abide by the standard rules of conduct set forth herein, and to require that its employees, officers, directors, contractors, agents, and representatives strictly adhere to the same, in order to gain and maintain access to the CMS Data Services Hub Web Services (“Hub Web Services”), as applicable. QHPI agrees that it will create, collect, disclose, access, maintain, use, or store PII that it receives directly from Exchange applicants and from Hub Web Services only in accordance with all laws as applicable, including HIPAA and section 1411(g) of the ACA. In any instance where the standards for use, disclosure and/or protection of PII under section 1411(g) of the ACA or this Agreement are more stringent than the standards for protected health information (PHI) under HIPAA, the standards under section 1411(g) of the ACA and under this Agreement shall apply to PII QHPI receives directly from Exchange applicants or from Hub Web Services.

1. Safeguards. QHPI agrees to monitor, periodically assess, and update its security controls and related system risks to ensure the continued effectiveness of those controls in accordance with 155.260(a)(5); and to timely inform the Exchange of any material change in its administrative,

technical, or operational environments, or that would require an alteration of the privacy and security standards within this Agreement.

2. Downstream Entities. QHPI will satisfy the requirement in 45 CFR 155.260(b)(2)(v) to require downstream entities to adhere to the same privacy and security standards by entering into written agreements, including where appropriate, Business Associate Agreements (as such term is defined under HIPAA), with any downstream entities that will have access to PII collected in accordance with this Agreement.
3. Critical Controls. QHPI shall implement a privacy and security framework that is compliant with National Institute for Standards and Technology (NIST) Special Publication 800-53, Revision 4 (NIST SP 800-53, Rev. 4) or the following critical controls:
 - a. Email/Web Browser Protections
 - b. Malware Protection
 - c. Patch Management
 - d. Vulnerability Management
 - e. Inventory of Software/Hardware
 - f. Account Management
 - g. Configuration Management
 - h. Incident Response
 - i. Governance and Privacy Compliance Program
 - j. Privacy Impact/Risk Assessment
 - k. Awareness and Training Program
 - l. Data Retention and Destruction

b. Standards for Communication with the Hub (as applicable)

1. QHPI must complete testing for each type of transaction it will implement and shall not be allowed to exchange data with CMS in production mode until testing is satisfactorily passed as determined by CMS in its sole discretion. Satisfactorily passed testing generally means the ability to pass all HIPAA compliance standards, and to process electronic information transmitted by QHPI to the Hub. This capability to submit test transactions will be maintained by QHPI throughout the term of this Agreement.
2. All transactions must be formatted in accordance with the Accredited Standards Committee Implementation Guides, adopted under HIPAA,

available at <http://store.x12.org/store/>. CMS will make available Companion Guides for all applicable transactions, which specify certain situational data elements necessary.

3. QHPI agrees to abide by the Standard Companion Guide Transaction Information Instructions related to the ASC X12 Benefit Enrollment and Maintenance (834) transaction, based on the 005010X220 Implementation Guide and its associated 005010X220A1 addenda for the Federally-facilitated Exchange (FFE) Companion Guide Version most recently released by CMS and in effect at the time the transactions are sent, and the CMS Instructions related to the ASC X12 820 transaction as specified in the ASC X12 005010X306 Health Insurance Exchange Related Payments (820) Implementation Guide.
4. QHPI agrees to submit test transactions to the Hub prior to the submission of any transactions to the FFE production system, to determine that the transactions and responses comply with all requirements and specifications approved by the CMS and/or the CMS contractor.¹
5. QHPI agrees that prior to the submission of any additional transaction types to the FFE production system, or as a result of making changes to an existing transaction type or system, it will submit test transactions to the Hub in accordance with paragraph (1) above.
6. If QHPI enters into relationships with other entities, or their authorized designees, for submitting and receiving FFE data, it must execute contracts with such entities that stipulate that such entities and any subcontractors or affiliates of such entities, must be bound by the terms of this Agreement, test software, and receive QHPI's approval of software as being in the proper format and compatible with the FFE system.
7. Incident and Breach Reporting Policies and Procedures. QHPI agrees to report any 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 24 hours from knowledge of the Breach. Incidents must be reported to the CMS IT Service Desk by the same means as Breaches within 72 hours from knowledge of the Incident. In the event of an Incident or Breach QHPI must permit CMS to gather all information necessary to conduct all Incident response activities deemed necessary by CMS. If QHPI fails to report an Incident or Breach in compliance with this provision, the QHPI may be subject to the Termination provision (Section V) of this Agreement. Termination pursuant to Section V may also result where an Incident or Breach is found to have resulted from

¹ While CMS owns FFE data, other contractors operate the FFE system in which the enrollment and financial management data flow. Contractors provide the pipeline network for the transmission of electronic data, including the transport of Exchange data to and from the Hub and QHPI so that QHPI may discern the activity related to enrollment functions of persons they serve. QHPI may also use the transported data to receive descriptions of financial transactions from CMS.

QHPI's failure to comply with the terms of this Agreement. Nothing in this Agreement should be construed to limit the ability of HHS to temporarily suspend the ability of a QHPI to connect to HHS systems due to suspected or confirmed security risks and Incidents or Breaches.

III. CMS Obligations

- a. CMS will undertake all reasonable efforts to implement systems and processes that will support QHPI functions. In the event of a major failure of CMS systems and/or processes, CMS will work with QHPI in good faith to mitigate any harm caused by such failure.
- b. As part of a monthly payments and collections reconciliation process, with regard to APTCs and user fees, CMS will recoup or net payments due to QHPI against amounts owed to CMS by QHPI or any entity operating under the same tax identification number as QHPI in relation to offering of QHPs (including overpayments previously made).

IV. Effective Date; Term; Renewal

- a. Effective Date and Term. This Agreement becomes effective on the date the last of the two Parties executes this Agreement and terminates on December 31, 2024. For issuers offering QHPs through an FF-SHOP that do not renew for 2025, this Agreement shall remain in effect for the duration of any plan year of a QHP offered through an FF-SHOP that begins in 2024 or until the QHP is terminated, if earlier, even if the plan year ends after December 31, 2024.
- b. Renewal. This Agreement may be renewed upon the mutual written consent of both parties for subsequent and consecutive one (1) year periods.

V. Termination

- a. This Agreement shall terminate automatically upon QHPI's ceasing to provide all coverage under any QHPs that were offered through an FFE or FF-SHOP in the State(s) QHPI offered them.
- b. Termination with Notice by CMS. CMS may terminate this Agreement for cause upon sixty (60) Days' written notice to QHPI if QHPI materially breaches any term of this Agreement as determined in the sole but reasonable discretion of CMS, unless QHPI commences curing such breach(es) within such 60-Day period to the reasonable satisfaction of CMS in the manner hereafter described in this subsection, and thereafter diligently prosecutes such cure to completion. A QHPI's inability to perform due to a CMS error will not be considered a material breach. The 60-Day notice from CMS shall contain a description of the material breach and any suggested options for curing the breach(es), whereupon QHPI shall have seven (7) Days from the date of the notice in which to propose a plan and a time frame to cure the material breach(es), which plan and time frame may be rejected, approved, or amended in CMS' sole but reasonable discretion. Notwithstanding the foregoing, QHPI shall be considered in "Habitual Default" of this Agreement in the event that it has been

served with a 60-Day notice under this subsection more than three (3) times in any calendar year, whereupon CMS may, in its sole discretion, immediately terminate this Agreement upon notice to QHPI without any further opportunity to cure or propose cure.

- c. QHPI acknowledges that termination of this Agreement 1) may affect its ability to continue to offer QHPs through the FFE; 2) does not relieve QHPI of applicable obligations to continue providing coverage to enrollees; and 3) specifically does not relieve QHPI of any obligation under applicable State law to continue to offer coverage for a full plan year. This Agreement does not impose any independent obligation on QHPI, after termination of this Agreement, to continue enrollment or treat those enrolled as being contracted for coverage.

VI. Miscellaneous

- a. Notice. All notices to QHPI specifically required under this Agreement shall be given in writing and shall be delivered to the contact identified in QHPI's QHP Application using the contact information provided in QHPI's QHP Application.

Notices sent by hand or overnight courier service, or mailed by certified or registered mail, shall be deemed to have been given when 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. QHPI may change its contact information for notices and other communications by providing thirty (30) Days' written notice of such change in accordance with this provision.

- b. Assignment and Subcontracting. QHPI shall assume ultimate responsibility for all services and functions including those that are assigned or subcontracted to other entities and must ensure that subcontractors and assignees will perform all functions in accordance with all applicable requirements. QHPI shall further be subject to such compliance actions for functions assigned to subcontractors or assignees as may otherwise be provided for under applicable law. Notwithstanding any assignment of this Agreement or subcontracting of any responsibility hereunder, QHPI shall not be released from any of its performance or compliance obligations hereunder, and shall remain fully bound to the terms and conditions of this Agreement as unaltered and unaffected by such assignment or subcontracting.
- c. Amendment. This Agreement may be amended with the written consent of both parties.
- 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 the QHPI contemplated by and under this Agreement shall be deemed or construed to create in any way any partnership, joint venture or agency relationship between CMS and

QHPI. Neither QHPI nor CMS is, nor shall either QHPI or CMS 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. 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 by HHS or any of its constituent agencies, without regard to any conflict of laws statutes or rules. QHPI 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*.
- h. Audit and Compliance Review. QHPI agrees that CMS, the Comptroller General, the Office of the Inspector General of HHS or their designees can conduct compliance reviews or audits, which includes the right to interview with reasonable notice employees, contractors and business partners of the QHPI and to audit, inspect, evaluate, examine, and make excerpts, transcripts, and copies of any books, records, documents, and other evidence of QHPI's compliance with the requirements of this Agreement, upon reasonable notice to QHPI and during QHPI's regular business hours and at QHPI's regular business location. These audit and review rights include the right to audit QHPI's compliance with and implementation of the privacy and security requirements under this Agreement. QHPI 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 a compliance review or audit. CMS may suspend or terminate this Agreement if QHPI does not comply with such a compliance review or audit request within seven (7) business days.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date indicated by each signature.

FOR QHPI

Signature of Person Authorized to Enter Agreement
on behalf of QHPI

Typed or printed Name and Title of Person
Authorized to Enter into Agreement for QHPI

Issuer Name

Issuer HIOS ID

Business Mailing Street Address

City

State

Zip Code

Date

FOR THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

The undersigned are officials of CMS who are authorized to represent and bind CMS for purposes of this Agreement.

Dr. Ellen Montz

Deputy Administrator & Director
Center for Consumer Information & Insurance Oversight
Centers for Medicare & Medicaid Services

Date

George Hoffmann

Deputy CIO & Deputy Director
Office of Information Technology
Centers for Medicare & Medicaid Services

Date