

APPENDIX E DEFINITIONS

This Appendix E defines terms that are used in this Agreement, including the Appendices to this Agreement. Any capitalized term used in this Agreement that is not defined in this Appendix E or in the body of the Agreement has the meaning provided in 45 C.F.R. § 155.20.

1. **Affordable Care Act (ACA)** means the Patient Protection and Affordable Care Act (Public Law 111-148), as amended.
2. **Advance Payments of the Premium Tax Credit (APTC)** has the meaning set forth in 45 C.F.R. § 155.20.
3. **Agent or Broker** has the meaning set forth in 45 C.F.R. § 155.20.
4. **Applicant** has the meaning set forth in 45 C.F.R. § 155.20.
5. **Application Filer** has the meaning set forth in 45 C.F.R. § 155.20.
6. **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 E.
7. **Authorized Representative** means a person or organization meeting the requirements set forth in 45 C.F.R. § 155.227.
8. **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, whether physical or electronic.
9. **CCIO** means the Center for Consumer Information and Insurance Oversight within the Centers for Medicare & Medicaid Services (CMS).
10. **Certified Application Counselor** means an organization, staff person, or volunteer meeting the requirements set forth in 45 C.F.R. § 155.225.
11. **CMS** means the Centers for Medicare & Medicaid Services within HHS.
12. **Code** has the meaning set forth in 45 C.F.R. § 155.20.
13. **Compliance and Oversight Activities** are the routine activities and processes conducted by a Non-Exchange Entity 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.
14. **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, or completing enrollment in a QHP through its Web site for individual market coverage.

15. **Cost-sharing Reduction (CSR)** has the meaning set forth in 45 C.F.R. § 155.20.
16. **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 YHI.
17. **Department of Insurance (DOI)** means the Idaho Department of Insurance.
18. **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.
19. **Enrollee** has the meaning set forth in 45 C.F.R. § 155.20.
20. **Enrollment Reconciliation** is the process set forth in 45 C.F.R. § 155.400(d).
21. **Exchange** has the meaning set forth in 45 C.F.R. § 155.20.
22. **Federal Data Services Hub (Hub)** is the federally-managed service to interface data among connecting entities, including HHS, certain other federal agencies, and State Medicaid agencies.
23. **Health Insurance Coverage** has the meaning set forth in 45 C.F.R. § 155.20.
24. **HHS** means the U.S. Department of Health & Human Services.
25. **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.
26. **Incident or Security Incident** means the act of violating an explicit or implied security policy, and includes without limitation (i) attempts, whether or not successful, to gain unauthorized access to a system or its data, (ii) unwanted disruption or denial of service, (iii) unauthorized use of a system for the processing or storage of data; and (iv) changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent.
27. **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.
28. **Insurance Affordability Program** means a program that is one of the following:

- (a) A State Medicaid program under title XIX of the Social Security Act.
 - (b) A State children’s health insurance program (CHIP) under title XXI of the Social Security Act.
 - (c) A State basic health program established under section 1331 of the Affordable Care Act.
 - (d) 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.
 - (e) 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.
- 29. Insurance Producer** has the same meaning as “Agent or Broker.”
- 30. Issuer** has the meaning set forth in 45 C.F.R. § 144.103.
- 31. Marketplace System** means the business and technological systems operated by YHI or on YHI’s behalf to enable consumers to browse QHPs and applicants to shop for and select Health Insurance Coverage.
- 32. Minimum Acceptable Risk Standards—Exchanges (MARS-E)** means a CMS-published suite of documents that defines the security standards required pursuant to 45 C.F.R. § 155.260 and 45 C.F.R. § 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 CCIO web site.
- 33. Navigator** has the meaning set forth in 45 C.F.R. § 155.20.
- 34. Non-Exchange Entity** has the meaning at 45 C.F.R. § 155.260(b), including but not limited to Navigators, agents, and brokers.
- 35. OMB** means the Office of Management and Budget.
- 36. 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 C.F.R. § 162.508 to entities with the following characteristics:
- (a) Is identified in a transaction for which the Secretary of HHS has adopted a standard under 45 C.F.R. Part 162;
 - (b) Is not eligible to obtain a Health Plan Identifier under 45 C.F.R. § 162.506;
 - (c) Is not eligible to obtain a National Provider Identifier (NPI) under 45 C.F.R. § 160.410; and
 - (d) Is not an individual.

- 37. 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.
- 38. Qualified Employee** has the meaning set forth in 45 C.F.R. § 155.20.
- 39. Qualified Employer** has the meaning set forth in 45 C.F.R. § 155.20.
- 40. Qualified Health Plan (QHP)** has the meaning set forth in 45 C.F.R. § 155.20 and also means a stand-alone dental plan offered through YHI under 45 C.F.R. § 155.1065.
- 41. Qualified Individual** has the meaning set forth in 45 C.F.R. § 155.20.
- 42. Responsible Official** means an individual or officer responsible for managing a Non-Exchange Entity or YHI's records or information systems, or another individual designated as an individual to whom requests can be made, or the designee of any such officer or individual.
- 43. 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.
- 44. State** means the state of Idaho.
- 45. Trading Partner** means an entity that exchanges enrollment or financial management data with a Hub contractor.
- 46. Workforce** means a Non-Exchange Entity's or YHI'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.
- 47. Your Health Idaho (YHI)** means the Idaho Health Insurance Exchange, an independent body corporate and politic created by Idaho law and doing business as Your Health Idaho. YHI is the Exchange, sometime called "marketplace," established and operated by the state of Idaho under Section 1311 of the ACA for individual or small group market coverage.
- 48. YHI Companion Guides** means YHI-authored guides that supplement implementation guides published by Accredited Standards Committee (ASC) X12, Incorporated.