

# Plan Year 2016 Vendor Application

This Vendor Application is to be completed by entities requesting approval to develop and host FFE training, including information verification, for FFE agents and brokers for the 2016 plan year according to 45 C.F.R. 155.222. Final approval for any vendor is contingent on signing a vendor agreement, approval of vendor’s final training content and information verification process, and compliance with system standards and other applicable regulatory requirements.

ALL VENDOR APPLICATION MATERIALS ARE DUE TO CMS BY: 11:59 pm ET, April 7, 2015. APPLICATION MATERIALS MUST BE SUBMITTED TO: [AgentBrokerVendor@cms.hhs.gov](mailto:AgentBrokerVendor@cms.hhs.gov). **Please note that CMS reserves the right to request additional documentation for all items in this application.**

## I. General Information

### A. TERMS AND DEFINITIONS

Terms	Definitions
1. Applicant	Entity applying to be a vendor of FFE training and information verification for agents and brokers. This is the same entry that is entered in Part I, Section B, #1.
2. Primary Contact Person	Applicant representative through whom CMS contacts will be facilitated. This person has the authority to submit information and responses on behalf of the Applicant. This is the same person who is entered in Part I, Section B, #7. (The Primary Contact Person may be the same as the Authorized Representative, but it does not need to be.)
3. Authorized Representative	Applicant representative who has the authority to bind the Applicant, and attest to organizational commitments and statements on behalf of the Applicant. This is the same person who is entered in Part VI. (The Authorized Representative may be the same as the Primary Contact Person, but it does not need to be.)
4. Total users	Total number of users who have accounts or profiles established to access a training system.
5. Concurrent users	Total number of users who are accessing a training system at the same point in time. The number of concurrent users can never be larger than the number of total users.
6. Technical Assistance	Responding to individual inquiries and providing programmatic support to users who access and attempt to complete the training program and information verification services. Technical assistance can pertain to a wide array of topics, including but not limited to: maneuvering the training content online; explanation of program requirements, unlocking/resetting a user’s system password.
7. Identity (ID) Proofing	A process through which the Exchange (CMS) obtains a level of assurance through a third party data verification source regarding an individual’s identity that is sufficient to allow access to electronic systems that include sensitive state and federal data. Remote identity proofing involves a process of electronic authentication (e-authentication) defined by the National Institutes of Standards and Technology (NIST) as “the process of establishing confidence in user identities electronically presented to an information system.” <sup>1</sup>

1 National Institute of Standards and Technology, Special Publication 800-63-2, Electronic Authentication Guideline. (<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-63-2.pdf>). See also “CMS System Security and e-Authentication Assurance Levels by Information Type” at <http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/System-Security-Levels-by-Information-Type.pdf>

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**B. APPLICANT INFORMATION**

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1. Legal Name of the Applicant Organization	2. Federal Employer ID Number (FEIN)
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3. Organization's Primary Mailing Address

CITY	STATE	ZIP
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4. Organization's Primary Telephone No.	5. Website	6. Month and Year Company Founded
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7. Primary Contact Person FIRST NAME	MIDDLE INITIAL	LAST NAME
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8. Primary Contact Person's Title

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9. Primary Contact Person's Mailing Address

CITY	STATE	ZIP
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10. Primary Contact Person's Telephone Number	11. Primary Contact Person's E-mail Address
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## II. Applicant Organization Experience

Please check “Yes” or “No” for each item below, as appropriate. Note that a “No” response is not an automatic disqualification of an applicant to become an approved vendor.

### A. RELEVANT TRAINING EXPERIENCE

#### 1. Indicate experience with training design, development, and hosting since March 1, 2010.

i. Applicant has designed, developed, and hosted agent and broker training—		
a. For a minimum of two consecutive years, at any point during the five year period.	Yes	No
b. That supported 5,000 or more concurrent users, at any point during the five year period.	Yes	No
c. For at least 30,000 total users at any point over the five year period.	Yes	No
ii. Applicant has designed, developed and hosted agent and broker training—		
a. Independently (and not in conjunction with a third party).	Yes	No
b. In conjunction with a third party.	Yes	No
iii. Applicant has offered agent and broker training with—		
a. Continuing Education Unit (CEU) accreditation in one state.	Yes	No
b. CEU accreditation in multiple states.	Yes	No
iv. Applicant has developed Spanish language health insurance training, and/or translated health insurance training from English to Spanish.	Yes	No
v. Applicant has designed, developed, and hosted—		
a. Computer-based training (CBT) content.	Yes	No
b. Web-based training (WBT) content.	Yes	No
vi. Applicant has designed, developed, and hosted—		
a. Computer-based examinations.	Yes	No
b. Web-based examinations.	Yes	No
vii. Applicant has run auditing and reporting features securely and reliably through a web-based solution.	Yes	No
viii. Applicant has designed and implemented quality control measures for training and exam delivery and content.	Yes	No
ix. Applicant is familiar with the provisions of the Affordable Care Act (ACA) which affect the American Indian and Alaskan Native populations, and agrees to ensure that its FFE training content will include content which reasonably addresses these populations.	Yes	No
x. Applicant is familiar with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), and as amended by the ACA, and agrees to ensure that its FFE training content will reasonably address the MHPAEA.	Yes	No



**2. List trainings offered since March 1, 2010.**

i. If Applicant has offered federal or state sponsored training since March 2010, please list below. (Attach additional sheets if necessary.)

a. Name of Curriculum/Course		URL	
Target Audience		Number of Total Users	Number of Concurrent Users
Start Date	End Date	Federal or State Agency Sponsor	Mode of Training (In-person, Web-based, or both)
Offered in Spanish? Yes      No	Specific Topic(s) Covered in Curriculum/Course		Cost of Curriculum/Course to learners
b. Name of Curriculum/Course		URL	
Target Audience		Number of Total Users	Number of Concurrent Users
Start Date	End Date	Federal or State Agency Sponsor	Mode of Training (In-person, Web-based, or both)
Offered in Spanish? Yes      No	Specific Topic(s) Covered in Curriculum/Course		Cost of Curriculum/Course to learners
c. Name of Curriculum/Course		URL	
Target Audience		Number of Total Users	Number of Concurrent Users
Start Date	End Date	Federal or State Agency Sponsor	Mode of Training (In-person, Web-based, or both)
Offered in Spanish? Yes      No	Specific Topic(s) Covered in Curriculum/Course		Cost of Curriculum/Course to learners
d. Name of Curriculum/Course		URL	
Target Audience		Number of Total Users	Number of Concurrent Users
Start Date	End Date	Federal or State Agency Sponsor	Mode of Training (In-person, Web-based, or both)
Offered in Spanish? Yes      No	Specific Topic(s) Covered in Curriculum/Course		Cost of Curriculum/Course to learners



e. Name of Curriculum/Course		URL	
Target Audience		Number of Total Users	Number of Concurrent Users
Start Date	End Date	Federal or State Agency Sponsor	Mode of Training (In-person, Web-based, or both)
Offered in Spanish? Yes      No	Specific Topic(s) Covered in Curriculum/Course		Cost of Curriculum/Course to learners

ii. If Applicant has offered large scale training (5,000 or more concurrent users over at least six months and/or 30,000 or more total users ) since March 2010 OTHER THAN federal or state sponsored training listed in question 2.i. above, please list experience. (Attach additional sheets if necessary.)

a. Name of Curriculum/Course		URL	
Target Audience		Number of Total Users	Number of Concurrent Users
Start Date	End Date	Training Sponsor (if applicable)	Mode of Training (In-person, Web-based, or both)
Offered in Spanish? Yes      No	Specific Topic(s) Covered in Curriculum/Course		Cost of Curriculum/Course to learners

b. Name of Curriculum/Course		URL	
Target Audience		Number of Total Users	Number of Concurrent Users
Start Date	End Date	Training Sponsor (if applicable)	Mode of Training (In-person, Web-based, or both)
Offered in Spanish? Yes      No	Specific Topic(s) Covered in Curriculum/Course		Cost of Curriculum/Course to learners

c. Name of Curriculum/Course		URL	
Target Audience		Number of Total Users	Number of Concurrent Users
Start Date	End Date	Training Sponsor (if applicable)	Mode of Training (In-person, Web-based, or both)
Offered in Spanish? Yes      No	Specific Topic(s) Covered in Curriculum/Course		Cost of Curriculum/Course to learners



d. Name of Curriculum/Course		URL	
Target Audience		Number of Total Users	Number of Concurrent Users
Start Date	End Date	Training Sponsor (if applicable)	Mode of Training (In-person, Web-based, or both)
Offered in Spanish? Yes      No	Specific Topic(s) Covered in Curriculum/Course		Cost of Curriculum/Course to learners
e. Name of Curriculum/Course		URL	
Target Audience		Number of Total Users	Number of Concurrent Users
Start Date	End Date	Training Sponsor (if applicable)	Mode of Training (In-person, Web-based, or both)
Offered in Spanish? Yes      No	Specific Topic(s) Covered in Curriculum/Course		Cost of Curriculum/Course to learners

**3. Indicate experience with technical assistance related to training since March 1, 2010.**

i. Applicant has provided technical assistance for training program users—		
a. Independently (and not in conjunction with a third party).	Yes	No
b. In conjunction with a third party.	Yes	No
ii. Applicant has provided technical assistance in Spanish to training program users.	Yes	No
iii. Applicant has provided technical assistance to at least 10,000 total users via—		
a. Web-form, web-chat, or e-mail.	Yes	No
b. Telephone.	Yes	No
iv. Applicant has identified and conducted outreach to agents and brokers who have accessed but not completed the applicant’s training.	Yes	No
v. Applicant has sent large-scale electronic communications to at least 10,000 recipients.	Yes	No
vi. Applicant currently has a network of 10,000 or more licensed health insurance agents and brokers.	Yes	No

**Explanation**

Please explain any “No” responses in Part II, Section A, and indicate the answer(s) to which the explanation applies. (Attach additional sheets if necessary.)



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## B. RELEVANT INFORMATION VERIFICATION EXPERIENCE

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### 1. Indicate experience with providing the following system resources since March 1, 2010.

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i. Applicant has securely submitted training and user data—		
a. To an external third-party organization.	Yes	No
b. To a federal or state entity.	Yes	No
c. Via secure integration with an external system.	Yes	No
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ii. Applicant has conducted identity (ID) proofing—		
a. In-person.	Yes	No
b. Remotely.	Yes	No
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iii. Applicant has used software/resources to verify the accuracy of learners' self-reported identifying information.	Yes	No
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iv. Applicant has verified state licensure (or other equivalent state authority to sell health insurance products) reliably—		
a. Through manual comparison to state records.	Yes	No
b. Through a web-based solution.	Yes	No
c. In real time.	Yes	No
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v. Applicant has created secure user accounts that can be updated by the host (Applicant) or the user (learner).	Yes	No

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### 2. Indicate experience with data security and retention since March 1, 2010.

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i. Applicant safeguards system data via back-up and offsite storage.	Yes	No
ii. Applicant follows established procedures for identifying and reporting breaches of confidential data.	Yes	No
iii. Applicant follows applicable federal and state requirements for collection and storage of personally identifiable information (PII).	Yes	No

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#### Explanation

Please explain any "No" responses in Part II, Section B, and indicate the answer(s) to which the explanation applies. (Attach additional sheets if necessary.)



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## C. COMPLIANCE HISTORY

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|---|-----|----|
| 1. Current regulatory, enforcement, or legal actions are pending against the Applicant by a state or federal regulator.                             | Yes | No |
| 2. Regulatory, enforcement, or legal actions have been taken against the Applicant by a state or federal regulator at any time since March 1, 2010. | Yes | No |
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### Explanation

Please explain any “**Yes**” responses in Part II, Section C, and indicate the answer(s) to which your explanation applies:



### III. Capacity to Design, Develop, and Host FFE Training and Information Verification

Please check “Yes” or “No” for each item below, as appropriate.

#### A. TRAINING AND INFORMATION VERIFICATION PROGRAM

##### 1. Indicate current capacity to offer FFE training for agents and brokers.

i. Applicant has capacity for designing, developing, and hosting web-based training (including exams) for 5,000 or more concurrent users and 30,000 or more total users over 12 consecutive months. <i>If yes, please submit documentation to demonstrate this capacity.</i>	Yes	No
ii. Applicant has in-house subject matter experts (SMEs), or has the capacity to hire, contract, or subcontract with SMEs, who can develop complete and accurate Exchange training.	Yes	No
iii. Applicant has capacity to offer FFE training in Spanish as well as English.	Yes	No
iv. Applicant has capacity to design and develop an online training program in 3 months from the date of conditional approval.	Yes	No
v. Applicant has the capacity to obtain CEU accreditation for FFE training in at least five states.	Yes	No
vi. Applicant has capacity to track users’ progress and learner data using a data management system.	Yes	No
vii. Applicant has capacity to handle concurrent data and metrics requests from CMS, on both a regular and ad hoc basis.	Yes	No
viii. Applicant has capacity to prepare, accommodate, and plan for on-site visits or remote reviews by CMS staff or contractors for quality oversight and compliance purposes.	Yes	No

##### 2. Indicate current capacity to offer FFE information verification.

i. Applicant has capacity to collect identifying information for 30,000 or more total users, and up to 5,000 concurrent users, over 12 consecutive months. Identifying information may include: name, national producer number(s), state(s) of licensure, business name and website, business address and phone number, and languages spoken. <i>If yes, please submit documentation to demonstrate this capacity.</i>	Yes	No
ii. Applicant has capacity to perform identify proofing according to the requirements of (NIST) Special Publication 800-63-2 ( <a href="http://csrc.nist.gov/publications/nistpubs/800-63-1/SP-800-63-1.pdf">http://csrc.nist.gov/publications/nistpubs/800-63-1/SP-800-63-1.pdf</a> ) for 30,000 or more total users—		
a. Independently, (and without a subcontractor and/or other third party).	Yes	No
b. In conjunction with a subcontractor or other third party. <i>If yes for a or b, please submit documentation to demonstrate this capacity.</i>	Yes	No
iii. Applicant has capacity to verify the state licensure (or other equivalent state authority to sell health insurance products) for 30,000 or more total users.	Yes	No
iv. Applicant has capacity to implement a Quality Assurance Plan, and provide written evidence of its processes for collecting and accurately processing data through all phases of training and information verification.	Yes	No



**3. Indicate current capacity to provide technical assistance/customer support.**

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i. Applicant has capacity to establish toll-free learner support lines with live operators during regular business hours, to accommodate both Spanish and English inquiries, starting in June of 2015, and continuing for 12 consecutive calendar months. <i>If yes, please submit documentation to demonstrate this capacity.</i>	Yes	No
ii. Applicant has capacity to establish multiple escalating levels of technical help desk support, to resolve inquiries including (but not limited to) basic navigation and system questions, troubleshooting, and researching of technical issues.	Yes	No
iii. Applicant has capacity to establish learner/technical support to accommodate both Spanish and English inquiries outside of regular business hours, starting June of 2015 and continuing through June of 2016.	Yes	No

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**Explanation**

Please explain any "No" responses to Part III, Section A and indicate the answer(s) to which the explanation applies. (Attach additional sheets if necessary.)



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## B. DATA PRIVACY AND SECURITY

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### 1. Indicate current capacity to protect user data and maintain confidentiality.

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- i. Applicant has the capability to submit encrypted data through a secure electronic connection with CMS, according to the standards described in the following sources:
- CMS security requirements (<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/index.html>);
  - The Federal Information Security Management Act of 2002 (FISMA), 44 U.S.C. Chapter 35;
  - OMB Circular A-130 ([https://www.whitehouse.gov/omb/Circulars\\_a130\\_a130trans4#9](https://www.whitehouse.gov/omb/Circulars_a130_a130trans4#9));
  - NIST SPs 800-53 (<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf>) and 800-53A (<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53Ar4.pdf>);
  - CMS Information Security Acceptable Risk Safeguards (ARS) and CMS Minimum Security Requirements (CMSR) as amended (<http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/downloads/ars.pdf>); and
  - Other polices, standards, procedures, and templates located on the CMS Information Security and Privacy Library: (<http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Information-Security-Library.html>).
- Yes      No
- If yes, please submit documentation to demonstrate this capacity.*
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- ii. Applicant has capacity to obtain authorization from agents and brokers to collect data on their behalf and submit the data to CMS.
- Yes      No
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- iii. Applicant has capacity to obtain confidentiality agreements from staff and subcontractors.
- Yes      No
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- iv. Applicant has capacity to work with CMS to resolve learning and user account data inconsistency problems.
- Yes      No
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- v. In order to protect the privacy and security of users' identifying information, including training and information verification data and PII, Applicant has the capacity to receive, process, and store data according to the standards described in the following documents:
- CMS security requirements (<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/index.html>);
  - The Federal Information Security Management Act of 2002 (FISMA), 44 U.S.C. Chapter 35;
  - OMB Circular A-130 ([https://www.whitehouse.gov/omb/Circulars\\_a130\\_a130trans4#9](https://www.whitehouse.gov/omb/Circulars_a130_a130trans4#9));
  - NIST SPs 800-53 (<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf>) and 800-53A (<http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53Ar4.pdf>);
  - CMS Information Security Acceptable Risk Safeguards (ARS) and CMS Minimum Security Requirements (CMSR) as amended (<http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/downloads/ars.pdf>); and
  - Other polices, standards, procedures and templates located on the CMS Information Security and Privacy Library (<http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Information-Security-Library.html>).
- Yes      No
- If yes, please submit documentation to demonstrate this capacity.*



## 2. Quality Assurance

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Applicant has the capacity to design and implement quality control procedures for all phases of training and information verification implementation: development of content, testing, web-hosting, identity proofing, verification of state licensure (or other equivalent state authority), data collection and secure storage; preparing final data files for submission to CMS; interfacing with CMS IT systems, and all other functions and processes that affect the FFE training and information verification processes.

Yes

No

*If yes, please submit documentation to demonstrate this capacity.*

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### Explanation

Please explain any "No" responses to Part III, Section B and indicate the answer(s) to which the explanation applies. (Attach additional sheets if necessary.)



## C. FEE STRUCTURE

1. If Applicant becomes an approved CMS vendor, Applicant intends to charge a fee to agent and broker users of the applicant's training and information verification program. Yes      No

2. If the answer to question 1 above is yes, please indicate pricing structure, including the amount, by selecting from one or more of the options listed in C.2.i. through C.2.iv.

Applicant may vary pricing depending on the number of modules/courses or curricula that the user completes, whether the user is receiving CEUs, and the user's insurance market (individual market, small group market, or both). Price must be comparable to similar trainings that are currently available and must comply with applicable state requirements. Currently, FFE training for agents and brokers takes between three and four hours.

i. Pricing by module/course

a. Charge for each module/course including CEUs Yes      No      N/A      If Yes: \$ \_\_\_\_\_  
Hours module/course takes to complete: \_\_\_\_\_

b. Charge for each module/course without CEUs Yes      No      N/A      If Yes: \$ \_\_\_\_\_  
Hours module/course takes to complete: \_\_\_\_\_

ii. Pricing by curriculum

a. Charge for each curriculum including CEUs Yes      No      N/A      If Yes: \$ \_\_\_\_\_

b. Charge for each curriculum without CEUs Yes      No      N/A      If Yes: \$ \_\_\_\_\_

iii. Pricing by curriculum, with a different price for each curriculum

a. Charge for individual market curriculum including CEUs Yes      No      N/A      If Yes: \$ \_\_\_\_\_

b. Charge for individual market curriculum without CEUs Yes      No      N/A      If Yes: \$ \_\_\_\_\_

c. Charge for small group market curriculum including CEUs Yes      No      N/A      If Yes: \$ \_\_\_\_\_

d. Charge for small group market curriculum without CEUs Yes      No      N/A      If Yes: \$ \_\_\_\_\_

e. Charge for individual and small group market curriculum including CEUs Yes      No      N/A      If Yes: \$ \_\_\_\_\_

f. Charge for individual and small group market curriculum without CEUs Yes      No      N/A      If Yes: \$ \_\_\_\_\_

iv. Other type of pricing:

Yes      No      N/A      If Yes: \$ \_\_\_\_\_

### Explanation

Please provide justification for pricing based on training that is currently available, including the number of hours for a user to complete such training. (Attach additional sheets if necessary.)



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## IV. Project Staff

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### A. APPLICANT STAFF

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#### List of Key Project Staff

Staff will not be contacted directly by CMS unless and until Applicant has executed a vendor agreement with CMS.  
(Attach additional sheets if necessary.)

1. Name		Role Project Manager	
Number of Years with Applicant or Sub-contractor Organization, as of Mar. 1, 2015	E-mail	Telephone	
2. Name		Role Web-based Training Lead	
Number of Years with Applicant or Sub-contractor Organization, as of Mar. 1, 2015	E-mail	Telephone	
3. Name		Role Technical Assistance Lead	
Number of Years with Applicant or Sub-contractor Organization, as of Mar. 1, 2015	E-mail	Telephone	
4. Name		Role Information Verification Lead	
Number of Years with Applicant or Sub-contractor Organization, as of Mar. 1, 2015	E-mail	Telephone	
5. Name		Role	
Number of Years with Applicant or Sub-contractor Organization, as of Mar. 1, 2015	E-mail	Telephone	



All vendors must adhere to the following standards for project staff, including subcontractors. To be eligible for consideration as a vendor, the Applicant must designate the following roles.

1. A project manager, who is directly employed by the Applicant (i.e., not a subcontractor), who will oversee all FFE training and information verification operations, and has at least two years of experience in overseeing all functional aspects of training, including (1) the development, testing, and hosting of courses and exams; (2) the collection, storage, security, and sharing of data; and (3) providing telephone and web-based technical assistance. The project manager will coordinate with CMS, and must have prior experience coordinating with federal or state regulators.
2. A web-based training lead with experience managing large scale training projects.
3. A technical assistance lead with experience providing web-based and telephone support to users.
4. An information verification lead with experience hosting a secure system for creating user accounts and conducting identity proofing.
5. Information system staff responsible for data submission (programmers) who are directly employed by the applicant (i.e., not a subcontractor) and have previous experience preparing and submitting data files in a specified format to external third-party organizations within the past 2 years.
6. As appropriate, in terms of sufficiency and experience, organizational back-up staff for coverage of key staff necessary to maintain system accessibility to end-users.



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**B. SUBCONTRACTORS**

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Applicant plans to use subcontractor(s) for FFE agent and broker training and information verification. Yes      No

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**Subcontractor Name(s) and Experience (Attach additional sheets if necessary.)**

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1. Organization Name

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2. Organization Mailing address

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CITY	STATE	ZIP
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3. Telephone Number	4. Website
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5. Number of Years in Business (Date Company Founded)	6. Number of Years Subcontractor has Worked with Applicant
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7. Experience related to training and information verification, including names of projects to which subcontractor has contributed.

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**Subcontractor Name(s) and Experience (Attach additional sheets if necessary.)**

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1. Organization Name

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2. Organization Mailing address

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CITY	STATE	ZIP
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3. Telephone Number	4. Website
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5. Number of Years in Business (Date Company Founded)	6. Number of Years Subcontractor has Worked with Applicant
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7. Experience related to training and information verification, including names of projects to which subcontractor has contributed.

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## C. RESUME

Please submit a 1-page resume for each identified key project staff, across both the Applicant and any subcontractor entity(ies).

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## V. Rules of Participation

In addition to executing an agreement with CMS, approved vendors must adhere to the following Rules of Participation. The organization must:

1. Participate in any requested teleconference calls with CMS staff and contractors to discuss relevant experience, organizational training, information verification capability, quality control procedures, and role of subcontractors (if applicable).
2. Perform data and systems testing, and comply with testing by CMS.
3. Attest to the accuracy of the Applicant's data collection prior to submission to CMS.
4. Develop and submit a Quality Assurance Plan by the deadline established by CMS.
5. Submit materials relevant to the training and information verification, including plans for data sharing with CMS, and adhere to CMS business requirements and technical specifications for content, format, and delivery of training and information verification processes.
6. Participate in and cooperate (including subcontractors) with all compliance and oversight activities conducted by CMS staff and contractors.
7. Meet programmatic and submission deadlines, as specified by CMS.
8. Permit any individual who holds a valid license (or equivalent state authority) to sell health insurance products to access the vendor's training and information verification process.
9. Adopt a fee structure that is generally consistent with the fee structure for comparable health insurance trainings offered to agents and brokers, and is compliant with applicable state laws and regulations.
10. Acknowledge that CMS may, at its sole discretion, terminate, discontinue or not renew the "approved" status of a vendor.
11. Acknowledge that review of, and agreement with, the Rules of Participation is necessary for participation.
12. Execute the Agreement Between the Center for Consumer Information and Insurance Oversight and Vendor of FFE Training and Information Verification for Agents & Brokers, ("AB Vendor Agreement").
13. Comply with the specifications and standards in the FFM Agent/Broker Vendor Guide for Plan Year 2016: Training Content, Training Delivery, Identity Verification, Technical Assistance, and Reporting to CMS ("AB Vendor Guide").



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## VI. Applicant Organization Qualification and Acceptance

I certify that

- I have reviewed and agree to meet the standards for project staff (including subcontractors), and Rules of Participation if and when CMS grants conditional approval to become a vendor of FFE training and information verification for agents and brokers.
- The statements herein are true, complete and accurate to the best of my knowledge. I understand that CMS will be making its determination of my eligibility to participate as an approved vendor of FFE training and information verification for agents and brokers based on the information and responses that I have provided.

### Authorized Representative

NAME	TITLE
ORGANIZATION	DATE
SIGNATURE	

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