

Plan Year 2017 Vendor Application

This Vendor Application is to be completed by entities requesting approval to develop and host Federally-facilitated Exchange (FFE) training for FFE agents and brokers for the 2017 plan year pursuant to 45 C.F.R. § 155.222. Final approval for any vendor is contingent on signing an Agent Broker Vendor Agreement with the Centers for Medicare & Medicaid Services (CMS), approval of vendor’s final training content, approval of vendor’s information technology and data storage processes, adequate technical support, and compliance with applicable system standards and other regulatory requirements, including the requirement to offer continuing education units (CEUs) in at least five FFE states.

ALL VENDOR APPLICATION MATERIALS ARE DUE TO CMS BY: **11:59 p.m. EST, February 19, 2016**. APPLICATION MATERIALS MUST BE SUBMITTED TO: 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	Definition
1. Applicant	Entity applying to be a vendor of FFE training for agents and brokers. This is the same entity 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. Learning Management System	A learning management system is a software application for the administration, documentation, tracking, reporting, and delivery of electronic educational technology (also called e-learning), education courses, or training programs.
7. Technical Assistance	Responding to individual inquiries and providing programmatic support to users who access and attempt to complete the training program. Technical assistance can pertain to a wide array of topics, including but not limited to: maneuvering the training content online, and/or explaining program requirements.

B. APPLICANT INFORMATION

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

CITY	STATE	ZIP
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4. Organization's Primary Telephone Number	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

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 Email 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 February 1, 2011.

- 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 2,500 or more concurrent users, at any point during the five year period. Yes No
 - c. For at least 15,000 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 CEU accreditation in at least five FFE states (including State-based Exchanges using the Federal platform).¹ Yes No
- iv. Applicant has developed Spanish language health insurance training and/or translated health insurance training from English to Spanish.² Yes No
- v. Applicant has designed, developed, and hosted—
- a. Sharable Content Object Reference Model (SCORM) compliant web-based training content that complies with Section 508 of the Rehabilitation Act of 1973.³ Yes No
 - b. SCORM compliant web-based training examinations that comply with Section 508 of the Rehabilitation Act of 1973.⁴ Yes No
- vi. Applicant has experience with functional and performance testing of a learning management system. Yes No
- vii. Applicant has designed and implemented quality control and assurance measures for training and exam delivery and content. Yes No
- viii. Applicant has run auditing and reporting features securely and reliably through a web-based solution. Yes No

¹ As of January 1, 2016, FFE states include: Alabama, Alaska, Arizona, Florida, Georgia, Indiana, Kansas, Louisiana, Maine, Mississippi, Missouri, Montana, Nebraska, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming. In the HHS Notice of Benefit and Payment Parameters for 2017 Proposed Rule (80 Fed. Reg. 75487), CMS proposed to include states with State-based Exchanges that use the Federal HealthCare.gov platform in the requirement to offer CEUs in five FFE states. If finalized as proposed, the CEU requirement would also extend to Hawaii, Oregon, Nevada, and New Mexico. Responding “No” to this question does not preclude the prospective vendor from participating in the vendor training program.

² CMS-approved vendors are not required to offer Spanish language training for agents and brokers at this time. Responding “No” to this question does not preclude the prospective vendor from participating in the vendor training program.

³ In the HHS Notice of Benefit and Payment Parameters for 2017 Proposed Rule (80 Fed. Reg. 75487), CMS proposed to use the World Wide Web Consortium’s Web Content Accessibility Guidelines (WCAG) 2.0 Level AA standards as an acceptable alternative national standard for website accessibility. If finalized as proposed, the requirement to provide FFE training that complies with Section 508 of the Rehabilitation Act of 1973 may be met with training content that meets WCAG 2.0 Level AA standards. For more information see, the WCAG website at <http://www.w3.org/TR/WCAG20>.

⁴ See note 3 *supra*.

2. List trainings offered since February 1, 2011.

i. If Applicant has offered federal or state sponsored training since February 1, 2011, please list below.
(Attach additional sheets if necessary.)

a. Name of Curricula / Courses and URL		Target Audience/ # of Total Users/ # of Concurrent Users	
Start and End Dates	Federal or State Agency Sponsor	Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED <input type="checkbox"/> BOTH	
Offered in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Topic(s) Covered in Curricula/ Courses	Cost of Curricula/ Courses to learners \$	
b. Name of Curricula / Courses and URL		Target Audience/ # of Total Users/ # of Concurrent Users	
Start and End Dates	Federal or State Agency Sponsor	Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED <input type="checkbox"/> BOTH	
Offered in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Topic(s) Covered in Curricula/ Courses	Cost of Curricula/ Courses to learners \$	
c. Name of Curricula / Courses and URL		Target Audience/ # of Total Users/ # of Concurrent Users	
Start and End Dates	Federal or State Agency Sponsor	Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED <input type="checkbox"/> BOTH	
Offered in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Topic(s) Covered in Curricula/ Courses	Cost of Curricula/ Courses to learners \$	
d. Name of Curricula / Courses and URL		Target Audience/ # of Total Users/ # of Concurrent Users	
Start and End Dates	Federal or State Agency Sponsor	Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED <input type="checkbox"/> BOTH	
Offered in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Topic(s) Covered in Curricula/ Courses	Cost of Curricula/ Courses to learners \$	



e. Name of Curricula / Courses and URL		Target Audience/ # of Total Users/ # of Concurrent Users
Start and End Dates	Federal or State Agency Sponsor	Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED <input type="checkbox"/> BOTH
Offered in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Topic(s) Covered in Curricula/ Courses	Cost of Curricula/ Courses to learners \$

ii. If Applicant has offered large scale training (i.e., demonstrated capability to host 2,500 or more concurrent users and/or 15,000 or more total users) since February 1, 2011, OTHER THAN federal or state sponsored training listed in question 2.i. above, please list below. (Attach additional sheets if necessary.)

a. Name of Curricula / Courses and URL		Target Audience/ # of Total Users/ # of Concurrent Users
Start and End Dates	Federal or State Agency Sponsor	Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED <input type="checkbox"/> BOTH
Offered in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Topic(s) Covered in Curricula/ Courses	Cost of Curricula/ Courses to learners \$

b. Name of Curricula / Courses and URL		Target Audience/ # of Total Users/ # of Concurrent Users
Start and End Dates	Federal or State Agency Sponsor	Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED <input type="checkbox"/> BOTH
Offered in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Topic(s) Covered in Curricula/ Courses	Cost of Curricula/ Courses to learners \$

c. Name of Curricula / Courses and URL		Target Audience/ # of Total Users/ # of Concurrent Users
Start and End Dates	Federal or State Agency Sponsor	Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED <input type="checkbox"/> BOTH
Offered in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Topic(s) Covered in Curricula/ Courses	Cost of Curricula/ Courses to learners \$



d. Name of Curricula / Courses and URL		Target Audience/ # of Total Users/ # of Concurrent Users	
Start and End Dates	Federal or State Agency Sponsor	Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED <input type="checkbox"/> BOTH	
Offered in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Topic(s) Covered in Curricula/ Courses	Cost of Curricula/ Courses to learners \$	
e. Name of Curricula / Courses and URL		Target Audience/ # of Total Users/ # of Concurrent Users	
Start and End Dates	Federal or State Agency Sponsor	Mode of Training <input type="checkbox"/> IN-PERSON <input type="checkbox"/> WEB-BASED <input type="checkbox"/> BOTH	
Offered in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific Topic(s) Covered in Curricula/ Courses	Cost of Curricula/ Courses to learners \$	

3. Indicate experience with technical assistance related to training since February 1, 2011.

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 15,000 total users via —

a. Web-form, web-chat, or email. 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 15,000 recipients. Yes No

vi. Applicant currently has a network of 15,000 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.)

B. RELEVANT DATA AND INFORMATION TECHNOLOGY EXPERIENCE

1. Indicate experience with providing the following system resources since February 1, 2011.

-
- 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
-
- ii. Applicant has conducted identity proofing ⁵ —
- a. In-person. Yes No
 - b. Remotely. Yes No
-
- iii. Applicant has used software/resources to verify the accuracy of learners’ self-reported identifying information. ⁶ Yes No
-
- iv. Applicant has verified state licensure (or other equivalent state authority to sell health insurance products) reliably ⁷ —
- 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
-

⁵ In the HHS Notice of Benefit and Payment Parameters for 2017 Proposed Rule (80 Fed. Reg. 75487), CMS proposed to eliminate the requirement that vendors perform information verification functions, including state licensure verification and identity proofing. If finalized as proposed, the requirement for conducting identity proofing will no longer apply.

⁶ In the HHS Notice of Benefit and Payment Parameters for 2017 Proposed Rule (80 Fed. Reg. 75487), CMS proposed to eliminate the requirement that vendors perform information verification functions, including state licensure verification and identity proofing. If finalized as proposed, the requirement for verifying the accuracy of learners’ self-reported identifying information will no longer apply.

⁷ In the HHS Notice of Benefit and Payment Parameters for 2017 Proposed Rule (80 Fed. Reg. 75487), CMS proposed to eliminate the requirement that vendors perform information verification functions, including state licensure verification and identity proofing. If finalized as proposed, the requirement for verifying state licensure will no longer apply.

2. Indicate experience with data security and retention since February 1, 2011.

- 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.)

C. COMPLIANCE HISTORY

1. Current regulatory, enforcement, or legal actions are pending against the Applicant by a state or federal regulator. Yes No
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2. Regulatory, enforcement, or legal actions have been taken against the Applicant by a state or federal regulator at any time since February 1, 2011. Yes No
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Explanation

Please explain any "Yes" responses in Part II, Section C, and indicate the answer(s) to which the explanation applies. (Attach additional sheets if necessary.)



III. Capacity to Design, Develop, and Host FFE Training

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

A. TRAINING PROGRAM

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

- i. Applicant intends to plan, create, and deliver its own FFE training curricula based on CMS content requirements instead of using CMS-developed training content. Yes No
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- ii. Applicant has capacity to design, develop, test, and host web-based training (including exams) for 2,500 or more concurrent users and 15,000 or more total users over 12 consecutive months. Yes No
- If yes, please submit documentation to demonstrate this capacity.
-
- iii. 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 FFE training for agents and brokers based on CMS content requirements. Yes No
-
- iv. Applicant has capacity to offer FFE training in Spanish as well as English. Yes No
-
- v. Applicant has capacity to design and develop a web-based training program within three months of the date of conditional approval. Yes No
-
- vi. Applicant has the capacity to obtain CEU accreditation for FFE training in at least five FFE states prior to the deadline established by CMS.⁸ Yes No
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⁸ In the HHS Notice of Benefits and Payment Parameters for 2017 Proposed Rule (80 Fed. Reg. 75487) , CMS proposed to extend the CEU requirement to States with State-based Exchanges that use the Federal HealthCare.gov platform. If finalized as proposed, this would include Hawaii, Oregon, Nevada, and New Mexico.

2. Indicate current capacity to collect and store user data.

- i. Applicant has capacity to collect and store identifying information for 15,000 or more total users, and up to 2,500 concurrent users, over 12 consecutive months. Yes No
If yes, please submit documentation to demonstrate this capacity.
-
- ii. Applicant has capacity to securely collect, store, and share FFE training completion data with HHS. Yes No
-
- iii. Applicant has the ability to establish a Security Assertion Markup Language (SAML) re-direct from CMS to the vendor website. Yes No
-
- iv. Applicant has the ability to re-direct users and securely transmit their training completion data, including global user identifiers, for each user upon completion of training.⁹ Yes No
-
- v. Applicant has the ability to schedule the transmission of training completion data via secure file transfer protocol (SFTP). 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 perform identify proofing according to the requirements of (NIST) Special Publication 800-63-2 (<http://csrc.nist.gov/publications/nistpubs/800-63-1/SP-800-63-1.pdf>) for 15,000 or more total users ¹⁰ —
- a. Independently (and without a subcontractor and/or other third party). Yes No
- b. In conjunction with a subcontractor or other third party. Yes No
- If yes for a or b, please submit documentation to demonstrate this capacity.
-
- ix. Applicant has capacity to verify the state licensure (or other equivalent state authority to sell health insurance products) for 15,000 or more total users. ¹¹ Yes No
-

⁹ Training completion data includes a vendor identifier, curriculum type, plan year, language, and date/time of completion.

¹⁰ In the HHS Notice of Benefit and Payment Parameters for 2017 Proposed Rule (80 Fed. Reg. 75487), CMS proposed to eliminate the requirement that vendors perform information verification functions, including state licensure verification and identity proofing. If finalized as proposed, the requirement for conducting identity proofing will no longer apply.

¹¹ In the HHS Notice of Benefit and Payment Parameters for 2017 Proposed Rule (80 Fed. Reg. 75487), CMS proposed to eliminate the requirement that vendors perform information verification functions, including state licensure verification and identity proofing. If finalized as proposed, the requirement for verifying state licensure will no longer apply.

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

- i. Applicant has capacity to establish English toll-free learner support lines with live operators during regular business hours starting July 2016 and continuing through July 2017 or until plan year 2018 training is made available, whichever date is later. Yes No
- If yes, please submit documentation to demonstrate this capacity. Documentation should include call capacity, standard operating hours, and after hours technical support options, if applicable.
-
- ii. Applicant has capacity to establish Spanish toll-free learner support lines with live operators during regular business hours starting July 2016 and continuing through July 2017, or until plan year 2018 training is made available, whichever date is later. ¹² Yes No
- If yes, please submit documentation to demonstrate this capacity. Documentation should include call capacity, standard operating hours, and after hours technical support options, if applicable.
-
- iii. Applicant has capacity to provide tier-one help desk support to assist agents and brokers accessing the Applicant's FFE training platform from the CMS Enterprise Portal.¹³ Yes No
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- iv. 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
-
- v. Applicant has capacity to establish learner/technical support to accommodate English inquiries outside of regular business hours starting July 2016 and continuing through July 2017, or until plan year 2018 training is made available, whichever date is later. Yes No
-
- vi. Applicant has capacity to establish learner/technical support to accommodate Spanish inquiries outside of regular business hours starting July 2016 and continuing through July 2017, or until plan year 2018 training is made available, whichever date is later. Yes No
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¹² CMS-approved vendors are not required to offer Spanish language technical support at this time. Responding "No" to this question does not preclude the prospective vendor from participating in the vendor training program.

¹³ As proposed in the HHS Notice of Benefit and Payment Parameters for 2017 Proposed Rule (80 Fed. Reg. 75487), tier-one support includes, for any inquiry received by the vendor's help desk, intake, initial response, and resolution of inquiry through a scripted response or rerouting to the appropriate CMS help desk. The vendor help desk should be appropriately staffed to ensure that inquiries can be answered within 24 hours. In order to provide support compatible with and comparable to CMS' help desks, the vendor's help desk should, at a minimum, provide phone support to address system access issues and email support for other inquiries. If finalized as proposed, this would be a requirement for HHS approved vendors, rather than an evaluation tool used during the application process.

vii. Applicant has capacity to establish an English email-based learner/technical support option starting July 2016 and continuing through July 2017, or until plan year 2018 training is made available, whichever date is later.

Yes No

If yes, please submit documentation to demonstrate this capacity. Documentation should include call capacity, standard operating hours, and after hours technical support options, if applicable.

viii. Applicant has capacity to establish a Spanish email-based learner/technical support option starting July 2016 and continuing through July 2017, or until plan year 2018 training is made available, whichever date is later.¹⁴

Yes No

If yes, please submit documentation to demonstrate this capacity. Documentation should include call capacity, standard operating hours, and after hours technical support options, if applicable.

ix. Applicant has the capacity to provide CMS with technical support data and metrics on both a regular and ad hoc basis.

Yes No

x. Applicant has capacity to coordinate technical support with other CMS technical support resources.

Yes No

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.)

¹⁴ CMS-approved vendors are not required to offer Spanish language technical support at this time. Responding "No" to this question does not preclude the prospective vendor from participating in the vendor training program.

B. DATA PRIVACY AND SECURITY

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

- 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: Yes No
- If yes, please submit documentation to demonstrate this capacity.
- 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)
 - 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>)
 - Other policies, 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>)
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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 process in place 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
-
- v. In order to protect the privacy and security of users' identifying information, including training data and PII, Applicant has the capacity to receive, process, and store data according to the standards described in the following documents: Yes No
- If yes, please submit documentation to demonstrate this capacity.
- 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);
 - 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>)
 - Other policies, 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>)

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. QUALITY ASSURANCE

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- | | |
|---|--|
| <p>i. Applicant has the capacity to design and implement quality control procedures for all phases of training and information technology implementation, including: development of content; development of email and web-based marketing materials; testing, web-hosting, data collection, and secure storage; preparing final data files for submission to CMS; interfacing with CMS systems; and all other functions and processes that affect the FFE training processes.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please submit documentation to demonstrate this capacity.</p> |
| <hr/> | |
| <p>ii. 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 IT readiness.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please append a Quality Assurance Plan to this application.</p> |
| <hr/> | |
| <p>iii. 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.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <hr/> | |
| <p>iv. Applicant has capacity to test a secure redirect and secure electronic file transfer.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <hr/> | |
| <p>v. Applicant has capacity to conduct performance testing of a learning management system.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <hr/> | |
| <p>vi. Applicant has capacity to conduct functional testing of a learning management system.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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Explanation

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

D. FEE STRUCTURE

1. If Applicant becomes an approved CMS vendor, Applicant intends to offer refresher training for returning agents and brokers who completed Individual Marketplace training for plan year 2016.¹⁵ Yes No

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

3. If the answer to question 2 above is yes, please indicate pricing structure, including the amount.

Note: Applicant may vary pricing depending on the number of FFE training curricula that the user completes (Individual Marketplace, Small Business Health Options Program (SHOP) Marketplace, or both) and whether the user is receiving CEUs. Prices must be comparable to similar trainings that are currently available and must comply with applicable state requirements. Currently, FFE training for agents and brokers offered by CMS for both the Individual Marketplace and SHOP Marketplace curricula takes between three and four hours.

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

a. Charge for Individual Marketplace curriculum including CEUs Yes No N/A
If yes: \$

b. Charge for Individual Marketplace curriculum without CEUs Yes No N/A
If yes: \$

c. Charge for SHOP Marketplace curriculum including CEUs Yes No N/A
If yes: \$

d. Charge for SHOP Marketplace curriculum without CEUs Yes No N/A
If yes: \$

e. Charge for Individual and SHOP Marketplace curricula including CEUs Yes No N/A
If yes: \$

f. Charge for Individual and SHOP Marketplace curricula without CEUs Yes No N/A
If yes: \$

g. Charge for Individual Marketplace refresher training curriculum including CEUs Yes No N/A
If yes: \$

h. Charge for Individual Marketplace refresher training curriculum without CEUs Yes No N/A
If yes: \$

¹⁵ For plan year 2017, CMS will offer refresher training as an option for returning agents and brokers who successfully completed FFM training in plan year 2016. Refresher training will be offered for three topics (Basics, Individual Marketplace, and Privacy and Security) and uses a condensed format to reinforce key knowledge FFM agents and brokers should have retained from the previous year's training, as well as to highlight any new policies or processes that FFM agents and brokers need to know for plan year 2017. CMS-approved vendors are not required to offer refresher training for agents and brokers at this time. Responding "No" to this question does not preclude the prospective vendor from participating in the vendor training program. Information regarding refresher training content standards will be provided to conditionally approved vendors at a later date.

ii. 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.)

IV. Project Staff

A. APPLICANT STAFF

List of Key Project Staff. Attach additional sheets if necessary.

CMS will not directly contact staff other than Applicant’s Primary Contact until the Applicant has been conditionally approved and/or the Applicant’s Primary Contact has been notified.¹⁶

1. Name		Role PROJECT MANAGER
Number of Years with Applicant or Subcontractor Organization, as of February 1, 2016	Email Address	
Telephone	Description of Relevant Staff Experience	
2. Name		Role WEB-BASED TRAINING LEAD
Number of Years with Applicant or Subcontractor Organization, as of February 1, 2016	Email Address	
Telephone	Description of Relevant Staff Experience	



3. Name		Role TECHNICAL ASSISTANCE LEAD
Number of Years with Applicant or Subcontractor Organization, as of February 1, 2016	Email Address	
Telephone	Description of Relevant Staff Experience	
4. Name		Role INFORMATION TECHNOLOGY LEAD
Number of Years with Applicant or Subcontractor Organization, as of February 1, 2016	Email Address	
Telephone	Description of Relevant Staff Experience	
5. Name		Role SYSTEMS SECURITY OFFICER
Number of Years with Applicant or Subcontractor Organization, as of February 1, 2016	Email Address	
Telephone	Description of Relevant Staff Experience	
Name		Role
Number of Years with Applicant or Subcontractor Organization, as of February 1, 2016	Email Address	
Telephone	Description of Relevant Staff Experience	
Name		Role
Number of Years with Applicant or Subcontractor Organization, as of February 1, 2016	Email Address	
Telephone	Description of Relevant Staff Experience	



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 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 (or other comparable experience).
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 technology lead with experience hosting a secure data collection and storage system, ensuring organizational compliance with applicable federal and state privacy requirements, and conducting functional and performance testing of a learning management system.
5. A Systems Security Officer with the fundamental knowledge, skills, and abilities needed to define, design, integrate, and manage information system security policies and procedures.
6. Information system staff responsible for data submission that have had previous experience preparing and submitting data files in a specified format to external third-party organizations within the past two years.
7. 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.

¹⁶ CMS will conditionally approve vendors who meet all requirements outlined in the 45 CFR 155.222. Final approval to provide training to FFM agents and brokers is contingent upon the following conditions:

1. Submission of a signed Agent Broker Vendor Agreement;
2. Submission and CMS approval of final training content and information technology processes;
3. Offering CEU credits in a minimum of five states where the FFM is operating;
4. Providing technical support to agents and brokers completing the vendor's training; and
5. Compliance with applicable regulatory requirements and with CMS system standards, which is necessary to comply with those regulatory requirements.

B. SUBCONTRACTORS

Applicant plans to use subcontractor(s) for FFE agent and broker training.

Yes No

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

1. Organization Name

2. Organization Mailing address

CITY

STATE

ZIP

3. Telephone Number

4. Website

5. Number of Years in Business (Date Company Founded)

6. Number of Years Subcontractor has Worked with Applicant

7. Experience related to training, including names of projects to which subcontractor has contributed

1. Organization Name

2. Organization Mailing address

CITY

STATE

ZIP

3. Telephone Number

4. Website

5. Number of Years in Business (Date Company Founded)

6. Number of Years Subcontractor has Worked with Applicant

7. Experience related to training, including names of projects to which subcontractor has contributed

V. Rules of Participation

In addition to executing an Agent Broker Vendor 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 technology 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 program, including plans for data sharing with CMS, and adhere to CMS business requirements and technical specifications for content, format, and delivery of training 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 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 for Agents and Brokers, ("AB Vendor Agreement")
13. Comply with the specifications and standards outlined in the AB Vendor Agreement and all applicable guidance documents provided by CMS

VI. Applicant Organization Qualification and Acceptance

I certify that

- I have reviewed and agree that my organization will meet the standards for project staff (including subcontractors), and Rules of Participation from the time that CMS grants conditional approval to become a vendor of FFE training for agents and brokers until such time that my organization's Agent Broker Vendor Agreement with CMS terminates or expires.
- 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 for agents and brokers based on the information and responses that I have provided.

Name	Title
Organization	
Date	Signature

RESET

