

# Affordable Care Act Basics

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## Knowledge Check

True or False:

The individual shared responsibility requirement under the Affordable Care Act requires all individuals to have minimum essential coverage for themselves (or their spouse or dependents) or make a payment through the tax filing process.

Select the correct answer and then click **Check Your Answer**.

-  ☐ A. True
-  ☒ B. False

 **Check Your Answer**

**Reset**

You have already completed this question.

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## Knowledge Check

Bill and Barbara are married and have two children under 18. They do not have minimum essential coverage for any family member for any month during 2016 and no one in the family qualifies for an exemption. Which of the following are Bill and Barbara responsible for paying?

Select all that apply and then click **Check Your Answer**.

-  ☒ A. The individual shared responsibility payment for the months they and their children were uninsured when they file their 2016 income tax return, which is due in April 2017
- ☐ B. The deductible for any medical care they or their children receive during the year
- ☐ C. The entire cost of any medical care they or their children receive during the year
- ☐ D. Nothing, because they cannot afford to pay the individual shared responsibility payment at the time they file their federal income tax return

 **Check Your Answer**

**Reset**

You have selected some but not all of the correct responses.

Try again, ensuring that you select all correct responses.

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## Knowledge Check

Bill and Barbara are married and have two children under 18. They do not have minimum essential coverage for any family member for any month during 2016 and no one in the family qualifies for an exemption. Which of the following are Bill and Barbara responsible for paying?

Select **all that apply** and then click **Check Your Answer**.

- ☒ **A.** The individual shared responsibility payment for the months they and their children were uninsured when they file their 2016 income tax return, which is due in April 2017
- ☐ **B.** The deductible for any medical care they or their children receive during the year
- ☒ **C.** The entire cost of any medical care they or their children receive during the year
- ☐ **D.** Nothing, because they cannot afford to pay the individual shared responsibility payment at the time they file their federal income tax return

☒ Check Your Answer

Reset

Correct! It is important to remind your clients that choosing to not have health insurance coverage when they do not qualify for an exemption means they will need to make the individual shared responsibility payment, and will also have to pay the entire cost of all medical care received. Since Bill and Barbara are not enrolled in any health insurance plan, there is no deductible to pay before the plan begins to pay for care or services that they or their children receive. If they cannot afford to make the individual shared responsibility payment, the IRS may work with them and may offset their liability against any tax refund they may be due.

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## Knowledge Check

Which of the following are components of the Affordable Care Act?

Select **all that apply** and then click **Check Your Answer**.

- ☒ **A.** Extension of parents' health insurance coverage that offers dependent child coverage to dependent children up to age 26
- ☒ **B.** Prohibition on charging consumers a higher premium based on health status or gender
- ☐ **C.** All individuals under the age of 65 can now receive Medicaid
- ☒ **D.** Prohibition on coverage limitations or exclusions based on pre-existing conditions

☒ Check Your Answer

Reset

Correct! The correct answers are A, B, and D. The Affordable Care Act contains a number of provisions aimed at ensuring that most individuals have access to health insurance coverage. Health insurance issuers may not deny coverage or charge higher premiums based on health status or gender, may not impose coverage limitations or exclusions based on pre-existing conditions, and, when a plan offers dependent coverage of children, the plan must offer dependent coverage to dependent children up to age 26.

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## Knowledge Check

A consumer worries she may develop chronic asthma because she has a family history, but she knows she will not be denied health insurance coverage due to the guaranteed issue provision of the Affordable Care Act. Guaranteed issue means that...

Select the correct answer and then click Check Your Answer.

- ☐ A. All Americans are guaranteed to be eligible for individual policies in a state
- ☐ B. All individual policies in a state are guaranteed by the federal government
- ☐ C. All individual policies in a state are guaranteed by the state
- ☒ D. Health insurance issuers that offer individual policies in a state must offer all of their plans to all individuals in the state, and must accept all eligible individuals who apply for coverage

 Check Your Answer

Reset

Correct! Guaranteed issue means that health insurance issuers that offer individual policies in a state must offer all available individual coverage products to all individuals in the state, and must accept any eligible individual who applies for those products.

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## Knowledge Check

When signing up for insurance, a consumer understands that if a health insurance issuer does not spend enough of its premium dollars on health care services or quality improvement activities, that issuer must provide...

Select the correct answer and then click Check Your Answer.

- ☐ A. Proof of qualification status to the state Department of Insurance
- ☒ B. A rebate to refund the excess back to the consumer
- ☐ C. Proof of license to the state Department of Insurance

 Check Your Answer

Reset

Correct! Health insurance issuers that do not meet the minimum MLR requirements must provide rebates back to consumers or employers (in the case of employer-sponsored coverage).

## Essential Health Benefits

EHB must include items and services within at least the following 10 categories. Click on each of the images below to see these items and services.



**Ambulatory Patient Services, such as doctor visits**



**Hospitalization**



**Mental Health and Substance Use Disorder Services, Including Behavioral Health Treatment**



**Rehabilitative and Habilitative Services and Devices**



**Laboratory Services**



**Emergency Services**



**Maternity and Newborn Care**



**Prescription Drugs**



**Preventive and Wellness Services and Chronic Disease Management**



**Pediatric Services (pediatric oral care may be included or offered as part of a stand-alone dental plan)**

## Knowledge Check

What are EHB?

Select the **correct answer** and then click **Check Your Answer**.

- ☒ **A. Essential health benefits, a comprehensive package of 10 benefit categories that all non-grandfathered individual and small group health plans must offer**
- ☐ **B. The exact health insurance coverage that all Americans must have, that does NOT vary by state**
- ☐ **C. A minimum set of health conditions that all Americans must meet**

☒ **Check Your Answer**

**Reset**

**Correct! EHB are essential health benefits, a comprehensive package of 10 benefit categories that all non-grandfathered individual and small group health plans must offer.**


## Affordable Care Act Basics

### Knowledge Check

Which of the following are categories of EHB?

Select **all that apply** and then click **Check Your Answer**.

- ☒ **A.** Ambulatory patient services
- ☒ **B.** Emergency services, hospitalization, and prescription drugs
- ☐ **C.** Adult oral care
- ☐ **D.** Adult vision care

 **Check Your Answer**

**Reset**

**Correct!** Ambulatory patient services, emergency services, hospitalization, and prescription drugs are all categories of EHB.

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### Knowledge Check

True or False:

A 34 year old woman is looking for health insurance coverage that is more affordable than the coverage offered by her employer. She does not qualify for a hardship exemption, but is eligible for catastrophic coverage.

Select **the correct answer** and then click **Check Your Answer**.

- ☒ **A.** True
- ☐ **B.** False

 **Check Your Answer**

**Reset**

You have already completed this question.


## Affordable Care Act Basics

### Knowledge Check

Actuarial Value (AV) can be defined as...

Select **the correct answer** and then click **Check Your Answer**.

- ☒ **A.** The calculation of the average cost sharing for EHB estimated to be paid by the health insurance plan for a standard population
- ☐ **B.** The average value of benefits in a health insurance plan
- ☐ **C.** The average risk of employees enrolled in a health insurance plan
- ☐ **D.** The average risk of individuals under 65 enrolled in a health insurance plan

 **Check Your Answer**

**Reset**

**Correct!** AV is a calculation of the average cost sharing for EHB estimated to be paid by the plan for a standard population.

## Knowledge Check

Which level of coverage corresponds to each AV?

Match the correct answers and then click **Check Your Answer**.

Column A	Column B
Average AV of approximately 90%	✓ Platinum ▼
Average AV of approximately 80%	✓ Gold ▼
Average AV of approximately 70%	✓ Silver ▼
Average AV of approximately 60%	✓ Bronze ▼
Does not meet a specific AV, but must comply with the deductible and maximum out-of-pocket cost limits	✓ Catastrophic ▼

✓ Check Your Answer

Reset

Correct!

A health insurance plan pays approximately—

- 60% of the average cost of all EHB for an average person in Bronze plans.
- 70% of the average cost of all EHB for an average person in Silver plans.
- 80% of the average cost of all EHB for an average person in Gold plans.
- 90% of the average cost of all EHB for an average person in Platinum plans.

A catastrophic plan is only for certain eligible individuals and does not meet a specific AV.

## Knowledge Check

In which of the following ways must health plans limit cost-sharing for enrolled individuals?

Select **all that apply** and then click **Check Your Answer**.

- ✓ ☒ A. Health insurance plans may not place annual or lifetime dollar limits on EHB coverage
- ✗ ☒ B. Plans may increase cost-sharing requirements annually based on age
- ✓ ☒ C. Annual cost-sharing limits cannot exceed the limits for certain high deductible health plans
- ✗ ☐ D. Plans must cover all adult dental care

✓ Check Your Answer

Reset

Incorrect. The correct answers are A and C. Annual cost-sharing limits cannot exceed the limits for certain high deductible health plans, and plans may not place annual or lifetime dollar limits on EHB coverage.




**Knowledge Check**

True or False:

The total family premium generally includes per-member rates for all members, but limits per-member premiums for covered children to up to three children under the age of 21.

Select the correct answer and then click **Check Your Answer**.

- ✓ ☒ A. True
- ☐ B. False

 **Check Your Answer** **Reset**

Correct! The total family premium generally includes per-member rates for all members, but limits per-member premiums for covered children to up to three children under the age of 21.

**Knowledge Check**

What is the allowable maximum surcharge for an individual who legally uses tobacco?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Three times the non-tobacco user's rate
- ✓ ☒ B. One and a half times the non-tobacco user's rate
- ☐ C. Five times the non-tobacco user's rate
- ☐ D. Health insurance issuers are not allowed to add an additional surcharge for tobacco use under Federal law

 **Check Your Answer** **Reset**


Correct! Health insurance issuers cannot charge an individual who uses tobacco products more than one and a half times the non-tobacco user's rate.

**Marketplace Basics****Knowledge Check**

To become certified, a QHP must meet which of the following sets of criteria?

Select all that apply and then click **Check Your Answer**.

- ✓ ☒ A. Benefit design standards, including non-discrimination requirements and limits on cost sharing
- ✓ ☒ B. Coverage, at a minimum, of a comprehensive package of benefits, known as essential health benefits
- ✓ ☒ C. Network adequacy standards

 **Check Your Answer** **Reset**

Correct! At a minimum, a QHP must meet all of these sets of criteria.

**Knowledge Check**

True or False:

To become certified as a QHP, a plan must have an adequate provider network, which includes substance abuse and mental health providers, and a sufficient number and geographic distribution of essential community providers to ensure reasonable and timely access to a broad range of such providers for low-income and medically underserved populations in the QHP's service area.

Select the correct answer and then click **Check Your Answer**.

- ✓ ☒ A. True
- ☐ B. False

✓ Check Your Answer

Reset

Correct! To become certified as a QHP, a plan must have an adequate provider network, which includes substance abuse and mental health providers, and a sufficient number and geographic distribution of essential community providers to ensure reasonable and timely access to a broad range of such providers for low-income and medically underserved populations in the QHP's service area.

**Marketplace Basics****Knowledge Check**

Which of the following is NOT true about Marketplaces?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. There is a Marketplace in every state and the District of Columbia
- ☐ B. There are separate Marketplaces for individuals and for small businesses
- ✓ ☒ C. HHS operates all Marketplaces
- ☐ D. Individuals can find out about their health plan options and enroll in a plan through a Marketplace

✓ Check Your Answer

Reset

Correct! Some states have established their own Marketplaces; however, in states that chose not to establish their own Marketplace, HHS has established a Federally-facilitated Marketplace.



**Knowledge Check**

Which of the following are roles of agents and brokers in the Federally-facilitated Marketplace?

Select **all that apply** and then click **Check Your Answer**.

- ☐ A. Set up meetings with consumers and ask for referrals
- ✓ ☒ B. Assist individuals, employers, and employees with enrolling in QHPs
- ☐ C. Assist SHOP enrollees in applying for advance payments of the premium tax credit
- ✓ ☒ D. Assist qualified individuals in the Individual Marketplace in applying for advance payments of the premium tax credit and cost-sharing reductions for eligible plans

✓ **Check Your Answer**

**Reset**

**Correct!** The roles of agents and brokers in the Federally-facilitated Marketplace include enrolling individuals, employers, and employees in QHPs, and assisting qualified individuals with eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions for eligible plans. Remember, advance payments of the premium tax credit and cost-sharing reductions are only available to qualified individuals in the Individual Marketplace.

**Knowledge Check**

True or False:

A Navigator may refer a consumer to general listings of agents and brokers for assistance if the consumer says he or she wants a specific QHP recommendation and agents/brokers are permitted to make plan recommendations under state law.

Select **the correct answer** and then click **Check Your Answer**.

- ✓ ☒ A. True
- ☐ B. False

✓ **Check Your Answer**

**Reset**

**Correct!** If a consumer asks for the recommendation of a specific QHP and agents/brokers are permitted to make plan recommendations under state law, a Navigator may refer the consumer to general listings of agents and brokers for assistance. In these circumstances, the Navigator may also direct the consumer to more specific listings of agents and brokers, if those listings are created using objective sorting criteria, such as by geographic proximity.


# Affordable Care Act and Marketplace Basics Exam


## Final Assessment

Which of the following is a characteristic of a qualified health plan (QHP)?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Covers only the benefits the health insurer chooses to include
- ☐ B. May not be licensed
- ☐ C. Must offer a Bronze, Silver, Gold, and Platinum plan in each Marketplace
- ☒ D. Covers, at a minimum, a comprehensive package of benefits, known as essential health benefits

 **Check Your Answer**

 **That is correct.**


# Affordable Care Act and Marketplace Basics Exam


## Final Assessment

Which of the following groups can serve as a Navigator?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Volunteers of various community organizations that have no affiliation with the Federally-facilitated Marketplace
- ☒ B. Grantees that meet certain requirements to assist enrollees in applying for eligibility and enrolling in health coverage through the Federally-facilitated Marketplace
- ☐ C. Health insurance and stop loss insurance issuers
- ☐ D. Licensed agents and brokers that are selling qualified health plans (QHPs) through the Federally-facilitated Marketplace

 **Check Your Answer**

 **That is correct.**


# Affordable Care Act and Marketplace Basics Exam


## Final Assessment

Which of the following entities has NO role in overseeing agents, brokers, and web-brokers that participate in the Federally-facilitated Marketplace?

Select the correct answer and then click Check Your Answer.

- ☐ A. State Departments of Insurance
- ☒ B. Navigators
- ☐ C. The Centers for Medicare & Medicaid Services
- ☐ D. Qualified health plan issuers

 Check Your Answer

 That is correct.


# Affordable Care Act and Marketplace Basics Exam


## Final Assessment

The two types of Marketplaces are:

Select the correct answer and then click Check Your Answer.

- ☐ A. The Insurance Marketplace for small business owners and the Small Business Health Options Program (SHOP) Marketplace for major companies and dependents
- ☐ B. The Insurance Marketplace for major companies and the Small Business Health Options Program (SHOP) Marketplace for small business owners
- ☐ C. The Insurance Marketplace for individual consumers and their families and the Small Business Health Options Program (SHOP) Marketplace for major companies
- ☒ D. The Individual Marketplace for individual consumers and their families, and the Small Business Health Options Program (SHOP) Marketplace for small business owners and their employees

 Check Your Answer


 That is correct.


**True or False:**

An agent or broker's National Producer Number (NPN) must be entered on a Federally-facilitated Marketplace application in order to receive compensation from health insurance issuers for assisting a consumer with that application.

Select **the correct answer** and then click **Check Your Answer**.

- ☒ True
- ☐ False


 **Check Your Answer**


 **That is correct.**

Which of the following is NOT a reason that the Department of Health & Human Services (HHS) may terminate an agent's, broker's, or web-broker's Federally-facilitated Marketplace Agreement?

Select **the correct answer** and then click **Check Your Answer**.

- ☐ A. HHS determines that a specific finding of noncompliance is sufficiently severe.
- ☐ B. HHS determines that an agent or broker has not complied with applicable state standards.
- ☒ C. The agent, broker, or web-broker does not successfully complete the Small Business Health Options Program (SHOP) Marketplace course and exam.
- ☐ D. The agent, broker, or web-broker violates any term of the Agreement(s) with CMS

 **Check Your Answer**

 **That is correct.**


## Affordable Care Act and Marketplace Basics Exam


Exit

The Department of Defense TRICARE program, Medicaid, and Medicare are all federal health care programs that offer coverage that constitutes minimum essential coverage for those eligible.

Select **the correct answer** and then click **Check Your Answer**.

- ☒ True
- ☐ False

 **Check Your Answer**


 **That is correct.**


## Final Assessment

**Under the Affordable Care Act, guaranteed issue means that:**

Select **the correct answer** and then click **Check Your Answer**.

- ☐ A. Health insurance issuers receive a monthly payment of individuals' health care premiums.
- ☒ B. Health insurance issuers must accept any employer and individual who applies for an individual market or group market plan.
- ☐ C. Health insurance issuers are required to offer a comprehensive sample (at least 75%) of individual market and group market plans offered in the state to any applicant that applies for coverage.
- ☐ D. Health insurance issuers are protected from health insurance fraud and lawsuits.

 **Check Your Answer**

 **That is correct.**


## Final Assessment


**True or False:**

**Individuals under age 30 and individuals with hardship exemptions may purchase a catastrophic plan.**

Select **the correct answer** and then click **Check Your Answer**.

- ☒ True
- ☐ False

 **Check Your Answer**


 **That is correct.**


## Final Assessment

In which of the following ways does the Affordable Care Act limit cost sharing for enrolled individuals?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Deductibles and copayments can only be applied to preventive services.
- ☐ B. Deductibles for small group plans cannot exceed \$2,000 for self-only coverage or \$4,000 for any other coverage (adjusted annually), except to the extent that a higher deductible is necessary to create a reasonable Bronze or Silver plan.
- ☐ C. For Gold plans only, no annual or lifetime dollar limits are allowed on essential health benefits (EHB).
- ☒ D. Annual cost-sharing limits cannot exceed the limits for certain high deductible health plans. For 2016, the limits are \$6,850 for an individual and \$13,700 for families enrolled in individual market plans.

 **Check Your Answer**

 That is correct.


## Final Assessment


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In general, a health insurance issuer that does not spend at least 80% of its premium dollars on health care services must provide:

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Reviews of health plan details for each insured individual or policyholder
- ☐ B. Proof of qualification status
- ☒ C. Rebates to insured individuals or policyholders
- ☐ D. Proof of license


 **Check Your Answer**


 That is correct.

Which of the following statements is true for all health plans with plan years beginning on or after January 1, 2014?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. The Affordable Care Act prohibits health insurance issuers from limiting or excluding coverage of pre-existing health conditions only for covered individuals over 65.
- ☐ B. The Affordable Care Act allows health insurance issuers to limit or exclude coverage only for covered individuals under 18.
- ☐ C. The Affordable Care Act allows health insurance issuers to limit or exclude coverage related to pre-existing health conditions, regardless of age.
- ☒ D. The Affordable Care Act prohibits health insurance issuers from limiting or excluding coverage related to pre-existing health conditions, regardless of the age of the covered individual.

 **Check Your Answer**

 **That is correct.**

**True or False:**

The Affordable Care Act requirement that health plans cover benefits in at least ten categories, known as essential health benefits (EHB), applies only to qualified health plans offered through the Marketplace.

Select the correct answer and then click **Check Your Answer**.



- ☐ True
- ☒ False



### Knowledge Check

Your colleague Hank hands you a list with email addresses of potential clients who expressed interest in enrolling in a qualified health plan through the Federally-facilitated Marketplace, and asks you to contact each of them to set up appointments. Since the list does not contain individual names, you can store and share this list as you wish because it does not contain the clients' personally identifiable information (PII).

Select the correct answer and then click Check Your Answer.

-  ☐ A. True
-  ☒ B. False

 Check Your Answer

Reset


You have already completed this question.


### Knowledge Check

True or False:

An agent or broker may only collect, use, or disclose PII to the extent necessary to carry out the functions authorized in the "Agreement Between Agent or Broker and CMS for the Federally-facilitated Exchange Individual Market" and the "Agreement Between Agents and Brokers and the CMS for the Federally-facilitated Exchange SHOP."

Select the correct answer and then click Check Your Answer.

-  ☒ A. True
- ☐ B. False

 Check Your Answer

Reset


Correct! An agent or broker needs to collect and use PII in the context of assisting with the completion of applications to determine eligibility for enrollment in a QHP, eligibility for affordability programs, and exemption from the individual responsibility requirement to have minimum essential coverage. In doing so, an agent or broker may only collect, use, or disclose PII as necessary to carry out the functions authorized by CMS.


### Knowledge Check

True or False:

Agents and brokers must provide a Privacy Notice Statement to consumers in the Federally-facilitated Marketplace regarding the use and disclosure of PII.

Select the correct answer and then click Check Your Answer.

-  ☒ A. True
- ☐ B. False

 Check Your Answer

Reset

Correct! Agents and brokers must provide a Privacy Notice Statement to consumers in the Federally-facilitated Marketplace regarding use and disclosure of PII. The "Agreement Between Agent or Broker and CMS for the Federally-facilitated Exchange Individual Market" and the "Agreement Between Agents and Brokers and the CMS for the Federally-facilitated Exchange SHOP" include more information about the Privacy Notice Statement.

**Knowledge Check**

For which of the following purposes can an agent or broker share PII about an individual?

Select **all that apply** and then click **Check Your Answer**.

- ☒ ☒ A. Help an individual obtain an assessment of his/her Medicaid eligibility
- ☒ ☒ B. Assist an individual in obtaining a determination as to whether he/she qualifies for the premium tax credit through his/her state's Marketplace
- ☒ ☒ C. Select a QHP
- ☒ ☐ D. Inform a trusted physician about the upcoming availability of a new patient under a QHP

☒ Check Your Answer

Reset

**Correct!** An agent or broker may use PII, such as information about an individual's residency or income, only to the extent necessary to accomplish a specific purpose in the Federally-facilitated Marketplace. PII may not be used for marketing or other unauthorized purposes. Additional guidance on PII is contained in the "Agreement Between Agent or Broker and CMS for the Federally-facilitated Exchange Individual Market" or the "Agreement Between Agents and Brokers and the CMS for the Federally-facilitated Exchange SHOP" you must accept before assisting consumers with application and selection of a QHP through a Federally-facilitated Marketplace.

**Knowledge Check**

Which of the following are prohibited according to the specifications for prohibited uses and disclosure of personally identifiable information?

Select **all that apply** and then click **Check Your Answer**.

- ☒ ☒ A. Requesting information regarding the citizenship of an individual who is not seeking coverage for himself or herself on any application
- ☒ ☒ B. Requesting a Social Security Number (SSN) of an individual who is not seeking coverage for himself or herself on any application
- ☒ ☐ C. Requesting income information for an individual who is applying for the premium tax credit through an Individual Marketplace
- ☒ ☒ D. Requesting any individual's PII to discriminate or discourage the enrollment of individuals with significant health needs in qualified health plans

☒ Check Your Answer

Reset



**Incorrect.** The correct answers are A, B, and D. An agent or broker may not request information regarding citizenship or SSN of an individual who is not seeking coverage for himself or herself, except that an agent or broker may request an SSN if an applicant's eligibility is reliant on a tax filer's tax return and his or her SSN is relevant to verification of household income and family size. Agents and brokers may not use information obtained to discriminate in marketing or benefit design. An agent or broker may collect income information from an individual to assist in obtaining a determination as to whether he/she qualifies for the premium tax credit through a Marketplace.

**Knowledge Check**

True or False:

Any incident involving the loss or suspected loss of PII must be reported in accordance with health insurance issuer requirements.

Select the correct answer and then click **Check Your Answer**.

-  ☐ A. True
-  ☒ B. False





 **Check Your Answer** **Reset**


You have already completed this question.

**Knowledge Check**

Which of the following are examples of practices that an agent or broker must follow with respect to PII in the Federally-facilitated Marketplace?

Select **all that apply** and then click **Check Your Answer**.

-  ☒ A. Informing consumers of the collection and use of their PII
-  ☒ B. Providing consumers with the opportunity to review and correct their PII
-  ☒ C. Taking appropriate steps to safeguard the confidentiality of PII
-  ☒ D. Reporting privacy breaches to the CMS IT Service Desk


 **Check Your Answer** **Reset**


Correct! An agent or broker must follow all of these practices.

**Knowledge Check**

Which of the following would NOT be considered a privacy incident?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Misplacement of a mobile device that contains PII
- ☐ B. Loss of PII data through theft
-  ☒ C. Overhearing a private conversation in the hallway
- ☐ D. Misrouting of an email message containing PII

 **Check Your Answer** **Reset**

Correct! Overhearing a private conversation in the hallway is not considered a privacy incident.


## Information Security

### Knowledge Check

Which of the following **BEST** describes information security?

Select **the correct answer** and then click **Check Your Answer**.

- ☐ A. The protection of information from access or use by any unauthorized person
- ☒ B. The protection of information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction in order to provide confidentiality, integrity, and availability
- ☐ C. Authorized access to protected information for enrollment purposes in a Health Insurance Marketplace
- ☐ D. Authorized access to information for use, disclosure, disruption, modification, or destruction in order to provide confidentiality, integrity, and availability

 Check Your Answer

Reset

**Correct!** Information security refers to the protection of information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction in order to provide confidentiality, integrity, and availability.


## Information Security

### Knowledge Check

Which of the following are elements to protecting information?

Select **all that apply** and then click **Check Your Answer**.

- ☒ A. Availability: Defending information systems and resources from malicious, unauthorized users to ensure accessibility by authorized users
- ☒ B. Accountability: Ensuring that accurate information is provided by consumers
- ☒ C. Confidentiality: Protecting information from unauthorized disclosure to people or processes
- ☒ D. Integrity: Assuring the reliability and accuracy of information and information technology resources

 Check Your Answer

Reset


**You have selected both correct and incorrect responses.**


**Try again, ensuring that you select all correct responses.**

Which of the following data formats must be protected according to the Department of Health & Human Services' information policy?

Select the correct answer and then click Check Your Answer.

- ☐ A. Oral format only
- ☐ B. Paper format only
- ☒ C. Electronic, paper, and oral formats
- ☐ D. Electronic format only

 Check Your Answer


 That is correct.


True or False:

Information security is achieved through implementing technical, managerial, and operational measures designed to protect the confidentiality, integrity, and availability of information.

Select the correct answer and then click Check Your Answer.

- ☒ True
- ☐ False

 Check Your Answer

 That is correct.

## Information Security

### Threats, Vulnerabilities, and Risks

Threats and vulnerabilities put information assets at risk.

A **threat** is the potential to cause unauthorized disclosure, changes, or destruction to an asset. Impacts of a threat can include a potential breach in confidentiality, a potential breach in integrity, and the unavailability of information. There are different types of threats. Threats can be natural, environmental, and man-made.

A **vulnerability** is any flaw or weakness that can be exploited and could result in a breach or a violation of a system's security policy.

A **risk** is the likelihood that a threat will exploit a vulnerability. For example, a system may not have a backup power source; so it is vulnerable to a threat such as a thunderstorm. The thunderstorm creates a risk to the system.

**Knowledge Check**

True or False:

A risk is the likelihood that a vulnerability will exploit a threat.

Select the correct answer and then click **Check Your Answer**.

- ☐ A. True
- ✓ ☒ B. False

✓ Check Your Answer

Reset

Correct. A risk is the likelihood that a threat will exploit a vulnerability. For example, a system may not have a backup power source; so it is vulnerable to a threat such as a thunderstorm. The thunderstorm creates a risk to the system. A threat is the potential to cause unauthorized disclosure, changes, or destruction to an asset. A vulnerability is any flaw or weakness that can be exploited and could result in a breach or a violation of a system's security policy.

**Knowledge Check**

Which of the following are controls that agents and brokers can apply to manage risk and protect information within the Marketplaces?

Select all that apply and then click **Check Your Answer**.

- ✓ ☒ A. Security awareness training
- ☐ B. Restricting authorized personnel from viewing secure information
- ✓ ☒ C. Restricting access to systems that contain sensitive information
- ☐ D. Printing and maintaining a hard copy of all sensitive information

✓ Check Your Answer

Reset

Correct! Security awareness training and restricting access to systems with sensitive information are examples of controls.

**Knowledge Check**

Which of the following are steps you can take as an agent or broker to help promote information security in the Marketplaces?

Select all that apply and then click **Check Your Answer**.

- ☐ A. Only share your password with trusted family members
- ✓ ☒ B. Change your password often
- ✓ ☒ C. Use a different password for each system or application
- ✓ ☒ D. Change your password immediately if you suspect it has been compromised

✓ Check Your Answer

Reset


Correct! You should never share your password with anyone, even trusted family members.


## Final Assessment

Which of the following would be considered a vulnerability to a system's security?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Following robust password protection protocols
- ☐ B. Requiring all staff to complete an annual security awareness training program
- ☒ C. Failing to install and regularly run an anti-virus program on a computer system
- ☐ D. Using badge readers at each physical entrance to an office

 **Check Your Answer**

 **That is correct.**

## Final Assessment

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**True or False:**

The Department of Health & Human Services may impose a civil money penalty of not more than \$2,500 per person or entity, per use or disclosure against any person who knowingly and willfully uses or discloses personally identifiable information in violation of section 1411(g) of the Affordable Care Act.

Select the correct answer and then click **Check Your Answer**.

- ☐ True
- ☒ False


## Final Assessment


**True or False:**

Agents and brokers must have documented procedures for incident handling and breach notification.

Select the correct answer and then click **Check Your Answer**.

- ☒ True
- ☐ False

 **Check Your Answer**

 **That is correct.**





**True or False:**

The accounting for personally identifiable information disclosure shall be retained for at least 10 years after the disclosure, or the life of the record, whichever is longer.

Select the correct answer and then click Check Your Answer.

- ☒ True
- ☐ False

 Check Your Answer

 That is correct.

**Final Assessment****True or False:**

Security incidents are NOT a potential threat to the integrity of personally identifiable information.

Select the correct answer and then click Check Your Answer.

- ☐ True
- ☒ False

Who is primarily responsible for ensuring that the computer an agent or broker uses to access the Federally-facilitated Marketplace is regularly updated with the latest security software to protect against any cyber-related security threats?

Select the correct answer and then click Check Your Answer.

- ☐ A. The Department of Health & Human Services
- ☐ B. The state Department of Insurance
- ☐ C. The computer manufacturer
- ☒ D. The agent or broker

**Final Assessment**

To achieve accountability for privacy and security standards, including appropriate monitoring and breach reporting, agents and brokers should NOT consider using which of the following methods?

Select the correct answer and then click Check Your Answer.

- ☐ A. Developing self-assessment checklists for use by the agent's and broker's workforce
- ☐ B. Establishing a workforce compliance plan that adheres to federal and state regulations
- ☒ C. Establishing a workforce compliance plan that does not adhere to federal and state regulations
- ☐ D. Developing an inventory of where all of the personally identifiable information that the agent or broker is responsible for is stored

## Final Assessment

Which of the following best describes information security?

Select the correct answer and then click Check Your Answer.

- ☒ A. The protection of information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction in order to provide confidentiality, integrity, and availability
- ☐ B. The protection of information from access or use by any authorized person
- ☐ C. Authorized access to protected information for enrollment purposes in a Health Insurance Marketplace
- ☐ D. Authorized access to information for use, disclosure, disruption, modification, or destruction in order to provide confidentiality, integrity, and availability

True or False:

Information security is achieved through implementing technical, managerial, and operational measures designed to protect the confidentiality, integrity, and availability of information.

Select the correct answer and then click Check Your Answer.

- ☒ True
- ☐ False

## Final Assessment

Which of the following is NOT an example of personally identifiable information?

Select the correct answer and then click Check Your Answer.

- ☒ A. Family composition
- ☐ B. Address
- ☐ C. Date of birth
- ☐ D. Social Security Number



Check Your Answer



That is correct.

## Final Assessment

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True or False:

Agents or brokers must decide to grant or deny an individual access to personally identifiable information pertaining to the individual within 30 days of receipt of the access request.

Select the correct answer and then click Check Your Answer.

- ☒ True
- ☐ False

**True or False:**

**The Privacy Notice Statement must be written in plain language and provided in a manner that is accessible and timely to people living with disabilities and with limited English proficiency.**

Select **the correct answer** and then click **Check Your Answer**.

- ☒ True
- ☐ False

## Final Assessment

**How many years must informed consent documents be appropriately secured and retained?**

Select **the correct answer** and then click **Check Your Answer**.

- ☐ A. 1 year
- ☒ B. 10 years
- ☐ C. 5 years
- ☐ D. 7 years

**True or False:**

**Security is an individual's right to control the use or disclosure of personal information.**

Select **the correct answer** and then click **Check Your Answer**.

- ☐ True
- ☒ False

**Agents and brokers operating in which Marketplaces must enter into a Privacy and Security Agreement with the Centers for Medicare & Medicaid Services?**

Select **the correct answer** and then click **Check Your Answer**.

- ☒ A. Both the Individual and SHOP Marketplaces
- ☐ B. The SHOP Marketplace
- ☐ C. The Individual Marketplace
- ☐ D. None; the Privacy and Security Agreement is optional for agents and brokers operating in either Marketplace

Which of the following is an allowable use and disclosure of personally identifiable information (PII) specified in Appendix A in both Privacy and Security Agreements (the Agreement between Agent or Broker and Centers for Medicare And Medicaid Services (CMS) for the Federally-facilitated Marketplace for the Individual Market and the Agreement Between Agents and Brokers and CMS for the FF-SHOP Marketplace)?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Requesting any individual's PII to discriminate or discourage the enrollment of individuals with significant health needs in qualified health plans
- ☐ B. Requesting information regarding the citizenship of an individual who is not seeking coverage for himself or herself on any application.
- ☒ C. Requesting an individual's PII to obtain an assessment of his or her Medicaid eligibility
- ☐ D. Requesting a Social Security Number (SSN) of any individual who is not seeking coverage for himself or herself on any application

Which of the following violations of the Federally-facilitated Marketplace's privacy and security standards may result in the imposition of a civil money penalty?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Not meeting the 30 day deadline for deciding whether to grant or deny an individual's request for access to personally identifiable information pertaining to the individual
- ☐ B. Failure to report a privacy incident consistent with CMS' Incident and Breach Notification Procedures
- ☒ C. Knowing and willful use or disclosure of personally identifiable information in violation of section 1411(g) of the Affordable Care Act
- ☐ D. Failure to provide a Privacy Notice Statement to an individual prior to the collection of personally identifiable information

**True or False:**

The accounting for personally identifiable information disclosure shall be retained for at least 10 years after the disclosure, or the life of the record, whichever is longer.

Select the correct answer and then click **Check Your Answer**.

- ☒ True
- ☐ False

## Final Assessment

Which of the following is NOT considered a privacy incident?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Loss of hard copy documents containing PII
- ☒ B. Receipt of an email phishing for personally identifiable information (PII)
- ☐ C. Emailing or faxing documents containing PII to inappropriate recipients, whether intentionally or unintentionally
- ☐ D. Leaving documents containing PII exposed in an area where individuals without approved access could read, copy, or move for future use

## Final Assessment

Which of the following incidents is considered a privacy breach?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. An incident where a consumer asks for enrollment assistance
- ☐ B. An incident that involves sharing personally identifiable information (PII) with an authorized person
- ☐ C. An incident where an agent or broker leaves blank paper applications on the copy machine
- ☒ D. An incident that involves the actual or even suspected loss of PII

## Eligibility for Enrolling in a Qualified Health Plan

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### Knowledge Check

Which of the following are eligibility criteria for individuals enrolling in a QHP?

Select all that apply and then click **Check Your Answer**.

- ☒ A. Be a resident of the state in which he/she will enroll in a QHP
- ☐ B. Be a non-smoker
- ☒ C. Be a United States citizen or national, or a lawfully present non-citizen
- ☒ D. Not be incarcerated, other than incarceration pending disposition of charges

☒ Check Your Answer

Reset

Correct! Being a resident of the state in which an individual will enroll in a QHP, being a United States citizen or national or a lawfully present non-citizen, and not being incarcerated, other than incarceration pending disposition of charges, are all eligibility criteria for individuals enrolling in a QHP.

**Knowledge Check**

True or False:

Marta and Henry are not lawfully present in the United States. They have a son, Raul, who was born in the United States. Marta and Henry should provide you with the information about their immigration status so that you can help them apply for health coverage for Raul.

Select **the correct answer** and then click **Check Your Answer**.

- ☐ A. True
- ✓ ☒ B. False

✓ Check Your Answer

Reset

Correct! Raul is a U.S. citizen, and this is an example of a mixed immigration status family. Marta and Henry can apply for health coverage for Raul without worrying about immigration-related legal issues. However, you should not ask Marta or Henry questions about their citizenship or immigration status because that information is irrelevant to the eligibility determination for Raul.

**Knowledge Check**

Your client, a United States citizen who is not incarcerated, lost her employer-sponsored coverage through her job last month, and just relocated to your state, where she intends to reside. Does she meet the eligibility criteria for obtaining insurance through a Marketplace and enrolling in a QHP in your state?

Select **the correct answer** and then click **Check Your Answer**.

- ☐ A. No, she does not meet the criteria to enroll in a QHP because she must have gone without minimum essential coverage for at least 60 days
- ✓ ☒ B. Yes, she meets the criteria to enroll in a QHP because she intends to reside in your state and because she is a United States citizen
- ☐ C. Yes, she meets the criteria to enroll in a QHP because she is a United States citizen
- ☐ D. Yes, she meets the criteria to enroll in a QHP because she does not currently have minimum essential coverage

✓ Check Your Answer

Reset

Correct! In order to meet the residency standard for enrollment in a QHP, an adult must "intend to reside" in the state, must be a United States citizen or national, or lawfully present non-citizen, and must not be incarcerated, other than incarceration pending the disposition of charges. There is no durational residency requirement for enrollment in a QHP.

**Knowledge Check**

If an individual completes the Marketplace application and finds that he is eligible for Medicaid, what should your next step be as an agent or broker?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Help the individual enroll in a Medicaid plan
- ☐ B. Help the individual apply for advance payments of the premium tax credit
- ☒ C. Refer the individual to his state Medicaid office
- ☐ D. Ask the individual to recomplete the application at HealthCare.gov

Correct! If an individual is found eligible for Medicaid, you should refer him or her to the state Medicaid office.

**Knowledge Check**

True or False:

Jennifer lives in a state that did not expand eligibility for its Medicaid program, but she would have qualified for Medicaid if it had. She qualifies for an exemption from the individual responsibility requirement.

Select the correct answer and then click **Check Your Answer**.

- ☒ A. True
- ☐ B. False

Correct! Jennifer qualifies for a hardship exemption because she would have qualified for Medicaid health coverage if her state had expanded its Medicaid program. There are two ways Jennifer may claim this exemption: by submitting a Marketplace application for health coverage, or by filling out and mailing in a separate hardship exemption application.

**Knowledge Check**

Which of the following are data sources the Marketplace may use to verify applicant eligibility?

Select all that apply and then click **Check Your Answer**.

- ☒ A. Department of Labor
- ☒ B. Internal Revenue Service
- ☒ C. Social Security Administration
- ☒ D. Department of Homeland Security

Correct! The Marketplace does not use data from the Department of Labor to verify applicant eligibility. It does use the other sources listed to verify data on household size, income, incarceration status, and citizenship or immigration status.



## Knowledge Check

True or False:

Consumers that are notified of a Marketplace inconsistency have 90 days to resolve the issue or they may lose eligibility for health care coverage or financial assistance through the Marketplace.

Select the correct answer and then click Check Your Answer.

- ✓ ☒ A. True  
☐ B. False

Correct! As an agent or broker, you have an important role in helping consumers understand a notice of a Marketplace inconsistency and encourage them to submit any requested documentation before the 90-day deadline.

## Knowledge Check

Your client wishes to appeal her eligibility determination. What steps can you take to assist her?

Select all that apply and then click Check Your Answer.

- ✓ ☒ A. Provide information on when an appeal may be appropriate  
 ✓ ☒ B. Explain how to file an appeal  
☐ C. File the appeal for her, acting as her agent  
 ✓ ☒ D. File the appeal for her, acting as her authorized representative (with appointment)

Correct! An agent or broker may provide information on when it may be appropriate to file an appeal, explain how to file an appeal and, if appointed as an authorized representative, file the appeal for the client. An agent or broker may not file an appeal for a client unless the client grants specific permission through the appointment of the agent or broker as his or her authorized representative.

## 2015 Federal Poverty Level Chart\*

The Department of Health & Human Services (HHS) issues poverty guidelines that are often referred to as the "federal poverty level" (FPL). The Federally-facilitated Marketplace will use the [2015 guidelines](#) when making calculations for the insurance affordability programs starting November 1, 2015.

Household Size	100%	138%**	150%**	200%**	250%**	300%**	400%**
1	\$11,770	\$16,243	\$17,655	\$23,540	\$29,425	\$35,310	\$47,080
2	15,930	21,983	23,895	31,860	39,825	47,790	63,720
3	20,090	27,724	30,135	40,180	50,255	60,270	80,360
4	24,250	33,465	36,375	48,500	60,625	72,750	97,000
5	28,410	39,206	42,615	56,820	71,025	85,230	113,640
6	32,570	44,947	48,855	65,140	81,425	97,710	130,280
7	36,730	50,687	55,095	73,460	91,825	110,190	146,920
8	40,890	56,428	61,335	81,780	102,225	122,670	163,560

\*Chart is for 48 contiguous states and the District of Columbia; for Hawaii and Alaska please visit the website of the HHS Assistant Secretary for Planning and Evaluation (ASPE): <http://aspe.hhs.gov/poverty/15poverty.cfm>

\*\*Dollar amounts are calculated based on 100% column; rounding rules may vary across federal, state, and local programs.

**Knowledge Check**

Which combination best defines the modified adjusted gross income, or MAGI, calculation to determine a tax filer's eligibility for advance payments of the premium tax credit and cost-sharing reductions?

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Adjusted gross income plus assets
- ☐ B. Adjusted gross income plus tax-exempt interest received or accrued during the taxable year, and non-taxable Social Security benefits
- ☐ C. Adjusted gross income plus any excluded foreign earned income, tax-exempt interest received or accrued during the taxable year, and assets
- ☒ D. Adjusted gross income, plus any excluded foreign earned income, tax-exempt interest received or accrued during the taxable year, and non-taxable Social Security benefits

 **Check Your Answer**

**Reset**

Correct! MAGI is adjusted gross income as defined in the Internal Revenue Code, plus any excluded foreign earned income, tax-exempt interest received or accrued during the taxable year, and non-taxable Social Security benefits. Assets are not considered in determining eligibility.


**Knowledge Check**

**True or False:**

Eligibility for Medicaid and CHIP is primarily assessed based on current monthly income, while eligibility for advance payments of the premium tax credit and cost-sharing reductions is based on projected annual household income.

Select the correct answer and then click **Check Your Answer**.

- ☒ A. True
- ☐ B. False

 **Check Your Answer**

**Reset**

Correct! You should recognize and advise your clients of the difference in this income calculation methodology.

### Knowledge Check

The Smith family enrolled in a QHP and elects \$800 each month to be in advance payments of the premium tax credit to be paid directly to the QHP issuer to cover some of the cost of the monthly premium. In the middle of the plan year, Mr. Smith gets a promotion increasing his household income. If Mr. Smith chooses not to report this income change to the Marketplace by visiting HealthCare.gov, what could happen?

Select the correct answer and then click **Check Your Answer**.

- ✓ ☒ A. The Smith family could have excess advance payments of the premium tax credit (the difference between the advance payments of the premium tax credit made on the family's behalf and the allowed premium tax credit), all or a portion of which the family must repay
- ☐ B. His family could lose health insurance coverage
- ☐ C. He may have to make a shared responsibility payment on behalf of his family
- ☐ D. He may qualify for a hardship exemption

✓ Check Your Answer

Reset

Correct! The premium tax credit amount will be different from the amount of advance payments of the premium tax credit if a person's household income increases or decreases from what was projected at enrollment. In this case, Mr. Smith's household income increased and therefore the amount of premium tax credit his household is eligible for may be less than the amount of advance payments of the premium tax credit it received. The Smith family may have to pay back all or part of the advance payments if Mr. Smith does not report his change in household income.

### Knowledge Check

True or False:

If Mary was eligible for Medicaid, she would NOT be eligible for the premium tax credit and cost-sharing reductions through a Marketplace.

Select the correct answer and then click **Check Your Answer**.

- ✓ ☒ A. True
- ☐ B. False

✓ Check Your Answer

Reset

Correct! People eligible for Medicaid or CHIP are eligible to purchase a QHP through a Marketplace, but they are not eligible for the premium tax credit and cost-sharing reductions.


**Knowledge Check**

True or False:

Kate qualifies for advance payments of the premium tax credit and cost-sharing reductions in a Marketplace, and she enrolls in a QHP. If Kate's daughter, Rose, is determined to be eligible for CHIP, she can be on Kate's QHP and also benefit from advance payments of the premium tax credit and cost-sharing reductions.

Select **the correct answer** and then click **Check Your Answer**.

- ☐ A. True
- ✓ ☒ B. False

 **Check Your Answer** **Reset**

Correct! If Rose qualifies for CHIP, then her mother, Kate, does not need to buy a Marketplace QHP to cover Rose. If she did, Rose would not be eligible for advance payments of the premium tax credit or cost-sharing reductions. Parents that receive cost-sharing reductions and advance payments of the premium tax credit may not be on the same QHP as their children if their children qualify for CHIP.

**Knowledge Check**

True or False:

If a couple has a child between ages 19 and 26 who files his or her own tax return, that child may be eligible for Medicaid even if his or her parents are not.

Select **the correct answer** and then click **Check Your Answer**.

- ✓ ☒ A. True


**Knowledge Check**

True or False:

An individual is not eligible to purchase a QHP through the Marketplace if that individual receives employer-sponsored coverage.

Select **the correct answer** and then click **Check Your Answer**.

- ☐ A. True
- ✓ ☒ B. False

 **Check Your Answer** **Reset**

Correct! Individuals receiving employer-sponsored coverage may purchase a QHP through the Marketplace as long as they meet the eligibility criteria (i.e., the person: is a resident of the state in which he/she applies for and enrolls in a QHP; is a United States citizen or national or lawfully present non-citizen; and is not incarcerated, other than incarceration pending the disposition of charges). However, individuals who are enrolled in employer-sponsored coverage, or are eligible for employer-sponsored coverage that is affordable and meets the minimum value standard, are NOT eligible for advance payments of the premium tax credit and cost-sharing reductions. Further, if an individual has access to affordable and minimum value employer-sponsored coverage, he or she likely does not need to obtain health insurance coverage through a QHP.

**Knowledge Check****True or False**

If an individual completes the Marketplace application and finds that he is eligible for Medicaid, he cannot purchase a QHP.

Select the correct answer and then click **Check Your Answer**.

- ☐ A. True
- ✓ ☒ B. False

✓ Check Your Answer

Reset

Correct! If an individual is found eligible for Medicaid, he can enroll in a QHP; however, you should advise that individual that it is likely not in his best financial interests to do so as he will not be eligible for advance payments of the premium tax credit or cost-sharing reductions to lower his costs for the QHP. Further, in order to obtain a QHP without financial assistance, the individual may need to complete a second application and indicate that he or she is not seeking help paying for coverage.