

Centers for Medicare & Medicaid Services (CMS) | Enrollment Assistance Program (EAP)

EAP Contractor: Cognosante, LLC

Privacy Notice

What information do we collect from you?

We collect personal information related to your application or enrollment for health insurance coverage. Specific information we may collect includes but is not limited to your name, birth date, mailing address, email address, telephone number, preferred language, application status, and information necessary to complete your Healthcare.gov account profile and application. Information collected is used to perform Accountable Care Act (ACA)-mandated functions and determine someone's eligibility for financial assistance such as Advance Premium Tax Credits (APTC) and Cost-Sharing Reductions (CSR). We may also document details about the meeting, phone call, event, or location where we spoke with you and ask how you heard about the event, EAP, or health insurance available through the Federally-facilitated Marketplace.

Why do we collect this information?

We collect personal information from you, or your Authorized Representative, to provide enrollment assistance to you and any family members applying for coverage. Your information lets us stay connected with you while we provide that assistance, and lets our staff help to make sure that you understand the health insurance and dental coverage alternatives available to you. We collect consumer interaction information to help us learn which of our program activities are effective in reaching individuals in the community.

How will we use the information we collect from you?

Your information will be used by EAP personnel to assist you in enrolling in a Qualified Health Plan (QHP) or Stand Alone Dental Plans (SADP) offered through the Health Insurance Marketplace or other health programs such as Medicaid. Our personnel will only use your information to facilitate your enrollment into a QHP, SADP, or other affordable programs such as the Children's Health Insurance Program (CHIP), Medicaid, to help offset the cost of enrolling in a QHP, and to perform their duties as EAP Assistants.

Under what circumstances will information we collect be disclosed?

Your information will only be disclosed to the extent necessary to complete enrollments through the Federally-facilitated Marketplace (FFM). It may be shared among EAP personnel, including government and contractor staff, to provide you with information and assistance related to enrolling in health and/or dental insurance coverage. With your consent, your information may also be disclosed to personnel working on related programs, such as call center agents supporting healthcare.gov.

When and how do we obtain your consent to collect, use, or disclose information?

We will ask for your consent to collect, use, or disclose your information before you provide it to us and before we use your information to conduct enrollment assistance activities. We will also provide a written privacy notice (this document) to you before we collect any information other than contact information (name, physical address, email address, or telephone number) from you. Your contact information will only be used to contact you to perform an enrollment assistance task.

How will we secure your information?

All information we collect from individual consumers is stored on computer systems that provide multiple types of protection to keep your information safe and to protect your privacy. Only authorized individuals can store, retrieve, or use your information. Every computer used to collect information from you stores that information in encrypted form so that your information cannot be accessed or used by anyone if the computers are lost or stolen.

Are you required to provide the information we ask for?

Providing information to us is entirely voluntary; you are not required to provide any information and your choice to provide or not to provide information will not affect your eligibility for health or dental insurance coverage. Our personnel will not deny information or assistance to anyone that chooses not to consent to collection, use, or disclosure of their information.

What happens if you choose not to provide your information?

If you wish to check your eligibility for health insurance coverage, to apply for coverage, or to enroll in coverage available to you, the Health Insurance Marketplace and the insurer(s) offering you coverage will need information from you. If you choose not to provide information to EAP Assistants, we may be limited in our ability to help you complete some tasks, such as applying for coverage.

What privacy rights do you have to protect your information?

The privacy of your personal information is protected under both state and federal law. Your privacy rights include:

- Knowing how and for what purpose information about you will be collected and used
- Understanding your responsibilities and our responsibilities regarding your information
- Ensuring that the information about you we collect and use is accurate, relevant, timely, and complete
- Knowing that we collect only the minimum information we need to provide assistance to you
- Having the opportunity to consent (or refuse to consent) to the collection, use, and disclosure of your information
- Having the right to revoke any part of the consent at any time
- Keeping your information secured against loss, destruction, modification, or unauthorized use or disclosure
- Receiving notice regarding the collection, use, storage, and disclosure of your information
- Limiting the use of your information to the specific purpose for which it is collected

How can you file a complaint with the government or our program?

You may file a complaint regarding the Enrollment Assistance Program's collection, use, or handling of your information by contacting the Centers for Medicare & Medicaid Services (CMS) Privacy Office or the EAP Contractor, at the following postal mail and electronic mail addresses:

CMS

CMS Privacy Officer
Centers for Medicare & Medicaid Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244
1.800.318.2596
privacy@cms.hhs.gov

EAP Contractor (Cognosante)

Information Security and Privacy Officer
Cognosante, LLC
3110 Fairview Park Drive, Suite 800
Falls Church, VA 22042
privacy@cognosante.com