HIOS Portal
Overview

February 25, 2013
Agenda

- Self Registration
- Entity Creation
- User Role Creation & Association
Self Registration
Login Page –
Click “Register for New Account”
# Health Insurance Oversight System

## Request HIOS Account

Please note that you are applying for access to the Health Insurance Oversight System (HIOS). If you have any questions, please contact the HIOS Helpdesk at Phone: 1-877-343-6507 or Email: insuranceoversight@hhs.gov.

(*) Indicates a required field

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title/Name</td>
<td></td>
</tr>
<tr>
<td>*First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>*Last Name</td>
<td></td>
</tr>
<tr>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>*Job Title</td>
<td></td>
</tr>
<tr>
<td>*Organization Name</td>
<td></td>
</tr>
<tr>
<td>*Email Address</td>
<td></td>
</tr>
<tr>
<td>Phone Type</td>
<td></td>
</tr>
<tr>
<td>*Phone</td>
<td>(Format: 123-456-7890)</td>
</tr>
<tr>
<td>Phone Ext</td>
<td></td>
</tr>
<tr>
<td>Address Type</td>
<td></td>
</tr>
<tr>
<td>Address Line 1</td>
<td></td>
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<tr>
<td>Address Line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>ZIP code</td>
<td></td>
</tr>
</tbody>
</table>

**Submit** button to submit the form.
User Registration Approval Process

Once the user fills in the required information and clicks ‘Submit’, the request will be submitted for approval.

The users will receive an email notification when their user account has been approved.

Once the user has a HIOS user account, they can register organizations and request user roles.
Register an Organization
Register an Organization

Health Insurance Oversight System

HIOS Portal Home Page

- Manage Account
- Register an Organization
- Role Management

Announcements
Step 1: Search for company by FEIN.
Search by FEIN

Health Insurance Oversight System

Organization Registration

Please enter your company's 9 digit Federal EIN below and select 'Search' to determine if your company currently exists in HIOS.

Federal EIN:  
Search
Company Search Results – None

Health Insurance Oversight System

Organization Registration
Please enter your company's 9 digit Federal EIN below and select 'Search' to determine if your company currently exists in HIOS.

Federal EIN: 321321321 [Search]

Company

No Company Found
You may register your company in HIOS by selecting the 'Create Company' button below to enter your company's information.

[Create Company]
Step 2: If no results are returned, the user will click on the ‘Create Company’ button and be navigated to the ‘Register New Company’ page.
Register New HIOS Company

Health Insurance Oversight System

Register New Company
Please fill in the form below with your Company’s information.

Note: (*) Indicates a required field.

*Company Legal Name: 
*Incorporated State: 
Federal EIN: 321321321 
NAIC Company Code: 
NAIC Group Code: 
Group Name: 
AM Best Number: 
Not For Profit: 
Co-Op: 

Domiciliary Address
*Address Line 1: 
Address Line 2: 
*City: 
*State: 
*ZIP code: 
ZIP Plus 4: 

Review/Continue
Step 3: The user can review the information and submit it for approval.
New HIOS Company Creation Review

Health Insurance Oversight System

Review Company Information

Company

<table>
<thead>
<tr>
<th>Company Legal Name</th>
<th>Registered State</th>
<th>Federal EIN</th>
<th>NAIC Company Code</th>
<th>AM Best Number</th>
<th>Not For Profit</th>
<th>Co-Op</th>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
<th>ZIP Plus 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company 32132132</td>
<td>MD</td>
<td>32132132</td>
<td>32111</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>321 Main Street</td>
<td></td>
<td>Fairfax</td>
<td>MD</td>
<td>2212</td>
<td>4</td>
</tr>
</tbody>
</table>

Company Group

<table>
<thead>
<tr>
<th>NAIC Group Code</th>
<th>Group Name</th>
</tr>
</thead>
</table>

Back | Submit
Step 4: The user will see confirmation that the information was submitted and have the ability to navigate back to the HIOS main page.

Note: Users must wait until the company creation is approved before they can go in and request any user roles for that company.
New HIOS Company Creation Confirmation

New Company Confirmation
Your request to register the Company below has been submitted for approval. Once approved, you shall receive a notification email.

Company

<table>
<thead>
<tr>
<th>Company Legal Name</th>
<th>Registered State</th>
<th>Federal EIN</th>
<th>NAIC Company Code</th>
<th>AM Best Number</th>
<th>Not For Profit</th>
<th>Co-Op</th>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
<th>ZIP Plus 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company 3213 21</td>
<td>MD</td>
<td>321321321</td>
<td>32111</td>
<td>Yes</td>
<td>Yes</td>
<td>321 Main Street</td>
<td>Fairfax MD</td>
<td>22124</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Company Group

<table>
<thead>
<tr>
<th>NAIC Group Code</th>
<th>Group Name</th>
</tr>
</thead>
</table>

Continue
Adding a New Issuer
Step 1: Search for company by FEIN.

Note: Users are required to have an approved company in HIOS before they are able to create a new issuer.
Search by FEIN

Health Insurance Oversight System

Organization Registration

Please enter your company's 9 digit Federal EIN below and select 'Search' to determine if your company currently exists in HIOS.

Federal EIN: 321321321

Company

<table>
<thead>
<tr>
<th>Company Legal Name</th>
<th>Registered State</th>
<th>Federal EIN</th>
<th>NAIC Code</th>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
<th>ZIP Plus 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company 321321</td>
<td>MD</td>
<td>321321321</td>
<td>32111</td>
<td>321 Main Street</td>
<td></td>
<td>Fairfax</td>
<td>MD</td>
<td>22124</td>
<td></td>
</tr>
</tbody>
</table>

Issuers

There are no Issuers currently registered in HIOS for your company

Back  Add Issuer
Step 2: If the company is approved, the user will be able to add new issuers by clicking on the ‘Add Issuer’ button and be navigated to the ‘Register New Issuer’ page.
Register New Issuer

Please fill in the form below with your Issuer's information.

**Note: (*) Indicates a required field.**

Issuer Legal Name: Company 321321

*Registered State: 

Federal EIN: 321321321

NAIC Company Code: 32111

NAIC Group Code:

*Market Coverage:

Domiciliary Address

*Address Line 1:

Address Line 2:

*City:

*State: 

*ZIP code: 

ZIP Plus 4: 

Save and Add Another Issuer
Step 3: Users have the ability to add up to ten issuers in a single session. Once they have completed the form, they will submit it for approval.
### Health Insurance Oversight System

#### Add New Issuer

Register New Issuer

Please fill in the form below with your Issuer's information.

**Note:** (*) Indicates a required field.

- **Issuer Legal Name:** Company 321321
- **Registered State:**
- **Federal EIN:** 321321321
- **NAIC Company Code:** 32111
- **NAIC Group Code:**
- **Market Coverage:**

**Domiciliary Address**

- **Address Line 1:**
- **Address Line 2:**
- **City:**
- **State:**
- **ZIP code:**
- **ZIP Plus 4:**

[Back] [Save and Add Another Issuer]

Below are the Issuers that you have requested to create. To remove an Issuer from the table, you may select the Delete link on that row.

<table>
<thead>
<tr>
<th>Issuer Legal Name</th>
<th>Registered State</th>
<th>Federal EIN</th>
<th>NAIC Company Code</th>
<th>NAIC Group Code</th>
<th>Market Coverage</th>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
<th>ZIP Plus 4</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company 321321</td>
<td>VT</td>
<td>321321321</td>
<td>32111</td>
<td></td>
<td>Individual</td>
<td>123 Main Street</td>
<td></td>
<td></td>
<td></td>
<td>221221</td>
<td>4</td>
<td>Delete</td>
</tr>
</tbody>
</table>
Step 4: The user will see confirmation that the information was submitted and have the ability to navigate back to the HIOS main page.
New Issuer Confirmation

Your request to register the Issuers below has been submitted for approval. Once approved, you shall receive a notification email.

<table>
<thead>
<tr>
<th>Issuer Legal Name</th>
<th>Registered State</th>
<th>Federal EIN</th>
<th>NAIC Company Code</th>
<th>NAIC Group Code</th>
<th>Market Coverage</th>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
<th>ZIP Plus 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company 321321</td>
<td>VT</td>
<td>321321321</td>
<td>32111</td>
<td></td>
<td>Individual</td>
<td>123 Main Street</td>
<td>Fairfax</td>
<td>VA</td>
<td>VA</td>
<td>22124</td>
<td></td>
</tr>
</tbody>
</table>

Continue
User Role Request
HIOS Main Page - Role Management

Health Insurance Oversight System

HIOS Portal Home Page

- Manage Account
- Register an Organization
- Role Management

Announcements
New and Existing Roles

• Users can view their existing roles under the View Existing Roles Tab.

• Users can request new roles for different Modules under the Request Role Tab.
View Existing Roles

Health Insurance Oversight System

View Existing Roles

Welcome

View Existing Roles

Username:

Health Plan and Other Entity Enumeration System (HPOES)

<table>
<thead>
<tr>
<th>Role</th>
<th>Association Type</th>
<th>Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitter</td>
<td>Company</td>
<td>Anthem Blue Cross Life &amp; Health Ins Co</td>
</tr>
<tr>
<td>Submitter</td>
<td>Company</td>
<td>Celtic Insurance Company</td>
</tr>
<tr>
<td>Submitter</td>
<td>Company</td>
<td>Company 123</td>
</tr>
</tbody>
</table>

HIOS Portal

<table>
<thead>
<tr>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIOS Request Approver</td>
</tr>
</tbody>
</table>

Medical Loss Ratio Data Collection System (MLR)

<table>
<thead>
<tr>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewer</td>
</tr>
</tbody>
</table>

Rate & Benefits Information System (RBIS)

<table>
<thead>
<tr>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
</tr>
</tbody>
</table>
Role Request Process

**Step 1:** Select a Module from the drop down list.

Note: For first time users, who are not sure which module to select, a PDF document hyperlink (Module Descriptions) is available, which explains the purpose of each module.
Request Role-Select Module

Health Insurance Oversight System

Request Role

Please select a Module from the drop-down list below and follow the prompts to submit a role request. For a description of each module, select Module Descriptions.

Module:

-- Select Module --
Role Request Process

Step 2: Select the Requested Role from the drop down.

Note: The User Type and User Sub-type drop downs will only be displayed for Modules with User Roles that require them.
Request Role- Select Role, Type, Subtype

Health Insurance Oversight System

Please select a Module from the drop-down list below and follow the prompts to submit a role request. For a description of each module, select Module Descriptions.

**Module:** Plan Finder Module (PF)

**Requested Role:** Issuer

**User Type:** Small Group Market Submitter

**User Sub-Type:** Primary Contact

Continue
Role Request Process

**Step 3:** Click Continue and a User Association section will be displayed.

Note: The Association section displayed will be based on the Module selected.

Example:
Plan Finder is an issuer based Module (Input: Issuer ID).
MLR is a Company based module (Input: FEIN).
Role-Issuer Association

Health Insurance Oversight System

Request Role

Please select a Module from the drop-down list below and follow the prompts to submit a role request. For a description of each module, select Module Descriptions.

Module: Plan Finder Module (PF)
Requested Role: Issuer
User Type: Small Group Market Submitter
User Sub-Type: Primary Contact

Issuer Association

Please enter the HIOS Issuer ID below
Issuer ID: 38191

Search Result: 38191 - Company 321321 - VT

Review/Continue
Role Request Process

Step 4: Click Review/Continue to be navigated to the Information Review Page.
Request Role - Information Review

Health Insurance Oversight System

Request Role

Please review your selections below, and select 'Submit' to submit the new role request for approval, or select 'Back' to make changes.

Module: Plan Finder Module (PF)
Requested Role: Issuer
User Type: Small Group Market Submitter
User Sub-Type: Primary Contact
Selected Issuer: 38191 - Company 321321 - VT

Back
Submit
Step 5: Click Submit and user will be navigated to the Confirmation Page with the text “Your Role Request has been Submitted.”
Request Role Confirmation

Request Role

Confirmation:
- Your role request has been submitted for approval. Once approved, you shall receive a notification email.

Please select a Module from the drop-down list below and follow the prompts to submit a role request. For a description of each module, select Module Descriptions

Module: -- Select Module --
Agenda

- Requesting Standard Component IDs
- Template Q4 Changes
Standard Component Identification (SCID)
Standard Component ID (SCID)

• A Component ID is the base identification of an insurance plan prior to it being submitted to a system.
  • Component IDs are equivalent to Plan IDs from RBIS.
  • Component IDs are required for submitting plans to the exchanges.
• Component IDs can be requested through the HIOS Plan Finder Product Data Collection Module.
  • All component IDs must be assigned to a product.
  • The product must be created in HIOS before users can request a Component ID.
• Existing Component IDs can be viewed through HIOS Plan Finder.
• RBIS users can continue to use the Plan IDs generated by the RBIS system.
Standard Component ID (SCID) Format

• Component IDs will be generated in the appropriate format by the SCIS system upon user request.
• Component IDs will be 14 characters in length.

Example:

Issuer ID ----- 10020
Product ID----10020DC003

Component ID’s will be :
10020DC0030001
10020DC0030002
Login to HIOS, Click on Plan Finder
View Component ID’s (in Plan Finder)

Health Insurance Oversight System

View Component ID’s

Request Component ID’s

View Component IDs

Note: (*) Indicates a required field.

*Issuer: [Select from dropdown]

*Product(s): [Enter product(s)]

Note: Hold down the 'Ctrl' key to select multiple Products

View Results

Component IDs for the Selected Product are:

Component ID

[Display of Component IDs]

[Image of CMS logo]
Request Component ID’s

Health Insurance Oversight System

Welcome

Request Component IDs

Note: (*) indicates a required field.

* Issuer: [Select Issuer]

* Product: [Select Product]

* Number of IDs: [Enter Number] Maximum 50 IDs per request

[Submit]

[Cancel]
Confirmation Page

Health Insurance Oversight System

Welcome

Request Component IDs

Confirmation:

- Your Request for 10 Additional Component ID's has been received and once they are processed, you will be able to view them under the View Component ID's tab.

Note: (*) indicates a required field.

*Issuer: -- Please Select an Issuer --
Q4-Issuer Template Changes
Q4 Template Updates

Q4 Plan Finder template will have the following updates:

**Dental Product Type** – HIOS will capture the Dental Product Type. A new drop down value for DENTAL will be added as a Product Type option.
Q4 Template Updates

Q4 Plan Finder template will have the following updates:

**Approved Product**: HIOS will allow for the collection of non-approved products. As part of the collection effort, a new column is added to the issuer template for Approved Product (Yes/No).

<table>
<thead>
<tr>
<th>Website Address (Provider URL)</th>
<th>Covers Whole State?</th>
<th>Number of Applications Received</th>
<th>Number of Applications Denied</th>
<th>Number of Offers</th>
<th>Number of Disqualifiers</th>
<th>Open or Closed?</th>
<th>Other Closed Reason</th>
<th>Effective Start Date</th>
<th>Effective End Date</th>
<th>Approved Product?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>