

Health Insurance Oversight System (HIOS)

Non-Federal Governmental Plans



Release 1.0- July 2014

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1 Introduction

Prior to enactment of the Patient Protection and Affordable Care Act (the Affordable Care Act) on March 23, 2010, sponsors of self-funded, Non-Federal Governmental Plans were permitted to elect to exempt those plans from (“opt out of”) seven (7) provisions of Title XXVII of the Public Health Service (PHS) Act. This election was authorized under section 2721(b)(2) of the PHS Act. Once the Affordable Care Act amendments to the PHS Act affecting the opt-out provisions became effective, the sponsor of a self-funded, Non-Federal Governmental Plan could no longer elect to exempt that plan from three of those requirement categories but did have the option to continue to exempt the plan from the remaining four requirement categories.

Prior to the formulation of the Non-Federal Governmental Plans (Non-Fed) Module, self-funded, Non-Federal Governmental Plans had the option to submit their opt-out elections by notifying CMS in writing via U.S. Mail or facsimile. The Center for Consumer Information and Insurance Oversight (CCIIO) determines the form and manner of the opt-out elections for self-funded, Non-Federal Governmental Plans under a grant of authority by the Centers for Medicare and Medicaid Services (CMS). In the new Non-Fed Module, both self-funded and fully-insured plans may register their organization within HIOS, but only self-funded plans may complete a HIPAA Opt Out election.

This user manual explains the functionality of the Non-Fed Module within the Health Insurance Oversight System (HIOS), including registering organizations within HIOS, role request, role approver administrator functionality, creating and managing plans, completing HIPAA Opt Out elections, and editing HIPAA Opt Out elections. This manual provides step-by-step instructions for the features and functionalities available in the Non-Fed Module.

2 Introduction to Non-Federal Governmental Plans Module

2.1 What is a HIPAA Opt Out Election?

As authorized by section 2722(a)(2) of the PHS Act, self-funded, Non-Federal Governmental Plans may choose to exempt their plan from the following PHS Act provisions:

1. Standards relating to benefits for mothers and newborns.
2. Parity in the election of certain limits to mental health benefits.
3. Required coverage for reconstructive surgery following mastectomies.
4. Coverage of dependent students on medically necessary leave of absence.

There are two types of HIPAA Opt Out elections available to users with the ‘Submitter’ user role through the Non-Fed Module:

New HIPAA Opt Out Election: This category applies if the Submitter user is submitting an opt-out election on behalf of the organization for the first time OR if the Submitter is renewing and opting out of different HIPAA provisions from their previous plan year.

Renewal HIPAA Opt Out Election: This is for Submitter users who are renewing the election on behalf of the organization and opting out of the same HIPAA provisions.

2.2 Non-Fed Module – User Type

The Non-Fed Module is accessible by a user with the following role: Submitter. Below is a detailed description of the functionality assigned to this role.

- **Submitter:** A Submitter user is associated with a particular Non-Fed organization with the purpose of managing plans in HIOS. Submitter users associated to self-funded, Non-Fed plans only will be able to submit HIPAA Opt Out elections and manage the plans to which they are associated.

2.3 Collective Bargaining Agreements and Non-Fed Plans

Those HIPAA Opt Outs submitted by Non-Federal Governmental Plans that are negotiated pursuant to a single collective bargaining agreement remain valid until the term of the agreement expires. The HIPAA Opt Out election form will collect the start and end dates for the collective bargaining agreements, as well as list each plan subject to the collective bargaining agreement to which the election pertains.

2.4 Prerequisites and Information for HIOS System Access

User will need to access the HIOS system to use the Non-Federal Governmental Plan Module functionality. Hence they would first need to satisfy the pre-requisites to access HIOS. Users will need to obtain their Enterprise Identity Management credentials by completing registration

through the EIDM secure authentication process. Once registered, those credentials will be required to login to the CMS Enterprise Portal.

Below is a brief description of the systems:

Enterprise Identity Management System (EIDM)

Enterprise Identity and Access Management System. EIDM provides Authentication and Authorization capabilities and is tightly integrated with the CMS Enterprise Portal. Users must register for an EIDM account and obtain an EIDM User ID and Password to access the CMS Enterprise Portal.

CMS Enterprise Portal

CMS Enterprise Portal is used for accessing CMS systems. HIOS is one of the systems that can be accessed through the CMS Portal using the EIDM authentication and authorization. Only users who are authenticated with the EIDM procedures will be allowed to access the HIOS system.

Pre-Requisites for HIOS Access:

1. All users will be required to complete the Enterprise Portal registration process, which includes Identity Verification (ID Proofing).
2. ID Proofing verifies that the individual referenced in the account is the same person creating the account.
3. Additional information collected includes the following Personally Identifiable Information (PII) for purposes of the ID Proofing process: Social Security Number, Date of Birth, Home Address and Primary Phone Number.

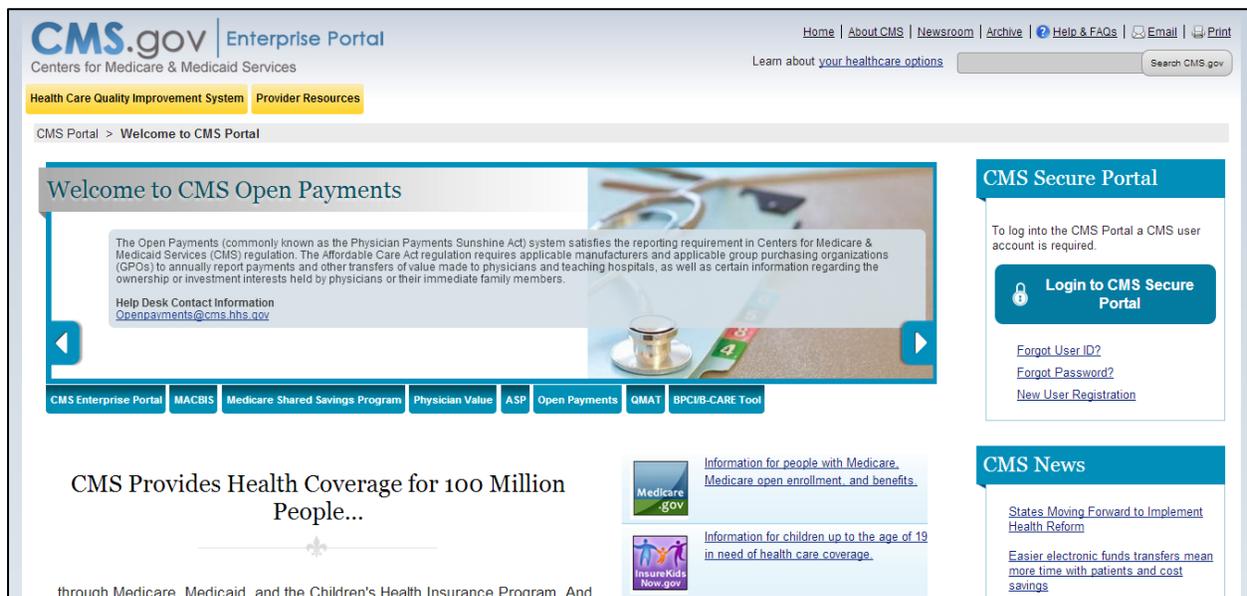
3 HIOS System Access

All the authorized and authenticated users will be able to access the HIOS system by navigating to the CMS Enterprise Portal using the secure URL <https://portal.cms.gov/>. Users will be required to enter their credentials obtained by registering through the EIDM system to access HIOS.

This manual will provide steps and instructions on how New and Existing Submitter users will be able to access the HIOS system.

Figure 1 displays the CMS Enterprise Portal home screen.

Figure 1: CMS Enterprise Portal- Main Screen



3.1 New HIOS Users

New HIOS Users must complete the following steps to access HIOS and the Non-Federal Governmental Plans Module:

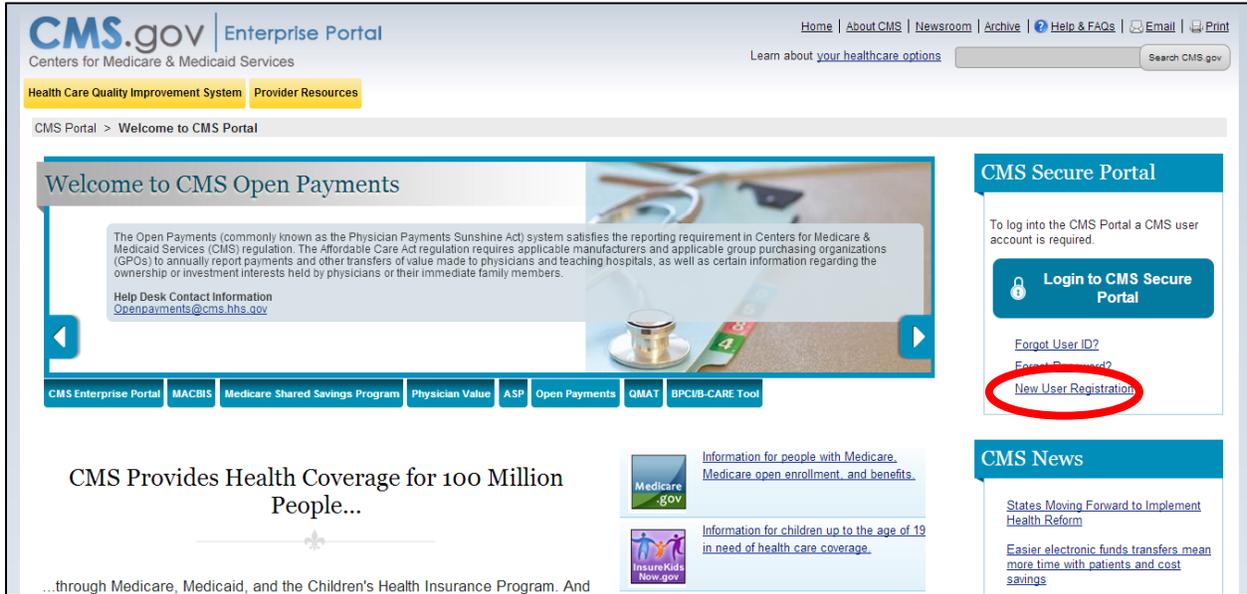
1. Register for an EIDM account.
2. Request access to HIOS in the CMS Enterprise Portal.
3. Register in HIOS.
4. Register a Non-Federal Governmental Plan in HIOS Portal Module.
5. Request a Role Approver Administrator role under the Portal Module and associate with the Non-Federal Governmental Plan registered.
6. Request a Submitter user role for the Non-Federal Governmental Plan Module.

Step 1: Register for an EIDM Account: New users will navigate to the CMS Enterprise Portal at <http://www.cms.gov> to start the registration process. This registration process will require some

personally identifiable information (PII) like Social Security number, Date of Birth, Home Address, Full name, Phone number, etc.

Figure 2 displays the ‘New User Registration’ link on the CMS Enterprise Portal main screen.

Figure 2: CMS Enterprise Portal -New User Registration link



In order to register as a new user, all users must agree to the Terms and Conditions by selecting the “I agree to the terms and conditions” checkbox. Once that checkbox is selected, the Next button will be made available.

Figure 3 displays the EIDM ID Proofing Screens.

Figure 3: EIDM ID Proofing Screens

Terms and Conditions

Consent To Monitoring

By logging onto this website, you consent to be monitored. Unauthorized attempts to upload information and/or change information on this web site are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec.1001 and 1030. We encourage you to read the [HHS Rules of Behavior](#) for more details.

Protecting Your Privacy

Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the [CMS Privacy Act Statement](#) which describes how we use the information you provide.

Collection Of Personal Identifiable Information (PII)

"Personal" information is described as data that is unique to an individual, such as a name, address, telephone number, social security number and date of birth (DOB).

CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal data to uniquely identify the user registering with the system. We may also use your answers to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password.

I have read the HHS Rules of Behavior (HHS RoB), version 2010-0002.001S, dated August 26 2010 and understand and agree to comply with its provisions. I understand that violations of the HHS RoB or information security policies and standards may lead to disciplinary action, up to and including termination of employment; removal or debarment from work on Federal contracts or projects; and/or revocation of access to Federal information, information systems, and/or facilities; and may also include criminal penalties and/or imprisonment. I understand that exceptions to the HHS RoB must be authorized in advance in writing by the OPDIV Chief Information Officer or his/her designee. I also understand that violation of laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS RoB draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment.

I agree to the terms and conditions

Cancel Next

Users will then be navigated to a Questionnaire page, where they must enter additional fields required for ID proofing that are not collected in HIOS. Attributes already collected in HIOS will be pre-populated and read-only.

Figure 4 displays the 'Additional Questions' page.

Figure 4: Additional Questions Page

The screenshot shows a web form titled "Your Information" with the following fields and instructions:

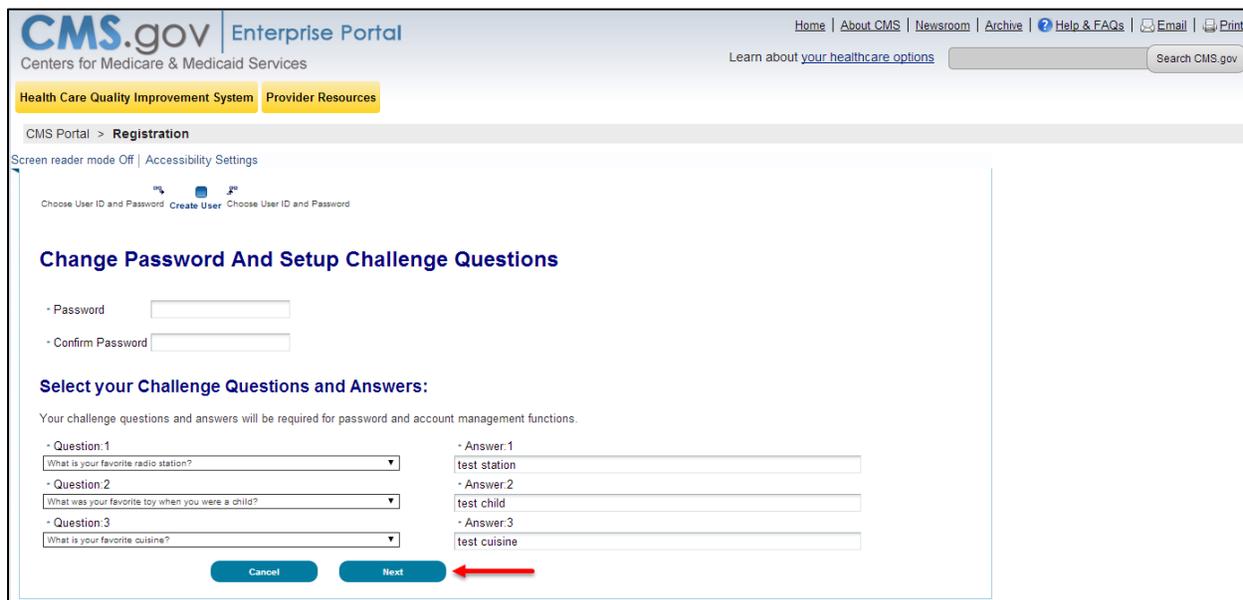
- Header: "Your Information" repeated three times with a blue icon.
- Section Title: "Your Information"
- Instruction: "Enter your legal first name and last name, as it may be required for identity verification."
- Fields: "- First Name:" (text input), "Middle Name:" (text input), "- Last Name:" (text input), "Suffix:" (dropdown menu).
- Instruction: "Enter your email address, as it will be used for account related communications."
- Fields: "- E-mail Address:" (text input), "Re-enter your email address.", "- Confirm E-mail Address:" (text input).
- Instruction: "Enter your full 9 digit social security number, as it may be required for identity verification."
- Field: "Social Security Number:" (text input).
- Instruction: "Enter your date of birth in MM/DD/YYYY format, as it may be required for identity verification."
- Field: "- Date of Birth:" (text input).
- Instruction: "Enter your current or most recent home address, as it may be required for identity verification."
- Fields: "- Home Address Line 1:" (text input), "Home Address Line 2:" (text input), "- City:" (text input), "- State:" (dropdown menu), "- Zip Code:" (text input), "Zip Code Extension:" (text input), "Country: USA".
- Instruction: "Enter your primary phone number, as it may be required for identity verification."
- Field: "- Primary Phone Number:" (text input).
- Buttons: "Cancel" and "Next" (both in blue rounded rectangles).

Based on the information provided, the user will be required to answer four questions for Identity Verification. This information is submitted to Experian and unique questions and answers are provided to each user for ID Proofing.

Users must then reset their password and set up challenge questions and answers as shown below.

Figure 5 displays one of the Identity Verifications screens.

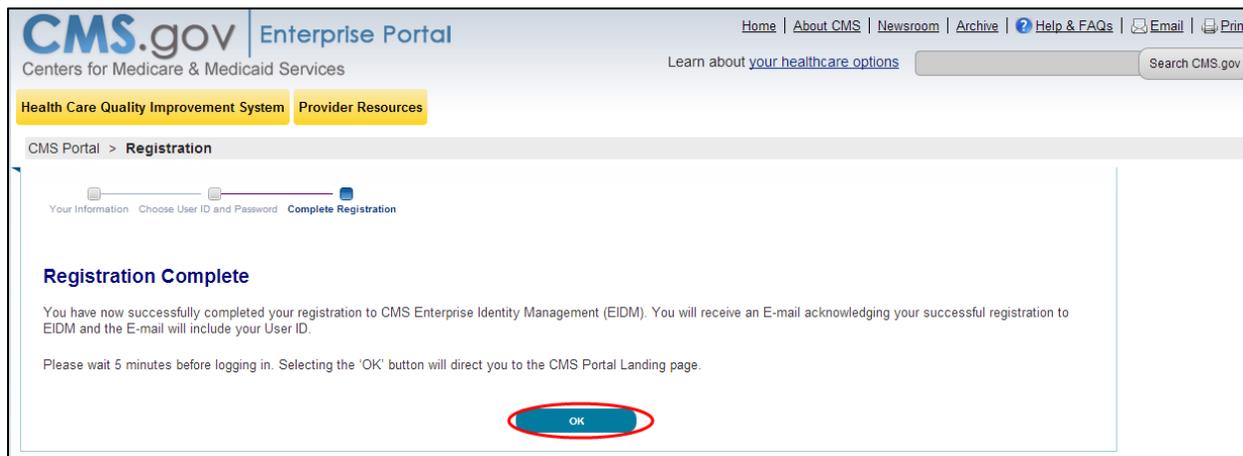
Figure 5: Identity Verification Screens - 2



After completing the registration process, users will receive the below confirmation message. Users will also receive an email acknowledging successful registration and the email will include the EIDM user ID.

Figure 6 displays the registration confirmation screen.

Figure 6: Confirmation Screen



Once the users receive an email with the Enterprise Portal URL, they will select the 'Login to CMS Secure Portal' button.

Figure 7 displays the CMS Enterprise Portal login screen.

Figure 7: CMS Enterprise Portal - Login

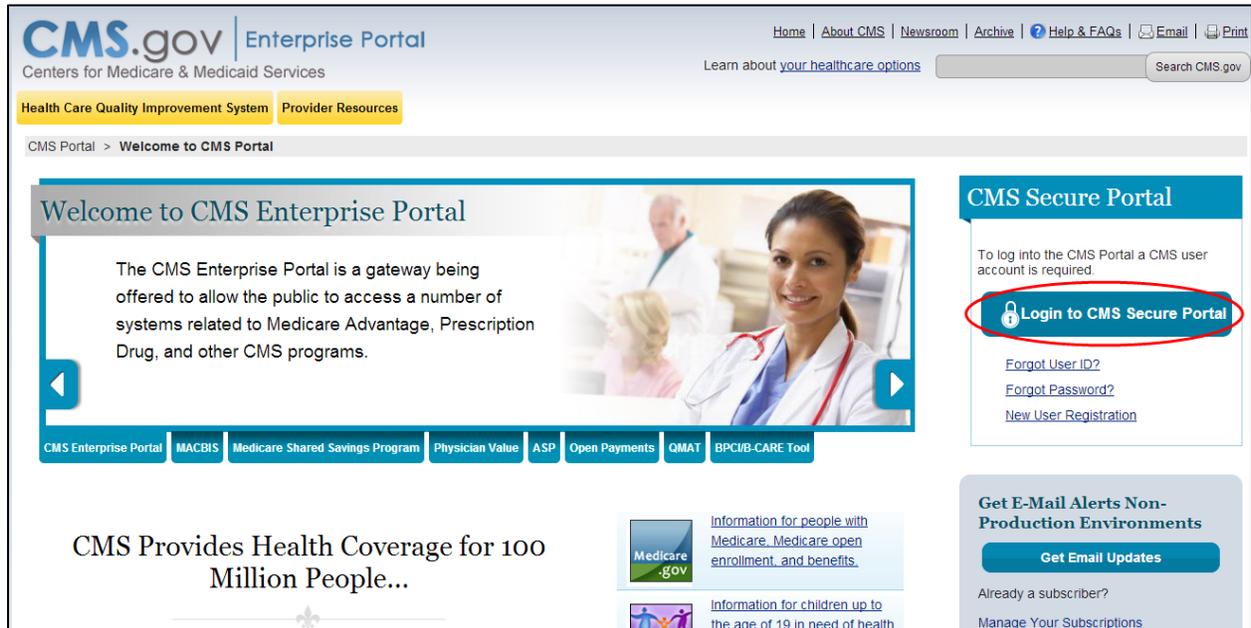


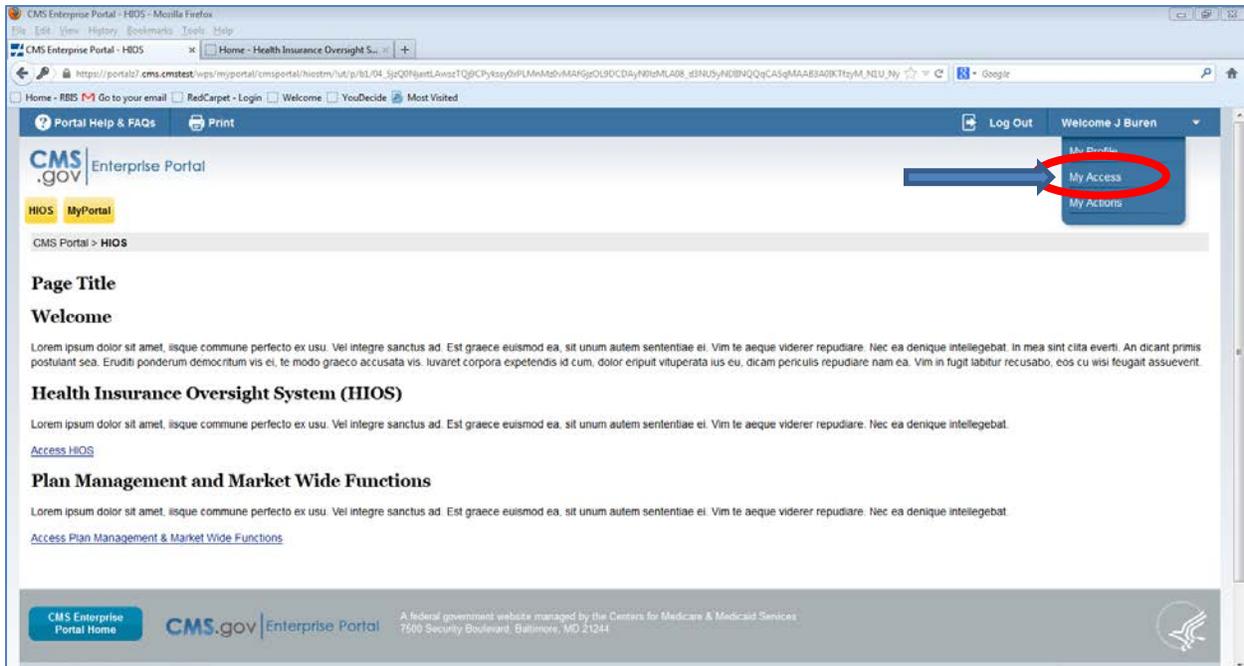
Figure 8 displays the Terms and conditions screen through CMS Portal.

Figure 8: Terms and Conditions Page - CMS Portal



Figure 9 displays the ‘My Access’ link through the CMS Portal.

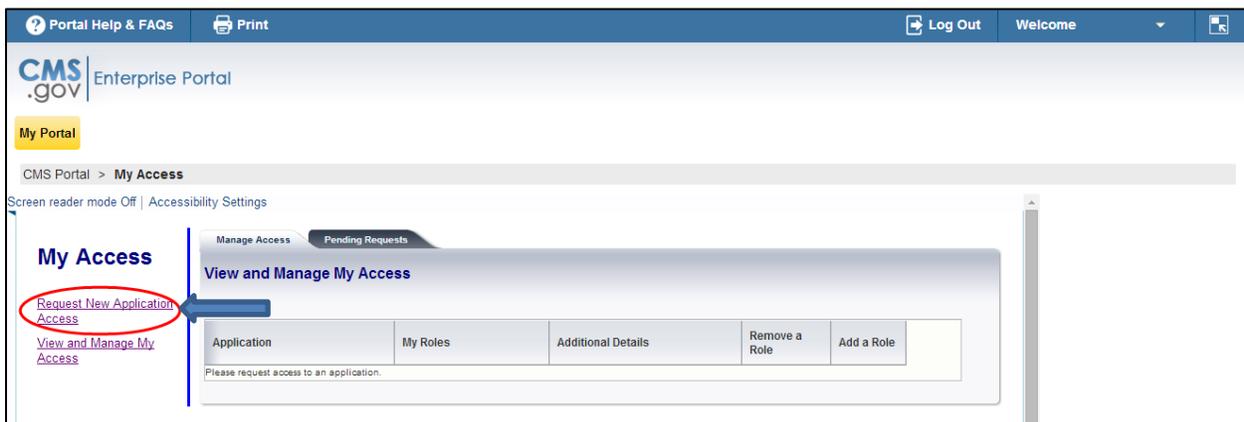
Figure 9: HIOS and Plan Management and Market Wide Functions Landing Page



Once on the My Access page, the users will select the ‘Request New Application Access’ link as shown below.

Figure 10 below displays the ‘Request New Application Access Link’.

Figure 10: Request New Application Access Link



Users will select HIOS from the ‘Application Description’ Dropdown and ‘HIOS Issuer’ from the Role Dropdown. New users will need to register in HIOS by clicking on the link circled below. The HIOS Registration page will open.

Figure 11 displays the ‘Request New Application Access’ page. Users will need to select “HIOS- HIOS Application” from the Application description and “HIOS Issuer” as the Role. These selections are for HIOS system registration purposes only.

Figure 11: My Access - HIOS

Portal Help & FAQs | Print | Log Out | Welcome

CMS.gov Enterprise Portal

My Portal

CMS Portal > My Access

Screen reader mode Off | Accessibility Settings

My Access

[Request New Application Access](#)

[View and Manage My Access](#)

Request New Application Access

Select an application and then a role to request access.

Application Description:

Role:

Enter validation data

Please enter a valid HIOS Authorization Code (i.e. HIOS Issuer ID or Company FEIN) to continue with the role request. If you are an existing HIOS user and do not have access to a valid HIOS Authorization Code, please contact the HIOS helpdesk:

Phone: 855-267-1515
Email: CMS_FEPS@CMS.HHS.GOV
Hours of Operation: 9am-6pm

If you are not an existing HIOS user, please select the hyperlink below to register for access to HIOS:

<https://rhival.cms.gov/HIOS-MAIN-UI/FrontController?op=requestHIOSAccount>

HIOS Authorization Code:

Cancel Submit

All users will need to complete the HIOS registration form and submit for approval.

Figure 12 displays the HIOS Registration form.

Figure 12: HIOS Registration Form

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 Exchange Operations Support Center (XOSC) at Phone: 1-855-267-1515 or Email: CMS_FEPS@cms.hhs.gov.

(*) Indicates a required field

Title (Name):	<input type="text"/>
*First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text"/>
Suffix:	<input type="text"/>
*Job Title:	<input type="text"/>
*Organization Name:	<input type="text"/>
*Email Address:	<input type="text"/>
Phone Type:	<input type="text"/>
*Phone: (Format: 123-456-7890):	<input type="text"/>
Phone Ext:	<input type="text"/>
Address Type:	<input type="text"/>
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
ZIP code:	<input type="text"/> - <input type="text"/>

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)

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Once approved, authenticated HIOS users will receive an email with their HIOS credentials and account information and an Authorization Code to request access to HIOS in the Enterprise Portal.

Users must log into the Enterprise Portal to request access to HIOS.

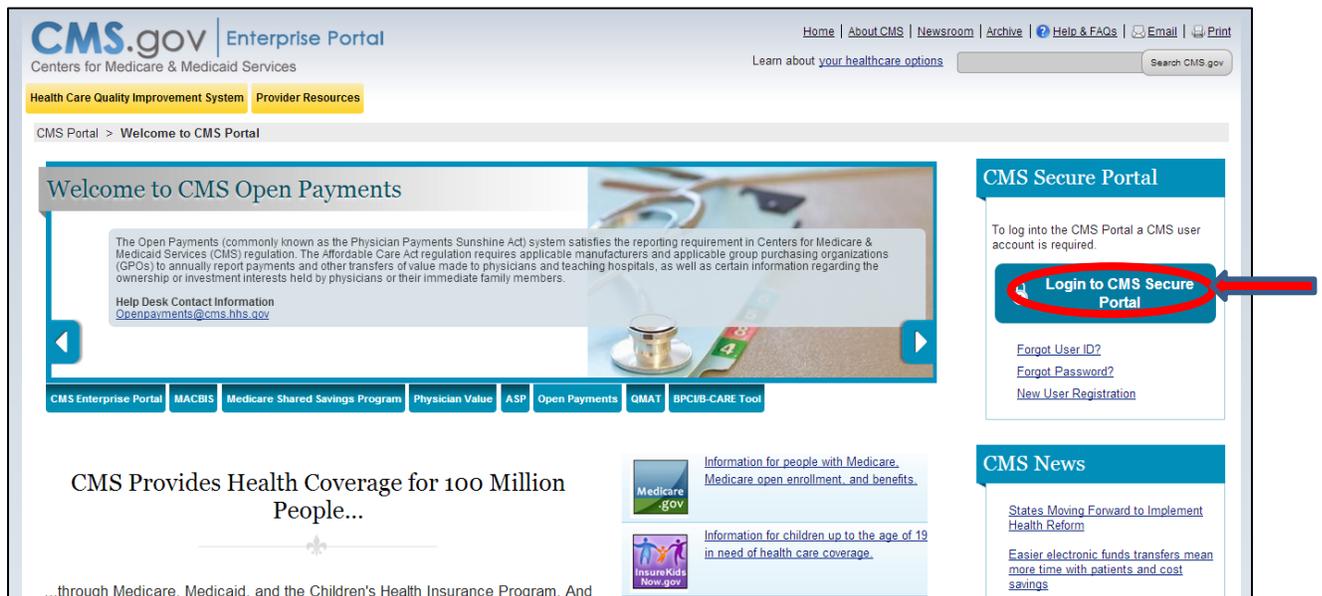
Once the users receive the email from HIOS registration along with the Authorization Code, they will be required to follow the same steps 9-11 as above. The user will enter the Authorization code to gain access to HIOS.

3.2 Existing HIOS Users

Existing HIOS users will be able to access HIOS through the CMS Enterprise Portal. These users will already have their EIDM credentials and account set up and also their HIOS account linked up to be able to access the HIOS system.

Figure 13 displays the CMS Enterprise Portal Main Page- Login to CMS Secure Portal link

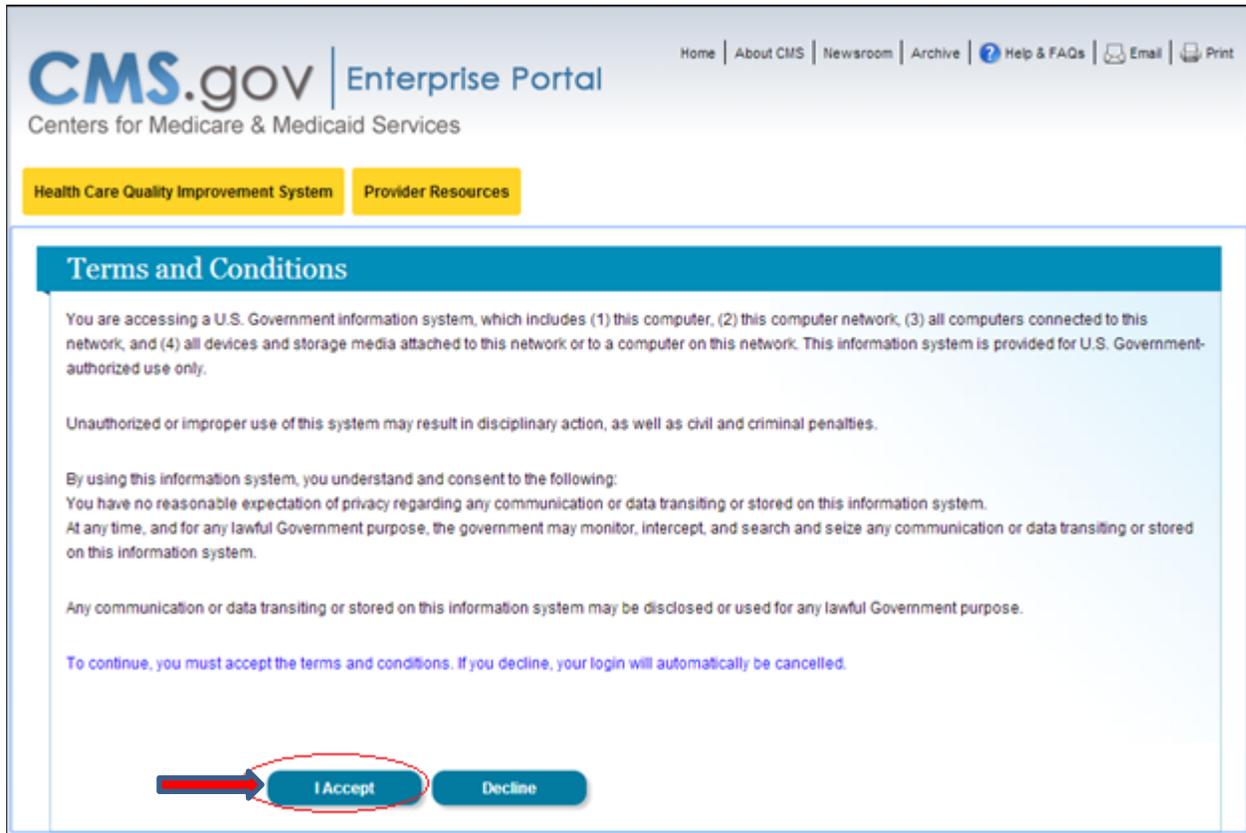
Figure 13: CMS Enterprise Portal- Login to CMS Secure Portal link.



Once the users receive an email with the Enterprise Portal URL, they will select the 'Login to CMS Secure Portal' button.

Figure 14 displays the 'Terms and Conditions' page.

Figure 14: CMS Terms and Conditions Page



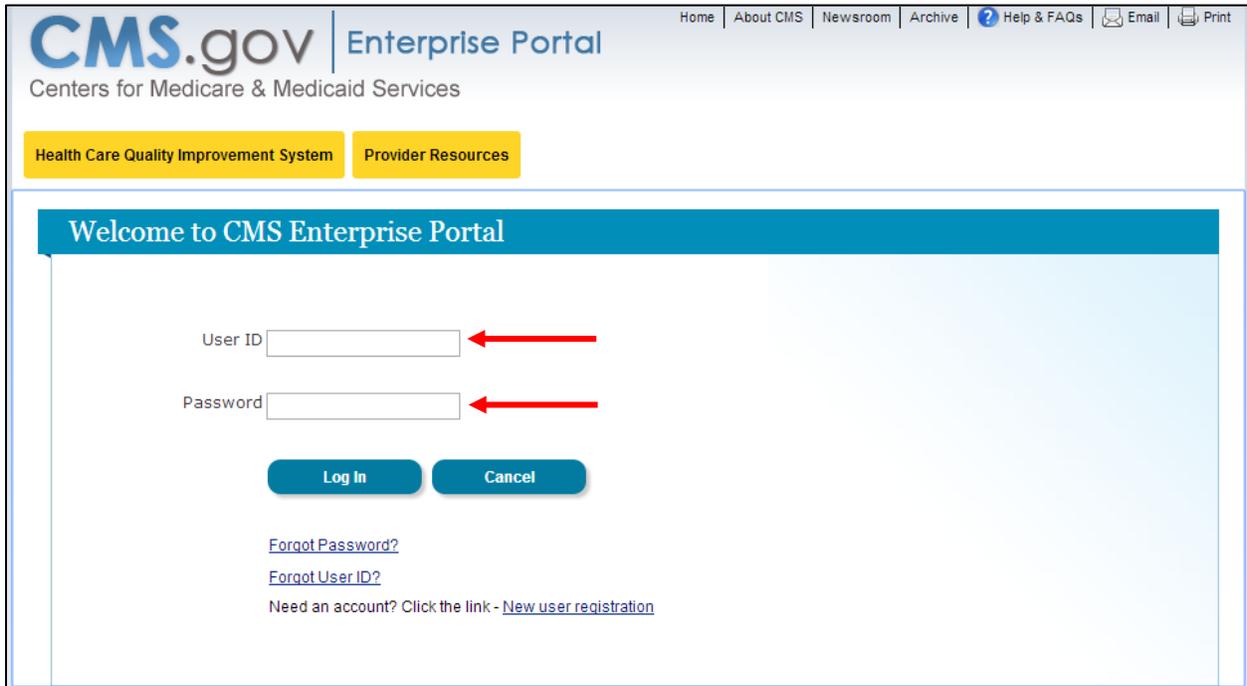
Users will then be able to navigate to the CMS Enterprise Portal Login page, where they will enter their EIDM credentials (Credentials like user name and password) which were obtained by registering through the EIDM registration process. The email received by the users after registration will contain the credentials that can be used here.

1. EIDM credentials will be used to access the CMS Enterprise Portal page.
2. Users will need complete their HIOS account creation.
3. HIOS account creation will need to go through an approval process.
4. Once approved HIOS and EIDM accounts are linked in the backend.

Hence the same EIDM credentials will also be useful to access the CMS Enterprise Portal and the HIOS main page.

Figure 15 displays the CMS – EIDM Login page.

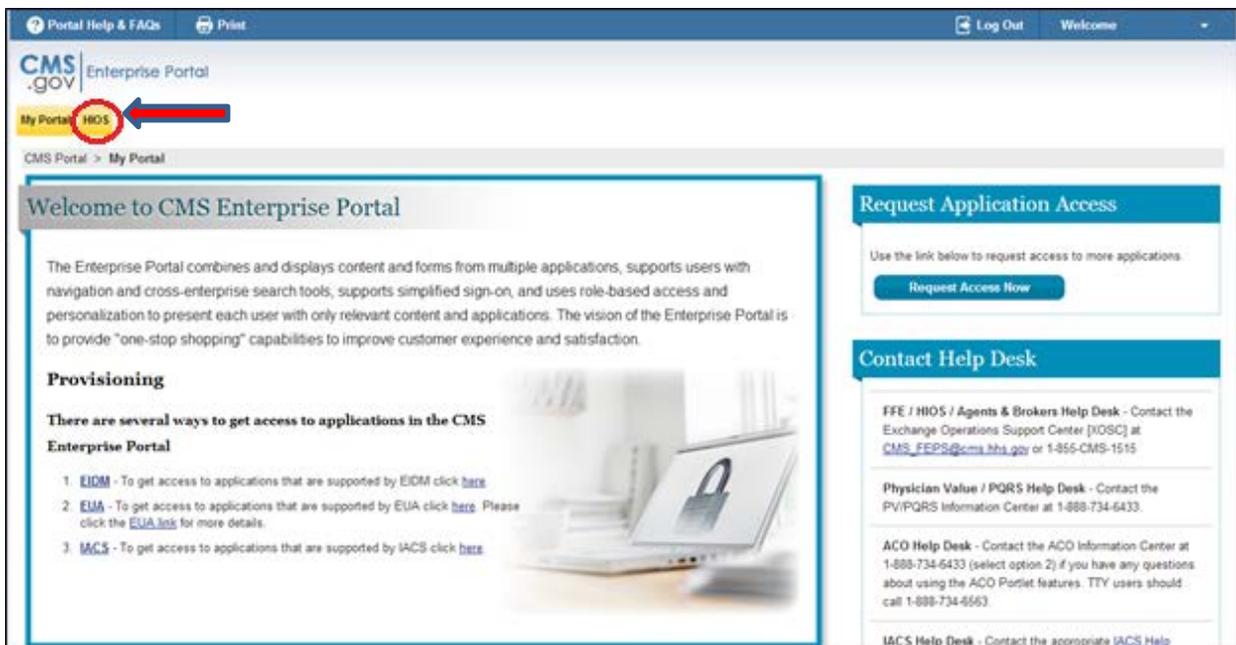
Figure 15: CMS - EIDM Login Page



After users have logged into the CMS Enterprise Portal they will have access to HIOS system and clicking the 'HIOS' tab will open the HIOS landing page.

Figure 16 displays the EIDM Page with HIOS access.

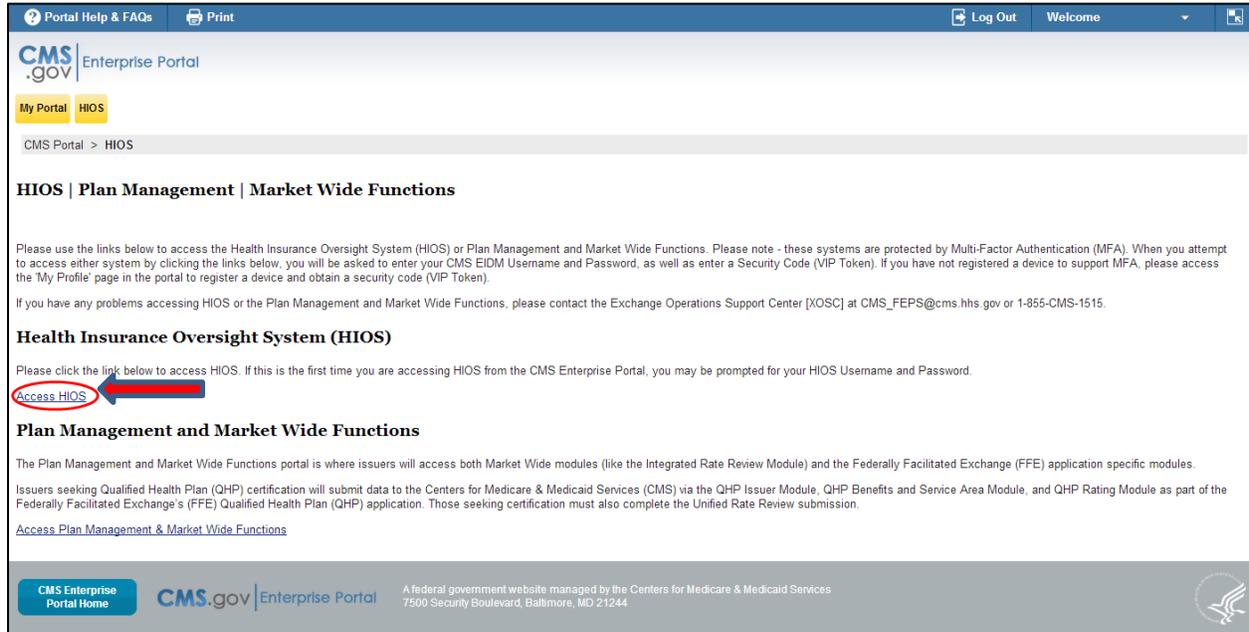
Figure 16: EIDM Page - HIOS Access



After selecting the HIOS tab located at the top of the landing page, the user will be directed to the page shown below. Then, select 'Access HIOS'.

Figure 17 displays the 'Access HIOS' link.

Figure 17: Access HIOS Link page



Then users will be navigated to the HIOS home page once the users click on the Access HIOS link.

4 Managing an Organization within HIOS

After successfully gaining access to the system, the HIOS Home Page will be displayed for the users.

Figure 18 displays the HIOS Portal Main Page.

Figure 18: HIOS Portal Main Page

Health Insurance Oversight System

HOME FAQ CONTACT US SIGN OUT

Welcome

HIOS Home Page

Organization Management & Administrative Functions:

- Manage Account
- Manage an Organization
- Role Management

HIOS Functions

HIOS Main Page Announcements:

Welcome to the Health Insurance Oversight System (HIOS).

The following Modules are now live in HIOS:

- Plan Finder and Product Data Collection Module (PF)
- Rates and Benefits Information System (RBIS)
- Consumer Assistance Program (CAP)
- Medical Loss Ratio Data Collection System (MLR)
- Rate Review System (RRJ)
- Rate Review Grants Reporting System (RRG)
- Health Plan and Other Entity Enumeration System (HPOES)

For any further inquiries or questions, please contact the Exchange Operations Support Center (XOSC) at CMS_FEPS@cms.hhs.gov or 1-855-267-1515.

Please review the following memo sent on March 28th, 2013 from CCIIO Data Collection and Management Division Director, Brian James. This memo provides additional information and guidance regarding access to the CMS Enterprise Portal, the Enterprise Identity Management System (EIDM), and the Personally Identifiable Information (PII) collected during the user registration process.

[PortalAccessEIDMComments_03282013.pdf](#)

Accessibility | Rules of Behavior | Web Policies | File Formats and Plug-Ins

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Before accessing the Non-Fed Module, a user must first register their organization within the Health Insurance Oversight System (HIOS). Users can add an organization to HIOS using 'Manage an Organization.' Organizations must be registered and approved within HIOS before requesting role access to any module.

Step 1: Once successfully logged into HIOS, the Submitter user can select the ‘Manage an Organization’ tab from the left navigation bar as seen in the figure below. Figure 19 displays the ‘Manage an Organization’ button on the HIOS Main page.

Figure 19: Manage an Organization - HIOS



Step 2: Before creating an organization, the user must first enter the organization’s Federal EIN/TIN to determine whether the organization has already been registered in the system. Three types of organizations can be created in HIOS, they are:

1. Company
2. Non Insurance Company
3. Non-Federal Governmental Plans

Users will have to first access HIOS and register their Non-Federal Governmental plan. They will need to access the Manage an Organization and enter the FEIN/TIN to verify if the Organization exists in the system or not.

Figure 20 displays the Federal EIN Search through HIOS Portal.

Figure 20: Manage an Organization - Federal EIN Search

The screenshot shows the HIOS portal interface. At the top, there is a green header with the text "Health Insurance Oversight System". Below the header, there are navigation buttons for "HOME", "FAQ", "CONTACT US", and "SIGN OUT". A "Welcome" message is visible on the right. The main content area has two tabs: "Manage an Organization" (which is active) and "Manage Organization Relationships". Under the "Manage an Organization" tab, there is a section titled "Manage an Organization" with the following text: "Please enter your organization's 9 digit Federal EIN /TIN below and select 'Search' to determine if your organization currently exists in HIOS." Below this, there is a note: "If your organization is not located in the United States or its territories, and does not have a Federal Employer Identification Number (FEIN) or U.S. Tax Identification Number (TIN), you will need to contact the Exchange Operations Support Center (XOSC) at CMS_FEPS@cms.hhs.gov or 1-855-267-1515 for assistance in registering within HIOS." There is a radio button selection for "Federal EIN/TIN" which is selected. Below this, there is a search form with a text input field labeled "Federal EIN/TIN" and a "Search" button. The entire search form area is circled in red. At the bottom of the page, there are links for "Accessibility", "Rules of Behavior", "Web Policies", and "File Formats and Plug-Ins", along with the address: "U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201".

The Submitter user must complete the steps below to search for an organization using Federal EIN/TIN.

1. Select 'Manage an Organization' link on the HIOS Portal Home Page.
2. Key in the company's 'Federal EIN/TIN'.
3. Click the 'Search' button.

Figure 21 displays the 'Manage and Organization' page.

Figure 21: Manage an Organization - No Organization Found



Step 3: If no organization is found, the Submitter user may register an organization by selecting 'Create Organization.' For the Non-Fed system, the Submitter should select Non-Federal Governmental Plan from the drop-down box for Organization Type.

Figure 22 displays the 'Register New Organization' information for Organization type: Non-Federal Governmental Plan

Figure 22: Register New Non-Federal Governmental Plan Information

The screenshot shows the 'Health Insurance Oversight System' registration page. At the top, there is a green header with the system name. Below the header, a navigation bar includes the date 'Friday, April 18, 2014' and buttons for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A 'Welcome' message is displayed. The main heading is 'Register New Organization', followed by the instruction 'Please fill in the form below with your Organization's information.' A note states: 'Note: (*) Indicates a required field.' The form fields are as follows: 'Organization Type' is set to 'Non-Federal Governmental Plans'; '*Organization Legal Name' is an empty text box; 'Federal EIN/TIN' is '123409157' with a link for 'Domiciliary Address'; '*Address Line 1' is an empty text box; 'Address Line 2' is an empty text box; '*City' is an empty text box; '*State' is a dropdown menu; '*ZIP code' is an empty text box; and 'ZIP Plus 4' is an empty text box. At the bottom of the form are 'Back' and 'Continue' buttons. A footer contains links for 'Accessibility', 'Rules of Behavior', 'Web Policies', and 'File Formats and Plug-Ins', along with the address: 'U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201'.

Step 4: The Submitter user must enter all the required information that is marked with an asterisk (*) for their organization, then select 'Continue.'

Organization Type: Non-Federal Governmental Plans (as selected from the drop down).

Organization Legal Name: This is the name of the Organization/Plan Sponsor.

FEIN/TIN: Federal Employer Identification Number/Tax Identification Number for the Plan Sponsor.

Figure 23: Register New Non-Federal Governmental Plan-Attributes

The screenshot shows the 'Health Insurance Oversight System' header. Below the header is a navigation bar with the date 'Tuesday, June 24, 2014' and buttons for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A 'Welcome' message is displayed. The main heading is 'Register Attributes For New Organization'. Below this, it says 'Please select the attributes that apply to your organization.' A note states: 'Note: (*) Indicates a required field.' There is a form for '*Non-Fed Plan Type:' with two radio buttons: 'Self Funded' and 'Fully Insured'. At the bottom, there are 'Back' and 'Review/Continue' buttons.

Figure 24 displays the 'Register New Organization' Confirmation screen.

Figure 24: Register Organization - Confirmation

The screenshot shows the 'Health Insurance Oversight System' header. Below the header is a navigation bar with buttons for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A 'Welcome' message is displayed. The main heading is 'Review Organization Information'. Below this, the word 'Organization' is followed by a list of details: Organization Type: Non-Federal Governmental Plans; Organization Legal Name: Pond County; Non-Fed Plan Type: Self Funded; Federal EIN/TIN: 123145167. A link for 'Domiciliary Address' is provided. Below the link, the address details are listed: Address Line 1: 123 Cedar Park Dr; Address Line 2: Suite 200; City: Shelby; State: TX; ZIP code: 09876; ZIP Plus 4: 7898. At the bottom, there are 'Back' and 'Submit' buttons.

Step 5: After ensuring all the entered information is correct, select 'Submit' to register your organization.

5 Role Request

After registering an Organization in the HIOS Portal, Submitters may submit a role request to gain access to the Non-Fed Module. All role requests are to be completed through the Role Request functionality within HIOS portal. All HIOS users who need to request roles may select 'Role Management' from the left navigation bar of the HIOS Portal Home page. Users will also be able to view their existing roles and access status.

Pre-requisites for obtaining a Submitter role for the Non-Fed Module:

- The plan sponsor (the entity sponsoring the Non-Federal Governmental plan, such as the state or city government, the school district, or the fire department employer) must register through the HIOS Portal.
- Another individual at the organization must request a Role Approver Administrator role under the Portal Module and associate the role with the Non-Fed plan created.
- Once approved, these Role Approver Administrators will be able to approve all the Submitter role requests for that Non-Fed Governmental plan.

All of these steps will be further outlined later in this user manual.

Requesting a role for Role Approver Administrator:

1. Select 'HIOS Portal' from the Module drop-down box.
2. Select 'Role Approver Administrator' from the Requested Role drop-down box.
3. Select 'Federal EIN/TIN' or HIOS Issuer ID under Association section.
4. Enter Federal EIN/TIN or HIOS Issuer ID that is associated to the appropriate organization.
5. Select 'Review/Continue.'
6. Review information for errors and select 'Submit.'

The Role Approver Administrator will now be able to approve or deny role Submitter role requests for the organization that they administer.

Figure 25 displays the HIOS Role Request page.

Figure 25: HIOS Role Request

Module Descriptions (PDF)'. Below the instructions, there is a label 'Module:' followed by a drop-down menu with the text '--Select Module--'. A red arrow points to the drop-down menu."/>

Health Insurance Oversight System

Monday, December 09, 2013

HOME FAQ CONTACT US SIGN OUT

Welcome

View Existing Role Request Role

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 \(PDF\)](#)

Module: --Select Module--

Figure 26 displays the Role Approver Administrator Request page.

Figure 26: Role Approver Administrator Request

Health Insurance Oversight System

HOME FAQ CONTACT US SIGN OUT

Welcome

View Existing Role Request Role

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 \(PDF\)](#)

Module: HIOS Portal

Requested Role: Role Approver Administrator

Association

Please select your Organization Identifier type:

Federal EIN/TIN HIOS Issuer ID

Please enter the Organization Federal EIN/TIN below

Federal EIN/TIN : 123145167 Search

Search Result: Pond County

[Review/Continue](#)

Figure 27 displays the Role Approver Administrator 'Submit' page.

Figure 27: Role Approver Administrator Submit

The screenshot displays the 'Health Insurance Oversight System' interface. At the top, there is a green header with the system name. Below the header, there are navigation buttons for HOME, FAQ, CONTACT US, and SIGN OUT. A 'Welcome:' message is visible. The main content area has two tabs: 'View Existing Role' and 'Request Role', with the latter being active. The 'Request Role' section contains the following information:

- Module: **HIOS Portal**
- Requested Role: **Role Approver Administrator**
- Selected Issuer: **123145167- Pond County**

At the bottom of the form, there are two buttons: 'Back' and 'Submit'. A red arrow points to the 'Submit' button. Below the form, there are links for Accessibility, Rules of Behavior, Web Policies, and File Formats and Plug-Ins. The footer text reads: 'U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201'.

Requesting a Submitter Role for Non-Fed Module:

1. Select 'Non-Federal Governmental Plans' from the Module dropdown.
2. Select 'Non-Fed Submitter' from the Requested Role dropdown.
3. Non-Fed 'Submitter' from the User Type dropdown.
4. Select either 'Primary Contact' or 'Back up Contact' from the User Sub-Type dropdown.
5. Select 'Continue'.
6. Select 'Federal EIN/TIN' to enter the 9 digit Federal EIN of the Non-Federal Governmental Plan you need to gain access to.
7. Select 'Search'.
8. If the correct Non-Fed Organization is displayed, select 'Review/Continue' to request your role.

Figure 28 displays the Role Request for a Non-Fed Submitter.

Figure 28: Role Request Non-Fed Submitter

HOME FAQ CONTACT US SIGN OUT

Welcome

View Existing Role Request Role

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 \(PDF\)](#)

Module: Non-Federal Governmental Plans (Non-Fed)

Requested Role: Non-Fed Submitter

User Type: Submitter

User Sub-Type: Primary Contact

Association

Please select your Organization Identifier type:

Federal EIN/TIN

Please enter the Organization Federal EIN/TIN below

Federal EIN/TIN : 122334455 Search

Search Result: Wakefield Forest Fire Department

Review/Continue

Figure 29: Role Request Non-Fed Submitter- Error screen (if a Role Approver Administrator has not been identified)

Health Insurance Oversight System

HOME FAQ CONTACT US SIGN OUT

Welcome

Error(s):

- The Role request cannot be processed for this organization. The organization you have selected does not have a designated Role Approver Administrator.

View Existing Role Request Role

Figure 30: Role Request Non-Fed Submitter- Review Screen

Health Insurance Oversight System

HOME FAQ CONTACT US SIGN OUT

Welcome

View Existing Role **Request Role**

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: **Non-Federal Governmental Plans (Non-Fed)**
Requested Role: **Non-Fed Submitter**
User Name Type: **Submitter**
User Sub-Type: **Primary Contact**
Selected Company: **Wakefield Forest Fire Department**

Back Submit

Figure 31: Role Request Non-Fed Submitter- Confirmation Screen

Health Insurance Oversight System

HOME FAQ CONTACT US SIGN OUT

Welcome

View Existing Role **Request Role**

Request Role

Confirm
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 \(PDF\)](#)

Module: --Select Module--

6 Non-Federal Governmental Plans Module

Non-Federal Governmental Plan Module (Non-Fed) can be accessed by the Non-Fed Submitter user. A Submitter user's access to system functionalities depends upon the user role assigned to that user. If you experience issues with access to a specific functionality within the Non-Fed Module, please contact the Exchange Operations Support Center (XOSC). The Exchange Operations Support Center (XOSC) contact information can be found in section [11](#).

This following section discusses the different functionalities available to the Role Approver Administrator and Non-Fed Submitter.

6.1 Role Approver Administrator

The Role Approver Administrator role can be requested through HIOS Portal's 'Role Management' tab. This role must be requested and approved before a Submitter role can be requested for the same organization. The Role Approver Administrator can perform the following functions:

- Approve or Deny Non-Fed Submitter roles requested for the organization with which they are associated.

6.2 Non-Fed Submitter Role

Before a user can gain access to the 'Submitter' role within the Non-Fed Module, a Role Approver Administrator must approve the role request. Within the Non-Fed Module, a user with a 'Submitter' user role can perform the following functions:

- Manage plans.
- Submit a New HIPAA Opt Out election.
- Renew HIPAA Opt Out elections.
- Edit elections.

7 Non-Fed Module – Manage Plans

One of the main functionalities within the Non-Fed Module is to create and manage plans. Before creating a HIPAA Opt Out election, the Submitter user must follow the below steps.

Step 1: Users will access HIOS home page and register a Non-Federal Governmental plan organization.

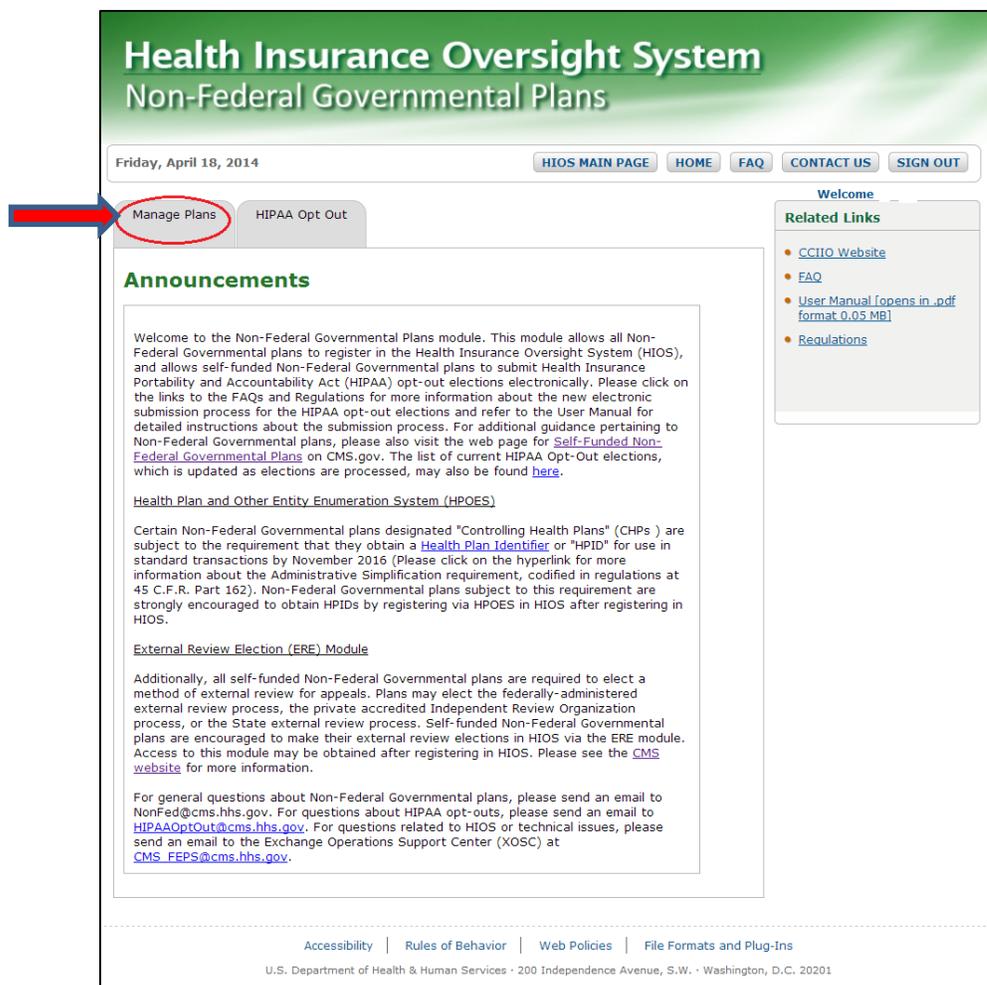
Step 2: On the HIOS home page, users request the Non-Fed Submitter role and associate with the Non-Federal governmental plan organization registered.

Step 3: Once approved, Submitter users will click on the Non-Federal Governmental Plan Module green button on the left navigation on HIOS home page.

Step 4: The Submitter users will be redirected to a Non-Fed Module landing page, where the Manage Plans and the HIPAA Opt Out tabs will be displayed.

Figure 32 displays the ‘Manage Plans’ tab within the Non-Fed Module.

Figure 32: Manage Plans for Non-Fed



Step 3: The Submitter user will be able to see the Organization to Plan association on the Manage Plans page. If no plans have been created, this page will remain blank. To create a new Plan, the Submitter user can select ‘Add New’ as shown in the figure below.

Figure 33 displays the ‘Add New’ Selection.

Figure 33: Add New Plan



Step 4: After selecting ‘Add New’ button the Submitter user will be prompted to enter a plan name for the selected organization. Once the plan name is entered select ‘Submit’ as shown in the figure below.

Figure 34 displays the ‘Add New’ plan name submission.

Figure 34: Add New Plan Name

Health Insurance Oversight System
Non-Federal Governmental Plans

HIOS MAIN PAGE | HOME | FAQ | CONTACT US | SIGN OUT

Welcome

Manage Plans | HIPAA Opt Out

Add new Plan

(*) Indicates a required field

Organization Name	Federal ENTN	Plan Type
Casterly Rock University	022619900	Self Funded

*Enter Plan Name:



Accessibility | Rules of Behavior | Web Policies | File Formats and Plug-Ins
U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201

After selecting 'Submit' a confirmation message will be displayed as shown in the figure below.

Figure 35 displays the 'New Plan' Confirmation screen.

Figure 35: New Plan Confirmation Message

Health Insurance Oversight System
Non-Federal Governmental Plans

Friday, April 18, 2014 | HIOS MAIN PAGE | HOME | FAQ | CONTACT US | SIGN OUT

Welcome

Manage Plans | HIPAA Opt Out

Non-Federal Governmental Plans:

New Non-Fed Plan added successfully

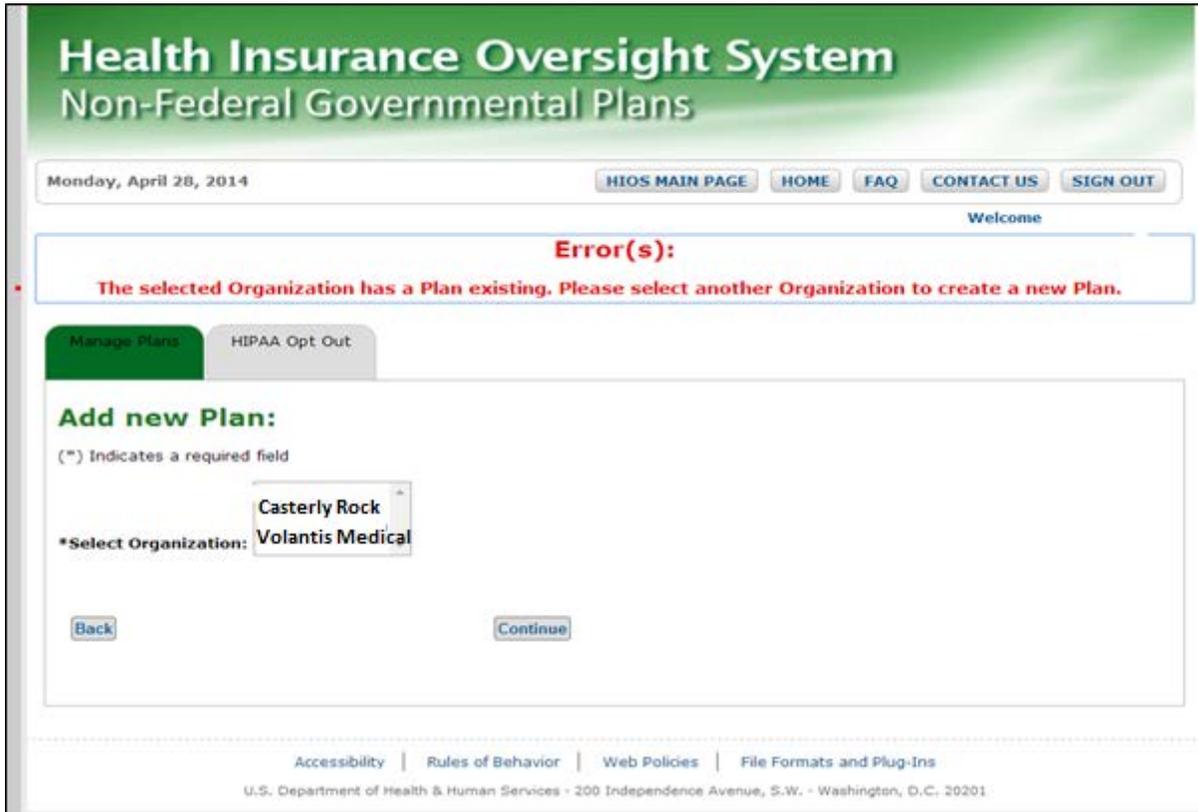
Organization Name	Plan Name
Casterly Rock University	Casterly Rock Health Plan

Accessibility | Rules of Behavior | Web Policies | File Formats and Plug-Ins
U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201

Only one plan per organization can be added within the Non-Fed system. If the Submitter user tries to add a new plan to an organization with an existing plan, an error message will be displayed as shown in the figure below.

Figure 36 displays the Plan Error Message.

Figure 36: Organization - Plan Error Message



8 Non-Fed Module – Submitting a HIPAA Opt Out Election

Approved Submitter users will be able to submit a HIPAA Opt Out election within the Non-Fed Module. Follow the steps below to submit a HIPAA Opt Out election.

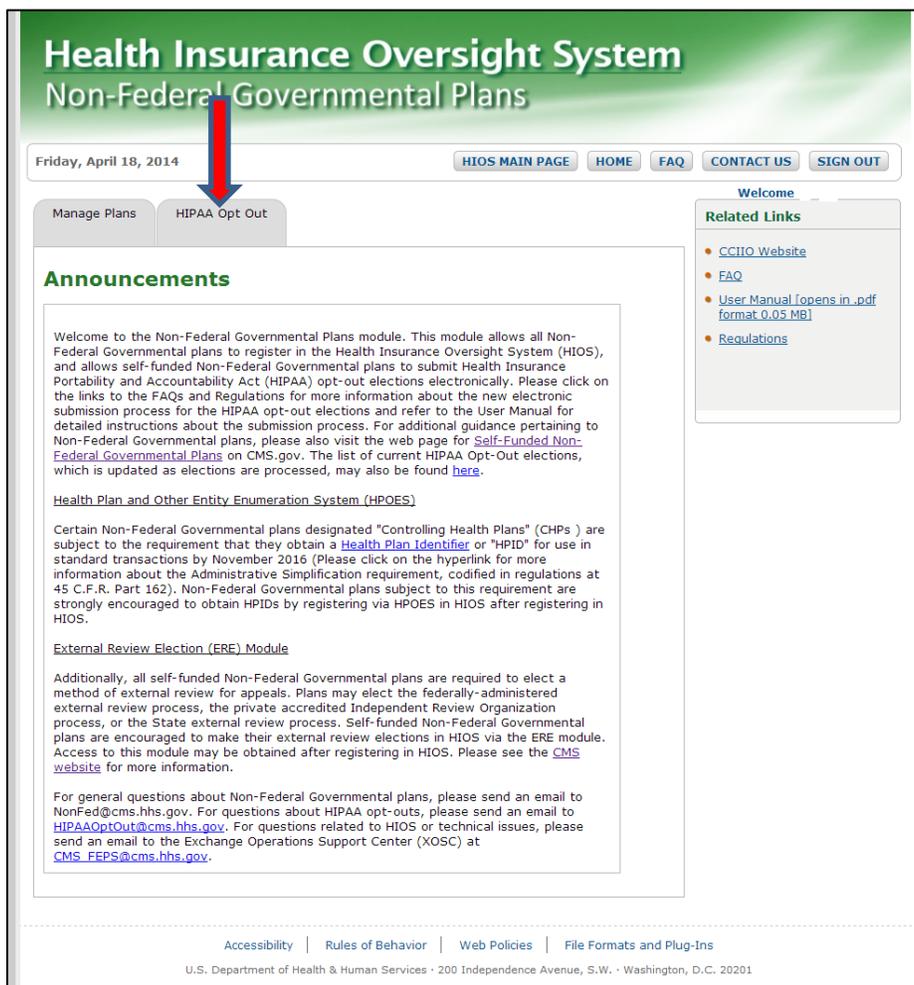
Step 1: Navigate to the HIOS Main Page.

Step 2: Select ‘Non-Federal Governmental Plans System’ button on the left hand menu.

Submitter user will be directed to the ‘Non-Fed Homepage’.

Figure 37 displays the Non-Fed Submitter Homepage.

Figure 37: Non-Fed Submitter User Homepage



Step 3: Select ‘HIPAA Opt Out’ tab from the top navigation bar.

Figure 38 displays the HIPAA Opt Out page.

Figure 38: HIPAA Opt Out Page

The screenshot shows the 'HIPAA Opt Out' page within the Health Insurance Oversight System (HIOS) for Non-Federal Governmental Plans. The page header includes the system name and date (Friday, April 18, 2014). Navigation links for 'HIOS MAIN PAGE', 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT' are present. A 'Welcome' message is displayed. The main navigation menu has 'Manage Plans' and 'HIPAA Opt Out', with a red arrow pointing to the latter. The form contains two required fields: '*Select Organization:' with a dropdown menu showing 'Casterly Rock', and '*Select a Plan:' with an empty dropdown menu. A 'Submit' button is located at the bottom left of the form. Footer links include 'Accessibility', 'Rules of Behavior', 'Web Policies', and 'File Formats and Plug-Ins', along with the address: 'U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201'.

The Submitter user will then be directed to choose an organization they are associated with and select a plan. See Figure below for the ‘Select a Plan’ page.

Figure 39 displays the ‘Select a Plan’ on the HIPAA Opt Out page.

Figure 39: Select a Plan

Health Insurance Oversight System
Non-Federal Governmental Plans

Tuesday, April 29, 2014

[HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome

Manage Plans **HIPAA Opt Out**

(*) Indicates a required field

*Select Organization:

*Select a Plan:

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)

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Step 4: After selecting an Organization and plan name and selecting 'Submit', the Submitter user can choose between 'renewing' an election and creating a 'new' election.

Figure 40 displays the HIPAA Opt Out 'New' or 'Renew' selection.

Figure 40: HIPAA Opt Out - New or Renew

Health Insurance Oversight System
Non-Federal Governmental Plans

Monday, April 21, 2014

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

Manage Plans HIPAA Opt Out

Casterly Rock State Health Plan

First, select the type of opt-out election you will submit by choosing either "New Election" or "Renew Election" below. Select "New Election" if this is the first time you are submitting an opt-out election OR if you are renewing and opting out of different HIPAA provisions from your previous plan year. Select "Renew Election" if you are renewing and opting out of the same HIPAA provisions.

Plan Effective Date:
Plan Expiration Date:

Plan is governed by a Collective Bargaining Agreement

HIPAA Opt Out Provisions

- Standards relating to benefits for mothers and newborns;
- Parity in the application of certain limits to mental health benefits;
- Required coverage for reconstructive surgery following mastectomies; and
- Coverage of dependent students on a medically necessary leave of absence.

Notification to Enrollees:

Back Renew Election New Election

Accessibility | Rules of Behavior | Web Policies | File Formats and Plug-Ins
U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201

8.1 HIPAA Opt Out – New Election

Submitter users associated to Non-Fed Organizations that have not yet submitted their elections to CCHIO may submit a new election within the Non-Fed system. The following steps describe the process for how new elections may be submitted.

Step 1: To submit a new HIPAA Opt Out election, the Submitter must select the 'New Election' button displayed on the bottom of the page. The Submitter will be directed to the new HIPAA Opt Out election page as shown in Figure 37 below.

Figure 41 displays the HIPAA Opt Out Election page when "New Election" is selected.

Figure 41: New HIPAA Opt Out –New Election Page

The screenshot shows the 'Health Insurance Oversight System' interface for 'Non-Federal Governmental Plans'. The page title is 'Casterly Rock State Health Plan'. It includes a navigation bar with 'HIOS MAIN PAGE', 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT' buttons. A 'Welcome' message is displayed. The main content area is titled 'Manage Plans' and 'HIPAA Opt Out'. It contains a form for entering election details. The form includes a note: 'NOTE: Plan expiration date will be automatically set to 1 year from the Plan Effective Date when not provided.' There are two required fields: '*Plan Effective Date: (MM/DD/YYYY)' and 'Plan Expiration Date: (MM/DD/YYYY)'. A checkbox is present for 'Plan is governed by a Collective Bargaining Agreement'. A section titled 'HIPAA Opt Out Provisions' contains four checkboxes: 'Standards relating to benefits for mothers and newborns;', 'Parity in the application of certain limits to mental health benefits;', 'Required coverage for reconstructive surgery following mastectomies; and', and 'Coverage of dependent students on a medically necessary leave of absence.'. Below this is a 'Notification to Enrollees:' section with a file upload area. The file upload area includes the text: 'Please select the 'Browse' button below to select a file (PDF or Word). After selecting a file click 'Continue' to start the submission.' and a 'Choose File' button. The current status is 'No file chosen'. At the bottom of the form are 'Back' and 'Continue' buttons. The footer contains links for 'Accessibility', 'Rules of Behavior', 'Web Policies', and 'File Formats and Plug-Ins', along with the address: 'U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201'.

Step 2: To complete an election, the Submitter user must enter data in following required fields:

- *Plan Effective Date* (The beginning of the plan’s benefit year, or in the case of a collective bargaining agreement, the beginning of the first plan year subject to the agreement. A plan may not enter an effective date that has passed).
- *Plan Expiration Date* (The end of the plan’s benefit year or end of the last plan year subject to the collective bargaining agreement. This field is optional and will be defaulted to one year from the Plan Effective Date if not provided. For example for a Plan Effective date of 06/01/2014 the system will default to a Plan expiration date of 05/31/2015 when Plan expiration date is not provided).
- *Plan is governed by a Collective Bargaining Agreement* (This field is required when the period of election is longer than 1 year.)
- Select appropriate HIPAA Opt Out Provisions
- Upload Notification to enrollees document (required for all New elections)

Submitters can upload either Word documents or PDF files for Notification to Enrollees. No other file formats will be accepted with in Non-Fed system. The Non-Fed system shall accept files with a maximum size of 50MB.

The system will display the error message as shown in the figure below when Notification to Enrollees document is not uploaded for a new election.

Figure 42 displays the Notification to Enrollees Error Message.

Figure 42: Notification to Enrollees – Error Message

The screenshot displays the HIOS Non-Federal Governmental Plans interface. At the top, the title reads "Health Insurance Oversight System Non-Federal Governmental Plans". Below the title, the date "Wednesday, April 23, 2014" is shown, along with navigation buttons for "HIOS MAIN PAGE", "HOME", "FAQ", "CONTACT US", and "SIGN OUT". A user greeting "Welcome Morgan" is visible on the right. A prominent red error message states: "Error(s): There was no file uploaded for Notification to Enrollees. You must select a file to upload before submitting your election." Below the error message, there are tabs for "Manage Plans" and "HIPAA Opt Out". The main content area is titled "Casterly Rock State Health Plan" and includes a note about plan expiration dates. It shows the "Plan Effective Date" as 04/01/2013 and the "Plan Expiration Date" as 03/31/2014. There is a checkbox for "Plan is governed by a Collective Bargaining Agreement" which is currently unchecked. Under "HIPAA Opt Out Provisions", several options are listed, with "Standards relating to benefits for mothers and newborns;" and "Coverage of dependent students on a medically necessary leave of absence." checked. The "Notification to Enrollees:" section contains a "Choose File" button and the text "No file chosen". At the bottom of the form are "Back" and "Continue" buttons. The footer includes links for "Accessibility", "Rules of Behavior", "Web Policies", and "File Formats and Plug-Ins", along with the address "U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201".

When Plan expiration date entered is more than 1 year from the Plan effective date, 'Plan is governed by Collective Bargaining Agreement' must be selected.

Figure 43 displays the Collective Bargaining Agreement Error Message.

Figure 43: Error – Plan is governed by Collective Bargaining Agreement

Health Insurance Oversight System
Non-Federal Governmental Plans

Friday, April 18, 2014 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#) Welcome

Error(s):
Plan Expiration Date entered is more than 1 year from Plan Effective Date. Please select the "Plan is governed by a Collective Bargaining Agreement" check box

Manage Plans **HIPAA Opt Out**

Casterly Rock State Health Plan
(*) Indicates a required field

NOTE: Plan expiration date will be automatically set to 1 year from the Plan Effective Date when not provided.

*Plan Effective Date: (MM/DD/YYYY) 04/01/2014
Plan Expiration Date: (MM/DD/YYYY) 03/31/2017

Plan is governed by a Collective Bargaining Agreement

HIPAA Opt Out Provisions

- Standards relating to benefits for mothers and newborns;
- Parity in the application of certain limits to mental health benefits;
- Required coverage for reconstructive surgery following mastectomies; and
- Coverage of dependent students on a medically necessary leave of absence.

Notification to Enrollees:

Please select the 'Browse' button below to select a file (PDF or Word). After selecting a file click 'Continue' to start the submission. Uploading a new file will delete the existing Notification to Enrollees document.

No file chosen

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)
U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201

Step 3: After entering data in all the required fields, the Submitter user can select 'Continue'. The Confirmation screen will be displayed as shown in Figure 41 below. The Confirmation page will display all the data previously entered and Policy text. To submit the HIPAA Opt Out election Submitter will need to confirm the Election type and enter Electronic Signature (Title, First name, and Last name).

Figure 44 displays the HIPAA Opt Out Confirmation page for a New Election.

Figure 44: HIPAA Opt Out Confirmation page - New

Health Insurance Oversight System
Non-Federal Governmental Plans

Wednesday, April 23, 2014

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

Manage Plans HIPAA Opt Out

Confirmation:

Plan Effective Date*: 04/01/2014 Plan Expiration Date:
 Plan is governed by a Collective Bargaining Agreement

HIPAA Opt Out Provisions

- Standards relating to benefits for mothers and newborns;
- Parity in the application of certain limits to mental health benefits;
- Required coverage for reconstructive surgery following mastectomies; and
- Coverage of dependent students on a medically necessary leave of absence.

Notification to Enrollees:
[Non-Fed Plan XYZ- Notification to Enrollees](#)

This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act.

This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan.

New Opt-Outs: The notice to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided at the time of enrollment to enrollees who enroll during the plan year. A copy of the notice to plan enrollees is attached.

Renew Opt-Outs: The notice to plan enrollees has been, or will be, provided to plan enrollees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election.

Enter your Electronic Signature (Title, First Name and Last Name) to submit your Election. CEO, Jimmy Smith

Back Submit

Accessibility | Rules of Behavior | Web Policies | File Formats and Plug-Ins
U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201

If the Election type (New Election or Renew Election) selected does not match the information provided for that type of election, the system will display the error given in Figure 45 below.

Figure 45 displays the 'Election Type Does Not Match' Error Message.

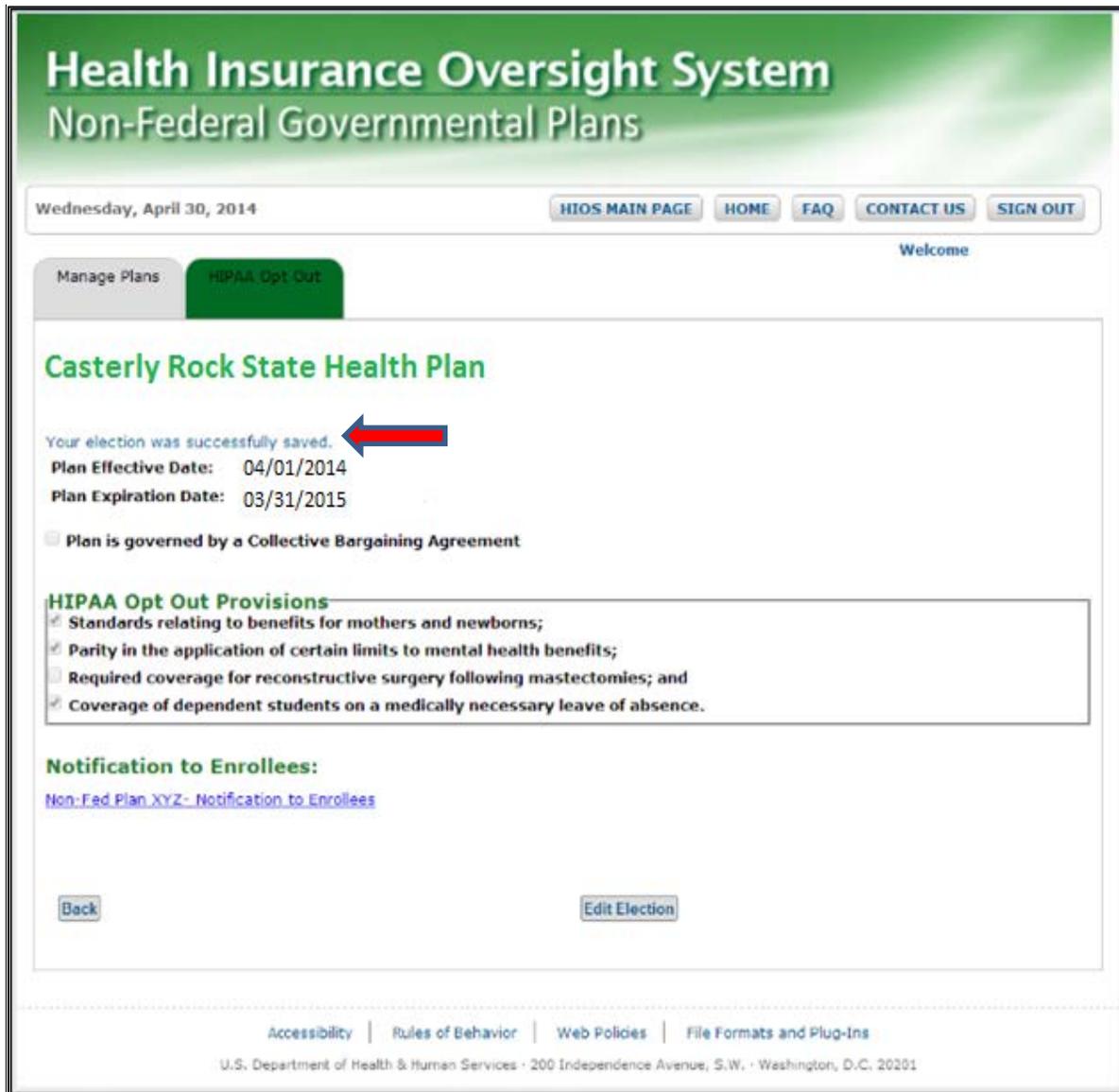
Figure 45: Error – Election type does not match

The screenshot displays the 'Health Insurance Oversight System Non-Federal Governmental Plans' interface. At the top, there is a header with the system name and a date of 'Wednesday, April 30, 2014'. Navigation links include 'HIOS MAIN PAGE', 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A 'Welcome' message is visible. A prominent red error message states: 'Error(s): The Election type you have selected is not compatible with the Election type you are on. Please select the appropriate Election type.' Below the error, there are two tabs: 'Manage Plans' and 'HIPAA Opt Out', with the latter being active. The main content area is titled 'Confirmation:' and shows 'Plan Effective Date*: 04/01/2014' and 'Plan Expiration Date: 03/31/2015'. A checkbox for 'Plan is governed by a Collective Bargaining Agreement' is present. Under 'HIPAA Opt Out Provisions', several options are listed, with 'Parity in the application of certain limits to mental health benefits;' and 'Required coverage for reconstructive surgery following mastectomies; and' checked. A 'Notification to Enrollees:' section contains explanatory text and two bullet points regarding 'New Opt-Outs' and 'Renew Opt-Outs'. At the bottom of the form, there is a text input field for an electronic signature and two buttons: 'Back' and 'Submit'. A red arrow points to the 'Submit' button. The footer includes links for 'Accessibility', 'Rules of Behavior', 'Web Policies', and 'File Formats and Plug-Ins', along with the address 'U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201'.

Step 4: Once the Electronic Signature has been entered, the HIPAA Opt Out election can be submitted by selecting the ‘Submit’ button at the bottom of the page. Election Saved confirmation will be displayed as shown in figure below.

Figure 46 displays the New Election Saved Confirmation Message.

Figure 46: New Election Saved



8.2 HIPAA Opt Out Election – Renewal

Non-Fed plans that have already submitted HIPAA Opt Out elections either to CCIIO in paper form (prior to December 31, 2014) or electronically through the Non-Fed Module can renew the HIPAA Opt Out elections by choosing 'Renew Election.' Plans choosing to renew their elections are not required to submit the Notification to Enrollees document but are required to Agree to send notification to enrollees in place of submitting the document.

If an Opt Out exists in the Module, Submitter users will not be able to change the HIPAA Opt Out provisions previously submitted by renewing it. To modify the HIPAA Opt Out provision choices, user will have to select 'New Election.'

Step 1: To renew a HIPAA Opt Out election, user can choose ‘Renew Election’. See Figure 47 below for the HIPAA Opt Out Renewal page.

Figure 47 displays the HIPAA Opt Out Renewal Page.

Figure 47: HIPAA Opt Out Renewal

The screenshot shows the 'HIPAA Opt Out' page for the 'Mayberry Township Health and Welfare Plan'. At the top, there's a green header with the text 'Health Insurance Oversight System Non-Federal Governmental Plans'. Below this is a navigation bar with the date 'Friday, April 18, 2014' and buttons for 'HIOS MAIN PAGE', 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A 'Welcome' message is on the right. The main content area has a 'Manage Plans' tab and a 'HIPAA Opt Out' tab. The title is 'Mayberry Township Health and Welfare Plan'. A note states: 'NOTE: Plan expiration date will be automatically set to 1 year from the Plan Effective Date when not provided.' There are two input fields: '*Plan Effective Date: (MM/DD/YYYY)' and 'Plan Expiration Date: (MM/DD/YYYY)'. A checkbox is labeled 'Plan is governed by a Collective Bargaining Agreement'. A section titled 'HIPAA Opt Out Provisions' contains four checkboxes: 'Standards relating to benefits for mothers and newborns;', 'Parity in the application of certain limits to mental health benefits;', 'Required coverage for reconstructive surgery following mastectomies; and', and 'Coverage of dependent students on a medically necessary leave of absence.' Below this is a 'Notification to Enrollees:' section with a checkbox 'Agree to send Notification to Enrollees.' and a note: 'The continue button will not be accessible until this selection has been made.' At the bottom of the form are 'Back' and 'Continue' buttons. The footer includes links for 'Accessibility', 'Rules of Behavior', 'Web Policies', and 'File Formats and Plug-Ins', and the address: 'U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201'.

Step 2: To renew an election, provide the following information on the HIPAA Opt Out election page:

- *Plan Effective Date* (The beginning of the plan’s benefit year, or in the case of a collective bargaining agreement, the beginning of the term of the agreement. A plan may not enter an effective date that has passed).
- *Plan Expiration Date* (The end of the plan’s benefit year or end of the term of a collective bargaining agreement. This field is optional and will be defaulted to one year from the Plan Effective Date if not provided. For example for a Plan Effective date of 06/01/2014 the system will default to a Plan expiration date of 05/31/2015 when Plan expiration date is not provided).
- *Plan is governed by a Collective Bargaining Agreement* (This field is required when the period of election is longer than 1 year.)
- Select appropriate HIPAA Opt Out provisions.

-
- Agree to send Notifications to Enrollees (The ‘Continue’ selection will not be made available until after the Submitter has ‘Agreed to Send Notification to Enrollees.’)

After selecting ‘Continue’ the Confirmation screen will be displayed as shown in Figure 48 below. The Submitter will need to verify what type of election they are submitting ‘New’ or ‘Renewal’ before providing their electronic signature and submitting.

Figure 48 displays the Renew HIPAA Opt Out Election Confirmation page.

Figure 48 – Renew HIPAA Opt Out – Confirmation page

Health Insurance Oversight System
Non-Federal Governmental Plans

Wednesday, April 23, 2014

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

Manage Plans HIPAA Opt Out

Confirmation:

Plan Effective Date*: 05/01/2014 Plan Expiration Date:

Plan is governed by a Collective Bargaining Agreement

HIPAA Opt Out Provisions

Standards relating to benefits for mothers and newborns;
 Parity in the application of certain limits to mental health benefits;
 Required coverage for reconstructive surgery following mastectomies; and
 Coverage of dependent students on a medically necessary leave of absence.

Notification to Enrollees:

This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act.

This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan.

New Opt-Outs: The notice to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided at the time of enrollment to enrollees who enroll during the plan year. A copy of the notice to plan enrollees is attached.

Renew Opt-Outs: The notice to plan enrollees has been, or will be, provided to plan enrollees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election.

Enter your Electronic Signature (Title, First Name and Last name) to submit your Election. NonFed Test

Back Submit

Accessibility | Rules of Behavior | Web Policies | File Formats and Plug-ins

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Step 3: To submit the election, user can select the ‘Election type’ and enter the Electronic Signature. On selecting ‘Submit’ button from the bottom of the page, HIPAA Opt Out election will be successfully saved. The confirmation screen will be displayed as the following screenshot below in Figure 49.

Figure 49 displays the Election Saved Confirmation message.

Figure 49: Election Saved Confirmation



All the HIPAA Opt Out elections submitted will be reviewed and processed by a CCIIO Reviewer.

8.3 Editing a HIPAA Opt Out election

Once the election is successfully saved, Submitters have the ability to ‘Edit’ their elections for a limited time by selecting ‘Edit Election’ at the bottom of the screen as shown in Figure 46 above. All the fields on the HIPAA election page can be modified. If the user chooses to upload a new Notification to Enrollees document, the existing document will be replaced with the new one.

Step 1: To edit a HIPAA Opt Out election previously submitted, the Submitter user can select ‘Edit Election’ from the bottom of the page.

Figure 50 displays the HIPAA Opt Out Election ‘Edit’ page.

Figure 50: HIPAA Opt Out election - Edit

Health Insurance Oversight System
Non-Federal Governmental Plans

Wednesday, April 23, 2014

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

Manage Plans HIPAA Opt Out

Mayberry Township Health and Welfare Plan

(*) Indicates a required field

NOTE: Plan expiration date will be automatically set to 1 year from the Plan Effective Date when not provided.

*Plan Effective Date: 05/01/2014
(MM/DD/YYYY)

Plan Expiration Date: 04/30/2015
(MM/DD/YYYY)

Plan is governed by a Collective Bargaining Agreement

HIPAA Opt Out Provisions

- Standards relating to benefits for mothers and newborns;
- Parity in the application of certain limits to mental health benefits;
- Required coverage for reconstructive surgery following mastectomies; and
- Coverage of dependent students on a medically necessary leave of absence.

Notification to Enrollees:

[Non-Fed Plan XYZ- Notification to Enrollees](#)

Please select the 'Browse' button below to select a file (PDF or Word). After selecting a file click 'Continue' to start the submission. Uploading a new file will delete the existing Notification to Enrollees document.

Choose File No file chosen

Back Continue

Accessibility | Rules of Behavior | Web Policies | File Formats and Plug-Ins

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Step 2: After making the required updates, Submitter user can select ‘Continue’ to reach the confirmation page.

Submitter users can also delete their HIPAA Opt Out elections after they have submitted them by using the Edit functionality. In order for a Submitter user to remove their HIPAA Opt Out election, they must deselect all HIPAA Provisions and select ‘Continue’.

Figure 51 displays the warning message for deselecting all HIPAA Opt Out provisions.

Figure 51: Deselecting Provisions Error Message

Manage Plans **HIPAA Opt Out**

Mayberry Township Health Plan

(*) Indicates a required field

NOTE: Plan expiration date will be automatically set to 1 year from the Plan Effective Date when not provided.

*Plan Effective Date: 04/01/2014
(MM/DD/YYYY)

Plan Expiration Date: 03/31/2015
(MM/DD/YYYY)

Plan is governed by a Collective

HIPAA Opt Out Provision:

- Standards relating to benefits
- Parity in the application of cert
- Required coverage for reconst
- Coverage of dependent studer

Notification to Enrollees:

Please select the 'Browse' button below to select a file (PDF or Word). After selecting a file click 'Continue' to start the submission. Uploading a new file will delete the existing Notification to Enrollees document.

Choose File No file chosen

Back Continue

You have deselected all the HIPAA Opt Out provisions. If you select OK, your HIPAA Opt Out election will be removed. Please select OK to continue.

OK

After selecting 'OK' on the pop up warning message the following Confirmation screen will be displayed with a blank election as shown in the figure below.

Figure 52 displays the confirmation message for a deleted HIPAA Opt Out election.

Figure 52: Delete HIPAA Opt Out Election - Confirmation

Health Insurance Oversight System
Non-Federal Governmental Plans

Friday, April 18, 2014

[HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome

Manage Plans **HIPAA Opt Out**

Confirmation:

Plan Effective Date*: **Plan Expiration Date:**
 Plan is governed by a Collective Bargaining Agreement

HIPAA Opt Out Provisions

Standards relating to benefits for mothers and newborns;
 Parity in the application of certain limits to mental health benefits;
 Required coverage for reconstructive surgery following mastectomies; and
 Coverage of dependent students on a medically necessary leave of absence.

Notification to Enrollees:

This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act.

This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan.

New Opt-Outs: The notice to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided at the time of enrollment to enrollees who enroll during the plan year. A copy of the notice to plan enrollees is attached.

Renewal Opt-Outs: The notice to plan enrollees has been, or will be, provided to plan enrollees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election.

Enter your Electronic Signature (Title, First Name and Last name) to submit your Election.

[Back](#) [Submit](#)

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)

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After selecting the Election type and entering the Electronic Signature user can select 'Submit' to delete the selected HIPAA Opt Out election. A blank HIPAA Opt Out page is displayed for the selected plan.

9 Contact Us/Support

The following section captures support information for questions related to policy, technical installation, and downloads.

9.1 Contact /Support Details

If you have questions related to application installation or need technical support please contact the Exchange Operations Support Center (XOSC) at CMS_FEPS@cms.hhs.gov or at 1-855-267-1515.

The Exchange Operations Support Center (XOSC) hours of operation currently are 9 AM to 6 PM ET, Monday – Friday.

10 Definitions

CMS – Centers for Medicare & Medicaid Services

EIDM – Enterprise Identity Management

HIOS – Health Insurance Oversight System

NON-FED – Non-Federal Governmental Plan or Non-Fed Module

ACA – Affordable Care Act

HHS – Department of Health and Human Services

XOSC - Exchange Operations Support Center

HIPAA: Health Insurance Portability and Accountability Act