

Health Insurance Oversight System

HIOS NonFed User Manual



Release 02.00.00

December 2014

Table of Contents

1	Introduction	6
2	Introduction to Non-Federal Governmental Plans Module.....	7
2.1	What is HIPAA Opt Out Election?	7
2.2	Non-Fed Module – User Type	7
2.3	Collective Bargaining Agreements and Non-Fed Plans.....	7
2.4	Pre-requisites and Information for HIOS System Access.....	7
3	HIOS System Access	9
3.1	New HIOS Users.....	9
3.2	Existing HIOS Users	17
4	HIOS Portal.....	21
4.1	Manage an Organization	21
4.2	Role Request	27
5	Non-Federal Governmental Plans Module.....	33
5.1	Role Approver Administrator.....	33
5.2	Non-Fed Submitter Role	33
5.2.1	Manage Plans	33
5.2.2	Submitting a HIPAA Opt Out Election.....	37
5.2.2.1	New Election.....	39
5.2.2.2	Editing an Election.....	46
5.2.2.3	Renew Election	51
6	Trouble shooting and FAQ.....	59
6.1	FAQ’s	59
6.2	Support	59
6.3	Definitions.....	60

Table of Figures

Figure 1: CMS Enterprise Portal Main Screen	9
Figure 2: CMS Enterprise Portal	10
Figure 3: EIDM ID Proofing Screens	11
Figure 4: Additional Questions Page	12
Figure 5: Identity Verification Screens - 2.....	13
Figure 6: Confirmation Screen	13
Figure 7: CMS Enterprise Portal - Login	14
Figure 8: Terms and Conditions Page - CMS Portal	14
Figure 9: HIOS and Plan Management and Market Wide Functions Landing Page.....	15
Figure 10: Request New Application Access Link	15
Figure 11: My Access - HIOS	16
Figure 12: HIOS Registration Form	17
Figure 13: CMS Enterprise Portal- Login to CMS Secure Portal link	18
Figure 14: CMS Terms and Conditions Page.....	18
Figure 15: CMS - EIDM Login Page.....	19
Figure 16: EIDM Page - HIOS Access	20
Figure 17: HIOS System Access	20
Figure 18: HIOS Portal Main Page.....	21
Figure 19: HIOS Portal – Manage an Organization	22
Figure 20: Manage an Organization – Federal EIN Search	23
Figure 21: Manage an Organization – No Organization Found	24
Figure 22: Register New Non-Federal Governmental Plan Information	25
Figure 23: Register New Non-Federal Governmental Plan-Attributes.....	26
Figure 24: Review Organization Information	27
Figure 25: Request Role tab	28
Figure 26: Role Approver Administrator Request	29
Figure 27: Role Approver Administrator Submit	30
Figure 28: Role Request Non-Fed Submitter	31
Figure 29: Role Request – No Role Approver Admin user	31
Figure 30: Role Request Non-Fed Submitter- Review Screen.....	32
Figure 31: Role Request Non-Fed Submitter- Confirmation Screen.....	32
Figure 32: Manage Plans for Non-Fed.....	34
Figure 33: Add New Plan	35
Figure 34: Add New Plan Name	35
Figure 35: New Plan Confirmation Message	36

Figure 36: Organization - Plan Error Message	36
Figure 37: Non-Fed Submitter User Homepage	37
Figure 38: HIPAA Opt Out Page	38
Figure 39: Select a Plan	38
Figure 40: HIPAA Opt Out - New or Renew	39
Figure 41: New Election Page	40
Figure 42: New Election – Error Messages	42
Figure 43: Error Message – Plan Longer than a year	43
Figure 44: CBA Plan Name(s).....	43
Figure 45: Plan Administrator Address Checkbox.....	44
Figure 46: New Election – Confirmation Page.....	45
Figure 47: New Election Saved	46
Figure 48: Edit Election Page	48
Figure 49: Deselecting HIPAA Opt Out Provisions.....	49
Figure 50: HIPPA Opt Out Confirmation Page	50
Figure 51: Renew Election.....	52
Figure 52: Renewal Election Page	54
Figure 53: Plan Expiration Date Error	55
Figure 54: Renewal Election Page: Confirmation.....	56
Figure 55: Election Type Selection Error	57
Figure 56: Successful Renewal	58

NonFed User Manual Change History

December 2014 Revisions

The following updates have been made to Section 5 to show this release's updates.

- Section 5.2.2.1 – Has been updated to include the Plan Administrator Information and Point of Contact (POC) sections that the system will collect.
- Section 5.2.2.2 and Section 5.2.2.3 – Has been updated to include new user interface (UI) screenshots that include the Plan Administrator Information and POC sections.

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 Health Insurance Oversight System (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 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 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 Submitter role. 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 Pre-requisites 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.

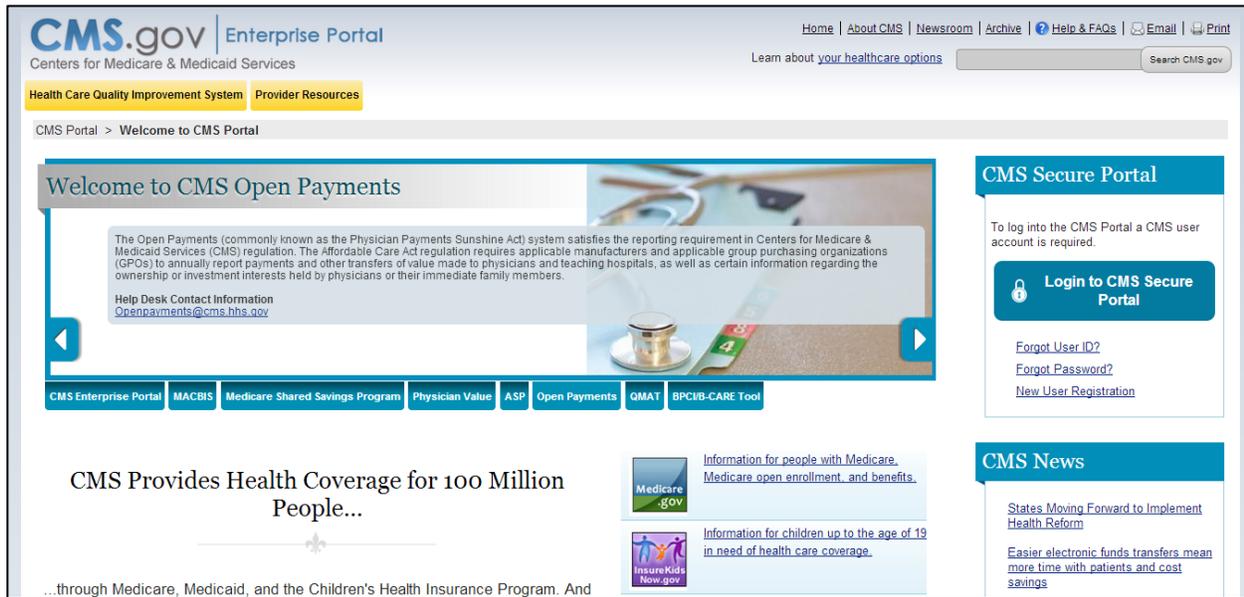
3 HIOS System Access

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 users will be able to access the HIOS system.

Figure 1 displays the CMS Enterprise portal main page:

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:

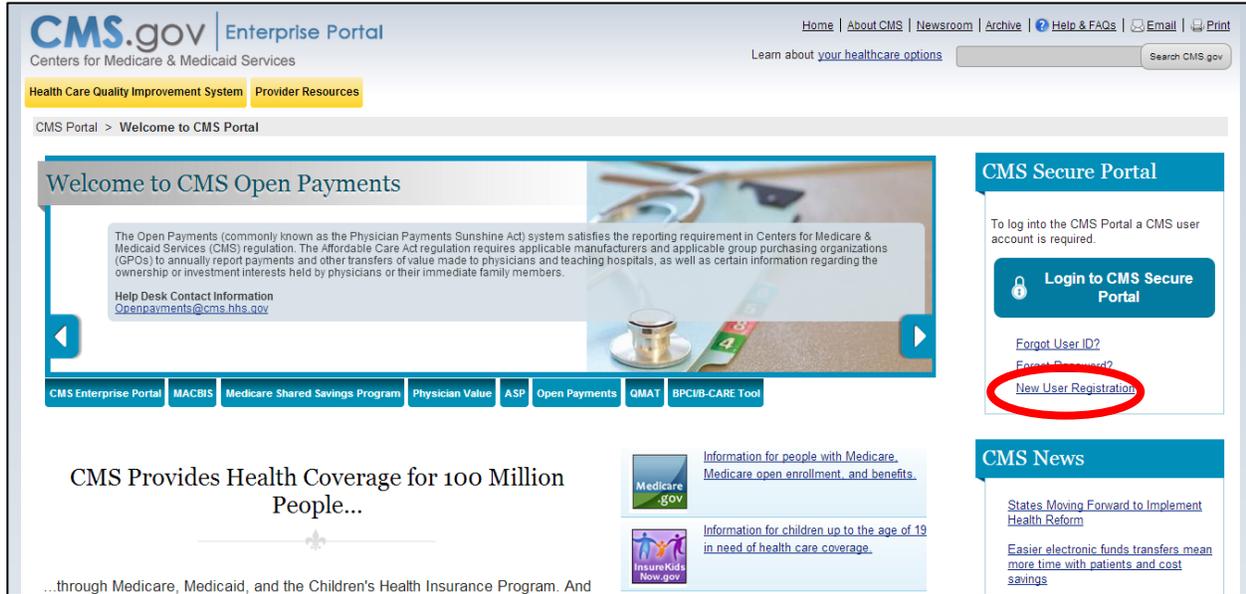
1. Register for an EIDM account.
2. Request access to HIOS in the CMS Enterprise Portal.
3. Register in HIOS.
4. Register a Non-Federal Governmental Plan in HIOS Portal Module.
5. Request a Role Approver Administrator role under the Portal Module and associate with the Non-Federal Governmental Plan registered.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



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

Your Information Your Information Your Information

Your Information

Enter your legal first name and last name, as it may be required for identity verification.

- First Name: Middle Name:

- Last Name: Suffix:

Enter your email address, as it will be used for account related communications.

- E-mail Address:

Re-enter your email address.

- Confirm E-mail Address:

Enter your full 9 digit social security number, as it may be required for identity verification.

- Social Security Number:

Enter your date of birth in MM/DD/YYYY format, as it may be required for identity verification.

- Date of Birth:

Enter your current or most recent home address, as it may be required for identity verification.

- Home Address Line 1:

Home Address Line 2:

- City: - State: - Zip Code: Zip Code Extension: Country: USA

Enter your primary phone number, as it may be required for identity verification.

- Primary Phone Number:

Based on the information provided, the user will be required to answer four questions for Identity Verification. User 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

The screenshot shows the CMS.gov Enterprise Portal registration page. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. Below this, there are buttons for Health Care Quality Improvement System and Provider Resources. The main content area is titled "Registration" and includes a progress indicator with three steps: "Your Information", "Choose User ID and Password", and "Complete Registration". The current step is "Change Password And Setup Challenge Questions". It features two password input fields labeled "Password" and "Confirm Password". Below these are three challenge questions, each with a dropdown menu and a corresponding text input field for the answer. The questions are: "What is your favorite radio station?", "What was your favorite toy when you were a child?", and "What is your favorite cuisine?". The answers are pre-filled with "test station", "test child", and "test cuisine". At the bottom, there are "Cancel" and "Next" buttons, with a red arrow pointing to the "Next" button.

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

The screenshot shows the CMS.gov Enterprise Portal registration confirmation screen. It features the same navigation bar and buttons as Figure 5. The main content area is titled "Registration Complete" and includes a progress indicator with three steps: "Your Information", "Choose User ID and Password", and "Complete Registration". The current step is "Registration Complete". It features a message: "You have now successfully completed your registration to CMS Enterprise Identity Management (EIDM). You will receive an E-mail acknowledging your successful registration to EIDM and the E-mail will include your User ID." Below this message is a note: "Please wait 5 minutes before logging in. Selecting the 'OK' button will direct you to the CMS Portal Landing page." At the bottom, there is a blue "OK" button circled in red.

Once users receive the acknowledgement email that contains their User ID, they will need to request access to the HIOS System by signing into CMS Enterprise Portal.

Figure 7 displays the CMS Enterprise Portal login screen:

Figure 7: CMS Enterprise Portal - Login

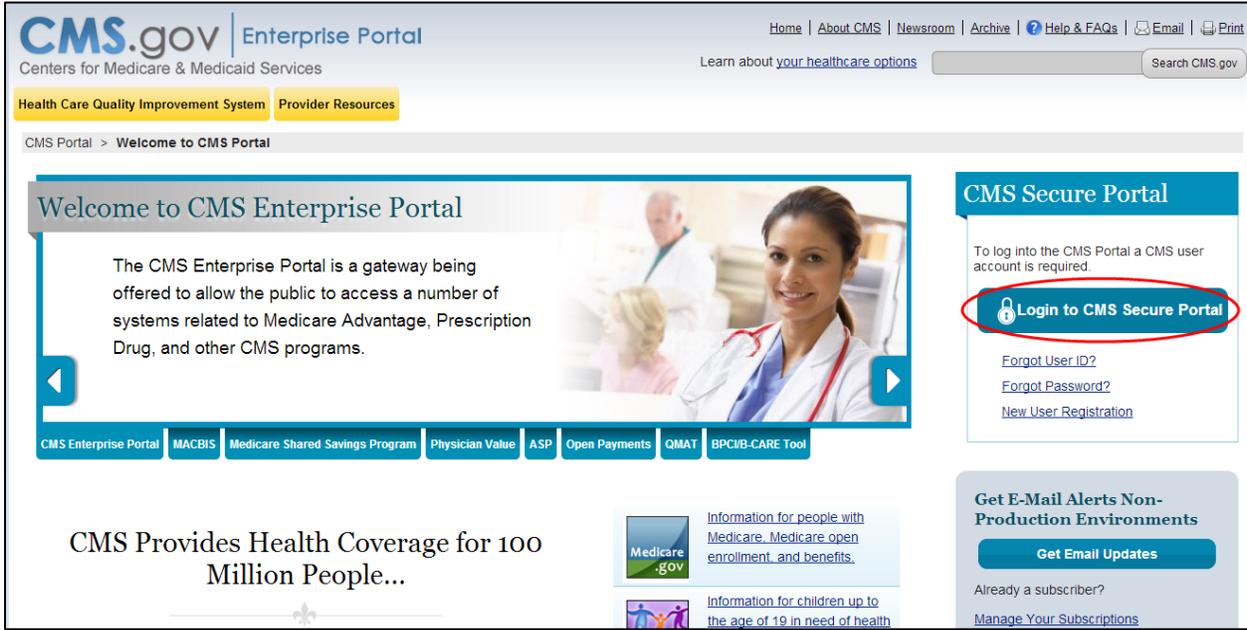


Figure 8 displays the 'Terms and Conditions' page through CMS Portal:

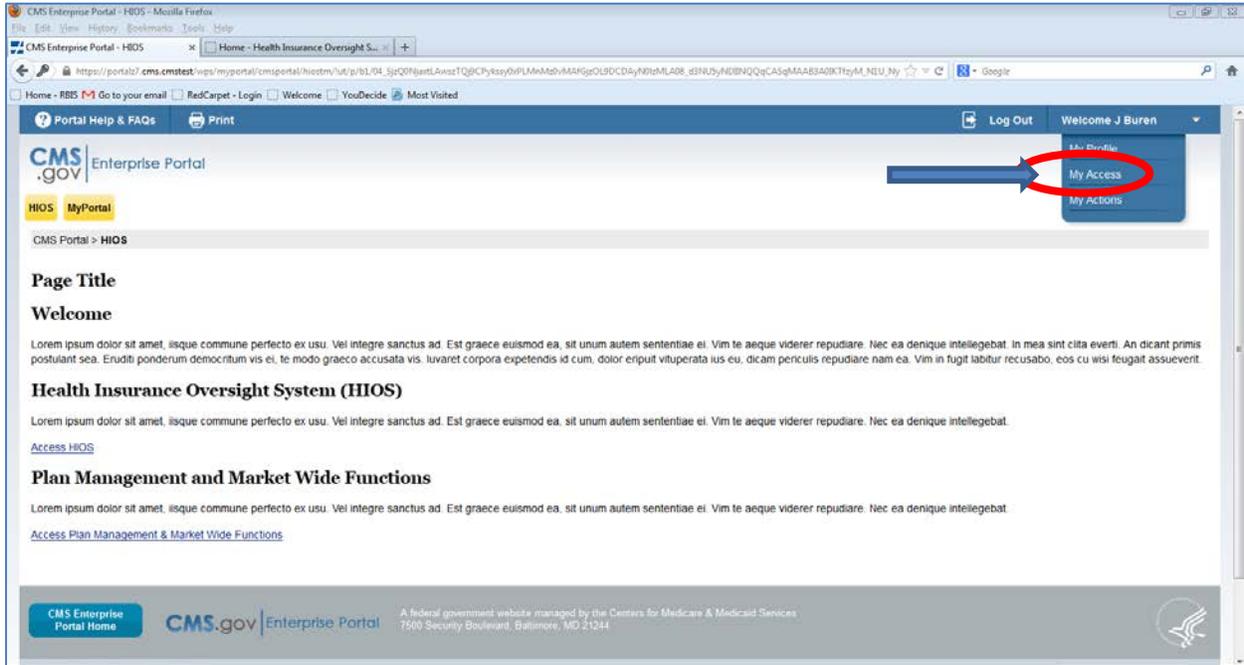
Figure 8: Terms and Conditions Page - CMS Portal



Once the Terms and Conditions have been accepted, the user will need to navigate to the 'My Access' page as shown in the image below.

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

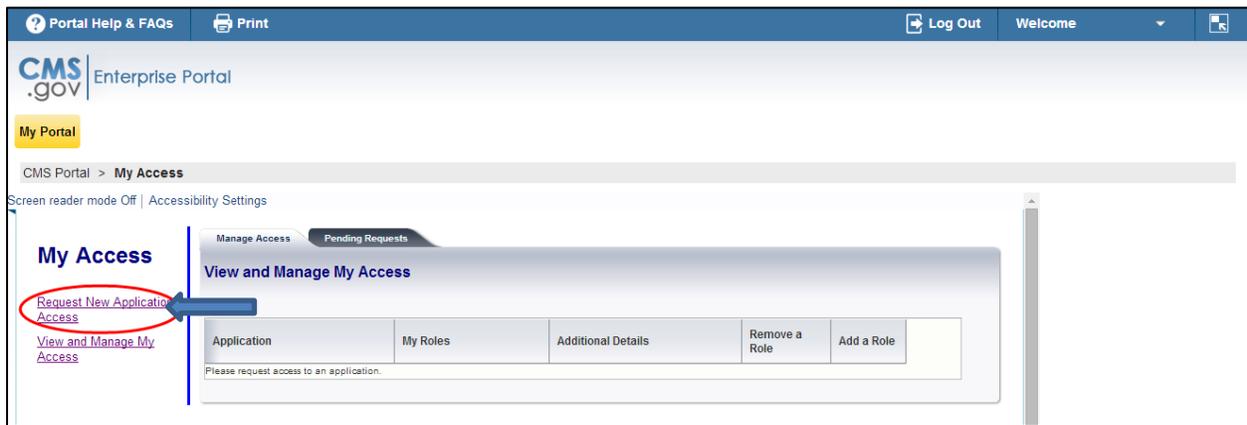
Figure 9: HIOS and Plan Management and Market Wide Functions Landing Page



From the ‘My Access’ page, 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://bisval.cms.gov/HIOS-MAIN-UI/FrontController?op=requestHIOSAccount>

HIOS Authorization Code:

Cancel Submit

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](#)

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

Once approved, authenticated users will receive an email with their HIOS credentials, 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.

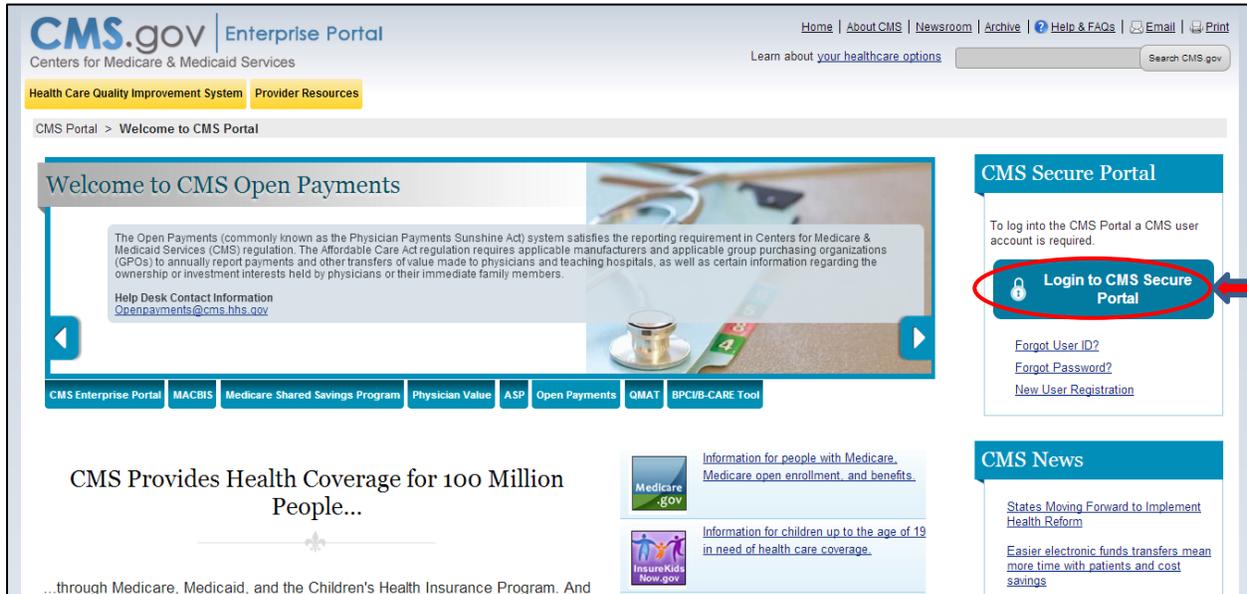
Once the users receive the email from HIOS registration along with the Authorization Code, they will be required to follow the same steps as above. The user will enter the Authorization code to gain access to HIOS.

3.2 Existing HIOS Users

Existing HIOS users will follow the steps below to access HIOS once they have completed the EIDM registration process and have been granted access to the HIOS system. Users must first log out of the system for their profile updates to take effect. Users will then log back into the Enterprise Portal with their EIDM user ID and password.

Figure 13 displays the CMS Enterprise Portal Main Page:

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 (such as the 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.

EIDM credentials will be used to access the CMS Enterprise Portal page and once the users complete their HIOS account creation and are approved, the EIDM and then HIOS accounts are linked in the backend. 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:

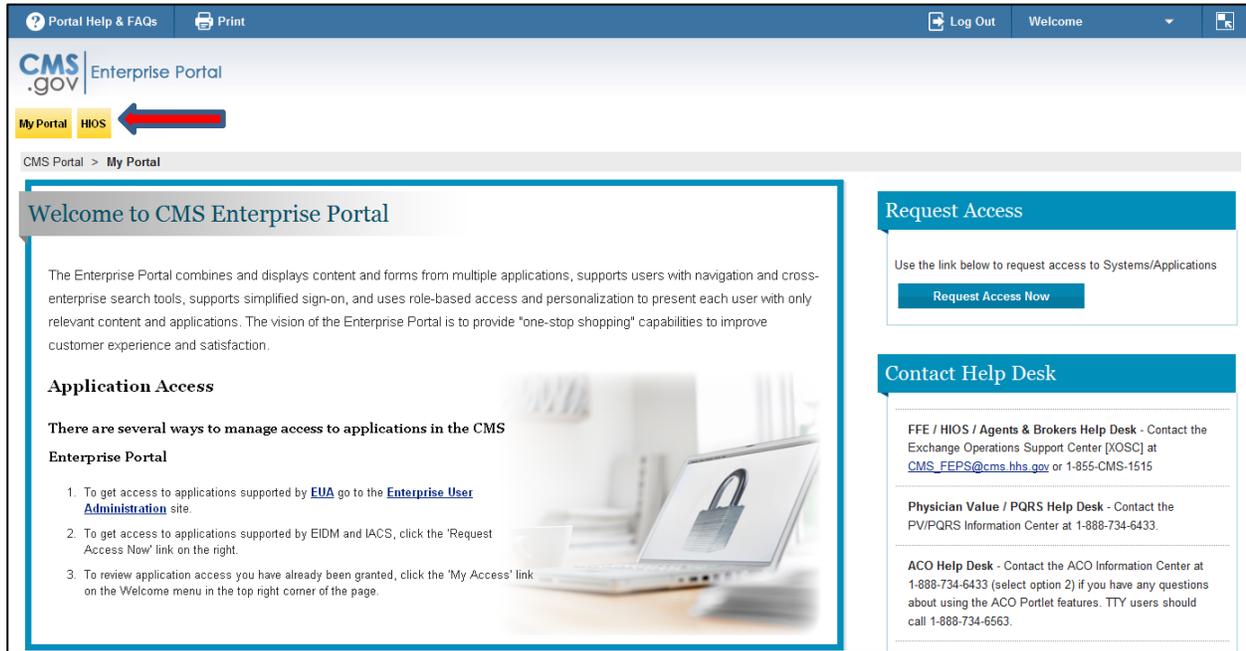
Figure 15: CMS - EIDM Login Page

The screenshot shows the CMS Enterprise Portal login page. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. Below this is the CMS.gov logo and the text 'Enterprise Portal' and 'Centers for Medicare & Medicaid Services'. There are two yellow buttons: 'Health Care Quality Improvement System' and 'Provider Resources'. A blue banner reads 'Welcome to CMS Enterprise Portal'. The main content area contains a login form with 'User ID' and 'Password' input fields, each with a red arrow pointing to it. Below the fields are 'Log In' and 'Cancel' buttons. At the bottom of the form are links for 'Forgot Password?', 'Forgot User ID?', and 'Need an account? Click the link - New user registration'.

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

Figure 16 displays the EIDM Page with HIOS access:

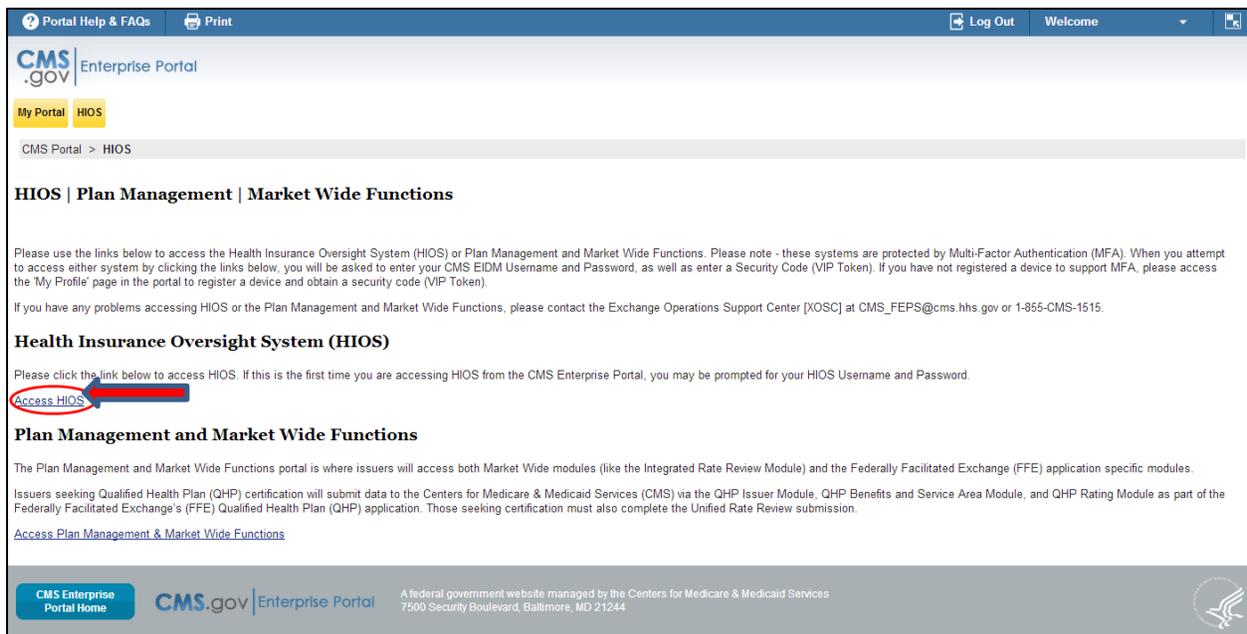
Figure 16: EIDM Page - HIOS Access



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

Figure 17 displays the 'Access HIOS' link:

Figure 17: HIOS System Access



4 HIOS Portal

After successfully gaining access to the system, the HIOS Home Page will be displayed for the authorized 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 Main Page Announcements:

Welcome to the Health Insurance Oversight System (HIOS).
HIOS will be accessible through the CMS Enterprise Portal.
The following Modules are now live in HIOS:

- HIOS Portal
- 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)
- Document Collection Module- Form Filing Module (DCM- FFM)
- Document Collection Module- Market Conduct Module (DCM-MCM)
- Minimum Essential Coverage (MEC)

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.

[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

4.1 Manage an Organization

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: HIOS Portal – Manage an Organization

The screenshot shows the HIOS Main Page. At the top, there is a green header with the text "Health Insurance Oversight System". Below the header is a navigation bar with buttons for "HOME", "FAQ", "CONTACT US", and "SIGN OUT". A "Welcome" message is displayed below the navigation bar. The main content area is titled "HIOS Home Page" and is divided into two columns. The left column, titled "Organization Management & Administrative Functions:", contains three green buttons: "Manage Account", "Manage an Organization", and "Role Management". The right column, titled "HIOS Main Page Announcements:", contains a welcome message, a statement that HIOS will be accessible through the CMS Enterprise Portal, and a list of live modules: HIOS Portal, 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), Document Collection Module- Form Filing Module (DCM- FFM), Document Collection Module- Market Conduct Module (DCM-MCM), and Minimum Essential Coverage (MEC). At the bottom of the page, there are links for "Accessibility", "Rules of Behavior", "Web Policies", and "File Formats and Plug-Ins", and a footer with the text "U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201".

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

Health Insurance Oversight System

HOME FAQ CONTACT US SIGN OUT

Welcome

Manage an Organization Manage Organization Relationships

Manage an Organization

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

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.

Please select your Organization Identifier Type

Federal EIN/TIN

Federal EIN/TIN Search

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

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

Health Insurance Oversight System

HOME FAQ CONTACT US SIGN OUT

Welcome

Manage an Organization Manage Organization Relationships

Manage an Organization

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

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.

Please select your Organization Identifier Type:

Federal EIN/TIN

Federal EIN/TIN

Organization

No Organization Found

You may register your organization in HIOS by selecting the 'Create Organization' button below to enter your organization's information.

*What is your Organization Type?

Company
Non Insurance Company
Non-Federal Governmental 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

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 a web form titled "Register New Organization" with a green header. Below the title, it says "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:	Non-Federal Governmental Plans
*Organization Legal Name:	<input type="text"/>
Federal EIN/TIN:	123409157
Domiciliary Address	
*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"/>
ZIP Plus 4:	<input type="text"/>

At the bottom of the form are two buttons: "Back" and "Continue". Below the form is a footer with links for "Accessibility", "Rules of Behavior", "Web Policies", and "File Formats and Plug-Ins", followed by 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 displays attributes the system collects for Non-Fed Organizations.

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

Register New Organization

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

Note: (*) Indicates a required field.

Organization Type: **Non-Federal Governmental Plans**

*Organization Legal Name:

Federal EIN/TIN: **123409157**

[Domiciliary Address](#)

*Address Line 1:

Address Line 2:

*City:

*State:

*ZIP code:

ZIP Plus 4:

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

Figure 24 displays the 'Review Organization Information' screen.

Figure 24: Review Organization Information

Health Insurance Oversight System

HOME FAQ CONTACT US SIGN OUT

Welcome

Review Organization Information

Organization

Organization Type:	Non-Federal Governmental Plans
Organization Legal Name:	Pond County
Non-Fed Plan Type:	Self Funded
Federal EIN/TIN:	123145167

[Domiciliary Address](#)

Address Line 1:	123 Cedar Park Dr
Address Line 2:	Suite 200
City:	Shelby
State:	TX
ZIP code:	09876
ZIP Plus 4:	7898

Back Submit

Once the new organization has been submitted, the system will display a confirmation page to notify the user of the submission.

4.2 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 Request Role page.

Figure 25: Request Role tab

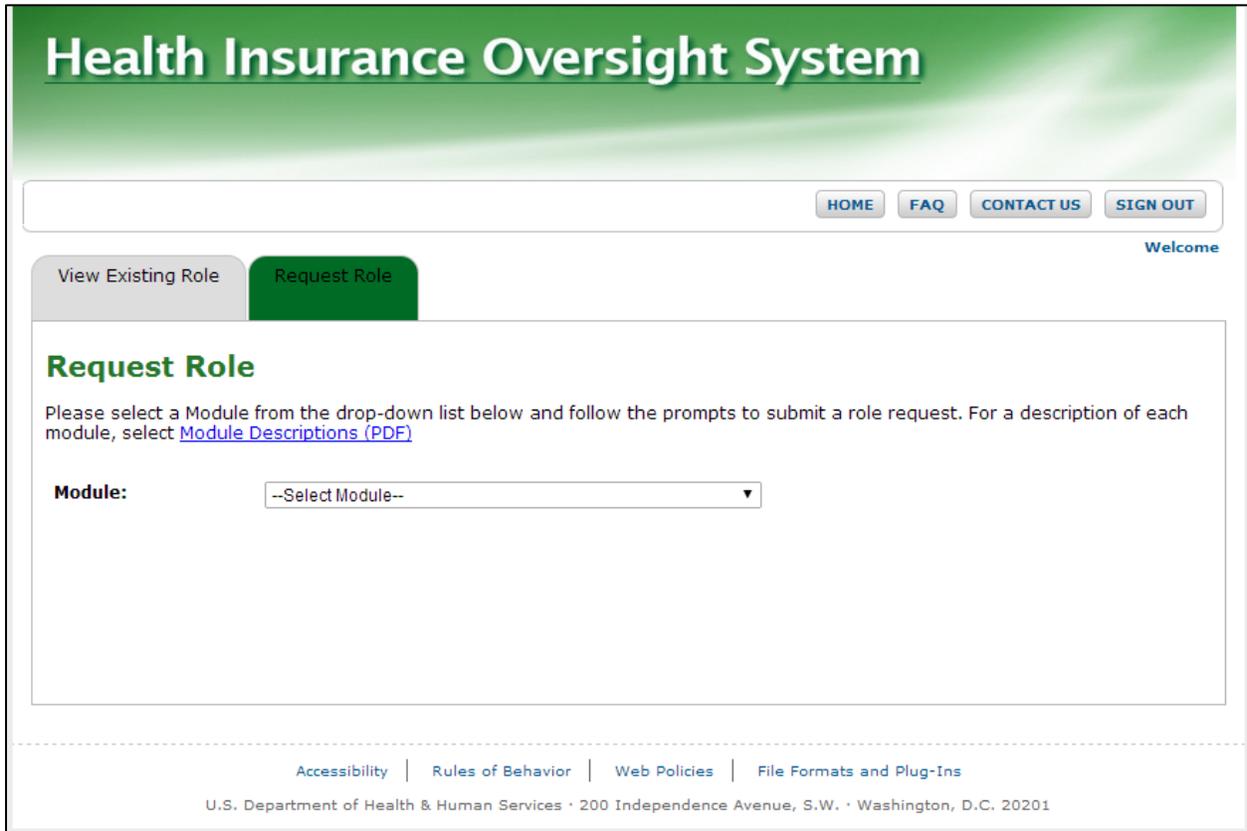


Figure 26 displays the Role Approver Administrator Request page.

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

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

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

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

The screenshot shows a web interface with two tabs: 'View Existing Role' and 'Request Role'. The 'Request Role' tab is active. Below the tabs is a heading 'Request Role' and a paragraph: '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 \(PDF\)](#)'. The form contains four dropdown menus: 'Module' (set to 'Non-Federal Governmental Plans (Non-Fed)'), 'Requested Role' (set to 'Non-Fed Submitter'), 'User Type' (set to 'Submitter'), and 'User Sub-Type' (set to 'Primary Contact'). Below these is a section titled 'Association' with a label 'Please select your Organization Identifier type:' and a radio button selected for 'Federal EIN/TIN'. A text input field contains '122334455' and a 'Search' button. Below the search, it says 'Search Result: Wakefield Forest Fire Department'. At the bottom left is a 'Review/Continue' button.

Figure 29 displays the errors message the system will display if a Role Approver Administrator has not been identified for the organization.

Figure 29: Role Request – No Role Approver Admin user

The screenshot shows the top of the 'Health Insurance Oversight System' page. It has a green header with the system name. Below the header is a navigation bar with buttons for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A 'Welcome' message is displayed. In the center, there is a red error message: 'Error(s):' followed by a bullet point: '• The Role request cannot be processed for this organization. The organization you have selected does not have a designated Role Approver Administrator.' At the bottom, there are two tabs: 'View Existing Role' and 'Request Role'.

Figure 30 and Figure 31 display the Submitter role request screens.

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

The screenshot shows the 'Health Insurance Oversight System' interface. At the top, there is a green header with the system name. Below the header is a search bar and navigation buttons for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A 'Welcome' message is displayed. The main content area has two tabs: 'View Existing Role' and 'Request Role', with the latter being active. The 'Request Role' section is titled 'Request Role' and contains the following information: 'Module: Non-Federal Governmental Plans (Non-Fed)', 'Requested Role: Non-Fed Submitter', 'User Name Type: Submitter', 'User Sub-Type: Primary Contact', and 'Selected Company: Wakefield Forest Fire Department'. At the bottom of this section are 'Back' and 'Submit' buttons.

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

The screenshot shows the 'Request Role' confirmation screen. It features the same navigation tabs as the previous screen. The main content area is titled 'Request Role' and includes a 'Confirm' section. The confirmation text reads: '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 \(PDF\)](#)'. Below this text is a 'Module:' label followed by a dropdown menu currently displaying '--Select Module--'.

5 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 6.2.

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

5.1 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.

5.2 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.

5.2.1 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

Health Insurance Oversight System
Non-Federal Governmental Plans

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

Welcome

Manage Plans | HIPAA Opt Out

Announcements

Welcome to the Non-Federal Governmental Plans module. This module allows all Non-Federal Governmental plans to register in the Health Insurance Oversight System (HIOS), and allows self-funded Non-Federal Governmental plans to submit Health Insurance Portability and Accountability Act (HIPAA) opt-out elections electronically. Please click on the links to the FAQs and Regulations for more information about the new electronic submission process for the HIPAA opt-out elections and refer to the User Manual for detailed instructions about the submission process. For additional guidance pertaining to Non-Federal Governmental plans, please also visit the web page for [Self-Funded Non-Federal Governmental Plans](#) on CMS.gov. The list of current HIPAA Opt-Out elections, which is updated as elections are processed, may also be found [here](#).

[Health Plan and Other Entity Enumeration System \(HPOES\)](#)

Certain Non-Federal Governmental plans designated "Controlling Health Plans" (CHPs) are subject to the requirement that they obtain a [Health Plan Identifier](#) or "HPID" for use in standard transactions by November 2016 (Please click on the hyperlink for more information about the Administrative Simplification requirement, codified in regulations at 45 C.F.R. Part 162). Non-Federal Governmental plans subject to this requirement are strongly encouraged to obtain HPIDs by registering via HPOES in HIOS after registering in HIOS.

[External Review Election \(ERE\) Module](#)

Additionally, all self-funded Non-Federal Governmental plans are required to elect a method of external review for appeals. Plans may elect the federally-administered external review process, the private accredited Independent Review Organization process, or the State external review process. Self-funded Non-Federal Governmental plans are encouraged to make their external review elections in HIOS via the ERE module. Access to this module may be obtained after registering in HIOS. Please see the [CMS website](#) for more information.

For general questions about Non-Federal Governmental plans, please send an email to NonFed@cms.hhs.gov. For questions about HIPAA opt-outs, please send an email to HIPAAOptOut@cms.hhs.gov. For questions related to HIOS or technical issues, please send an email to the Exchange Operations Support Center (XOSC) at CMS_FEPS@cms.hhs.gov.

[Related Links](#)

- [CCTIO Website](#)
- [FAQ](#)
- [User Manual \[opens in .pdf format 6.03 MB\]](#)
- [Regulations](#)

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: 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

Health Insurance Oversight System
Non-Federal Governmental Plans

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

Manage Plans HIPAA Opt Out

Non-Federal Governmental Plans:

Organization Name	Plan Name
Mayberry Township Board of Education	Mayberry Township Health and Welfare Plan

Add New

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 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

Manage Plans HIPAA Opt Out

Add new Plan

(*) Indicates a required field

Organization Name	Federal EIN/TIN	Plan Type
Health Services Association	010203040	Self Funded

*Enter Plan Name: Healthy Association Plan

Back Submit

After selecting ‘Submit’ a confirmation message will be displayed as shown in Figure 35.

Figure 35: New Plan Confirmation Message

Organization Name	Plan Name
Mayberry Township Board of Education	Casterly Rock State Health Plan
Health Services Association	Healthy Association Plan

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 Figure 36 below.

Figure 36: Organization - Plan Error Message

Error(s):

- The selected Organization has a Plan existing. Please select another Organization to create a new Plan.

Add new Plan:

(*) Indicates a required field

*Select Organization:

5.2.2 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' as displayed in Figure 37.

Figure 37: Non-Fed Submitter User Homepage

Health Insurance Oversight System
Non-Federal Governmental Plans

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

Manage Plans **HIPAA Opt Out**

Announcements

Welcome to the Non-Federal Governmental Plans module. This module allows all Non-Federal Governmental plans to register in the Health Insurance Oversight System (HIOS), and allows self-funded Non-Federal Governmental plans to submit Health Insurance Portability and Accountability Act (HIPAA) opt-out elections electronically. Please click on the links to the FAQs and Regulations for more information about the new electronic submission process for the HIPAA opt-out elections and refer to the User Manual for detailed instructions about the submission process. For additional guidance pertaining to Non-Federal Governmental plans, please also visit the web page for [Self-Funded Non-Federal Governmental Plans](#) on CMS.gov. The list of current HIPAA Opt-Out elections, which is updated as elections are processed, may also be found [here](#).

Health Plan and Other Entity Enumeration System (HPOES)

Certain Non-Federal Governmental plans designated "Controlling Health Plans" (CHPs) are subject to the requirement that they obtain a [Health Plan Identifier](#) or "HPID" for use in standard transactions by November 2016 (Please click on the hyperlink for more information about the Administrative Simplification requirement, codified in regulations at 45 C.F.R. Part 162). Non-Federal Governmental plans subject to this requirement are strongly encouraged to obtain HPIDs by registering via HPOES in HIOS after registering in HIOS.

External Review Election (ERE) Module

Additionally, all self-funded Non-Federal Governmental plans are required to elect a method of external review for appeals. Plans may elect the federally-administered external review process, the private accredited Independent Review Organization process, or the State external review process. Self-funded Non-Federal Governmental plans are encouraged to make their external review elections in HIOS via the ERE module. Access to this module may be obtained after registering in HIOS. Please see the [CMS website](#) for more information.

For general questions about Non-Federal Governmental plans, please send an email to NonFed@cms.hhs.gov. For questions about HIPAA opt-outs, please send an email to HIPAAOptOut@cms.hhs.gov. For questions related to HIOS or technical issues, please send an email to the Exchange Operations Support Center (XOSC) at CMS_FEPS@cms.hhs.gov.

Related Links

- [CCIO Website](#)
- [FAQ](#)
- [User Manual \[opens in .pdf format 6.03 MB\]](#)
- [Regulations](#)

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: Select 'HIPAA Opt Out' tab from the top navigation bar.

Figure 38 displays the HIPAA Opt Out page.

Figure 38: HIPAA Opt Out Page

Manage Plans | **HIPAA Opt Out**

(*) Indicates a required field

***Select an Organization:**

***Select a Plan:**

[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

The Submitter user will then be directed to choose an organization they are associated with and select a plan.

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

Figure 39: Select a Plan

Manage Plans | **HIPAA Opt Out**

(*) Indicates a required field

***Select an Organization:**

***Select a Plan:**

[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

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

The screenshot shows a web form titled "Healthy Association Plan" under the "HIPAA Opt Out" tab. The form contains the following elements:

- Plan Effective Date:** (empty field)
- Plan Expiration Date:** (empty field)
- Plan is governed by a Collective Bargaining Agreement (CBA)**
- CBA Plan Name(s):** (empty dropdown menu)
- 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:** (empty field)

At the bottom of the form, there are three buttons: "Back", "Renew Election", and "New Election". The "New Election" button is circled in red.

5.2.2.1 New Election

Submitter users associated to Non-Fed Organizations that have not yet submitted their elections to CCIIO 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 41 below.

Figure 41: New Election Page

Manage Plans **HIPAA Opt Out**

Healthy Association 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)

Plan Expiration Date: (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.

Plan Administrator Information

*First Name:

Middle Name:

*Last Name:

Address is same as the Sponsor's

*Address Line 1:

Address Line 2:

*City:

*State: ▼

*Zip:

Zip Plus 4:

Election Point of Contact (POC)

Information of the person CMS may contact regarding the election.

*First Name:

Middle Name:

*Last Name:

Email Address:

*Phone: Phone Ext:

(Format: 123-456-7890)

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.

Step 2: To complete an election, the Submitter users 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 (CBA)* (This field is required when the period of election is longer than 1 year.)
 - *CBA Plan Name(s)* (If plans are governed by a Collective Bargaining Agreement.)
 - Select appropriate HIPAA Opt Out Provisions
 - *Plan Administrator Information* section (First Name, Last Name, Address, City, State, and Zip are required fields.)
 - *Election Point of Contact (POC)* section (First Name, Last Name, and Phone are required fields.)
 - 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 by the Non-Fed system. The Non-Fed system shall accept files with a maximum size of 50MB.

The system will verify that all the required information has been entered; if it has not, it will show one or more of the error messages displayed in Figure 42.

Figure 42: New Election – Error Messages

Health Insurance Oversight System
Non-Federal Governmental Plans

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

Error(s):

- Plan Effective Date is a required field.
- Plan Administrator First Name is a required field.
- Plan Administrator Last Name is a required field.
 - Address Line 1 is a required field.
 - City is a required field.
- State is required. Please select a value for the State field.
 - Zip is a required field.
- Election POC First Name is a required field.
- Election POC Last Name is a required field.
- Election POC Phone is a required field.

• There was no file uploaded for Notification to Enrollees. You must select a file to upload before submitting your election.

Manage Plans HIPAA Opt Out

Healthy Association Plan

(*) Indicates a required field

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

Figure 43 displays the Collective Bargaining Agreement Error Message.

Figure 43: Error Message – Plan Longer than a year

Health Insurance Oversight System
Non-Federal Governmental Plans

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

Healthy Association 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) 01/01/2013

Plan Expiration Date: (MM/DD/YYYY) 12/31/2015

Plan is governed by a Collective Bargaining Agreement

Once the ‘Collective Bargaining Agreement’ checkbox has been selected, the users are required to enter all plan names that are governed by the CBA as displayed in Figure 44.

Figure 44: CBA Plan Name(s)

Manage Plans HIPAA Opt Out

Healthy Association 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) 01/01/2013

Plan Expiration Date: (MM/DD/YYYY) 12/31/2015

Plan is governed by a Collective Bargaining Agreement

CBA Plan Name(s): Firefighters' Union 120 Health Plan, Police officers' Union 130 Health Plan

Under the Plan Administrator Information section, the users have the option to select the ‘Address is same as the Sponsor’s’ checkbox if the Plan Admin has the same address. Sponsor’s address will be displayed under Plan Administrator’s address once checkbox is selected.

Figure 45 displays the Plan Administrator address checkbox.

Figure 45: Plan Administrator Address Checkbox

Plan Administrator Information	
*First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text"/>
<input type="checkbox"/> Address is same as the Sponsor's	
*Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
*City:	<input type="text"/>
*State:	<input type="text"/> <input type="button" value="v"/>
*Zip:	<input type="text"/>
Zip Plus 4:	<input type="text"/>

Step 3: After entering data in all the required fields, the Submitter users can select 'Continue'. The Confirmation page will display all the data previously entered and certification text. To submit the HIPAA Opt Out election, Submitters will need to confirm the Election type and enter Electronic Signature (Title, First name, and Last name) as displayed in Figure 46.

Figure 46: New Election – Confirmation Page

Manage Plans	HIPAA Opt Out
--------------	---------------

Confirmation:

Plan Effective Date*: 01/01/2013 Plan Expiration Date: 12/31/2015

Plan is governed by a Collective Bargaining Agreement

CBA Plan Name(s):

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.

Plan Administrator Information

First Name: John
Middle Name:
Last Name: Snow
 Address is same as the Sponsor's
Address Line 1: 321 Main St
Address Line 2:
City: Shelby
State: TX
Zip Code: 09876

Election Point of Contact (POC)
Information of the person CMS may contact regarding the election.

First Name: Robert
Middle Name:
Last Name: Flowers
Email Address:
Phone: 589-487-4545 Phone Ext:
(Format: 123-456-7890)

Notification to Enrollees:
[Healthy Association Plan- 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.

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 47 below.

Figure 47: New Election Saved

Manage Plans **HIPAA Opt Out**

Healthy Association Plan

Your election was successfully saved.

Plan Effective Date: 01/01/2013
Plan Expiration Date: 12/31/2015

Plan is governed by a Collective Bargaining Agreement

CBA Plan Name(s): Firefighters' Union 120 Health Plan, Police officers' Union 130 Health Plan

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.

Plan Administrator Information

First Name: John
Middle Name:
Last Name: Snow
 Address is same as the Sponsor's
Address Line 1: 321 Main St
Address Line 2:
City: Shelby
State: TX
Zip Code: 09876

Election Point of Contact (POC)

Information of the person CMS may contact regarding the election.

First Name: Robert
Middle Name:
Last Name: Flowers
Email Address:
Phone: 589-487-4545 Phone Ext:
(Format: 123-456-7890)

Notification to Enrollees:

[Healthy Association Plan- Notification to Enrollees](#)

5.2.2.2 Editing an Election

Once the election is successfully saved, Submitters have the ability to 'Edit' their elections until they have been reviewed by CCIIO. Modifications can be made by selecting 'Edit Election' at the bottom of the screen as shown in Figure 47 above. All the fields on the HIPAA election page

can be modified. If the users choose 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 users can select 'Edit Election' from the bottom of the page.

Step 2: After making the required updates, Submitter users can select 'Continue' to reach the confirmation page as displayed in Figure 48.

Figure 48: Edit Election Page

Manage Plans **HIPAA Opt Out**

Healthy Association 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)

Plan Expiration Date:
(MM/DD/YYYY)

Plan is governed by a Collective Bargaining Agreement

CBA Plan Name(s):

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.

Plan Administrator Information

***First Name:**

Middle Name:

***Last Name:**

Address is same as the Sponsor's

***Address Line 1:**

Address Line 2:

***City:**

***State:**

***Zip:**

Zip Plus 4:

Election Point of Contact (POC)

Information of the person CMS may contact regarding the election.

***First Name:**

Middle Name:

***Last Name:**

Email Address:

***Phone:** Phone Ext:

(Format: 123-456-7890)

Notification to Enrollees:

[Healthy Association Plan- 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.

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

A warning message will be displayed when the Provisions are deselected, as displayed in Figure 49 below.

Figure 49: Deselecting HIPAA Opt Out Provisions

The screenshot shows a web form titled "HIPAA Opt Out Provisions" with several sections:

- HIPAA Opt Out Provisions:** A list of four checkboxes, all of which are currently unchecked:
 - 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.
- Plan Administrator Information:** A series of text input fields for name and address. The first name is "John", last name is "Snow", and address line 1 is "321 Main St". A checkbox "Address is same as the Sponsor's" is checked. Other fields include City ("Shelby"), State ("TX"), Zip ("0987"), and Zip Plus 4 ("7898").
- Election Point of Contact (Information of the person CMS):** Text input fields for name and contact information. The first name is "Robert", last name is "Flowers", and phone number is "589-487-4545".
- Notification to Enrollees:** A section with a "Browse..." button and a "Continue" button.

A warning pop-up message titled "Message from webpage" is overlaid on the form. It contains a yellow warning triangle icon and the text: "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." There is an "OK" button at the bottom right of the pop-up.

After selecting 'OK' on the pop up warning message, the following Confirmation screen will be displayed as shown in Figure 50.

Figure 50: HIPAA Opt Out Confirmation Page

Manage Plans	HIPAA Opt Out
--------------	---------------

Confirmation:

Plan Effective Date*: 01/01/2013 Plan Expiration Date: 12/31/2015

Plan is governed by a Collective Bargaining Agreement

CBA Plan Name(s):

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.

Plan Administrator Information

First Name: John
Middle Name:
Last Name: Snow
 Address is same as the Sponsor's
Address Line 1: 321 Main St
Address Line 2:
City: Shelby
State: TX
Zip Code: 09876

Election Point of Contact (POC)
Information of the person CMS may contact regarding the election.

First Name: Robert
Middle Name:
Last Name: Flowers
Email Address:
Phone: 589-487-4545 Phone Ext:
(Format: 123-456-7890)

Notification to Enrollees:
[Healthy Association Plan- 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.

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

5.2.2.3 Renew Election

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.

Step 1: To renew a HIPAA Opt Out election, users can choose ‘Renew Election’ from the bottom of the page as displayed in Figure 51.

Figure 51: Renew Election

Manage Plans **HIPAA Opt Out**

Healthy Association 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: 01/01/2013
Plan Expiration Date: 12/31/2015

Plan is governed by a Collective Bargaining Agreement

Firefighters' Union 120 Health Plan, Police officers' Union 130 Health Plan

CBA Plan Name(s):

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.

Plan Administrator Information

First Name: John
Middle Name:
Last Name: Snow
 Address is same as the Sponsor's
Address Line 1: 321 Main St
Address Line 2:
City: Shelby
State: TX
Zip Code: 09876

Election Point of Contact (POC)

Information of the person CMS may contact regarding the election.

First Name: Robert
Middle Name:
Last Name: Flowers
Email Address:
Phone: 589-487-4545 Phone Ext:
(Format: 123-456-7890)

Notification to Enrollees:

[Healthy Association Plan- Notification to Enrollees](#)

Please note that 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, users will have to select 'New Election.'

Step 2: To renew an election, please enter all required information in the form. For renewals, the system will have the form pre-filled with data from the current election as displayed in Figure 52. The following fields may be modified when renewing an election:

- *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 (CBA)* (This field is required when the period of election is longer than 1 year.)
- *CBA Plan Name(s)* (If plans are governed by a Collective Bargaining Agreement.)
- *Plan Administrator Information* section (First Name, Last Name, Address, City, State, and Zip are required fields.)
- *Election Point of Contact (POC)* section (First Name, Last Name, and Phone are required fields.)

Figure 52: Renewal Election Page

Manage Plans **HIPAA Opt Out**

Healthy Association 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)

Plan Expiration Date: (MM/DD/YYYY)

Plan is governed by a Collective Bargaining Agreement

CBA Plan Name(s):

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.

Plan Administrator Information

*First Name:

Middle Name:

*Last Name:

Address is same as the Sponsor's

*Address Line 1:

Address Line 2:

*City:

*State:

*Zip:

Zip Plus 4:

Election Point of Contact (POC)

Information of the person CMS may contact regarding the election.

*First Name:

Middle Name:

*Last Name:

Email Address:

*Phone: Phone Ext:

(Format: 123-456-7890)

Notification to Enrollees:

[Healthy Association Plan- Notification to Enrollees](#)

Once the necessary changes have been made to the renewed election, the users need to click the 'Continue' button. The system will check that all required fields have been checked and that the

date of the plan is valid. If the newly entered date is invalid, the system will display an error message as illustrated in Figure 53.

Figure 53: Plan Expiration Date Error

The screenshot shows a web interface with a navigation bar containing 'Manage Plans' and 'HIPAA Opt Out'. Below the navigation bar, the page title is 'Healthy Association Plan'. A red error message is displayed at the top: 'Error(s):' followed by a bullet point: 'Invalid Plan Expiration Date. Please enter a valid date in the following format: MM/DD/YYYY.' Below the error message, there is a note: 'NOTE: Plan expiration date will be automatically set to 1 year from the Plan Effective Date when not provided.' Two date input fields are visible: '*Plan Effective Date: (MM/DD/YYYY)' with the value '01/01/2016' and 'Plan Expiration Date: (MM/DD/YYYY)' with the value '01/01//2016'.

After selecting the 'Continue' button, the Confirmation screen will be displayed where the users will need to select the election type being submitted from "New Opt-Outs" or "Renew Opt-Outs" and where the users provide Electronic Signatures.

Figure 54: Renewal Election Page: Confirmation

Manage Plans **HIPAA Opt Out**

Confirmation:

Plan Effective Date*: 01/01/2016 Plan Expiration Date: 12/31/2018

Plan is governed by a Collective Bargaining Agreement

CBA Plan Name(s):

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.

Plan Administrator Information

First Name: John
Middle Name:
Last Name: Snow
 Address is same as the Sponsor's
Address Line 1: 321 Main St
Address Line 2:
City: Shelby
State: TX
Zip Code: 09876

Election Point of Contact (POC)

Information of the person CMS may contact regarding the election.

First Name: Robert
Middle Name:
Last Name: Flowers
Email Address:
Phone: 589-487-4545 Phone Ext:
(Format: 123-456-7890)

Notification to Enrollees:

[Healthy Association Plan- 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.

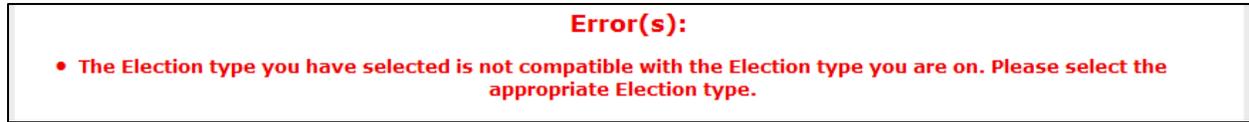
New Opt-Outs: The notice to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided at the time of enrollment to enrollees who enroll during the plan year. A copy of the notice to plan enrollees is attached.

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

The system verifies that the users have selected the correct option from the New/Renew options; if the users select the incorrect option, the system will display an error message as illustrated in Figure 55.

Figure 55: Election Type Selection Error



Once all the accurate information has been entered and the Electronic Signatures have been provided, the system will notify the users of the successful renewal through a message at the top of the page as illustrated on Figure 56.

Figure 56: Successful Renewal

Manage Plans **HIPAA Opt Out**

Healthy Association Plan

Your election was successfully saved.

Plan Effective Date: 01/01/2013
Plan Expiration Date: 12/31/2015

Plan is governed by a Collective Bargaining Agreement

Firefighters' Union 120 Health Plan, Police officers' Union 130 Health Plan

CBA Plan Name(s):

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.

Plan Administrator Information

First Name: John
Middle Name:
Last Name: Snow
 Address is same as the Sponsor's
Address Line 1: 321 Main St
Address Line 2:
City: Shelby
State: TX
Zip Code: 09876

Election Point of Contact (POC)

Information of the person CMS may contact regarding the election.

First Name: Robert
Middle Name:
Last Name: Flowers
Email Address:
Phone: 589-487-4545 Phone Ext:
(Format: 123-456-7890)

Notification to Enrollees:

[Healthy Association Plan- Notification to Enrollees](#)

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

6 Troubleshooting and FAQ

6.1 FAQ's

Question 1: I forgot my password. What do I do?

Answer: Select the 'Forgot Password' link on the CMS Enterprise Portal.

Question 2: I do not see the module access button for the application I would like access. What do I do?

Answer: To view the modules and roles the user currently has access to, you must click on the Role Management button in the HIOS Portal home page. Once in the Role Management page, the user will see the View Existing Role and Request Role tabs. The View Existing Role tab will be the home page of this module. This tab displays all the modules the user has access to and the roles within each module. Click on the role request tab and request for access. Once the role is approved, you should be able to see the module access button.

Refer user to User Role Request.

Question 3: I received an error stating that I am locked out of my account. What should I do?

Answer: Contact the Exchange Operations Support Center (XOSC). See the contact information below in 4.2.

6.2 Support

CMS Help Desk

For additional assistance, please call the Exchange Operations Support Center (XOSC) at 1-855-CMS-1515 or email CMS_FEPS@CMS.HHS.gov.

6.3 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