

Health Insurance Oversight System
HIOS Non-Federal Governmental Plans User Manual



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Non-Fed User Manual Change History

December 2015 Revisions

The following updates have been made to Sections 3 and 5 to show this release's updates:

- Section 3.1 – Updated with new screenshots to illustrate the new user interface (UI) changes within HIOS Portal.
- Section 5.1.1 – Updated to illustrate the various UI changes resulting from allowing Submitter users to create multiple plans per organization.
- Section 5.1.2 – Updated to illustrate changes in the fields required when submitting a HIPAA Opt Out Election, new instructional text, and various formatting changes to different screens.
- Section 5.1.2.1 – Updated to include the newly required attestation statement for Submitter users submitting New HIPAA Opt Out Elections.
- Section 5.1.2.4 – Added to include the new email notification for Submitter users reminding them when a submitted HIPAA Opt Out Election is about to expire.

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 the 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, requesting roles, approving internal role requests, 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 as the previous plan year.

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 will be able to submit HIPAA Opt Out elections for self-funded, Non-Fed plans to which they are associated. They will also be able to manage any 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.

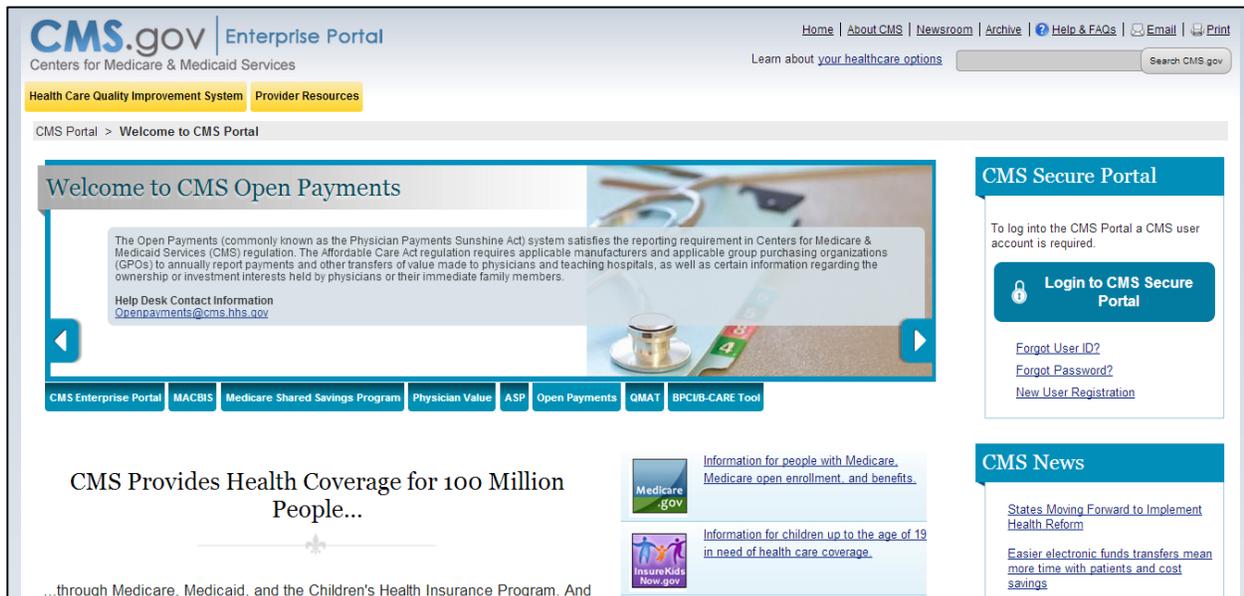
3 HIOS System Access

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:

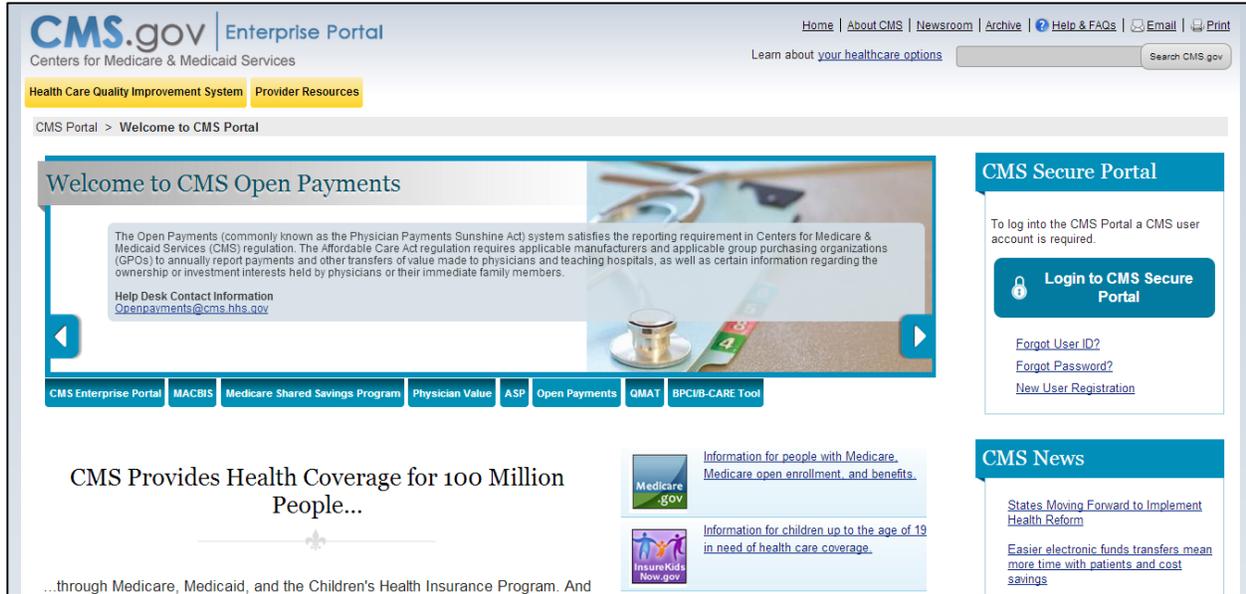
1. Register for an EIDM account.
2. Request access to HIOS in the CMS Enterprise Portal.
3. Register in HIOS.
4. Register a Non-Federal Governmental Organization in HIOS Portal Module.
5. Request a Role Approver Administrator role under the Portal Module and associate with the Non-Federal Governmental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

The screenshot shows a web form titled "Your Information" with a breadcrumb trail "Your Information > Your Information > Your Information". The form is divided into several sections, each with a heading and a sub-heading:

- 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:

At the bottom of the form, there are two buttons: "Cancel" and "Next".

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 Verification screens:

Figure 5: Identity Verification Screen – Challenge Questions

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 heading is "CMS Portal > Registration". The page title is "Change Password And Setup Challenge Questions". There are input fields for Password and Confirm Password. Below that, there is a section titled "Select your Challenge Questions and Answers:". It contains three questions with dropdown menus and corresponding answer input fields. 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: "test station", "test child", and "test cuisine". At the bottom, there are "Cancel" and "Next" buttons. A red arrow points 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 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 heading is "CMS Portal > Registration". The page title is "Registration Complete". There is a progress bar at the top with three steps: "Your Information", "Choose User ID and Password", and "Complete Registration". The "Complete Registration" step is highlighted. Below the progress bar, there is a section titled "Registration Complete". It contains the following text: "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." and "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 an "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

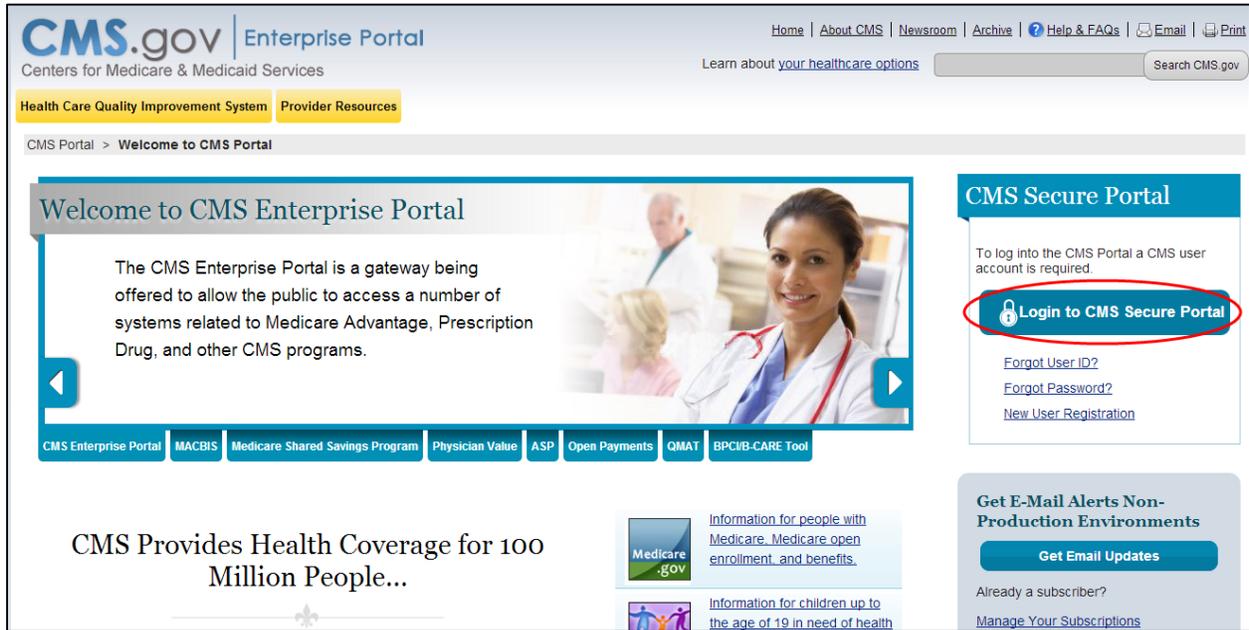


Figure 8 displays the 'Terms and Conditions' page through CMS Portal:

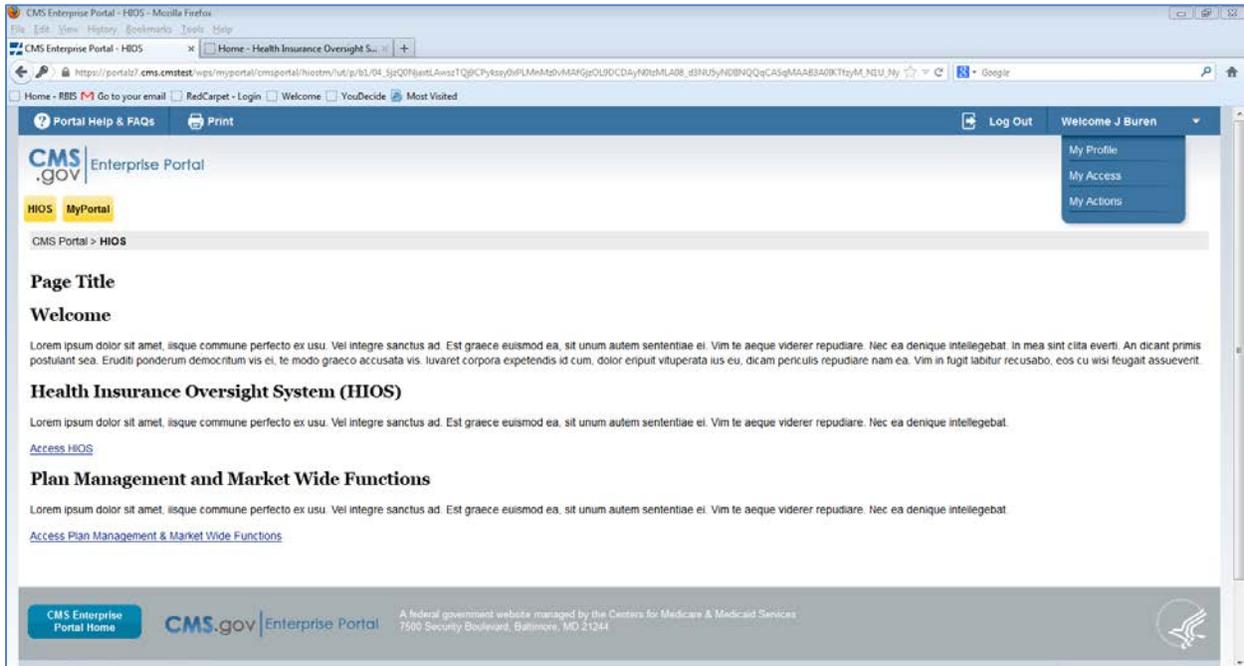
Figure 8: Terms and Conditions Page - CMS Portal



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 scroll down through the application catalog or filter for 'HIOS' using the search bar provided. Once displayed on the screen, 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 – Application Catalog

The screenshot shows the CMS Enterprise Portal interface. At the top, there's a navigation bar with 'Portal Help & FAQs' and 'Print'. Below that is the 'My Portal' section with a breadcrumb trail: 'CMS Portal > EIDM User Menu > My Access'. The main content area is titled 'Access Catalog' and features a search bar with the text 'Start typing to filter apps...'. To the right of the search bar are two buttons: 'REQUEST ADMIN ROLE' and 'SHOW ALL'. The catalog displays a grid of application cards, each with a title, description, help desk information, and a 'Request Access' button. The applications listed include ASETT, ASP, Bundled Payments EFT, COB, Comprehensive Primary Care Initiative (CPC), CSR, DMEPOS Bidding System (DBids), Electronic Correspondence Referral System (ECRS) Web, EPPE, ESD, FFM/Training – Agents/Brokers/Assisters, GENTRAN, HIOS, HPG, and IC. The 'Request Access' button for the HIOS application is highlighted with a red rectangle. On the right side of the page, there are two panels: 'My Access' and 'My Pending Requests'. The 'My Access' panel contains the text: 'You currently do not have access to any applications. Please use the access catalog to request access to the applications.' The 'My Pending Requests' panel contains the text: 'You do not have any pending requests at this time.'

Users will be navigated to the 'Request New Application Access' page.

Figure 11 below displays the 'Request New Application Access' page. The first dropdown will have 'HIOS- HIOS Application' preselected. Users will then need to select 'HIOS Issuer' as the Role. New users will need to register in HIOS by clicking on the link circled below. The HIOS Registration page will open. These selections are for HIOS system registration purposes only.

Figure 11: My Access – HIOS Request Access

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:

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"/>

[Reset](#) [Submit](#)

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

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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.

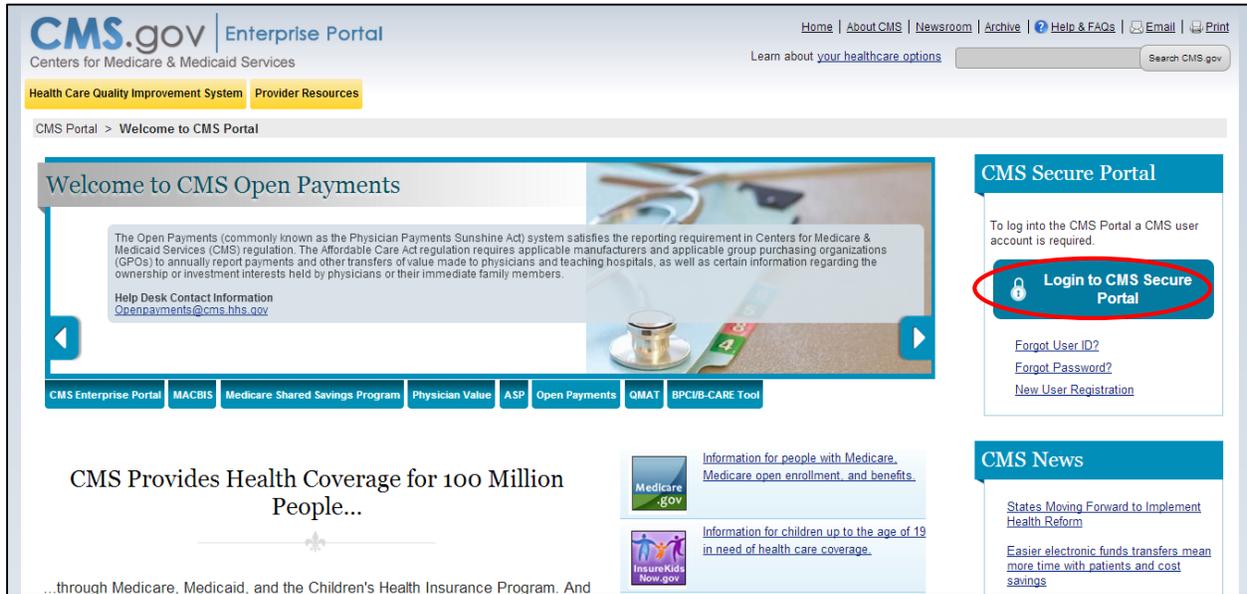
Once the users receive the email from HIOS registration along with the Authorization Code, they will be required to follow the same steps as above. The user will enter the Authorization code on the screen shown in Figure 11 to gain access to HIOS.

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

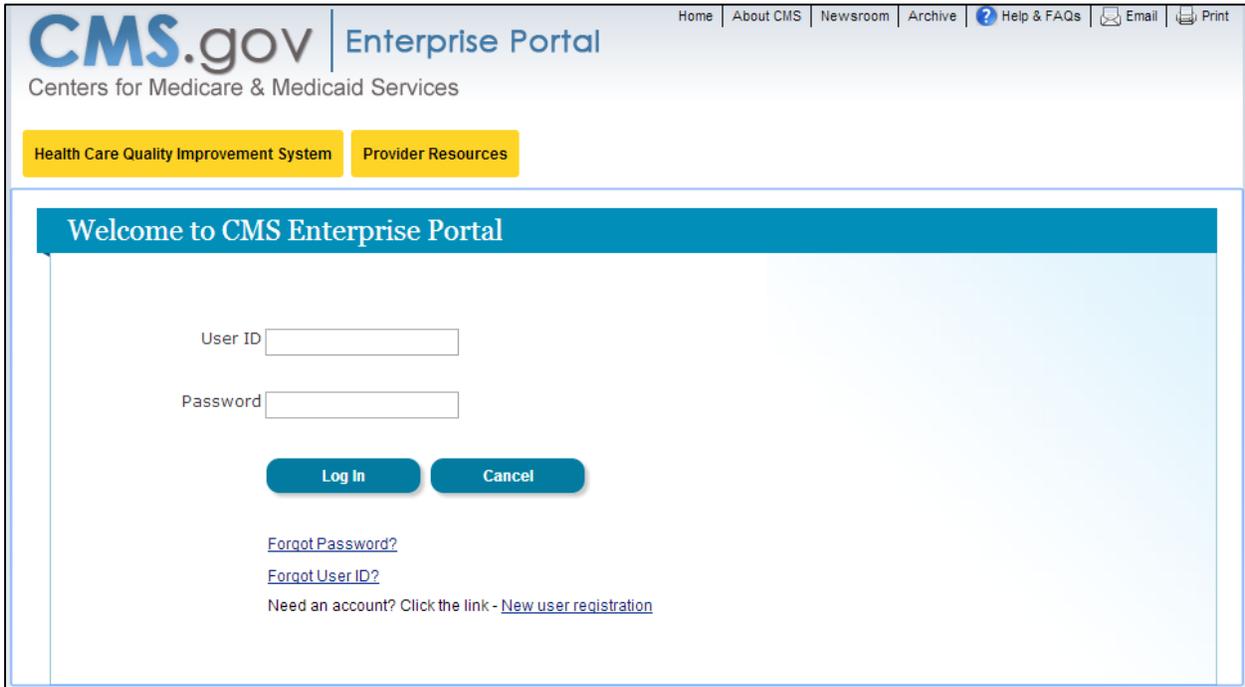


Users will then be able to navigate to the CMS Enterprise Portal Login page, where they will enter their EIDM credentials (user name and password) which were obtained by registering through the EIDM registration process. The email received by the users after registration will contain the credentials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

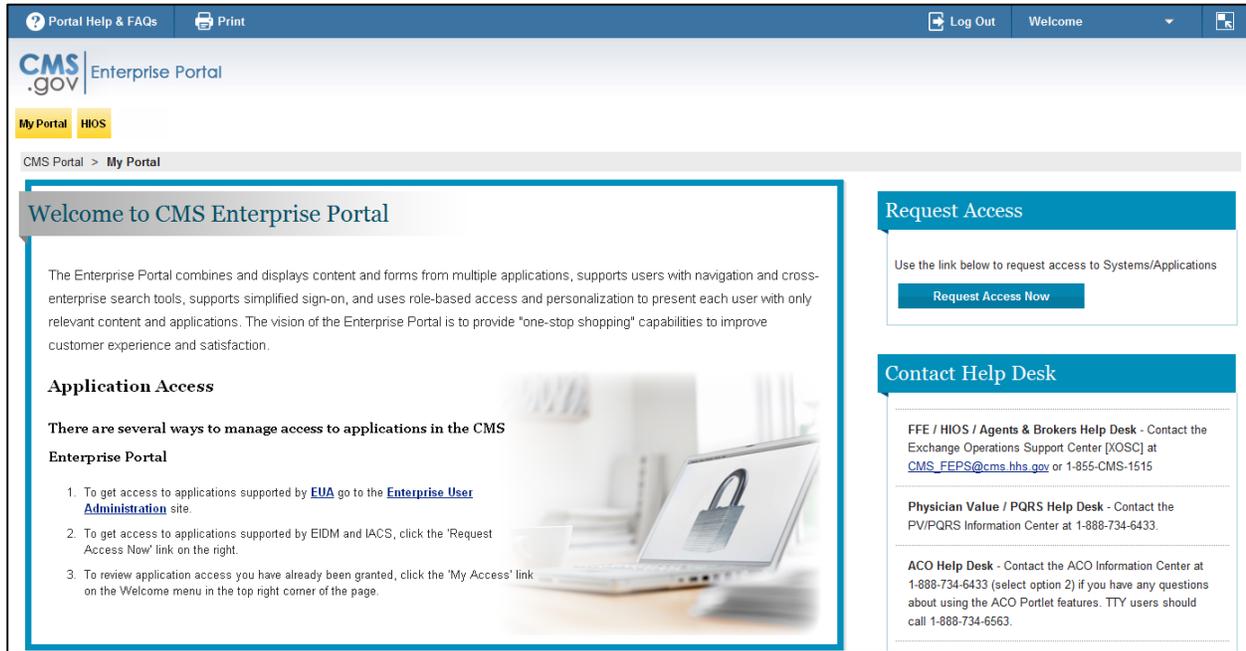
Figure 15: CMS - EIDM Login Page



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:

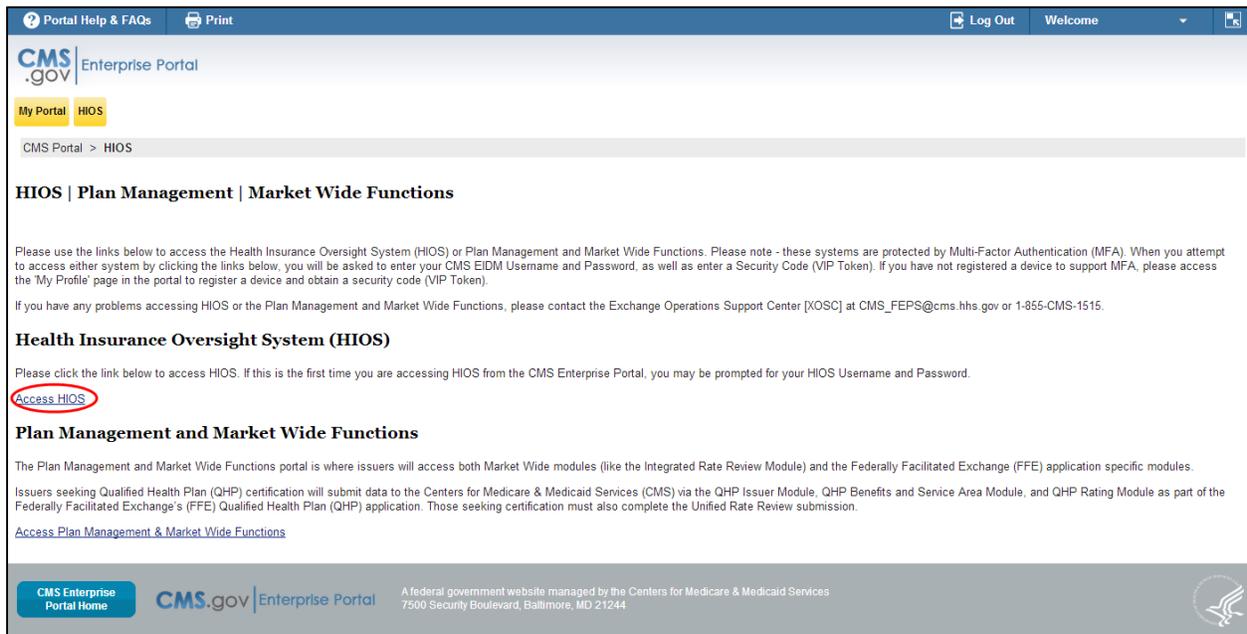
Figure 16: EIDM Page - HIOS Access



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

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](#)

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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 the 'Manage an Organization' button. Organizations must be registered and approved within HIOS before requesting role access to any module.

Please note that for the purposes of the Non-Fed Module functionality, it is assumed that the organization being registered in HIOS is the same as the Plan Sponsor Organization.

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



Step 2: Before creating an organization, the user must determine whether the organization has already been registered in the system. Four types of organizations can be created in HIOS, they are:

1. Company
2. Non Insurance Company
3. Non-Federal Governmental Plans
4. Other Organization Type

Users will have to register their Non-Federal Governmental Plan if it is not already registered within HIOS. After selecting the ‘Manage an Organization’ button, the user will complete the following steps:

1. Select ‘Create New Organization’ from the first dropdown.
2. Select ‘Non-Federal Governmental Plans’ from the organization type dropdown.
3. Enter the organization’s Federal EIN/TIN into the search field the appears below.
4. Select the ‘Search’ button.

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 specify the primary purpose of your visit: Create new organization ▼

Please click [Organization Types \(PDF - 160KB\)](#) for a list of organization types and their definitions.

Please select the type of organization: Non-Federal Governmental Plans ▼

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

Federal EIN/TIN FEIN/TIN Search

Figure 21 displays the ‘Manage and Organization’ page.

Figure 21: Manage an Organization – No Organization Found

The screenshot shows the 'Health Insurance Oversight System' interface. At the top, there is a navigation bar with buttons for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. Below this is a 'Welcome' message. The main content area is titled 'Manage an Organization' and includes a sub-menu with 'Manage an Organization' (highlighted) and 'Manage Organization Relationships'. The page prompts the user to specify the primary purpose of their visit (set to 'Create new organization'), click a PDF link for organization types, and select the organization type (set to 'Non-Federal Governmental Plans'). It also includes a search field for the organization's Federal EIN/TIN (001122334) and a 'FEIN/TIN Search' button. A section titled 'Organization' contains the message 'No Organization Found' and instructions to register a new organization. The 'Create Organization' button is highlighted with a red rectangular box.

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

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: **001122334**

[Domiciliary Address](#)

*Address Line 1:

Address Line 2:

*City:

*State:

*ZIP code:

ZIP Plus 4:

Step 4: The Submitter user must enter all the required information that is marked with an asterisk (*) for their organization, then select 'Continue.' Listed below are the fields to be collected on this page:

- 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.
- Organization Address

Figure 23 displays attributes the system collects for Non-Fed Organizations.

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

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 is a search bar and a navigation menu with 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, users are instructed to select attributes for their organization. A note states that an asterisk (*) indicates a required field. The form includes a field for '*Non-Fed Plan Type:' with two radio button options: 'Self Funded' and 'Fully Insured'. At the bottom of the form area, there are 'Back' and 'Review/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 5: After ensuring all the entered information is correct, users will select 'Submit' to register the 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:	Organization ABC
Non-Fed Plan Type:	Self Funded
Federal EIN/TIN:	001122334

[Domiciliary Address](#)

Address Line 1:	123 Test Street
Address Line 2:	
City:	Reston
State:	VA
ZIP code:	20191
ZIP Plus 4:	
Are you a TPA?	No

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 within 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 below.

Requesting a role for the 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' under Association section.
4. Enter the Federal EIN/TIN that is associated to the appropriate organization.
5. Select 'Review/Continue.'
6. Review information for errors and select 'Submit.'

Once the request is approved, the Role Approver Administrator will be able to approve or deny Submitter role requests for the organization that they administer.

Figure 25 Displays the Request Role page.

Figure 25: Request Role tab

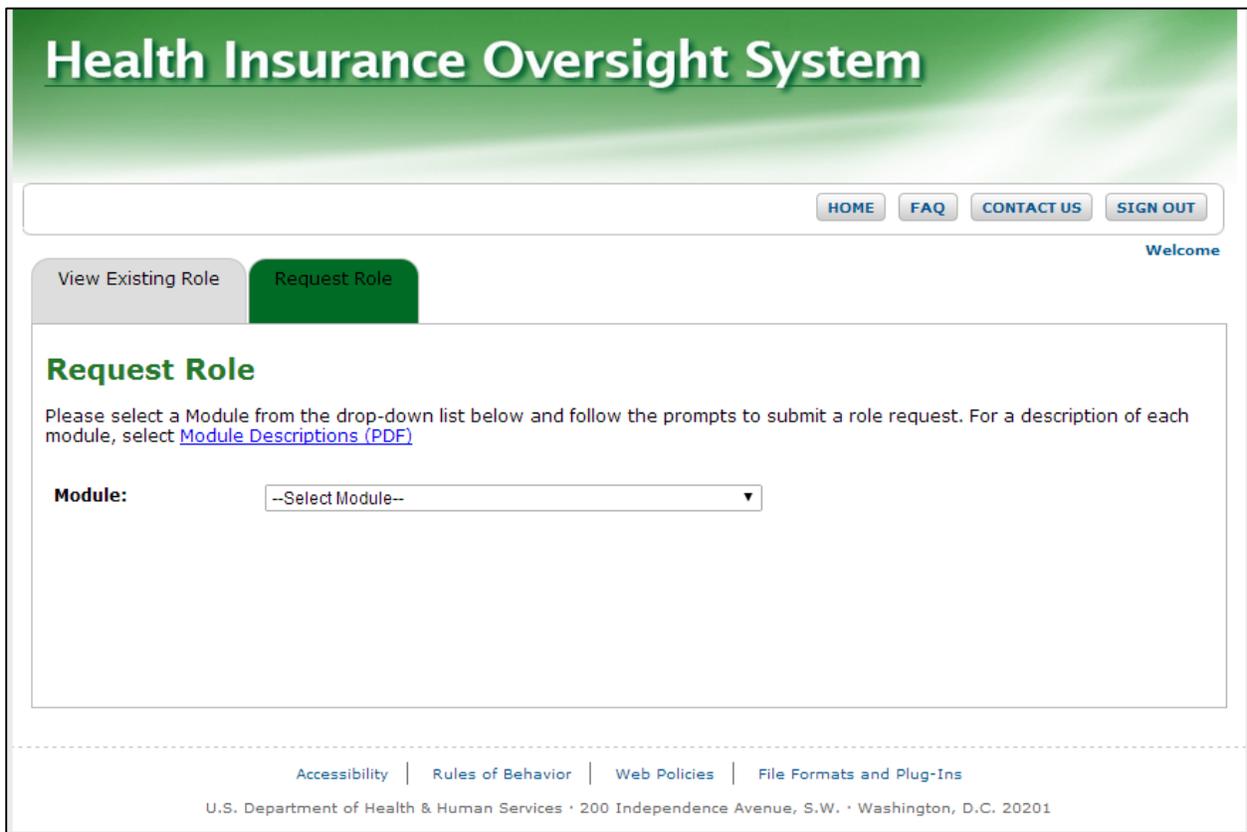


Figure 26 displays the Role Approver Administrator Request page.

Figure 26: Role Approver Administrator Request

The screenshot shows the 'Request Role' page in the Health Insurance Oversight System. At the top, there is 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 on the right. The main content area has two tabs: 'View Existing Role' and 'Request Role'. The 'Request Role' tab is active. The page title is 'Request Role'. A message states 'All fields are required.' and provides instructions to select a module from a drop-down list and follow prompts to submit a role request. A link for 'Module Descriptions (PDF - 835KB)' is provided. The form includes a 'Module' dropdown set to 'HIOS Portal' and a 'Requested Role' dropdown set to 'Role Approver Administrator'. Under the 'Association' section, there are radio buttons for 'Organization' (selected) and 'Issuer'. Below this, there is a prompt to enter the Organization Federal EIN/TIN, a text input field containing '001122334', and a 'Search' button. The search result is displayed as 'Organization ABC'. A 'Review/Continue' button is located at the bottom of the form.

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 Company: **Organization ABC**

Back Submit

Once a Role Approver Administrator has been set up for the organization, another user will be able to request the Submitter role for the organization. Please note that the Role Approver Administrator user and Submitter user must be different users within HIOS.

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. Select either 'Primary Contact' or 'Back up Contact' from the User Sub-Type dropdown.
4. Select 'Continue'.
5. Select 'Federal EIN/TIN' and enter the 9 digit Federal EIN of the Non-Federal Governmental Plan.
6. Select 'Search'.
7. If the correct Non-Fed Organization is displayed, select 'Review/Continue' to request your role.
8. Select 'Submit' on the review page.

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

Figure 28: Role Request Non-Fed Submitter

Health Insurance Oversight System

HOME FAQ CONTACT US SIGN OUT

Welcome

View Existing Role **Request Role**

Request Role

All fields are required.

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 \(PDF - 835KB\)](#)

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

Requested Role: NonFed 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 : 001122334 Search

Search Result: Organization ABC

Review/Continue

Figure 29 displays the error 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



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

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

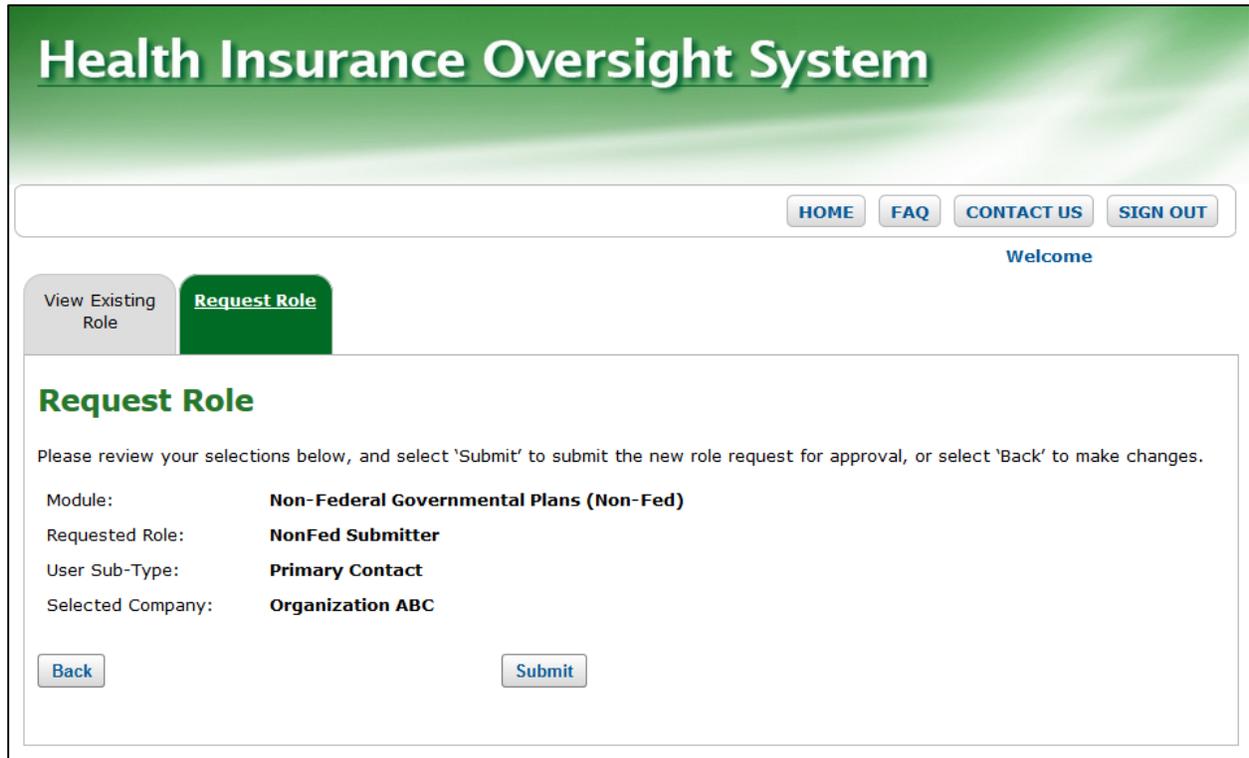


Figure 31: Role Request Non-Fed Submitter- Confirmation Screen

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 navigation bar with buttons for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A search bar is located on the left side of the navigation bar. Below the navigation bar, there is a 'Welcome' message. On the left side, there are two buttons: 'View Existing Role' and 'Request Role'. The 'Request Role' button is highlighted in green. The main content area is titled 'Request Role' and contains a 'Confirmation' section. The confirmation text states: 'Your role request has been submitted for approval, please log back in within 1 to 2 business days to check the status of your request. All fields are required.' Below this, there is a prompt to select a module from a drop-down list and a link to 'Module Descriptions (PDF - 835KB)'. The drop-down menu is currently set to '--Select Module--'.

Once the Submitter role request has been approved by the Role Approver Administrator, the Submitter user will be able to access the full functionality of the Non-Fed Module upon their next login.

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.

The following section discusses the different functionalities available to the Non-Fed Submitter.

5.1 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 HIPAA Opt Out elections.

5.1.1 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 to create a plan.

Step 1: The Submitter user will access the HIOS home page and select the 'Non-Federal Governmental Plans (Non-Fed)' button on the left side of the page.

Step 2: The Submitter user will be redirected to a Non-Fed Module landing page, where the Manage Plans and the HIPAA Opt Out tabs will be displayed.

Step 3: The Submitter user will select the Manage Plans tab.

Figure 32 displays the Non-Fed homepage with the Manage Plans and HIPAA Opt Out tabs.

Figure 32: Non-Fed Homepage

The screenshot shows the homepage for the Health Insurance Oversight System (HIOS) Non-Federal Governmental Plans. The header features the title "Health Insurance Oversight System Non-Federal Governmental Plans" in a green gradient. Below the header is a navigation bar with buttons for "HIOS MAIN PAGE", "HOME", "FAQ", "CONTACT US", and "SIGN OUT". On the left, there are two tabs: "Manage Plans" and "HIPAA Opt Out". The main content area is titled "Announcements" and contains several paragraphs of text. The first paragraph welcomes users and provides information about the registration process and links to FAQs and Regulations. The second paragraph, titled "Health Plan and Other Entity Enumeration System (HPOES)", discusses the requirement for Health Plan Identifiers (HPIDs) by November 2016. The third paragraph, titled "External Review Election (ERE) Module", explains the requirements for external review for appeals. On the right side, there is a "Welcome" message and a "Related Links" section with four links: "CCIIO Website", "FAQ", "User Manual [opens in .pdf format 0.05 MB]", and "Regulations".

Health Insurance Oversight System Non-Federal Governmental Plans

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

[Manage Plans](#) [HIPAA Opt Out](#)

Welcome

Related Links

- [CCIIO Website](#)
- [FAQ](#)
- [User Manual \[opens in .pdf format 0.05 MB\]](#)
- [Regulations](#)

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.

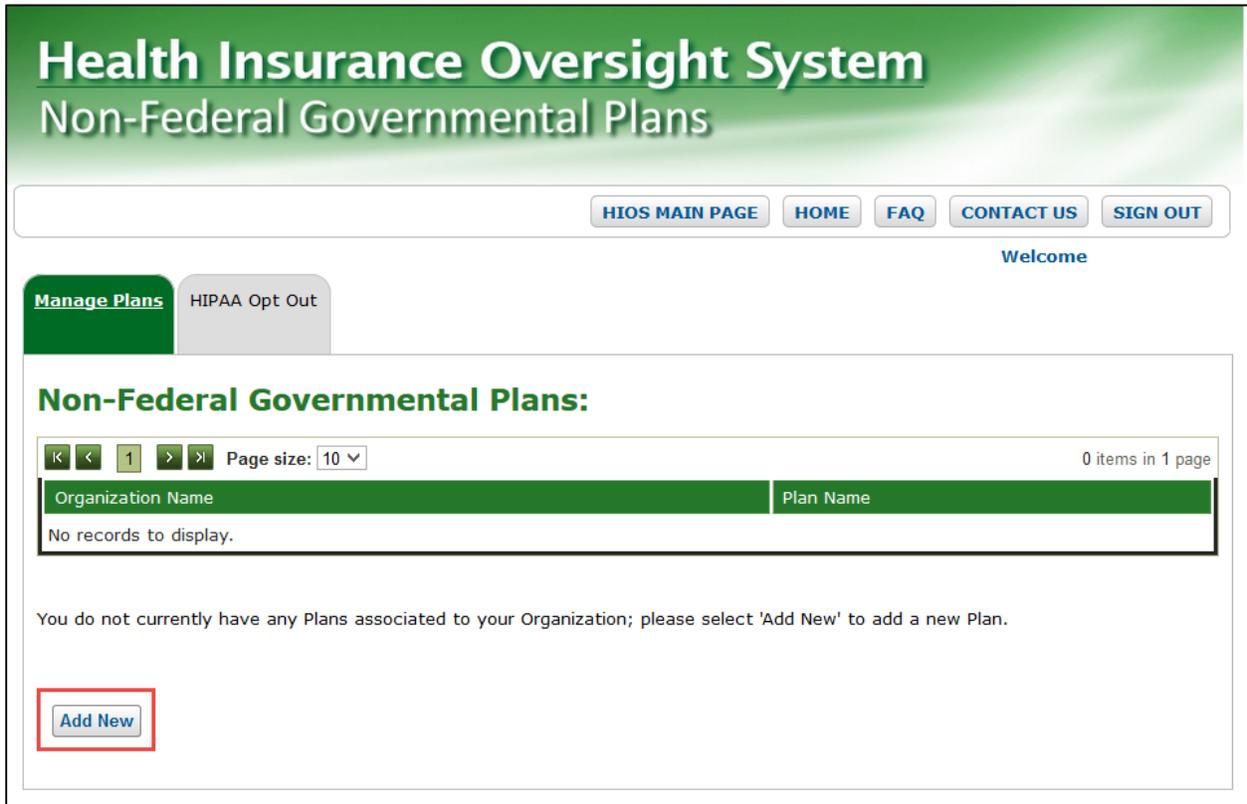
External Review Election (ERE) Module

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.

Step 4: The Submitter user will be able to see the Organization to Plan association(s) 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: Manage Plans Page



Step 5: After selecting the 'Add New' button, the Submitter user will be prompted to select the organization to associate the new plan to. Once the organization is selected from the dropdown the user will select the 'Continue' button.

Figure 34 displays the first Add New Plan page where the user selects the organization.

Figure 34: Add New Plan Page – Select Organization

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

*Select Organization: Organization ABC ▾

Back Continue

Step 6: The Submitter user will then be navigated to the second Add New Plan page where any existing plans associated to the selected organization will be displayed if any plans currently exist in the system. The Submitter user will provide the new plan name in the text box displayed below and select the ‘Submit’ button when finished.

Figure 35 displays the second Add New Plans page when the selected organization does not have any existing plans.

Figure 35: Add New Plan Page – No Plans

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:

In order to create a new plan for the selected organization, please provide the Plan Name below.
(*) Indicates a required field

Organization Name	Federal EIN/TIN	Plan Type
Organization ABC	001122334	Self Funded

Page size: 10 0 items in 1 page

Plan Name
No records to display.

*Enter Plan Name:

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

Figure 36 displays the second Add New Plan page when the selected organization has existing plans below.

Figure 36: Add New Plan Page – Existing Plans

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:

In order to create a new plan for the selected organization, please provide the Plan Name below.
(*) Indicates a required field

Organization Name	Federal EIN/TIN	Plan Type
Organization ABC	001122334	Self Funded

Page size: 10 ▾ 1 item in 1 page

Plan Name
Plan A

*Enter Plan Name:

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

Please note that the system will prevent the Submitter user from submitting the same plan name more than once. If the plan name provided matches an existing plan name in the system for the same organization, an error message will be triggered.

Figure 37 displays this error message below.

Figure 37: Add New Plan Page – Duplicate Plan Name Error



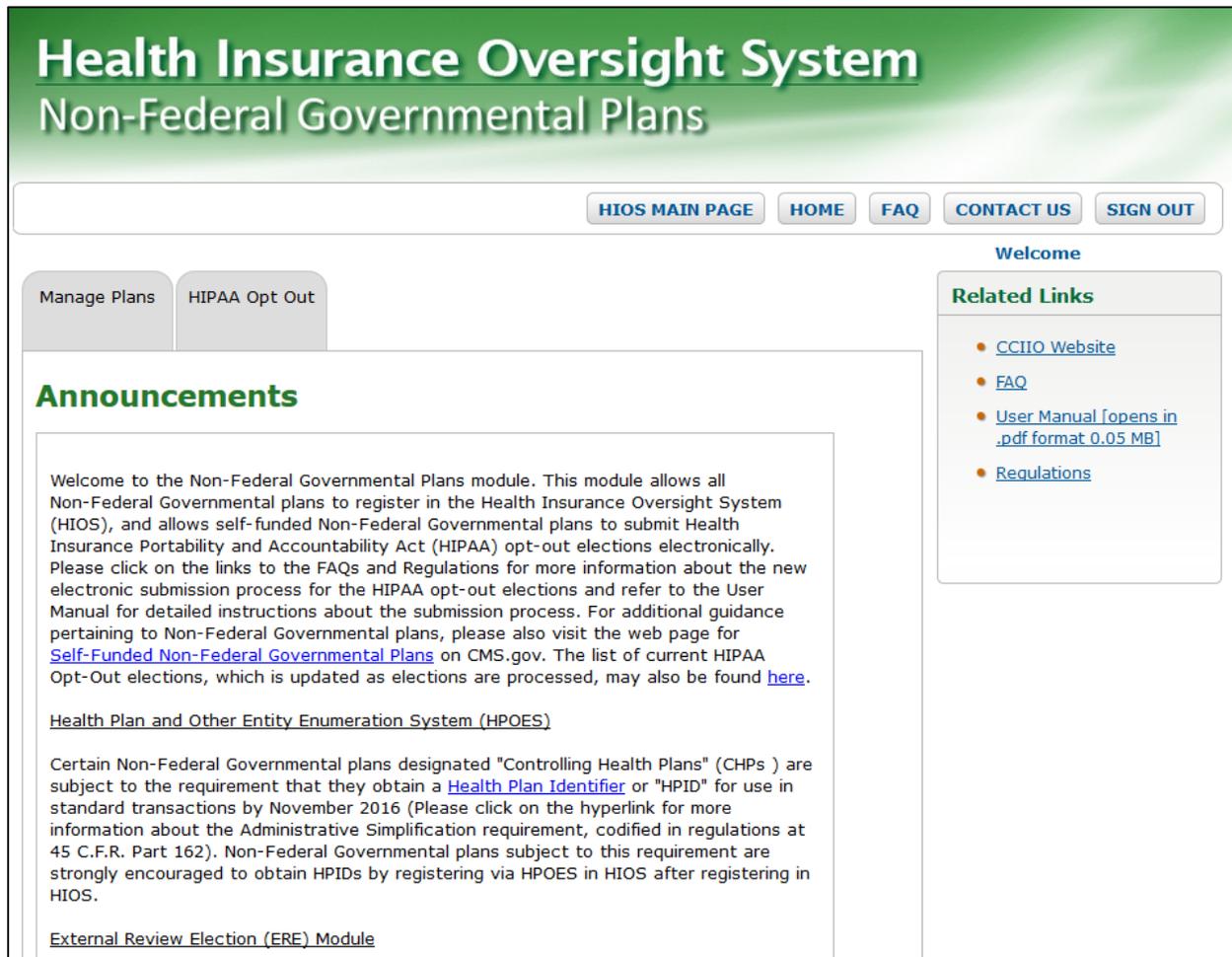
5.1.2 Submitting a HIPAA Opt Out Election

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 (Non-Fed)’ button on the left hand menu. The Submitter user will be directed to the ‘Non-Fed Homepage’ as displayed in Figure 38.

Figure 38: Non-Fed Submitter User Homepage



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

Step 4: The Submitter user will then select an organization they are associated with from the first dropdown and select a plan from the second dropdown.

Figure 39 displays the HIPAA Opt Out page.

Figure 39: HIPAA Opt Out – Select a Plan

Health Insurance Oversight System
Non-Federal Governmental Plans

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

Manage Plans **HIPAA Opt Out**

HIPAA Opt Out

(*) Indicates a required field

***Select an Organization:** Organization ABC

***Select a Plan:** Plan A

Submit

Step 4: After selecting an organization and plan name and selecting ‘Submit’, the Submitter user can choose between ‘renewing’ an election or creating a ‘new’ election.

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

Figure 40: HIPAA Opt Out – Main Election Page – No Data

Health Insurance Oversight System
Non-Federal Governmental Plans

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

Welcome

Manage Plans **HIPAA Opt Out**

HIPAA Opt Out

Organization Name: Organization ABC
Plan Name: Plan A

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.

[Back](#) [Renew Election](#) [New Election](#)

Please note that if the Sponsoring Organization has a previous election stored in the system that this information will be displayed between the instructional text and the buttons.

Figure 41: HIPAA Opt Out – Main Election Page – Existing Data

Health Insurance Oversight System
Non-Federal Governmental Plans

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

Manage Plans **HIPAA Opt Out**

HIPAA Opt Out

Organization Name: Organization ABC
Plan Name: Plan B

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: 01/01/2015
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: Will
Middle Name:
Last Name: Parkerson
 Address is same as the Sponsor's
Address Line 1: 123 Test Street
Address Line 2:
City: Reston
State: VA
Zip Code: 20191
Zip Ext:

Election Point of Contact (POC)

Information of the person CMS may contact regarding the election.

First Name: Other
Middle Name:
Last Name: Person
Email Address:
Phone: 893-353-3535 Phone Ext:
(Format: 123-456-7890)

Notification to Enrollees:

Back Renew Election New Election

5.1.2.1 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 HIPAA Opt Out Election page as shown in Figure 41 below.

Figure 42: HIPAA Opt Out – New Election Data Input Page

HIPAA Opt Out

Organization Name: Organization ABC
Plan Name: Plan A

(*) Indicates a required field

***Plan Effective Date:** (MM/DD/YYYY)
***Plan Expiration Date:** (MM/DD/YYYY)

Plan is governed by a Collective Bargaining Agreement

Please indicate which HIPAA Opt Out Provision(s) the Plan will be opting out of below. Users are required to select at least 1 provision before proceeding.

*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 select 'Continue' to start the submission.

No file selected.

***Agree to send Notification to Enrollees.**
The continue button will not be accessible until this selection has been made.

Step 2: To complete an election, the Submitter users must enter data in the 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.
 - 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)
 - This field lists all plans covered by the Collective Bargaining Agreement and is required if the CBA checkbox field is selected.
 - Select the 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 Number are required fields.
 - Upload Notification to Enrollees document
 - Required for all New elections.
 - Notification to Enrollees Attestation Checkbox
 - Attestation that the Sponsor Organization will send notification to enrollees prior to the new plan year starting, as required by law. The ‘Continue’ button will be enabled only after this box is checked.

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 30MB.

The system will verify that all the required information has been entered. If any required data is missing, the system will trigger one or more of the error messages displayed in Figure 42.

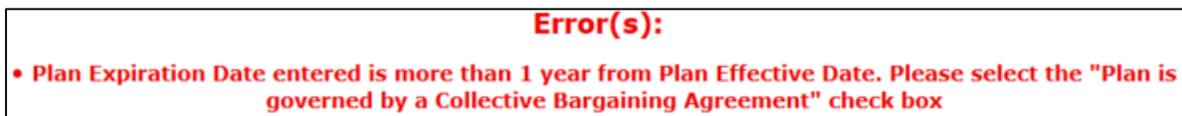
Figure 43: New Election – Error Messages



Please note that when the 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 44: Error Message – Plan Longer than a year



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 45: CBA Plan Name(s)

HIPAA Opt Out

Organization Name: Organization ABC
Plan Name: Plan A

(* Indicates a required field)

***Plan Effective Date:** (MM/DD/YYYY) 01/01/2015
***Plan Expiration Date:** (MM/DD/YYYY) 12/31/2018

Plan is governed by a Collective Bargaining Agreement
Enter all Plan Names that are part of CBA. Plan Names must be separated by comma(.). Maximum limit is 2000 characters.

CBA Plan Name(s): Plan A, Plan B, Plan C

Please indicate which HIPAA Opt Out Provision(s) the Plan will be opting out of below. Users are required to select at least 1 provision before proceeding.

***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.

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 Administrator has the same address. The sponsor organization’s address will be prepopulated below once the checkbox is selected.

Figure 45 displays the Plan Administrator address checkbox.

Figure 46: Plan Administrator Address Checkbox

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:

Step 3: After entering data in all the required fields, the Submitter users can select ‘Continue’.

The Election Confirmation page will display all the previously entered data as well as certification text. To submit the HIPAA Opt Out election, Submitters will need to confirm the Election type and enter an Electronic Signature (Title, First Name, and Last Name) as displayed in Figure 46.

Figure 47: HIPAA Opt Out – New Election Confirmation Page

HIPAA Opt Out

Organization Name: Organization ABC
Plan Name: Plan A
Plan Effective Date: 01/01/2015
Plan Expiration Date: 12/31/2018
 Plan is governed by a Collective Bargaining Agreement

CBA Plan Name(s): Plan A, Plan B, Plan C

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: Sample
Middle Name:
Last Name: Person
 Address is same as the Sponsor's
Address Line 1: 123 Test Street
Address Line 2:
City: Reston
State: VA
Zip Code: 20191
Zip Ext:

Election Point of Contact (POC)

Information of the person CMS may contact regarding the election.

First Name: Other
Middle Name:
Last Name: Contact
Email Address:
Phone: 983-353-3535 Phone Ext:
(Format: 123-456-7890)

Notification to Enrollees:

[Plan A- 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 and the Election Type has been confirmed, the HIPAA Opt Out election can be submitted by selecting the ‘Submit’ button at the bottom of the page. The Submitter user will be navigated back to the Main Election Page and a confirmation message will be displayed as shown in Figure 47 below.

Figure 48: HIPAA Opt Out – New Election Saved

The screenshot displays the 'Health Insurance Oversight System' interface for 'Non-Federal Governmental Plans'. At the top, there are navigation links: 'HIOS MAIN PAGE', 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A 'Welcome' message is visible on the right. The main navigation area includes 'Manage Plans' and 'HIPAA Opt Out' (the active page). The 'HIPAA Opt Out' section features a 'Confirmation:' message: 'Your election was saved successfully.' Below this, key details are listed: Organization Name: Organization ABC; Plan Name: Plan A; Plan Effective Date: 01/01/2015; Plan Expiration Date: 12/31/2018. A checkbox is checked for 'Plan is governed by a Collective Bargaining Agreement', with a text box for 'CBA Plan Name(s):' containing 'Plan A, Plan B, Plan C'. A box titled 'HIPAA Opt Out Provisions' contains four checked items: '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.' The 'Plan Administrator Information' section includes fields for First Name (Jane), Middle Name, Last Name (Doe), and a checked box for 'Address is same as the Sponsor's'. Address details include: Address Line 1: 123 Test Street; Address Line 2; City: Reston; State: VA; Zip Code: 20191; Zip Ext. The 'Election Point of Contact (POC)' section provides information for the person CMS may contact, including First Name (John), Middle Name, Last Name (Smith), Email Address, and Phone (935-835-3535, Phone Ext.). A 'Notification to Enrollees:' section contains a link: 'Plan A - Notification to Enrollees'. At the bottom, there are 'Back' and 'Edit Election' buttons.

5.1.2.2 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 Main Election Page 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 previously submitted HIPAA Opt Out election, 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 Election Confirmation Page as displayed in Figure 48.

Figure 49: Edit Election Page

HIPAA Opt Out - Edit

Organization Name: Organization ABC
Plan Name: Plan A

(* Indicates a required field)

***Plan Effective Date:** (MM/DD/YYYY) 01/01/2015
***Plan Expiration Date:** (MM/DD/YYYY) 12/31/2018

Plan is governed by a Collective Bargaining Agreement

Enter all Plan Names that are part of CBA. Plan Names must be separated by comma(,). Maximum limit is 2000 characters.

CBA Plan Name(s): Plan A, Plan B, Plan C

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:** Sample
Middle Name:
***Last Name:** Person
 Address is same as the Sponsor's

***Address Line 1:** 123 Test Street
Address Line 2:
***City:** Reston
***State:** VA
***Zip:** 20191
Zip Plus 4:

Election Point of Contact (POC)

Information of the person CMS may contact regarding the election.

***First Name:** Other
Middle Name:
***Last Name:** Contact
Email Address:
***Phone:** 983-353-3535 **Phone Ext:**
(Format-123-456-7890)

Notification to Enrollees:

[Plan A- Notification to Enrollees](#)

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

No file selected.

Step 3: The Submitter user will submit the edited election in the same manner as described in the previous section. After reviewing the information, selecting the appropriate election type, and providing an electronic signature, the Submitter user will select the 'Submit' button to finalize their updates.

Submitter users can also choose to remove 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 50: Deselecting HIPAA Opt Out Provisions

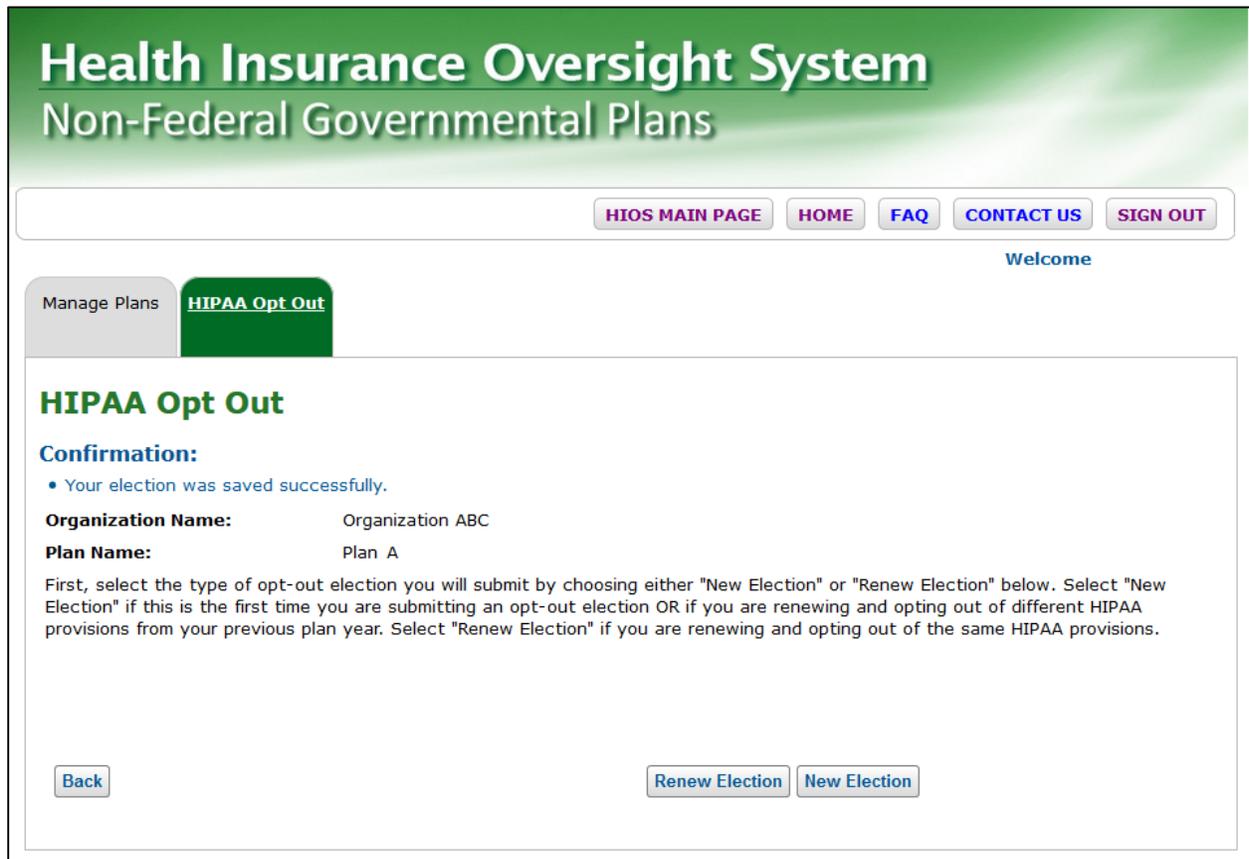
The screenshot shows a web form with a modal warning message. The background form is dimmed and contains the following sections:

- HIPAA Opt Out Provisions:** A list of four checkboxes, all of which are 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:** Includes a text input field for *First Name with the value "Sample".
- Zip:** 20191
- Zip Plus 4:** (empty field)
- Election Point of Contact (POC):** Information of the person CMS may contact regarding the election. Includes fields for *First Name (Other), Middle Name, *Last Name (Contact), Email Address, *Phone (983-353-3535), and Phone Ext.
- Notification to Enrollees:** A section with a link "Plan A- Notification to Enrollees" and instructions: "Please select the 'Browse' button below to select a file (PDF or Word). After selecting a file select 'Continue' to start the submission. Uploading a new file will delete the existing Notification to Enrollees document." Below this is a "Browse..." button and the text "No file selected."

At the bottom of the form are "Back" and "Continue" buttons. The modal warning message is white with a grey border and an "OK" button in the bottom right corner.

After selecting 'OK' on the pop up warning message, the Submitter user will be navigated to the Election Confirmation screen as shown in Figure 50.

Figure 51: HIPAA Opt Out – Delete Election Confirmation Page



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 will be displayed for the selected plan.

5.1.2.3 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’ from the Main Election page. Plans choosing to renew their elections are not required to submit the Notification to Enrollees document but are required to attest that they will send notification to enrollees prior to the new plan year starting, as required by law.

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 52: HIPAA Opt Out – Renewal Election Main Election Page

Health Insurance Oversight System
Non-Federal Governmental Plans

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

Manage Plans **HIPAA Opt Out**

HIPAA Opt Out

Organization Name: Organization ABC
Plan Name: Plan B

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.

Back Renew Election New Election

Please note that if an Opt Out exists in the system, Submitter users will not be able to change the HIPAA Opt Out provisions previously submitted when renewing it. To modify the HIPAA Opt Out provision choices, users will have to select the 'New Election' button.

Step 2: To renew an election, please enter all required information in the form. For renewals of elections that have been previously entered in the Non-Fed module, 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.
- 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)
 - This field lists all plans covered by the Collective Bargaining Agreement and is required if the CBA checkbox field is selected.
- Select the 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 Number are required fields.
 - Notification to Enrollees Attestation Checkbox
 - Attestation that the Sponsor Organization will send notification to enrollees prior to the new plan year starting, as required by law. The 'Continue' button will be enabled only after this box is checked.

Figure 53: HIPAA Opt Out - Renewal Election Data Input Page

Manage Plans
HIPAA Opt Out

HIPAA Opt Out

Organization Name: Organization ABC

Plan Name: Plan B

(*) Indicates a required field

***Plan Effective Date:** (MM/DD/YYYY)

***Plan Expiration Date:** (MM/DD/YYYY)

Plan is governed by a Collective Bargaining Agreement

Please indicate which HIPAA Opt Out Provision(s) the Plan will be opting out of below. Users are required to select at least 1 provision before proceeding.

***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:** VA

***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:

***Agree to send Notification to Enrollees.**
The continue button will not be accessible until this selection has been made.

Back
Continue

Once the necessary changes have been made to the renewal election, the Submitter user will need to select the 'Continue' button. The system will check that all required fields have been provided just as with New Elections. If any fields are missing one or several error messages will be triggered as shown in the previous sections.

Step 3: After selecting the ‘Continue’ button, the Election Confirmation Page will be displayed. The Submitter user will need to review the provided information, select the election type being submitted from ‘New Opt-Outs’ or ‘Renew Opt-Outs’ and provide an Electronic Signature.

Figure 54: Renewal Election Confirmation Page

HIPAA Opt Out

Organization Name: Organization ABC
Plan Name: Plan B
Plan Effective Date: 01/01/2015
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: Jane
Middle Name:
Last Name: Doe
 Address is same as the Sponsor's
Address Line 1: 123 Test Street
Address Line 2:
City: Reston
State: VA
Zip Code: 20191
Zip Ext:

Election Point of Contact (POC)

Information of the person CMS may contact regarding the election.

First Name: John
Middle Name:
Last Name: Smith
Email Address:
Phone: 935-835-3535 Phone Ext:
(Format: 123-456-7890)

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.

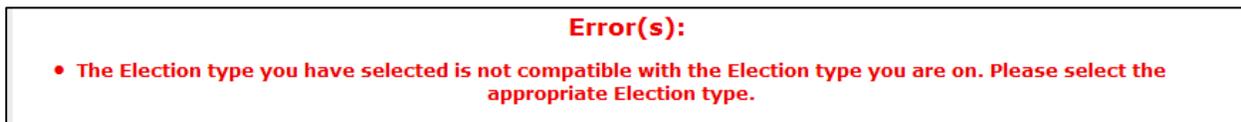
New Opt-Outs: The notice to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided at the time of enrollment to enrollees who enroll during the plan year. A copy of the notice to plan enrollees is attached.

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 will verify that the Submitter user has selected the correct option from the New/Renewal options. If the Submitter user selects the incorrect option, the system will display an error message as illustrated in Figure 54.

Figure 55: Election Type Selection Error



Once all the accurate information has been entered, the Electronic Signature has been provided, and the Submitter user has selected the 'Submit' button, the system will notify the users of the successful renewal through a message at the top of the Main Election page as illustrated on Figure 55.

Figure 56: HIPAA Opt Out – Renewal Election Saved

Manage Plans **HIPAA Opt Out**

HIPAA Opt Out

Confirmation:

- Your election was saved successfully.

Organization Name: Organization ABC
Plan Name: Plan B
Plan Effective Date: 01/01/2015
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: Jane
Middle Name:
Last Name: Doe
 Address is same as the Sponsor's
Address Line 1: 123 Test Street
Address Line 2:
City: Reston
State: VA
Zip Code: 20191
Zip Ext:

Election Point of Contact (POC)

Information of the person CMS may contact regarding the election.

First Name: John
Middle Name:
Last Name: Smith
Email Address:
Phone: 935-835-3535 Phone Ext:
(Format: 123-456-7890)

Notification to Enrollees:

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

5.1.2.4 Email Notifications – Reminder of Expiring Opt Out Election

HIPAA Opt Out Elections remain valid until the provided Plan Expiration Date. If a HIPAA Opt Out Election is not renewed or replaced with a New Election prior to the provided Plan Expiration Date, the plan will, by law, be deemed to be in compliance with all HIPAA Opt Out Provisions. As such, the system will generate a reminder email notification to be sent to any Submitter users associated to HIPAA Opt Out Elections that are soon to expire. These email notifications will be sent 30 calendar days prior to the provided Plan Expiration Date and will inform users what information is currently captured in the system for their associated plan.

The template for generating this email notification is displayed below. Please note that text highlighted in blue represents dynamic text that will be specific to the plan the email is generated for.

Subject: HIPAA Opt-Out Election to Expire Soon

Organization Name: [Organization XXX]
Plan Name: [Plan XXX]
Current HIPAA Opt Out Provisions: [XXX]
[XXX]
[XXX]
[XXX]
Opt-Out Expiration Date: [MM/DD/YYYY]

This notice is to remind you that your organization’s HIPAA Opt Out Election will be expiring on [MM/DD/YYYY]. If you do not intend to renew your HIPAA Opt-Out for the subsequent plan year, you do not need to take action. Please note that if you do not submit a New or Renewal Election before the beginning of the subsequent plan year, your plan must be in compliance with all applicable provisions of Title XXVII of the Public Health Service (PHS) Act for any plan year(s) that CMS does not have a valid Opt-Out on file.

Please be aware that under 45 C.F.R. § 146.180(j), to the extent that an Opt-Out has not been filed or a non-Federal governmental plan otherwise is subject to one or more requirements of this part, CMS enforces those requirements under part 150 of this subchapter. This may include imposing a civil money penalty against the plan or plan sponsor, as determined under subpart C of part 150.

You may access the Non-Federal Governmental Health Plans module by accessing the Health Insurance Oversight System (HIOS) within the CMS Enterprise Portal link at <https://portal.cms.gov>.

For additional information, please contact the Operations Support Center (XOSC) at CMS_FEPS@cms.hhs.gov or by calling 1-855-267-1515 with any questions.

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

UI - User Interface

XOSC - Exchange Operations Support Center

HIPAA - Health Insurance Portability and Accountability Act