HIOS Document Collection – Form Filing Module Issuer Training

FFM Issuer Training
April 2013
Agenda

• Introduction
• Form Filing Process Flow
• User Registration Overview
• Certifying Officials
• Issuer Submitter Submission Process
The Centers for Medicare & Medicaid Services (CMS) has the responsibility to enforce provisions of title XXVII of the Public Health Service Act (PHS Act) with respect to health insurance issuers in the group and individual markets when a State informs CMS that it does not have authority to enforce or is not otherwise enforcing one or more of the provisions.

Policy form review is one of the enforcement tools used by CMS to confirm health insurance Issuers’ compliance with the provisions of the PHS Act.

The Health Insurance Oversight System (HIOS) Form Filing Module supports the collection of policy forms by health insurance Issuers in States where CMS is directly enforcing provisions of the PHS Act.
Health Insurance Oversight System (HIOS Overview)
HIOS Overview

• HIOS Stands for: Health Insurance Oversight System.

• Purpose: HIOS provides a central portal containing multiple modules to assist CMS with consumer support, data collection and review capabilities.
  
  o The system originally served to collect private insurance Issuer and Product data. Today, HIOS also supports oversight activities and now encompasses Company and Plan data.
Form Filing Process Flow
Initial Login

Document Collection/Form Filing Process

1.) Distribute Memos per State
2.) Issuer Receives Memo, Regs, instructions
3.) User navigates to CMS Portal site to register
4.) User completes requests access to HIOS using CMS Portal
5.) Provision User/ System generates notification w/ login info
6.) Certifying Official or Submitter?
A

7.) Login to CMS Enterprise Portal
8.) Change Password/ Answer Security Question
9.) User redirected to HIOS Homepage
10.) Navigate to Document Collection Module
11.) Navigate to Form Filing Sub-module
12.) Navigate to Issuer Certification Tab
13.) Select and Certify issuers-submitters to finalize submissions
14.) End

A

16a.) User Enters Required Doc Data
17a.) Upload Document(s) and Save Submission
18a.) Certified submitter reviews/submits to CMS
14.) End

13a.) System populates existing plan/product info
13b.) User enters additional required product data.
14a.) User navigates to Manage Submission Page
15a.) Edit Product Data?
Yes
No
13a.) User selects/ adds New Product data

12a.) Product Exist in HIOS?
No
Yes

14.) End

Yes
User Registration Overview
Beginning April 1st, users will access the Form Filing Module (FFM) by going through the CMS Enterprise Portal and selecting the Health Insurance Oversight System (HIOS).

The Health Insurance Oversight System (HIOS) will be integrated with the Enterprise Portal and Enterprise Identity Management System (EIDM).

- CMS Enterprise Portal: Enterprise web portal for accessing CMS systems. Various CMS systems will be integrated with the portal in the coming months.
- Enterprise Identity Management System (EIDM): EIDM provides Authentication and Authorization capabilities and is tightly integrated with the CMS portal.
  - Authentication (establishes who a person is)
  - Authorization (granting permissions to access modules, pages, data, etc.)

All existing HIOS users will receive an email with their EIDM credentials.

New HIOS users need to register in EIDM and obtain an EIDM User ID and Password.
Accessing HIOS through the CMS Enterprise Portal

• Starting on 3/28, HIOS will be integrated with the CMS Enterprise Portal and users will no longer be able to access HIOS via the current URL.

• Users will need to go to the CMS Enterprise Portal at https://portal.cms.gov/ to access HIOS.
Accessing HIOS through the CMS Enterprise Portal

- Users can be either existing HIOS users or new users of the system.

- In order to gain access to the HIOS Form Filing Module, all users must follow these steps:
  - Users will need to access the CMS Portal using an EIDM User ID and Password.
  - Users will access HIOS.
  - Users will request access to the HIOS Form Filing module and their associated user role.
Existing HIOS Users

- Existing HIOS users should have received an email with their new EIDM credentials that will enable them to log into the CMS Enterprise Portal.
- Upon logging into the Enterprise Portal, HIOS users will be required to provide additional information that is not currently in HIOS to complete the registration process.
  - For MFA code details, please contact the Exchange Operations Support Center (XOSC)
- Once registration is complete, users will be able to access HIOS.
- All existing HIOS users will retain their existing user roles and are not required to submit another user role request.
Users will receive an email with the Enterprise Portal URL and login to the Portal with their EIDM credentials.
New Users

- New HIOS users will need to complete the following steps to access HIOS:
  - Register for an EIDM account.
  - Request access to HIOS in the CMS Enterprise Portal.
  - Register a smartphone or computer for multi-factor authentication.
    - For MFA code details, please contact the Exchange Operations Support Center (XOSC)
  - Request access to required roles in HIOS (optional) (example – Issuer Submitter or Certifying Official).
New users will navigate to the Enterprise Portal to start the registration process (https://portal.cms.gov).
Accessing HIOS in the Enterprise Portal

- Users that have registered in EIDM, registered in HIOS, and acquired access to HIOS in the portal, will be directed to the My Portal landing page. Selecting the ‘HIOS’ tab will open the HIOS landing page.
Accessing HIOS in the Enterprise Portal

Health Insurance Oversight System (HIOS)

Plan Management and Market Wide Functions
HIOS Main Page – Role Management

Health Insurance Oversight System

Organizations Management & Administrative Functions:
- Manage Account
- Register an Organization
- Role Management

HIOS Home Page
Announcements
Request Role

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

Module: DCM - Form Filing Module (DCM-FFM)

Requested Role: -- Select Role --
HIOS Main Page – Request Role

Health Insurance Oversight System

Wednesday, March 20, 2013

Welcome Brooks Wildasin

Request Role

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

Module:
DCM - Form Filing Module (DCM:FFM)

Requested Role:
-- Select Role --
- Select Role --
Issuer Submitter
Certifying Official
State User
Accessing Form Filing
CMS Security Message
HIOS Home Page

Health Insurance Oversight System

Tuesday, March 19, 2013

Announcements

The Health Plan and Other Entity Enumeration System (HPOES) module has been recently launched.

Please visit the homepage for information about the HPID and OEID, as well as access training and webinar material.

Beginning August 20, 2012, the U.S. Department of Health and Human Services (HHS) opened the Essential Health Benefit (EHB) Module so that state entities and the three largest small group market product issuers for each state can submit EHB benchmark plan information. The submission of EHB benchmark plan information must be submitted to the Centers for Medicare and Medicaid Services (CMS) through the Health Insurance Oversight System (HIOS).

The data collection standards necessary for the establishment of the EHB benchmark is set forth by the “Data Collection To Support Standards Related to Essential Health Benefits” final rule published by HHS on July 20, 2012.

Please email FFE_questions@lmi.org with any questions.

Announcements

FFE Announcements: Beginning August 20, 2012, the U.S. Department of Health and Human Services (HHS) opened the Essential Health Benefit (EHB) Module so that state entities and the three largest small group market product issuers for each state can submit EHB benchmark plan information. The submission of EHB benchmark plan information must be submitted to the Centers for Medicare and Medicaid Services (CMS) through the Health Insurance Oversight System (HIOS).

The data collection standards necessary for the establishment of the EHB benchmark is set forth by the “Data Collection To Support Standards Related to Essential Health Benefits” final rule published by HHS on July 20, 2012.

Please email FFE_questions@lmi.org with any questions.
Document Collection Module Home Page

Health Insurance Oversight System

Tuesday, March 19, 2013

Document Collection Module

Form Filing Module

Announcements

Health insurance issuers can now submit form filings via the Form Filing sub-module. Click on the Form Filing sub-module button to the left of the screen to begin.

For more information on related topics, select from the following links below:
- For the Form Filing guidance memo, click here
- For the Form Filing training information distributed, click here
- For the Form Filing Frequently Asked Questions (FAQs), click here

For general questions, please send an email to formfiling@cms.hhs.gov.
Announcements

Welcome to the Form Filing sub-module. This sub-module allows health insurance issuers to create form filing submissions that contain their health insurance policies and contracts at the product level. Click on the links to the user manual and FAQs located to the right of the screen for additional information.

For general questions, please send an email to formfiling@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.
Issuer Submitter Certification - Action

Health Insurance Oversight System
Document Collection Module Form Filing Sub-Module

Tuesday, May 29, 2012

Issuer Submitter Certification

Issuer/State/Issuer ID: John Alden Life Insurance Company - MN - 10592

The following users have been identified as Issuer-Submitter for your selected Issuer/State:

<table>
<thead>
<tr>
<th>Certified?</th>
<th>First Name</th>
<th>Last Name</th>
<th>Phone Number</th>
<th>Email Address</th>
<th>Certification Date</th>
<th>Certification Expiration Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Jake</td>
<td>Perrone</td>
<td>7092276708</td>
<td><a href="mailto:Jake.Perrone@CGIFederal.com">Jake.Perrone@CGIFederal.com</a></td>
<td>05/24/2012</td>
<td>05/24/2013</td>
<td>No Change</td>
</tr>
<tr>
<td>No</td>
<td>Jake</td>
<td>HHS</td>
<td>5487506311</td>
<td><a href="mailto:Jake.HHS@hotmail.com">Jake.HHS@hotmail.com</a></td>
<td></td>
<td></td>
<td>No Change</td>
</tr>
<tr>
<td>Yes</td>
<td>Jake</td>
<td>Submitter</td>
<td>4230048745</td>
<td><a href="mailto:Jake.Submitter@hotmail.com">Jake.Submitter@hotmail.com</a></td>
<td>05/24/2012</td>
<td>05/24/2013</td>
<td>No Change</td>
</tr>
</tbody>
</table>

Certification: By selecting this check box and selecting save, I certify that all of the changes made above accurately reflect who is permitted to submit documents to the Form Filing Module.

Save

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
Issuer Submitter Certification - Action

Health Insurance Oversight System
Document Collection Module Form Filing Sub-Module

Tuesday, March 19, 2013

Issuer Submitter Certification

Please select an Issuer from the dropdown to load all associated Issuer-Submitters. For each Issuer-Submitter, please make the proper Certify, Recertify, or Uncertify selections, agree to the certification statement, and click the Save button.

Issuer: American Alternative Insurance Corp - VA - 10701

The following users have been identified as Issuer-Submitter for your selected Issuer/State:

<table>
<thead>
<tr>
<th>Certified?</th>
<th>First Name</th>
<th>Last Name</th>
<th>Phone Number</th>
<th>Email Address</th>
<th>Certification Date</th>
<th>Certification Expiration Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Joan</td>
<td>Smith</td>
<td>5152483380</td>
<td><a href="mailto:thora.watson@cgifederal.com">thora.watson@cgifederal.com</a></td>
<td></td>
<td></td>
<td>No Change</td>
</tr>
<tr>
<td>Yes</td>
<td>Juliana</td>
<td>Berde</td>
<td>7032276000</td>
<td><a href="mailto:juliana.berde@cgifederal.com">juliana.berde@cgifederal.com</a></td>
<td>06/07/2012</td>
<td>06/07/2013</td>
<td>Certify</td>
</tr>
</tbody>
</table>

Certification: By selecting this check box and selecting save, I certify that all of the changes made above accurately reflect who is permitted to submit documents to the Form Filing Module.

Save
## Issuer Submitter Certification - Action

### Health Insurance Oversight System
Document Collection Module Form Filing Sub-Module

- **Tuesday, March 19, 2013**
- **Welcome Juliana CEO Attester**

#### Issuer Submitter Certification

Please select an Issuer from the dropdown to load all associated Issuer-Submitters. For each Issuer-Submitter, please make the proper Certify, Recertify, or Uncertify selections, agree to the certification statement, and click the Save button.

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<th>Email Address</th>
<th>Certification Date</th>
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<td></td>
<td></td>
<td>No Change</td>
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<td>Yes</td>
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<td>Berde</td>
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<td><a href="mailto:juliana.berde@cgifederal.com">juliana.berde@cgifederal.com</a></td>
<td>06/07/2012</td>
<td>06/07/2013</td>
<td>No Change</td>
</tr>
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</table>

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Issuer Submitter
Announcements

Welcome to the Form Filing sub-module. This sub-module allows health insurance issuers to create form filing submissions that contain their health insurance policies and contracts at the product level. Click on the links to the user manual and FAQs located to the right of the screen for additional information.

For general questions, please send an email to formfiling@cms.hhs.gov. For questions related to HIOS or technical issues, please send an email to the Exchange Operation Support Center (XOSC) at CMS_FEPS@cms.hhs.gov.
Create Submission – Existing HIOS Product

Create Submission

Please select an Issuer. Additionally, select whether you would like to create a submission using Existing HIOS Products or create a New FFM Product. Please enter data or select a value for all required fields in order to create a submission.

Please note that any New FFM Products that are created will remain local to the Form Filing Module and will not be made available in any other HIOS module.

All required fields are indicated by an asterisk **.

Add Issuer/Product Data

*Issuer: Select an Issuer - State - Issuer ID
*Submission Type: Existing HIOS Products © New FFM Product
*Market Type: Select a Market Type —
*Lines of Business: Comprehensive Major Medical [Rx-only]
*Product Originiation Date:

Add New Product

Please select a HIOS Product Name to verify the information regarding the selected Product. Select the Add Product button to add the Product to your submission.

*HIOS Product Name: Select a Product Name - Product Type —
Association Type:
Grandfather Status:
Open/Closed Status:
Covers Whole State:
SERFF Number:
Product Effective Start Date:
Product Effective End Date:
Create Submission – Existing HIOS Product

Create Submission

Please select an Issuer. Additionally, select whether you would like to create a submission using Existing HIOS Products or create a New FFM Product. Please enter data or select a value for all required fields in order to create a submission.

Please note that any New FFM Products that are created will remain local to the Form Filing Module and will not be made available in any other HIOS module.

All required fields are indicated by an asterisk (*).

**Add Issuer/Product Data**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuer</td>
<td>FEDERATED MUTUAL INSURANCE COMPANY - NC - 11029</td>
</tr>
<tr>
<td>Submission Type</td>
<td>Existing HIOS Products</td>
</tr>
<tr>
<td>Market Type</td>
<td>Individual</td>
</tr>
<tr>
<td>Lines of Business</td>
<td>Comprehensive Major Medical, Rx-only, Student Health Insurance</td>
</tr>
<tr>
<td>Product Origination Date</td>
<td>03/22/2015</td>
</tr>
</tbody>
</table>

**Add New Product**

Please select a HIOS Product Name to verify the information regarding the selected Product. Select the Add Product button to add the Product to your submission.

Note: There are no remaining products to add to the submission.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIOS Product Name</td>
<td>IFP HMO - HMO - 11029NC007</td>
</tr>
<tr>
<td>Association Type</td>
<td>Non-Association</td>
</tr>
<tr>
<td>Grandfather Status</td>
<td>Non-Grandfathered</td>
</tr>
<tr>
<td>Open/Closed Status</td>
<td>Open</td>
</tr>
<tr>
<td>Covers Whole State</td>
<td>No</td>
</tr>
<tr>
<td>SERFF Number</td>
<td>N/A</td>
</tr>
<tr>
<td>Product Effective Start Date</td>
<td>02/13/2013</td>
</tr>
<tr>
<td>Product Effective End Date</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Create Submission – Existing HIOS Product
After Create Submission – Existing HIOS Product, View in Manage Submission
Create Submission – New FFM Product
Create Submission – New FFM Product with Filing Tracking Number Type of SERFF

Add Issuer/Product Data

**ISSUER**: Select an Issuer - State - Issuer ID

**Submission Type**:
- Existing HIOS Products
- New FFM Product

**Product Name**: TestProduct

**Market Type**: Large

**Lines of Business**:
- Comprehensive Major Medical
- Rx-only
- Student Health Insurance

**Product Type(s)**:
- Indemnity
- HMO
- PPO
- EPO
- POS
- Other
- HSA
- HMO

**Association Type**: Association

**Open/Closed Status**: Open

**Covers Whole State**: Yes

**Filing Tracking Number Type**: SERFF

**Filing Tracking Number**: TEST-1234

**Product Effective Start Date**: 01/04/2013

**Product Effective End Date**: 

**Product Origination Date**: 01/17/2011

[Create Submission]
Create Submission – New FFM Product with Filing Tracking Number Type of Other
Manage Submission – New FFM Product
Manage Submission

Health Insurance Oversight System
Document Collection Module Form Filing Sub-Module

Friday, March 15, 2013

Create Submission  Manage Submission  Review and Confirm Submission  Submission Status Report

Manage Submission

Please select an Issuer and a Product to load a submission’s data. Once a submission is loaded, use the Add New Document functionality to associate new documents to your submission. To replace an existing document, click the Replace button associated with each added document. All documents saved on this page will be maintained on the server.

All required fields are indicated by an asterisk ‘*’.

*Issuer:  Select an Issuer - State - Issuer ID
*Product:  Select a Product Name - Market Type - Product Type - Product Code

View Data

Accessibility  |  Rules of Behavior  |  Web Policies  |  File Formats and Plug-Ins
Manage Submission – Add Document
Manage Submission – Add Document

Submission Data

Product(s): Optimum Choice - HMO - 61050NC001
Market Type: Individual
Line(s) of Business: Comprehensive Major Medical
Product Origination Date: 11/13/2012
Created By: Brooks.Wildasin@cgifederal.com
Created Date: 11/13/2012 1:12:15 PM
Submission ID: 610500001
Status: Submission in Progress

Add New Document

Please fill out all of the required fields below (indicated by an asterisk *).

Please select the category that best describes the type of document (contract, contract amendment, policy forms, certificates/outlines of coverage, amendment notifications, policy riders and endorsements, waivers or opt out provisions, marketing materials, applications, and notice requirements) associated with this product.

Please enter the issuer designated state-specific identification number associated with each document type for each product.

*Document Type:
*Document ID:
*Document Effective Start Date: (MM/DD/YYYY)
Document Effective End Date: (MM/DD/YYYY)
*Document to Upload:

Please select the "Browse..." button to select a file (.doc, submission. File size cannot exceed 30MB. After selecting the "Add Document" button to append the file to the submission.
Manage Submission – Add Document

Add New Document

Please fill out all of the required fields below (indicated by an asterisk '*').

Please select the category that best describes the type of document (contract, contract amendment, policy forms, certificates/ outlines of coverage, amendment notifications, policy riders and endorsements, waivers or opt out provisions, marketing materials, applications, and notice requirements) associated with this product.

Please enter the issuer designated state-specific identification number associated with each document type for each product.

*Document Type: 

*Document ID: 

*Document Effective Start Date: (MM/DD/YYYY) 

*Document Effective End Date: (MM/DD/YYYY) 

*Document to Upload:

Please select the "Browse..." button to select a file (.doc, .docx, .pdf, .txt, .xls, .xlsx, .tif, .tiff, .jpg) to be added to a submission. File size cannot exceed 30MB. After selecting a file, select the "Add Document" button to append the file to the submission.

C:Users\iwildasi\Desktop\HIOS\Form Filing Presentation\Test\Contract.docx Browse...

Add Document

Submission Documents

*Show All Versions

Added Documents

No documents are currently associated with this submission. Use the Add New Document functionality to associate a document with this submission.
Manage Submission – Add Document

**Document Type:**

**Document ID:**

**Document Effective Start Date:** (MM/DD/YYYY)

**Document Effective End Date:** (MM/DD/YYYY)

**Document to Upload:**

Please select the "Browse..." button to select a file (.doc, .docx, .pdf, .txt, .xls, .xlsx, .tif, .tiff, .jpg) to be added to a submission. File size cannot exceed 30MB. After selecting a file, select the "Add Document" button to append the file to the submission.

Add Document

Reset

Submission Documents

**Show All Versions**

**Added Documents**

**Contract.docx (10.4KB)**

**Document Type:** Contract

**Document ID:** 1234-5678

**Filing Status:** New

**Filing ID:** 119600

**Version:** 1

**Submitted By:** Brooks.Wildasin@cgifederal.com

**Submitted Date/Time:** 1/4/2013 5:34:21 PM

**Document Effective Start Date:** 01/04/2013

**Document Effective End Date:** N/A

Save Submission

Retire Submission

1 At least one Contract must be added to the submission before you can Save the submission and Review/Confirm it for transmission to CCIIO.
Manage Submission – Replace Document

Replace Document

Please alter the fields below that you wish to edit. Note the required items below (indicated by an asterisk “*”)

Document to be Replaced:
*Document Type:
*Document ID:
*Document Effective Start Date: (MM/DD/YYYY)
Document Effective End Date: (MM/DD/YYYY)

*Edit Reason: Explain the reason for updating the document and/or document data in 255 characters or less.

*Document to Upload:
Please select the “Browse…” button to select a file (.doc, .docx, .pdf, .txt, .xls, .xlsx, .tif, .tiff, .jpg) to be added to a submission. File size cannot exceed 30MB. After selecting a file, select the “Add Document” button to append the file to the submission.

Replacement Document
Reset
Cancel

Submission Documents

Show All Versions

Added Documents

*Document Type: Contract
*Document ID: 1212
Filing Status: New
Filing ID: 508119
Version: 1

Submitted By: juliana.berde@cgfederal.com
Submitted Date/Time: 3/19/2013 3:56:59 PM
Document Effective Start Date: 03/20/2013
Document Effective End Date: N/A

1 At least one Contract must be added to the submission before you can Save the submission and Review/Confirm it for transmission to CCHio.

Save Submission
Retire Submission
Manage Submission – Replace Document
Manage Submission – Retire Document

Add New Document

Please fill out all of the required fields below (indicated by an asterisk '*').

Please select the category that best describes the type of document (contract, contract amendment, policy forms, certificates/outlines of coverage, amendment notifications, policy riders and endorsements, waivers or opt out provisions, marketing materials, applications, and notice requirements) associated with this product.

Please enter the issuer designated state-specific identification number associated with each document type for each product.

*Document Type: Select a Document Type
*Document ID:
*Document Effective Start Date: (MM/DD/YYYY)
Document Effective End Date: (MM/DD/YYYY)

*Document to Upload:
Please select the "Browse..." button to select a file (.doc, .docx, .pdf, .txt, .xls, .xlsx, .tif, .tiff, .jpg) to be added to a submission. File size cannot exceed 30MB. After selecting a file, select the "Add Document" button to append the file to the submission.

Browse...

Add Document

Submission Documents

Show All Versions

Added Documents

test.xlsx (8.2KB)

Document Type: Contract
Document ID: 1212
Filing Status: Retired
Filing ID: 508119
Version: 2
Edit Reason: asdfjdfsjkldfjdskjdsafdj

Submitted By: juliana.berde@cgifederal.com
Submitted Date/Time: 3/19/2013 4:01:30 PM
Document Effective Start Date: 03/20/2013
Document Effective End Date: N/A

Save Submission
Retire Submission

1 At least one Contract must be added to the submission before you can Save the submission and Review/Confirm it for transmission to CCIO.
Manage Submission – Retire Document

Manage Submission

Confirmation:

* "test4.xlsx" has successfully been retired.

Please select an Issuer and a Product to load a submission’s data. Once a submission is loaded, use the Add New Document functionality to associate new documents to your submission. To replace an existing document, click the Replace button associated with each added document. All documents saved on this page will be maintained on the server.

All required fields are indicated by an asterisk ‘*’.

*Issuer: UnitedHealthcare Insurance Company - MI - 15066
*Product: Ilijlijlij - Large - Other - 15066MI

Submission Data

<table>
<thead>
<tr>
<th>Product(s):</th>
<th>Ilijlijlij - Other - 15066MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market Type:</td>
<td>Large</td>
</tr>
<tr>
<td>Line(s) of Business:</td>
<td>Comprehensive Major Medical</td>
</tr>
<tr>
<td>Product Origination Date:</td>
<td>03/21/2013</td>
</tr>
<tr>
<td>Created By:</td>
<td><a href="mailto:juliana.berde@cgifederal.com">juliana.berde@cgifederal.com</a></td>
</tr>
<tr>
<td>Created Date:</td>
<td>3/19/2013 3:51:22 PM</td>
</tr>
<tr>
<td>Submission ID:</td>
<td>150660001</td>
</tr>
<tr>
<td>Status:</td>
<td>Submission in Progress</td>
</tr>
</tbody>
</table>
Manage Submission – New FFM Products
Manage Submission – New FFM Products
Edit Submission – Existing HIOS Products

Health Insurance Oversight System
Document Collection Module - Form Filing Sub-Module

Edit Submission

Please edit all of the relevant data for your submission. All required fields are indicated by an asterisk (*).

When editing an Existing HIOS Product submission, please note that all of the information maintained on the page is saved when a product is added or removed from the submission.

Edit Issuer/Product Data

*Issuer: American Alternative Insurance Corp - VA - 10701
*Submission Type: Existing HIOS Products
*Market Type: Small Group
*Lines of Business: Comprehensive
*Product Origination Date: 11/13/2012

Add New Product

Please select a HIOS Product Name to verify the information regarding the selected Product. Select the Add Product button to add the Product to your submission.

*HOIS Product Name: Cost Saver Major Med - PPO - 10701VA008
Association Type: Non-Association
Grandfather Status: Non-Grandfathered
Open/Closed Status: Open
Covers Whole State: Yes
SERFF Number: N/A
Product Effective Start Date: N/A
Product Effective End Date: N/A

Submission HIOS Products

Save and Continue
Edit Submission – New FFM Products
Review and Confirm Submission – New FFM Products

Health Insurance Oversight System
Document Collection Module  Form Filing Sub-Module

Monday, March 18, 2013

Welcome Juliana Berde

Review and Confirm Submission

Please select an Issuer and Product to view the Submission Data below. All required fields are indicated by an asterisk ‘*’.

*Issuer:  Select an Issuer - State - Issuer ID
*Product: Select a Product Name - Market Type - Product Type - Product Code

View Data
**Review and Confirm – Existing HIOS Products**

**Health Insurance Oversight System**

**Document Collection Module**

**Form Filing Sub-Module**

*Tuesday, January 08, 2013*

**Review and Confirm Submission**

Please select an Issuer and Product to view the submission data below. All required fields are indicated by an asterisk “*”.

**Issuer:** MAMSI Life and Health Insurance Company - NC - 61050

**Product:** Optimum Choice - Individual - HMO - 61050NC001

**Submit Data**

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<thead>
<tr>
<th>Product(s):</th>
<th>Optimum Choice - HMO - 61050NC001</th>
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<tbody>
<tr>
<td>Market Type:</td>
<td>Individual</td>
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<tr>
<td>Line(s) of Business:</td>
<td>Comprehensive Major Medical</td>
</tr>
<tr>
<td>Product Origination Date:</td>
<td>11/13/2012</td>
</tr>
<tr>
<td>Created By:</td>
<td><a href="mailto:Brooks.Wildaean@cghfederal.com">Brooks.Wildaean@cghfederal.com</a></td>
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<td>Created Date:</td>
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<td>Status:</td>
<td>Ready for Confirmation</td>
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**Submission HIOS Product(s)**

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<th>Optimum Choice - HMO - 61050NC001</th>
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<td>Association Type:</td>
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<td>Open/Closed Status:</td>
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<td>Product Effective Start Date:</td>
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<tr>
<td>Product Effective End Date:</td>
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**Submission Documents**

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<thead>
<tr>
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<th>Contract</th>
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<tr>
<td>Document ID:</td>
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<tr>
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<tr>
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After selecting the Confirm Submission button, the following product information and documents will be transmitted to CCIIO. Only Certified Issuer Submitters will have the ability to confirm and transmit the submission.
Review and Confirm – Submission Documents

Submission HIOS Product(s):

CoreValue - PPO - 10701VA004
Association Type: Non-Assigned
Grandfather Status: Non-Grandfather
Open/Closed Status: Open
Covers Whole State: Yes

Submission Documents:

asdf.docx (9.8KB)
Document Type: Contract
Document ID: 1
Filing Status: New
Filing ID: 951794
Version: 1

Submitted By: therawatson@cgifederal.com
Submitted Date/Time: 11/14/2012 9:57:46 AM
Document Effective Start Date: 11/14/2012
Document Effective End Date: 11/30/2012

After selecting the Confirm Submission button, the following product information and documents will be transmitted to CCIIO. Only Certified Issuer-Submitters will have the ability to confirm and transmit the submission.
Review and Confirm – Confirmation Prompt

Submission HIOS Product(s)

CoreValue - PPO - 10701VA004
Association Type: Non-
Grandfather Status: Non-
Open/Closed Status: Open
Covers Whole State: Yes

Submission Documents

asdf.docx (9.8KB)
Document Type: Contract
Document ID: 1
Filing Status: New
Filing ID: 951794
Version: 1

Submitted By: therawatson@cgitfederal.com
Submitted Date/Time: 11/14/2012 9:57:46 AM
Document Effective Start Date: 11/14/2012
Document Effective End Date: 11/30/2012

Are you sure that you would like to confirm this submission and transmit it to CCIIO?

After selecting the Confirm Submission button, the following product information and documents will be transmitted to CCIIO. Only Certified Issuer-Submitters will have the ability to confirm and transmit the submission.

Confirm Submission
Review and Confirm – Confirmation Existing Product

Health Insurance Oversight System

Document Collection Module - Form Filing Sub-Module

Friday, March 15, 2013

Welcome Juliana Berde

Review and Confirm Submission

Confirmation:

- This submission has been successfully confirmed.

Please select an Issuer and Product to view the Submission Data below. All required fields are indicated by an asterisk (*).

*Issuer:  State Farm Mutual Automobile Ins. Co. - DC - 12578
*Product:  Basic Hosp/Surgical - Individual - Indemnity - 12578DC001

View Data

Submission Data

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<thead>
<tr>
<th>Product:</th>
<th>Basic Hosp/Surgical - Indemnity - 12578DC001</th>
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<td>Created By:</td>
<td><a href="mailto:juliana.berde@cgifederal.com">juliana.berde@cgifederal.com</a></td>
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Submission HIOS Product(s)

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<th>Basic Hosp/Surgical - Indemnity - 12578DC001</th>
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<tr>
<td>Association Type:</td>
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Submission Documents

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<thead>
<tr>
<th>Document Type: Contract:</th>
<th>Submitted By: <a href="mailto:juliana.berde@cgifederal.com">juliana.berde@cgifederal.com</a></th>
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After selecting the Confirm Submission button, the following product information and documents will be transmitted to CGIIO. Only Certified Issuer-Submitters will have the ability to confirm and transmit the submission.
Review and Confirm – New FFM Product
Review and Confirm – New FFM Product Confirmation

---

**Health Insurance Oversight System**

**Document Collection Module**

**Form Filing Sub-Module**

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**Review and Confirm Submission**

**Confirmation:**
- This submission has been successfully confirmed.

Please select an Issuer and Product to view the Submission Data below. All required fields are indicated by an asterisk (*).

**Issuer:** Guarantee Trust Life Insurance Company - MD - 11379 -
**Product:** E32102200 - Other - 11379MD -

**View Data**

---

**Submission Data**

- **Product(s):** E32102200 - Other
- **Market Type:** Large
- **Line(s) of Business:** Comprehensive Major Medical
- **Product Origination Date:** 03/30/2013
- **Created By:** juliana.berde@cgifederal.com
- **Created Date:** 3/18/2013 12:34:22 PM
- **Submission ID:** 113796851
- **Submission Type:** New FFM Product
- **Status:** Submission Confirmed

**Submission FFM Product**

- **Association Type:** Non-Association
- **Open/Closed Status:** Closed
- **Covers Whole State:** No

**Submission Documents**

- **Document Type:** Contract
- **Document ID:** 1111
- **Filing Status:** New
- **Filing ID:** 4/1412

- **Submitted By:** juliana.berde@cgifederal.com
- **Submitted Date/Time:** 3/18/2013 12:37:22 PM
- **Document Effective Start Date:** 04/01/2013
- **Document Effective End Date:** N/A

After selecting the Confirm Submission button, the following product information and documents will be transmitted to CCHIO. Only Certified Issuer-Submitters will have the ability to confirm and transmit the submission.
Submission Status Report

Health Insurance Oversight System
Document Collection Module - Form Filing Sub-Module

Tuesday, May 29, 2012

Welcome Brooks Wildasin

Submission Status Report

Issuer/State/Issuer ID: [Select an Issuer - State - Issuer ID]
State: [Select a State]
Product Name/Product Type: [Select a Product Name - Product Type]
Market Type: [Select a Market Type]
Filing ID:
Document ID:

Status: (Select multiple statuses by holding down the CTRL key)
- Submission in Progress
- Ready for Confirmation
- Submission Confirmed

Last Modified Date (MM/DD/YYYY):
From: [ ] To: [ ]

Search
Submission Status Report – Existing HIOS Product
Submission Status Report – Existing HIOS Product
Question and Answer