

Health Insurance Oversight System
Non-Federal Governmental Plans
User Manual



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Non-Fed User Manual Change History

October 2016 Revisions

The following updates have been made to Section 5 to show functionality of Non-Fed Release 02.03.00:

- Section 5 – Updated some screenshots to illustrate the new user interface (UI) changes within Non-Fed as a result of a new table format.
- Section 5.1.3 – Added to include the new email notifications for Submitter users when an election is submitted and when an election is reviewed. Moved previous Section 5.1.2.4 email to this section.

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:

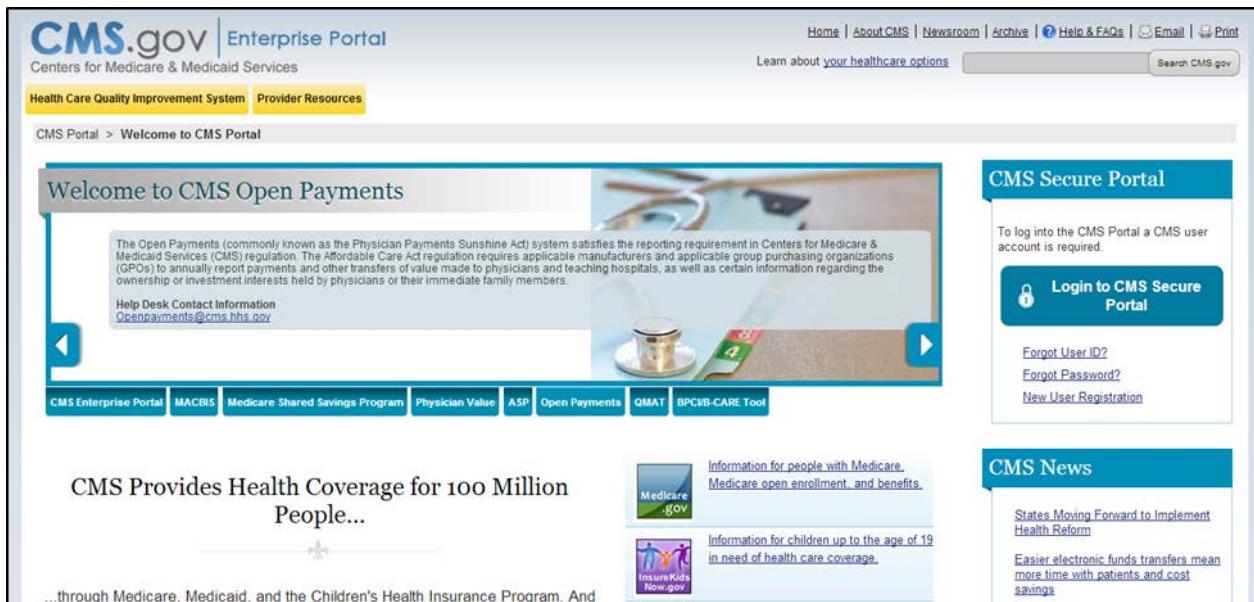
1. All users will be required to complete the Enterprise Portal registration process, which includes Identity Verification (ID Proofing).
2. ID Proofing verifies that the individual referenced in the account is the same person creating the account.
3. Additional information collected includes the following 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.

New users will navigate to the CMS Enterprise Portal at <http://www.cms.gov> to start the EIDM Account 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

Users will then be navigated to a Questionnaire page, where they must enter additional fields required for ID proofing that are not collected in HIOS. Attributes already collected in HIOS will be pre-populated and read-only. Figure 4 displays the ‘Additional Questions’ page.

Figure 4: Additional Questions Page

Your Information Your Information Your Information

Your Information

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

- First Name:

Middle Name:

- Last Name: Suffix:

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

- E-mail Address:

Re-enter your email address.

- Confirm E-mail Address:

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

Social Security Number:

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

- Date of Birth:

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

- Home Address Line 1:

Home Address Line 2:

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

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

- Primary Phone Number:

Cancel **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 are links for Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. Below that is a search bar with 'Search CMS.gov'. The main content area has tabs for Health Care Quality Improvement System and Provider Resources, with 'Registration' selected. A breadcrumb trail shows 'CMS Portal > Registration'. Below this are links for 'Screen reader mode Off' and 'Accessibility Settings'. A 'Choose User ID and Password' link is present. The main form title is 'Change Password And Setup Challenge Questions'. It contains fields for 'Password' and 'Confirm Password'. Below this is a section titled 'Select your Challenge Questions and Answers:' with instructions: 'Your challenge questions and answers will be required for password and account management functions.' There are three question dropdown menus: 'Question 1' (What is your favorite radio station?), 'Question 2' (What was your favorite toy when you were a child?), and 'Question 3' (What is your favorite cuisine?). To the right of each question is a corresponding answer input field: 'Answer 1' (test station), 'Answer 2' (test child), and 'Answer 3' (test cuisine). At the bottom of the form are 'Cancel' and 'Next' buttons, with a red arrow pointing to the 'Next' button.

After completing the registration process, users will receive the below confirmation message. Users will also receive an email acknowledging successful registration and the email will include the EIDM user ID. Figure 6 displays the registration confirmation screen.

Figure 6: Confirmation Screen

The screenshot shows the CMS.gov Enterprise Portal confirmation screen. At the top, there are links for Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. Below that is a search bar with 'Search CMS.gov'. The main content area has tabs for Health Care Quality Improvement System and Provider Resources, with 'Registration' selected. A breadcrumb trail shows 'CMS Portal > Registration'. Below this is a progress bar with steps: 'Your Information' (grey), 'Choose User ID and Password' (red), and 'Complete Registration' (blue). The main message is 'Registration Complete'. It states: 'You have now successfully completed your registration to CMS Enterprise Identity Management (EIDM). You will receive an E-mail acknowledging your successful registration to EIDM and the E-mail will include your User ID.' Below this, it says: 'Please wait 5 minutes before logging in. Selecting the 'OK' button will direct you to the CMS Portal Landing page.' A large blue 'OK' button is at the bottom, with a red circle highlighting it.

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

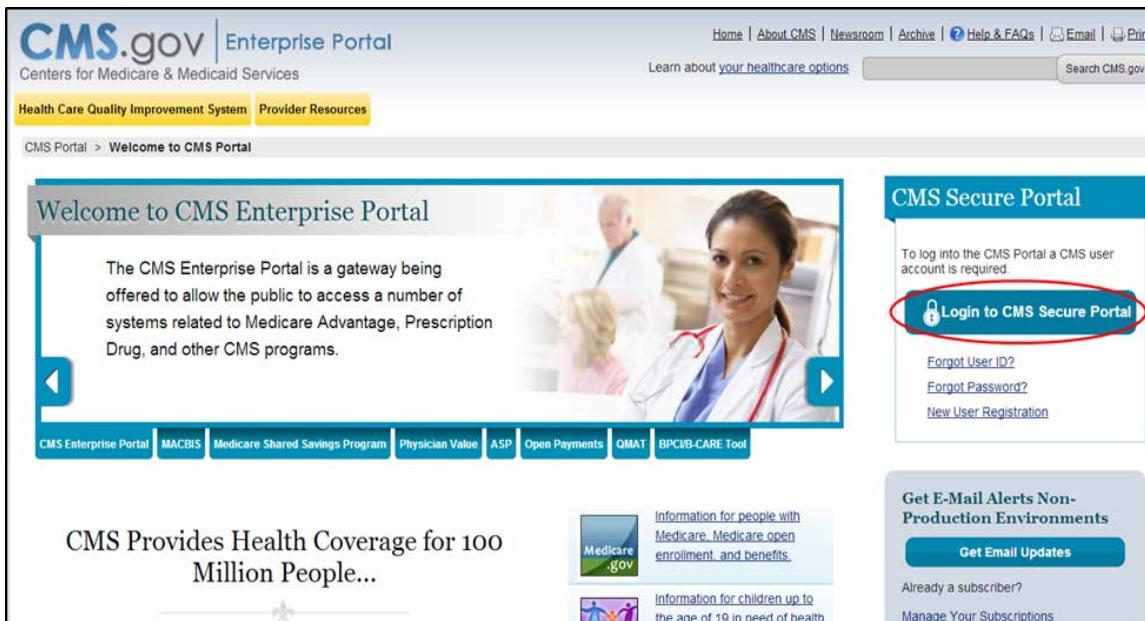


Figure 8 displays the 'Terms and Conditions' page through CMS Portal.

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

The screenshot shows the CMS Enterprise Portal homepage. At the top right, there is a blue navigation bar with options: 'Log Out', 'Welcome J Buren', 'My Profile', 'My Access' (which is highlighted in yellow), and 'My Actions'. Below the header, there are two main sections: 'Health Insurance Oversight System (HIOS)' and 'Plan Management and Market Wide Functions'. Each section contains a brief description, a 'Access HIOS' or 'Access Plan Management & Market Wide Functions' link, and a 'Request Access' button. The 'My Access' link is located in the top right corner of the main content area.

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 Access' button 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's 'Access Catalog' page. On the left, there is a grid of application cards with their names, descriptions, help desk information, and a 'Request Access' button. One of the cards, 'HIOS', has its 'Request Access' button highlighted with a red box. On the right side of the screen, there is a 'My Access' section which displays a message: 'You currently do not have access to any applications. Please use the access catalog to request access to the applications.' Below it is a 'My Pending Requests' section which says '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 selecting 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

The screenshot shows the CMS Enterprise Portal interface. At the top, there are links for 'Portal Help & FAQs', 'Print', 'Log Out', and 'Welcome'. Below the header, the CMS.gov logo is displayed. A yellow 'My Portal' button is highlighted. The navigation bar includes 'CMS Portal' and 'My Access'. Under 'My Access', there are two options: 'Request New Application Access' (which is selected) and 'View and Manage My Access'. The main content area is titled 'Request New Application Access' and contains the following fields:

- 'Application Description:' dropdown set to 'HIOS - HIOS Application'
- 'Role:' dropdown set to 'HIOS Issuer'
- A text input field labeled 'Enter validation data' with instructions: '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.' Below this are contact details: 'Phone: 855-267-1515', 'Email: CMS_FEPS@CMS.HHS.GOV', and 'Hours of Operation: 9am-6pm'.
- A note: 'If you are not an existing HIOS user, please select the hyperlink below to register for access to HIOS: <https://rbisval.cms.gov/HIOS-MAIN-UI/FrontController?op=requestHIOSAccount>'
- 'HIOS Authorization Code:' input field

At the bottom of the form are 'Cancel' and 'Submit' buttons.

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

The screenshot shows a web-based registration form for the Health Insurance Oversight System (HIOS). The title 'Health Insurance Oversight System' is at the top. Below it, the section 'Request HIOS Account' is displayed. The form contains several input fields for personal and professional information, each with a green header and a white input field. The fields include: Title (Name), *First Name, Middle Name, *Last Name, Suffix, *Job Title, *Organization Name, *Email Address, Phone Type, *Phone (Format: 123-456-7890), Phone Ext, Address Type, Address Line 1, Address Line 2, City, State, and ZIP code. At the bottom left is a 'Reset' button, and at the bottom right is a 'Submit' button, which is highlighted with a red circle.

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

The screenshot shows the CMS.gov Enterprise Portal homepage. At the top, there's a navigation bar with links to Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. Below the navigation is a search bar labeled "Search CMS.gov". A banner at the top left says "Welcome to CMS Open Payments" and provides information about the Physician Payments Sunshine Act. To the right, there's a "CMS Secure Portal" section with a link to log in, and a "CMS News" section with links to States Moving Forward to Implement Health Reform and Easier electronic funds transfers mean more time with patients and cost savings. The main content area features a large image of a hand holding a small object, with text about CMS providing health coverage for 100 million people through Medicare, Medicaid, and the Children's Health Insurance Program.

Once the users receive an email with the Enterprise Portal URL, they will select the ‘Login to CMS Secure Portal’ link. Figure 14 displays the ‘Terms and Conditions’ page.

Figure 14: CMS Terms and Conditions Page

The screenshot shows the CMS Enterprise Portal Terms and Conditions page. At the top, there's a navigation bar with links to Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. Below the navigation is a search bar labeled "Search CMS.gov". The main content area has a header "Terms and Conditions" and includes the OMB No.0938-1236 and Expiration Date: 04/30/2017. It also includes a "Paperwork Reduction Act" link. The page contains several paragraphs of text about the scope of the information system and legal consequences of unauthorized use. It ends with a statement that users must accept the terms and conditions to continue, with "To continue, you must accept the terms and conditions. If you decline, your login will automatically be cancelled." At the bottom, there are two buttons: "I Accept" and "Decline".

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

The screenshot shows the CMS Enterprise Portal login interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. Below the navigation bar, the CMS logo and the text "Enterprise Portal" are displayed, along with the subtitle "Centers for Medicare & Medicaid Services". A yellow header bar contains two buttons: "Health Care Quality Improvement System" and "Provider Resources". The main content area has a teal header bar with the text "Welcome to CMS Enterprise Portal". Below this, there are two input fields: "User ID" and "Password", each with its own input box. Underneath these fields are two blue buttons: "Log In" and "Cancel". At the bottom of the form, there are three hyperlinks: "Forgot Password?", "Forgot User ID?", and "Need an account? Click the link - [New user registration](#)".

After users have logged into the CMS Enterprise Portal they will have access to HIOS system. Selecting the 'HIOS' tab will open the HIOS landing page. Figure 16 displays the EIDM Page with HIOS access.

Figure 16: EIDM Page - HIOS Access

The screenshot shows the CMS Enterprise Portal landing page. At the top, there are links for 'Portal Help & FAQs' and 'Print'. On the right, there are 'Log Out' and 'Welcome' buttons. The CMS logo is at the top left. Below it, there are two tabs: 'My Portal' and 'HIOS', with 'HIOS' being the active tab. The breadcrumb navigation shows 'CMS Portal > My Portal'. The main content area has a title 'Welcome to CMS Enterprise Portal'. It contains a paragraph about the portal's purpose, followed by a section titled 'Application Access' with a sub-section 'Enterprise Portal'. It lists three ways to manage application access: through the Enterprise User Administration site, the EIDM and IACS interface, or the 'My Access' link in the top right corner. To the right of this content is a sidebar with a 'Request Access' section containing a 'Request Access Now' button, and a 'Contact Help Desk' section with links for FFE/HIOS/Agents/Brokers, Physician Value/PQRS, and ACO Help Desks.

After selecting the HIOS link 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

The screenshot shows the 'HIOS | Plan Management | Market Wide Functions' page. At the top, there are links for 'Portal Help & FAQs' and 'Print'. On the right, there are 'Log Out' and 'Welcome' buttons. The CMS logo is at the top left. Below it, there are two tabs: 'My Portal' and 'HIOS', with 'HIOS' being the active tab. The breadcrumb navigation shows 'CMS Portal > HIOS'. The main content area has a title 'HIOS | Plan Management | Market Wide Functions'. It contains a note about MFA and a contact link for support. Below this is a section titled 'Health Insurance Oversight System (HIOS)' with a note about first-time access. There is a red circle around the 'Access HIOS' link. At the bottom, there is a 'Plan Management and Market Wide Functions' section with a note about QHP certification and a link to 'Access Plan Management & Market Wide Functions'. The footer includes links for 'CMS Enterprise Portal Home' and 'CMS.gov Enterprise Portal', along with the CMS seal.

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

HIOS Home Page

HIOS Main Page Announcements:

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

- HIOS Portal
- Plan Finder and Product Data Collection Module (PF)
- Rates and Benefits Information System (RBIS)
- Consumer Assistance Program (CAP)
- Medical Loss Ratio Data Collection System (MLR)
- Rate Review System (RRJ)
- Rate Review Grants Reporting System (RRG)
- Health Plan and Other Entity Enumeration System (HPOES)
- Document Collection Module- Form Filing Module (DCM- FFM)
- Document Collection Module- Market Conduct Module (DCM-MCM)
- Minimum Essential Coverage (MEC)

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

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

4.1 Manage an Organization

Before accessing the Non-Fed Module, a user must first register their organization within the Health Insurance Oversight System (HIOS). Users can add an organization to HIOS using the 'Manage an Organization' link. 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.

- 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’ link on the HIOS Main Page.

Figure 19: HIOS Portal – Manage an Organization

The screenshot shows the HIOS Main Page. At the top, there is a green header bar with the text "Health Insurance Oversight System". Below the header, there is a navigation bar with buttons for "HOME", "FAQ", "CONTACT US", and "SIGN OUT". A "Welcome" message is displayed. The main content area has a title "HIOS Home Page" and a sidebar titled "Organization Management & Administrative Functions:" containing links for "Manage Account", "Manage an Organization", and "Role Management". The main content area also features a section titled "HIOS Main Page Announcements:" with text about the system's accessibility through the CMS Enterprise Portal and a list of live modules. At the bottom of the page, there are links for "Accessibility", "Rules of Behavior", "Web Policies", and "File Formats and Plug-Ins", along with a note about the U.S. Department of Health & Human Services address.

- 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:
 - Company
 - Non Insurance Company
 - Non-Federal Governmental Plans
 - 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’ link, the user will complete the following steps:

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

Figure 20 displays the Federal EIN Search through HIOS Portal.

Figure 20: Manage an Organization – Federal EIN Search

The screenshot shows the 'Manage an Organization' page of the HIOS Non-Fed User Manual. At the top, there is a green header bar with the title 'Health Insurance Oversight System'. Below the header, there are several navigation links: 'HOME', 'FAQ', 'CONTACT US', 'SIGN OUT', and 'Welcome'. On the left side, there are two buttons: 'Manage an Organization' (highlighted in green) and 'Manage Organization Relationships'. The main content area is titled 'Manage an Organization' and contains the following instructions:

Please specify the primary purpose of your visit:

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

Please select the type of organization:

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.

A red box highlights the 'Federal EIN/TIN' input field and the 'FEIN/TIN Search' button.

Figure 21 displays the 'Manage and Organization' page.

Figure 21: Manage an Organization – No Organization Found

The screenshot shows the 'Manage an Organization' page of the HIOS Non-Fed User Manual, similar to Figure 20. The layout and navigation are identical. The main content area is titled 'Manage an Organization' and contains the following instructions:

Please specify the primary purpose of your visit:

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

Please select the type of organization:

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.

A red box highlights the 'Federal EIN/TIN' input field and the 'FEIN/TIN Search' button.

Below the search fields, there is a section titled 'Organization' with the message 'No Organization Found'. It includes the instruction: 'You may register your organization in HIOS by selecting the 'Create Organization' button below to enter your organization's information.' A red box highlights the 'Create Organization' button.

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:	<input type="text"/>
Federal EIN/TIN:	001122334
<u>Domiciliary Address</u>	
*Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
*City:	<input type="text"/>
*State:	<input type="text"/>
*ZIP code:	<input type="text"/>
ZIP Plus 4:	<input type="text"/>

Back **Continue**

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:
 - a. Organization Type: Non-Federal Governmental Plans (as selected from the drop down).
 - b. Organization Legal Name: This is the name of the Organization/Plan Sponsor.
 - c. FEIN/TIN: Federal Employer Identification Number/Tax Identification Number for the Plan Sponsor.
 - d. 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' homepage with a green header. Below it, a sub-header reads 'Register Attributes For New Organization'. A note says 'Please select the attributes that apply to your organization.' A section titled 'Note: (*) Indicates a required field.' contains a label 'Non-Fed Plan Type:' followed by a dropdown menu showing 'Self Funded' and 'Fully Insured'. At the bottom are 'Back' and 'Review/Continue' buttons.

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

The screenshot shows the 'Review Organization Information' page. It has a title 'Organization' and a table of organization details. Below is a section for 'Domiciliary Address' with fields for address lines, city, state, ZIP code, ZIP Plus 4, and TPA status. At the bottom are 'Back' and 'Submit' buttons.

Organization	
Organization Type:	Non-Federal Governmental Plans
Organization Legal Name:	Organization ABC
Non-Fed Plan Type:	Self Funded
Federal EIN/TIN:	001122334
<u>Domiciliary Address</u>	
Address Line 1:	123 Test Street
Address Line 2:	
City:	Reston
State:	VA
ZIP code:	20191
ZIP Plus 4:	
Are you a TPA?	No

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.

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 tab.

Figure 25: Request Role Tab

Module Descriptions (PDF - SMB)'. A dropdown menu labeled 'Module:' with the placeholder 'Select Module--' is shown at the bottom."/>

Figure 26 displays the Role Approver Administrator Request page.

Figure 26: Role Approver Administrator Request

The screenshot shows the 'Request Role' section of the HIOS Non-Fed User Manual. At the top, there are links for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. Below these is a 'Welcome' message. On the left, there are two buttons: 'View Existing Role' and 'Request Role', with 'Request Role' being highlighted. The main area is titled 'Request Role' and contains a note: 'All fields are required.' It instructs users to select a module from a dropdown (set to 'HIOS Portal') and a requested role from another dropdown (set to 'Role Approver Administrator'). A 'Association' section asks users to choose between 'Organization' (selected) and 'Issuer'. Below this, it asks for an Organization Federal EIN/TIN (input field contains '001122334') and provides a search result: 'Organization ABC'. At the bottom is a 'Review/Continue' button.

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

Figure 27: Role Approver Administrator Submit

The screenshot shows the 'Request Role' section of the HIOS Non-Fed User Manual. At the top, there are links for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. Below these is a 'Welcome' message. On the left, there are two buttons: 'View Existing Role' and 'Request Role', with 'Request Role' being highlighted. The main area is titled 'Request Role' and contains a note: 'Please review your selections below, and select 'Submit' to submit the new role request for approval, or select 'Back' to make changes.' It lists the selected options: 'Module: HIOS Portal', 'Requested Role: Role Approver Administrator', and 'Selected Company: Organization ABC'. At the bottom are 'Back' and 'Submit' buttons.

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

The screenshot shows a web-based application interface for requesting a role. At the top left are two buttons: 'View Existing Role' (grey) and 'Request Role' (green). The main title 'Request Role' is in green bold text. Below it, a message says 'All fields are required.' A note at the top right says: '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 \(PDF - 835KB\)](#)'. The 'Module' dropdown is set to 'Non-Federal Governmental Plans (Non-Fed)'. The 'Requested Role' dropdown is set to 'NonFed Submitter'. The 'User Sub-Type' dropdown is set to 'Primary Contact'. Under the heading 'Association', there's a note: 'Please select your Organization Identifier type:' followed by a radio button group where 'Federal EIN/TIN' is selected. Below this, a note says 'Please enter the Organization Federal EIN/TIN below' and there's a text input field containing '001122334' with a 'Search' button next to it. The 'Search Result' is listed as 'Organization ABC'. At the bottom is a 'Review/Continue' button.

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

The screenshot shows a web page titled "Health Insurance Oversight System". At the top right, there are links for "HOME", "FAQ", "CONTACT US", and "SIGN OUT". Below these, the word "Welcome" is displayed. In the center, under the heading "Error(s):", there is a red bullet point: "• The Role request cannot be processed for this organization. The organization you have selected does not have a designated Role Approver Administrator." On the left side, there are two buttons: "View Existing Role" and "Request Role". The "Request Role" button is highlighted with a green background and white text. Below the buttons, the text "Request Role" is repeated in a larger green font. The entire page has a light green gradient background.

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

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

The screenshot shows a web page titled "Health Insurance Oversight System". At the top right, there are links for "HOME", "FAQ", "CONTACT US", and "SIGN OUT". Below these, the word "Welcome" is displayed. In the center, under the heading "Request Role", there is a message: "Please review your selections below, and select 'Submit' to submit the new role request for approval, or select 'Back' to make changes." Below this message, there is a table of selection details:

Module:	Non-Federal Governmental Plans (Non-Fed)
Requested Role:	NonFed Submitter
User Sub-Type:	Primary Contact
Selected Company:	Organization ABC

At the bottom left is a "Back" button, and at the bottom right is a "Submit" button.

Figure 31: Role Request Non-Fed Submitter- Confirmation Screen
Module Descriptions (PDF - 835KB)'. A dropdown menu is shown with the placeholder text '-Select Module--'."/>

All requests for the Non-Fed Submitter role will be routed to the authorized Role Approver Administrator for that organization or issuer to Approve/Deny. Below are the steps necessary for the Role Approver Administrator to process these requests.

Approving Submitter Role Requests:

1. The user is approved as a Role Approver Administrator for Organization X.
2. The user logs into HIOS and navigates to the HIOS Home page.
3. The user selects the Approvals link.
4. The user selects the Organizational User Role Request Approvals tab.
5. The user selects the Non-Fed module from the dropdown.
6. The user may filter requests by Status (Pending Approval, Approved, Denied)
7. The following fields shall be displayed for the user in a grid format:
 - a. Select: A checkbox will allow the user to select each record individually in order to approve/deny all selected requests simultaneously.
 - b. Requestor Username: Email address of the user who has submitted the Role request
 - c. Job Title: Job title for the user who has submitted the Role request
 - d. Module: The module for which the Role request was submitted (Ex: Non-Fed, ERE)
 - e. Role: The Role that was requested (Ex: Non-Fed Submitter for the Non-Federal Governmental plan module, ERE Submitter for the ERE module)

- f. Association Type: This indicates what organization type the user has requested association with when requesting the role. Ex: If the submitter user has requested a Non-Fed Submitter role for a Non-Fed Organization with an FEIN, then the Association Type is Non-Federal Governmental Plans.
 - g. Association: Displays the Identifier Number and/or the Name of the Organization depending on the type.
 - h. User Sub-type: The Role Requested can have two Sub types: Primary Contact or a Backup Contact.
 - i. Requested Date: The date when the Role request was submitted
8. The user will select all records they wish to Approve/Deny
 9. The user will select either the Approve or Deny button to process the selected request(s).

Figure 32 below displays the HIOS home page screen with the Approvals link.

Figure 32: HIOS Main Page - Approvals Link for Role Approver Administrator

The screenshot shows the HIOS Home Page. At the top, there is a green header bar with the title "Health Insurance Oversight System". Below the header, there is a navigation bar with links for "HOME", "FAQ", "CONTACT US", and "SIGN OUT". A "Welcome" message is displayed. The main content area is titled "HIOS Home Page". On the left, there is a sidebar with a list of functions:

- Organization Management & Administrative Functions:
 - Manage Account
 - Manage an Organization
 - Role Management
 - Approvals
- HIOS Functions:
 - External Review Election (ERE)

The "Approvals" link is circled in red. To the right of the sidebar, there is a section titled "HIOS Main Page Announcements:" which contains the following text:

Welcome to the Health Insurance Oversight System (HIOS).
The following Modules are now live in HIOS:

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

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

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

[PortalAccessEIDMComments_03282013.pdf](#)

At the bottom of the page, there are links for Accessibility, Rules of Behavior, Web Policies, and File Formats and Plug-Ins. There is also a footer note: "U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201".

Figure 33 displays the Organizational User Role Request Approvals tab, which will be displayed when the user selects the Approvals link.

Figure 33: Approvals- Organization User Role Approvals tab - Select Module

The screenshot shows a green header bar with the text "Organizational User Role Approvals". Below it is a section titled "Organizational User Role Request Approvals" with the instruction "Please select a Module from the drop-down list below to view the corresponding requests.". A "Module:" label is followed by a dropdown menu containing the following options:

- Select Module --
- Select Module** (highlighted)
- Assister
- External Review Election (ERE)
- Non-Federal Governmental Plans (Non-Fed)

Figure 34 displays the Request Status drop down and the Grid with the list of fields required for Approval or Denial. User can select either Approve or Deny.

Figure 34: Approvals - Organization User Role Request Approvals

The screenshot shows the "Health Insurance Oversight System" homepage with a green header bar and a "Welcome" message. Below it is the "Organizational User Role Approvals" section with the same title and instructions as Figure 33. The "Module:" dropdown is set to "Non-Federal Governmental Plans (Non-Fed)". The "Request Status:" dropdown is set to "Pending Approval".

Below these controls is a table with the following data:

Select	Requestor Username	Job Title	Module	Role	Association Type	Association	User Sub-Type	Req Date
<input type="checkbox"/>	Business Analyst	Non-Federal Governmental Plans (Non-Fed)	Non-Fed Submitter	Non-Federal Governmental Plans	Township of ABC	Primary Contact	05-20110:AM	

At the bottom of the table are two buttons: "Approve" and "Deny".

Figure 35 displays the Confirmation Message screen once the Approver user approves the Request.

Figure 35: Approvals - Organizational User Role Approvals - Confirmation

The screenshot shows a web-based application titled "Health Insurance Oversight System". At the top right, there are links for "HOME", "FAQ", "CONTACT US", and "SIGN OUT". Below these, the word "Welcome" is displayed. On the left, a green sidebar contains the text "Organizational User Role Approvals". The main content area has a title "Organizational User Role Approvals Confirmation". A message below it states: "The following role requests have been successfully Approved for the Non-Federal Governmental Plans (Non-Fed) module:". A table follows, showing the details of the approved request:

Role	Requestor Username	Association Type	Association	User Type	User Sub-Type
Non-Fed Submitter		Non-Federal Governmental Plans	Township of ABC	Submitter	Primary Contact

A blue "Continue" button is located at the bottom left of the confirmation box.

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.

1. The Submitter user will access the HIOS home page and select the 'Non-Federal Governmental Plans (Non-Fed)' link on the left side of the page.
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.
3. The Submitter user will select the Manage Plans tab.

Figure 36 displays the Non-Fed homepage with the Manage Plans and HIPAA Opt Out tabs.

Figure 36: Non-Fed Home Page

Health Insurance Oversight System
Non-Federal Governmental Plans

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

Welcome

Related Links

- [CCIIO Website](#)
- [FAQ](#)
- [User Manual \[opens in .pdf format 7.64 MB\]](#)
- [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 select 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 select the hyperlink for more information about the Administrative Simplification requirement, codified in regulations at 45 C.F.R. Part 162). Non-Federal Governmental plans subject to this requirement are strongly encouraged to obtain HPIDs by registering via HPOES in HIOS after registering in HIOS.

External Review Election (ERE) Module

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

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

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 37 displays the 'Add New' Selection.

Figure 37: Manage Plans Tab

Health Insurance Oversight System
Non-Federal Governmental Plans

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT
Welcome

Manage Plans HIPAA Opt Out

Non-Federal Governmental Plans:

Organization Name	Plan Name
No data available in table	

No results to display.
« First < Prev Next > Last » Show Entries 10 Displaying 0 to 0 of 0

You do not currently have any Plans associated to your Organization; please select 'Add New' to add a new Plan.

Add New

- 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 38 displays the first Add New Plan page where the user selects the organization.

Figure 38: 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

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

Figure 39: 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

No results to display.

Plan Name

*Enter Plan Name:

Back Submit

Figure 40 displays the second Add New Plan page when the selected organization has existing plans below.

Figure 40: Add New Plan Page – Existing Plans

The screenshot shows the 'Non-Federal Governmental Plans' section of the HIOS system. At the top, there are navigation links: 'HIOS MAIN PAGE', 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. Below these is a 'Welcome' message. On the left, there are two buttons: 'Manage Plans' (highlighted in green) and 'HIPAA Opt Out'. In the center, under the heading 'Add New Plan:', it says: 'In order to create a new plan for the selected organization, please provide the Plan Name below.' It also notes '(*) Indicates a required field'. A table shows existing plans for the organization: Organization ABC, Federal EIN/TIN 001122334, and Plan Type Self Funded. Below this is a table listing 'Plan Name' with one entry: Plan A. A text input field is provided for entering a new plan name, with a note: '*Enter Plan Name:'. At the bottom are 'Back' and 'Submit' buttons.

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 41 displays this error message below.

Figure 41: Add New Plan Page – Duplicate Plan Name Error

This screenshot shows an error message box. The title is 'Error(s):'. The message is: 'The Plan Name you have entered already exists for this organization. Please provide a different Plan Name.'

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.

1. Navigate to the HIOS Main Page.
2. Select 'Non-Federal Governmental Plans (Non-Fed)' link on the left hand menu. The Submitter user will be directed to the 'Non-Fed Homepage' as displayed in Figure 42.

Figure 42: Non-Fed Submitter User Homepage

Health Insurance Oversight System
Non-Federal Governmental Plans

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

Related Links

- [CCIIO Website](#)
- [FAQ](#)
- [User Manual \[opens in .pdf format 7.64 MB\]](#)
- [Regulations](#)

Manage Plans HIPAA Opt Out

Announcements

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[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 select the hyperlink for more information about the Administrative Simplification requirement, codified in regulations at 45 C.F.R. Part 162). Non-Federal Governmental plans subject to this requirement are strongly encouraged to obtain HPIDs by registering via HPOES in HIOS after registering in HIOS.

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

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

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

3. Select 'HIPAA Opt Out' tab from the top navigation bar.
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 43 displays the HIPAA Opt Out page.

Figure 43: HIPAA Opt Out – Select a Plan

The screenshot shows the 'Health Insurance Oversight System' homepage with a green header. In the top right corner, there are links for 'HIOS MAIN PAGE', 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. Below these, the text 'Welcome' is displayed. On the left side, there are two buttons: 'Manage Plans' (gray) and 'HIPAA Opt Out' (green, highlighted). The main content area has a white background and features a section titled 'HIPAA Opt Out'. It includes a note '(*) Indicates a required field'. There are two dropdown menus: one for 'Select an Organization' (set to 'Organization ABC') and one for 'Select a Plan' (set to 'Plan A'). At the bottom of this section is a blue 'Submit' button.

5. 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 44 displays the HIPAA Opt Out 'New' or 'Renew' selection.

Figure 44: HIPAA Opt Out – Main Election Page – No Data

This screenshot shows the same 'Health Insurance Oversight System' homepage and navigation links as Figure 43. The 'Manage Plans' and 'HIPAA Opt Out' buttons are visible. The main content area is titled 'HIPAA Opt Out'. It displays the previously selected organization ('Organization ABC') and plan ('Plan A'). Below this, there is a note: '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.' At the bottom of the page are three buttons: 'Back' (blue), 'Renew Election' (blue), and 'New Election' (blue).

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 45: HIPAA Opt Out – Main Election Page – Existing Data

The screenshot shows the 'Health Insurance Oversight System' Non-Federal Governmental Plans interface. The top navigation bar includes links for 'HIOS MAIN PAGE', 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A 'Welcome' message is displayed. Below the navigation, there are two buttons: 'Manage Plans' and 'HIPAA Opt Out', with 'HIPAA Opt Out' being highlighted. The main content area is titled 'HIPAA Opt Out' and contains the following information:

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): [Empty input field]

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:

At the bottom of the page are buttons for 'Back', 'Renew Election', and 'New Election'.

5.1.2.1 New Election

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

- 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 46 below.

Figure 46: 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.

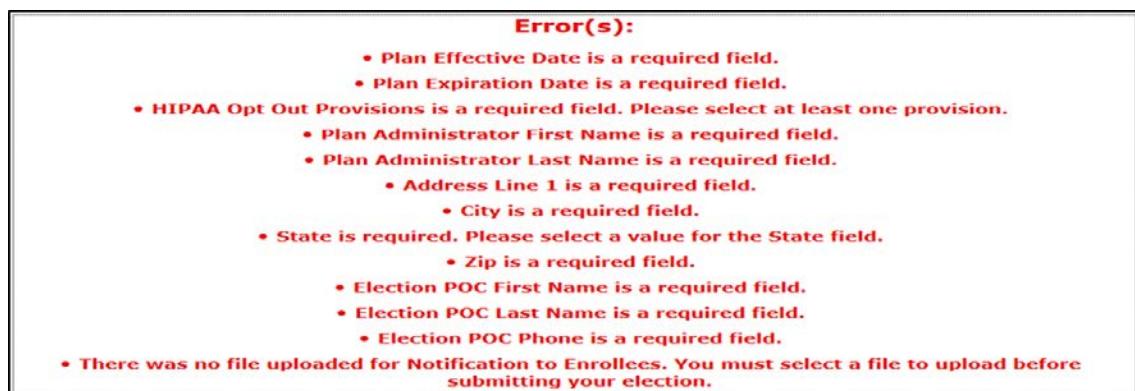
2. To complete an election, the Submitter users must enter data in the following required fields:

- o 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.
- o Plan Expiration Date
 - The end of the plan's benefit year or end of the last plan year subject to the Collective Bargaining Agreement. A plan may not enter an expiration date that has already passed.
- o Plan is governed by a Collective Bargaining Agreement (CBA)
 - This checkbox is required when the period of election is longer than 1 year.
- o 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.
- o Select the appropriate HIPAA Opt Out Provisions
- o Plan Administrator Information section
 - First Name, Last Name, Address, City, State, and Zip are required fields.
- o Election Point of Contact (POC) section
 - First Name, Last Name, and Phone Number are required fields.
- o Upload Notification to Enrollees document
 - Required for all New elections.
- o 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 47.

Figure 47: 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 48 displays the Collective Bargaining Agreement Error Message.

Figure 48: Error Message – Plan Longer than 1 Year

Error(s):
<ul style="list-style-type: none"> • Plan Expiration Date entered is more than 1 year from Plan Effective Date. Please select the "Plan is governed by a Collective Bargaining Agreement" check box

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 49.

Figure 49: 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 50 displays the Plan Administrator address checkbox.

Figure 50: 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:

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 51.

Figure 51: 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
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 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 \[docx, 109.0 KB\]](#)

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.

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

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 52 below.

Figure 52: HIPAA Opt Out – New Election Saved

The screenshot shows the HIOS Non-Federal Governmental Plans interface. At the top, there's a navigation bar with links for 'HIOS MAIN PAGE', 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. Below the navigation bar, a 'Welcome' message is displayed. On the left, there are two buttons: 'Manage Plans' and 'HIPAA Opt Out', with 'HIPAA Opt Out' being highlighted. The main content area is titled 'HIPAA Opt Out' and contains a 'Confirmation' section. It lists the following information:

- Organization Name: Organization ABC
- Plan Name: Plan A
- Plan Effective Date: 01/01/2015
- Plan Expiration Date: 12/31/2018

Below this, there's a checked checkbox labeled 'Plan is governed by a Collective Bargaining Agreement'. Under 'CBA Plan Name(s)', the value 'Plan A, Plan B, Plan C' is listed. In the 'HIPAA Opt Out Provisions' section, four checkboxes are checked:

- 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.

The 'Plan Administrator Information' section includes fields for First Name (Jane), Middle Name, Last Name (Doe), and an address field where it's noted that the address is same as the Sponsor's. Address details include Line 1 (123 Test Street), Line 2, City (Reston), State (VA), Zip Code (20191), and Zip Ext. The 'Election Point of Contact (POC)' section provides information for a person named John Smith, including Email Address and Phone number (935-835-3535). The 'Notification to Enrollees' section contains a link to a document named 'Plan A - Notification to Enrollees [docx, 109.0 KB]'. 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 52 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.

1. To edit a previously submitted HIPAA Opt Out election, the Submitter users can select 'Edit Election' from the bottom of the page.
2. After making the required updates, Submitter users can select 'Continue' to reach the Election Confirmation Page as displayed in Figure 53.

Figure 53: 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 \[docx, 109.0 KB\]](#)
 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.
 Browse... No file selected.

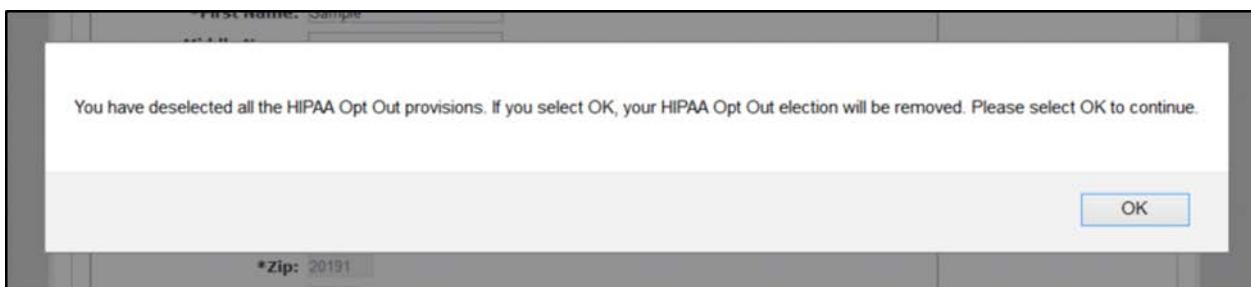
Buttons:
 Back Continue

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 54 below.

Figure 54: Deselecting HIPAA Opt Out Provisions



After selecting 'OK' on the pop up warning message, the Submitter user will be navigated to the Election Confirmation screen as shown in Figure 55.

Figure 55: HIPPA Opt Out – Delete Election Confirmation Page

A screenshot of the Health Insurance Oversight System (HIOS) Non-Federal Governmental Plans website. The header features the text "Health Insurance Oversight System" and "Non-Federal Governmental Plans". The top navigation bar includes links for "HIOS MAIN PAGE", "HOME", "FAQ", "CONTACT US", and "SIGN OUT". A "Welcome" message is displayed above the main content area. On the left, there are two buttons: "Manage Plans" and "HIPAA Opt Out", with "HIPAA Opt Out" being highlighted. The main content area has a green header "HIPAA Opt Out". Below it, a section titled "Confirmation:" lists a single bullet point: "Your election was saved successfully." It then shows "Organization Name: Organization ABC" and "Plan Name: Plan A". A descriptive paragraph explains the difference between "New Election" and "Renew Election". At the bottom of the page are "Back", "Renew Election", and "New Election" buttons.

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 CClIO 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.

1. To renew a HIPAA Opt Out election, users can choose 'Renew Election' from the bottom of the page as displayed in Figure 56.

Figure 56: HIPAA Opt Out – Renewal Election Main Election Page

The screenshot shows the HIOS Non-Federal Governmental Plans main election page. At the top, there is a navigation bar with links for 'HIOS MAIN PAGE', 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. Below the navigation bar, the text 'Welcome' is displayed. On the left, there are two buttons: 'Manage Plans' and 'HIPAA Opt Out', with 'HIPAA Opt Out' being highlighted. The main content area is titled 'HIPAA Opt Out'. It displays organization information: 'Organization Name: Organization ABC' and 'Plan Name: Plan B'. A note below states: '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.' At the bottom of the page are two buttons: 'Back' and 'Renew Election' (which is highlighted with a red border), and '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.

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 57.

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.
- Plan Expiration Date
 - The end of the plan's benefit year or end of the last plan year subject to the Collective Bargaining Agreement. A plan may not enter an expiration date that has passed.
- 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 57: HIPAA Opt Out - Renewal Election Data Input Page

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.

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.

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 58: 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
<input type="checkbox"/> Plan is governed by a Collective Bargaining Agreement	
CBA Plan Name(s):	<input type="text"/>

HIPAA Opt Out Provisions

<input checked="" type="checkbox"/> Standards relating to benefits for mothers and newborns;
<input type="checkbox"/> Parity in the application of certain limits to mental health benefits;
<input checked="" type="checkbox"/> Required coverage for reconstructive surgery following mastectomies; and
<input type="checkbox"/> 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 59.

Figure 59: Election Type Selection Error

Error(s):

- The Election type you have selected is not compatible with the Election type you are on. Please select the appropriate Election type.

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 60.

Figure 60: HIPAA Opt Out – Renewal Election Saved

The screenshot shows a web-based application interface for managing health plan elections. At the top, there are two buttons: 'Manage Plans' and 'HIPAA Opt Out'. The 'HIPAA Opt Out' button is highlighted with a green background and white text. Below these buttons, the title 'HIPAA Opt Out' is displayed in bold green font. A section titled 'Confirmation:' contains a bullet point stating 'Your election was saved successfully.' Below this, several plan details are listed:

Organization Name:	Organization ABC
Plan Name:	Plan B
Plan Effective Date:	01/01/2015
Plan Expiration Date:	12/31/2015

There is a checkbox labeled 'Plan is governed by a Collective Bargaining Agreement' which is unchecked. A text input field labeled 'CBA Plan Name(s):' is empty. Below these fields is a section titled 'HIPAA Opt Out Provisions' containing a list of checkboxes:

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

A section titled 'Plan Administrator Information' follows, containing fields for First Name (Jane), Middle Name, Last Name (Doe), and an unchecked checkbox indicating the address is same as the Sponsor's. Address details include Line 1 (123 Test Street), Line 2 (Reston, VA 20191), City (Reston), State (VA), Zip Code (20191), and Zip Ext. An 'Address is same as the Sponsor's' checkbox is checked.

The 'Election Point of Contact (POC)' section includes fields for First Name (John), Middle Name, Last Name (Smith), Email Address, and Phone number (935-835-3535). The phone number is noted to be in the format (Format: 123-456-7890).

A section titled 'Notification to Enrollees:' is present but contains no visible content.

At the bottom of the page are two buttons: 'Back' and 'Edit Election'.

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

5.1.3 Email Notifications

There are three different email notifications that are triggered within the Non-Fed module. An email notification will be sent out when each of the following actions occurs:

- An election is submitted
- An election has been reviewed
- An election has an upcoming Plan Expiration Date

The sections below detail each of the email notifications.

5.1.3.1 HIPAA Opt Out Election Submitted

When a HIPAA Opt Out Election has been submitted, an email will be triggered and sent to all Submitter users associated to the Non-Fed organization. The purpose of this email is to inform the users that their election has been submitted and will need to be reviewed by CClIO.

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

Subject:	HIPAA Opt-Out Election Submitted
Organization Name:	[Organization XXX]
Plan Name:	[Plan XXX]
HIPAA Opt Out Provisions:	[XXX] [XXX] [XXX] [XXX] [XXX]
Plan Effective Date:	[MM/DD/YYYY]
Plan Expiration Date:	[MM/DD/YYYY]

The above HIPAA Opt Out election has been submitted in the Non-Federal Governmental Health Plans Module in the Health Insurance Oversight System (HIOS). To edit the election, please access the Non-Fed module by accessing HIOS within the CMS Enterprise portal link at <https://portal.cms.gov>.

The election will be reviewed by CClIO. An additional email notification will be sent once an election has been reviewed.

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

Thank you.
Exchange Operation Support Center

5.1.3.2 HIPAA Opt Out Election Reviewed

When a HIPAA Opt Out Election has been reviewed by CClIO, an email notification will be triggered to Submitter users associated to the Non-Fed organization. The purpose of the email will be to inform users of the outcome of their review and if any further action is needed.

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

Subject:	HIPAA Opt-Out Election Review Complete
Organization Name:	[Organization XXX]
Plan Name:	[Plan XXX]
HIPAA Opt Out Provisions:	[XXX] [XXX] [XXX] [XXX]
Plan Effective Date:	[MM/DD/YYYY]
Plan Expiration Date:	[MM/DD/YYYY]
Election Status:	[Status]

The above HIPAA Opt Out election has been reviewed and [Status].

If the election is in an Accepted status, no further action is required.

If the election is in a Not Accepted status, the election may be edited and resubmitted for review. To edit the election, please access the Non-Fed module by accessing HIOS within the CMS Enterprise portal link at <https://portal.cms.gov>.

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

Thank you.
Exchange Operation Support Center

5.1.3.3 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 within brackets 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.

Thank you.
Exchange Operation Support Center

6 Troubleshooting and FAQ

6.1 FAQ

Table 1: Frequently Asked Questions

Questions	Answers
I forgot my password. What do I do?	Select the ‘Forgot Password’ link on the CMS Enterprise Portal.
I do not see the module access link for the application I would like access. What do I do?	To view the modules and roles the user currently has access to, you must select the Role Management link 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. Select the role request tab and request for access. Once the role is approved, you should be able to see the module access link.
I received an error stating that I am locked out of my account. What should I do?	Contact the Exchange Operations Support Center (XOSC). See the contact information below in 6.2.

6.2 Contact/Support Details

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 Terminology

Table 2: System Terminology

Term	Definition
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