



HIOS Document Collection – Form Filing Module Issuer Training



*FFM Issuer Training
April 2013*

Agenda

- Introduction
- Form Filing Process Flow
- User Registration Overview
- Certifying Officials
- Issuer Submitter Submission Process

Form Filing Module

- The Centers for Medicare & Medicaid Services (CMS) has the responsibility to enforce provisions of title XXVII of the Public Health Service Act (PHS Act) with respect to health insurance issuers in the group and individual markets when a State informs CMS that it does not have authority to enforce or is not otherwise enforcing one or more of the provisions.
- Policy form review is one of the enforcement tools used by CMS to confirm health insurance Issuers' compliance with the provisions of the PHS Act.
- The Health Insurance Oversight System (HIOS) Form Filing Module supports the collection of policy forms by health insurance Issuers in States where CMS is directly enforcing provisions of the PHS Act.

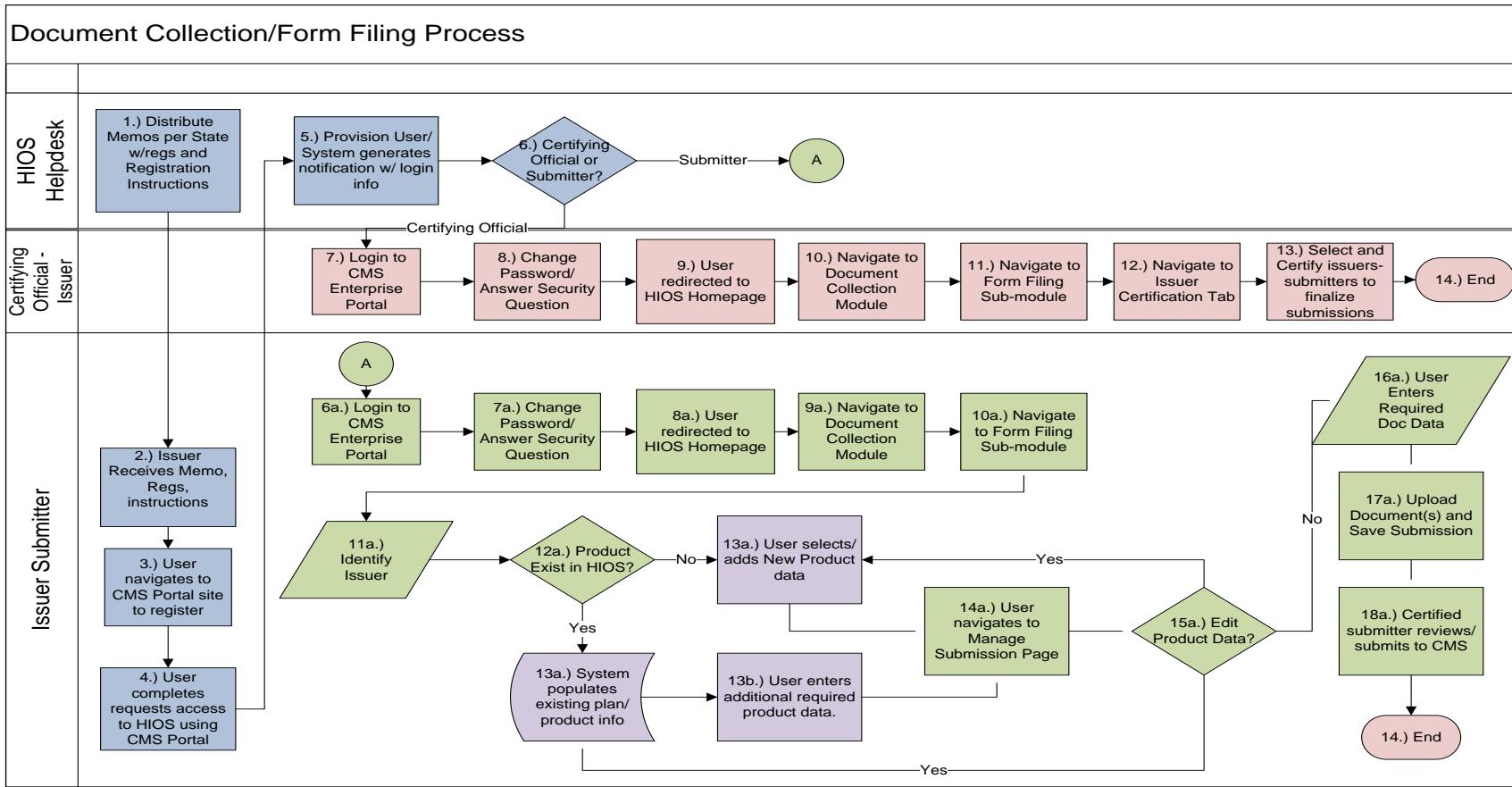
Health Insurance Oversight System (HIOS Overview)

HIOS Overview

- HIOS Stands for: Health Insurance Oversight System.
- Purpose: HIOS provides a central portal containing multiple modules to assist CMS with consumer support, data collection and review capabilities.
 - The system originally served to collect private insurance Issuer and Product data. Today, HIOS also supports oversight activities and now encompasses Company and Plan data.

Form Filing Process Flow

Initial Login



User Registration Overview

Registration Overview

- Beginning **April 1st**, users will access the Form Filing Module (FFM) by going through the CMS Enterprise Portal and selecting the Health Insurance Oversight System (HIOS).
- The Health Insurance Oversight System (HIOS) will be integrated with the Enterprise Portal and Enterprise Identity Management System (EIDM).
 - CMS Enterprise Portal: Enterprise web portal for accessing CMS systems. Various CMS systems will be integrated with the portal in the coming months.
 - Enterprise Identity Management System (EIDM): EIDM provides Authentication and Authorization capabilities and is tightly integrated with the CMS portal.
 - Authentication (establishes who a person is)
 - Authorization (granting permissions to access modules, pages, data, etc.)
- All existing HIOS users will receive an email with their EIDM credentials.
- New HIOS users need to register in EIDM and obtain an EIDM User ID and Password.

Accessing HIOS through the CMS Enterprise Portal

- Starting on **3/28**, HIOS will be integrated with the CMS Enterprise Portal and users will no longer be able to access HIOS via the current URL.
- Users will need to go to the CMS Enterprise Portal at <https://portal.cms.gov/> to access HIOS.

Accessing HIOS through the CMS Enterprise Portal

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

Existing HIOS Users

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

EIDM Login for Existing HIOS Users

- Users will receive an email with the Enterprise Portal URL and login to the Portal with their EIDM credentials.

CMS.gov | Enterprise Portal
Centers for Medicare & Medicaid Services

Home | About CMS | Newsroom | Archive | [Help & FAQs](#) | [Email](#) | [Print](#)
Learn about [your healthcare options](#) [Search CMS.gov](#)

CMS Portal > Welcome to CMS Portal

Welcome to CMS Enterprise Portal

The CMS Enterprise Portal is a gateway being offered to allow the public to access a number of systems related to Medicare Advantage, Prescription Drug, and other CMS programs.

[CMS Enterprise Portal](#) [Medicaid/CHIP](#) [Medicare Shared Savings Program](#)

CMS Provides Health Coverage for 100 Million People...

...through Medicare, Medicaid, and the Children's Health Insurance Program. And with health insurance reforms and health care exchanges, we are improving health care and

CMS Secure Portal

To log into the CMS Portal a CMS user account is required.

If you are unable to log into the CMS Portal using your CMS user account, please contact the CMS helpdesk at 1-800-562-1980.

[Login to CMS Secure Portal](#) (button circled in red)

[Forgot User ID?](#)
[Forgot Password?](#)
[New User Registration](#)

CMS News

[States Moving Forward to Implement Health Reform](#)

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New Users

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

EIDM Account Registration for New Users

- New users will navigate to the Enterprise Portal to start the registration process (<https://portal.cms.gov>).

The screenshot shows the CMS.gov Enterprise Portal homepage. At the top, there's a navigation bar with links for Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. Below that is a search bar with the placeholder "Learn about your healthcare options" and a "Search CMS.gov" button. The main content area has a large banner titled "Welcome to CMS Enterprise Portal" featuring a photo of a doctor and a patient. To the right, there's a "CMS Secure Portal" section with a "Login to CMS Secure Portal" button and links for "Forgot User ID?", "Forgot Password?", and "New User Registration" (which is circled in red). Below that is a "CMS News" section with several news items. At the bottom right is the CMS logo.

CMS.gov Enterprise Portal
Centers for Medicare & Medicaid Services

Health Care Quality Improvement System | Provider Resources

Welcome to CMS Enterprise Portal

The CMS Enterprise Portal is a gateway being offered to allow the public to access a number of systems related to Medicare Advantage, Prescription Drug, and other CMS programs.

CMS Enterprise Portal | Medicaid/CHIP | Medicare Shared Savings Program

CMS Provides Health Coverage for 100 Million People...

...through Medicare, Medicaid, and the Children's Health Insurance Program. And with health insurance reforms and health care exchanges, we are improving health care and ensuring coverage for all Americans.

CMS Secure Portal

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[Login to CMS Secure Portal](#)

[Forgot User ID?](#)
[Forgot Password?](#)
[New User Registration](#)

CMS News

[States Moving Forward to Implement Health Reform](#)

[Easier electronic funds transfers mean more time with patients and cost savings](#)

[Healthcare Professionals Selected as Innovation Advisors will Improve Care](#)

[10,000 People with Medicare Can Get Most Care at Home with Demonstration](#)

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Accessing HIOS in the Enterprise Portal

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

The screenshot shows the CMS Enterprise Portal homepage. At the top, there are navigation links: 'Portal Help & FAQs', 'Print', 'Log Out', and 'Welcome'. Below the header, the CMS logo and 'Enterprise Portal' are displayed. A horizontal menu bar includes 'My Portal' and 'HIOS', with 'HIOS' being highlighted and circled in yellow. The main content area features a section titled 'Medicaid and CHIP' with a map of the United States. To the right of the map is the 'MACPro' logo, which stands for Medicaid & CHIP Program System. Below the MACPro logo, text reads 'Streamlining all Medicaid and CHIP Program level interactions with our state partners.' At the bottom of this section are three buttons: 'CMS Enterprise Portal', 'Medicaid/CHIP', and 'Medicare Shared Savings Program'. In the bottom left corner of the main content area, the text 'CMS Provides Health Coverage for 100 Million People...' is visible. On the right side of the screen, there is a 'CMS News' sidebar with several news items listed as hyperlinks. At the bottom right of the news sidebar is a button labeled 'View More News & Events'. The CMS logo is also present at the bottom right of the page.

Accessing HIOS in the Enterprise Portal

The image shows two screenshots illustrating the process of accessing the Health Insurance Oversight System (HIOS) through the CMS Enterprise Portal.

Left Screenshot: CMS Enterprise Portal - HIOS - Mozilla Firefox

- Browser Title: CMS Enterprise Portal - HIOS - Mozilla Firefox
- Address Bar: https://portal7.cms.cmstest/wps/myportal/cmsportal/hiostm/ut/p/b1/04_SjzQ0NjxtLwszTQ9CPyksy0xPLMnMz0vMAfGjz0L9...0AyN0izMLA08_d3NU5yNDIINC
- Toolbar: File, Edit, View, History, Bookmarks, Tools, Help
- Tab: Home - Health Insurance Oversight S...
- Content Area:
 - Navigation: Home - RBIS, Go to your email, RedCarpet - Login, Welcome, YouDecide, Most Visited
 - Links: Portal Help & FAQs, Print
 - Section: CMS | Enterprise Portal
 - Buttons: HIOS, MyPortal
 - Text: CMS Portal > HIOS
 - Section: Page Title
 - Section: Welcome
 - Text: Lorem ipsum dolor sit amet, iisque commune perfecto ex usu. Vel integre sanctus ad. Est graece euismod ea, sit unum autem sententiae ei. Vim te aeque viderer repudiare. Nec ea denique intellegebat. In mea sint cita everti. An dicant primis postulant sea. Eruditio ponderum democratis vis ei, te modo graeco accusata vis. Iuvaret corpora expetendis id cum, dolor eripuit vituperata ius eu, dicam periculis repudiare nam ea. Vim in fugit labitur recusabo, eos cu wisi feugait assueverit.
 - Section: Health Insurance Oversight System (HIOS)
 - Text: Lorem ipsum dolor sit amet, iisque commune perfecto ex usu. Vel integre sanctus ad. Est graece euismod ea, sit unum autem sententiae ei. Vim te aeque viderer repudiare. Nec ea denique intellegebat.
 - Link: Access HIOS (circled in red)
 - Section: Plan Management and Market Wide Functions
 - Text: Lorem ipsum dolor sit amet, iisque commune perfecto ex usu. Vel integre sanctus ad. Est graece euismod ea, sit unum autem sententiae ei. Vim te aeque viderer repudiare. Nec ea denique intellegebat.
 - Link: Access Plan Management & Market Wide Functions

Health Insurance Oversight System

HOME FAQ CONTACT US SIGN OUT
Welcome

Organization Management & Administrative Functions:

- HIOS Home Page**
- Announcements

Manage Account

Register an Organization

Role Management

HIOS Functions:

- Health Plan and Other Entity Enumeration System

HIOS Main Page – Role Management

Health Insurance Oversight System

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Welcome

Organization Management & Administrative Functions:

- Manage Account
- Register an Organization
- Role Management

HIOS Home Page

Announcements



HIOS Main Page – Request Role

Health Insurance Oversight System

Wednesday, March 20, 2013

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Welcome Brooks Wildasin

[View Existing Roles](#) **Request Role**

Request Role

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

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

Requested Role: -- Select Role --

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HIOS Main Page – Request Role

Health Insurance Oversight System

Wednesday, March 20, 2013

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Welcome Brooks Wildasin

[View Existing Roles](#) **Request Role**

Request Role

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

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

Requested Role: -- Select Role --
-- Select Role --
Issuer Submitter
Certifying Official
State User

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

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Accessing Form Filing

CMS Security Message

Health Insurance Oversight System

Tuesday, March 19, 2013

HIOS Home Page

Organization Management & Administrative Functions:

- Manage Account
- Register an Organization
- Role Management

HIOS Functions:

- Document Collection Module

Message from webpage

UNAUTHORIZED ACCESS TO THIS COMPUTER IS PROHIBITED BY LAW (REFERENCE TITLE 18 U.S.C., SECTION 1030).

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

OK Cancel

Issuers for each state can submit EHB benchmark plan information. The submission of EHB benchmark plan information must be submitted to the Centers for Medicare and Medicaid Services (CMS) through the Health Insurance Oversight System (HIOS).

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

Please email FFE_questions@lmi.org with any questions.

Announcements

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

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information. The

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Health Insurance Oversight System (HIOS).

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HIOS Home Page

Health Insurance Oversight System

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HIOS Home Page

Organization Management & Administrative Functions:

- [Manage Account](#)
- [Register an Organization](#)
- [Role Management](#)

HIOS Functions:

- [Document Collection Module](#)

Announcements

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

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

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

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Document Collection Module Home Page

Health Insurance Oversight System

Tuesday, March 19, 2013

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Document Collection Module

Form Filing Module

Announcements

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

For more information on related topics, select from the following links below:

- For the Form Filing guidance memo, click [here](#)
- For the Form Filing training information distributed, click [here](#)
- For the Form Filing Frequently Asked Questions (FAQs), click [here](#)

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



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Certifying Official (Issuer)

Issuer Submitter Certification

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

Tuesday, March 19, 2013

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[HOME](#)

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Issuer Submitter
Certification

Announcements

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

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

Related Links

- [CMS Rate Review Page](#)
- [Healthcare.gov](#)
- [User Manual \[opens in .pdf format, 82.7KB\]](#)
- [FAQ](#)

Issuer Submitter Certification - Action

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

Tuesday, May 29, 2012 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Brooks Wildasin

Issuer Submitter Certification

Issuer/Submitter Certification

Issuer/State/Issuer ID:

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

Certified?	First Name	Last Name	Phone Number	Email Address	Certification Date	Certification Expiration Date	Action
Yes	Jake	Perrone	7092276708	Jake.Perrone@CGIfederal.com	05/24/2012	05/24/2013	<input type="button" value="No Change"/>
No	Jake	HHS	5487596311	Jake.HHS@hotmail.com			<input type="button" value="No Change"/>
Yes	Jake	Submitter	4235648745	Jake.Submitter@hotmail.com	05/24/2012	05/24/2013	<input type="button" value="No Change"/>

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

Save

Issuer Submitter Certification - Action

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, March 19, 2013

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome Juliana CEO Attester

Issuer Submitter Certification

Issuer Submitter Certification

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

Issuer: American Alternative Insurance Corp - VA - 10701

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

Certified?	First Name	Last Name	Phone Number	Email Address	Certification Date	Certification Expiration Date	Action
No	Joan	Smith	5152483380	thera.watson@cgifederal.com			No Change
Yes	Juliana	Berde	7032276000	juliana.berde@cgifederal.com	06/07/2012	06/07/2013	No Change Certify

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

Save



Issuer Submitter Certification - Action

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, March 19, 2013

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Welcome Juliana CEO Attester

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Issuer: American Alternative Insurance Corp - VA - 10701

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

Certified?	First Name	Last Name	Phone Number	Email Address	Certification Date	Certification Expiration Date	Action
No	Joan	Smith	5152483380	thera.watson@cgifederal.com			No Change
Yes	Juliana	Berde	7032276000	juliana.berde@cgifederal.com	06/07/2012	06/07/2013	<ul style="list-style-type: none">No ChangeNo ChangeRecertifyUncertify

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

Save



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Issuer Submitter

Issuer Submitter Landing Page

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, March 19, 2013

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Welcome Juliana Berde

Create Submission Manage Submission Review and Confirm Submission Submission Status Report

Announcements

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

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Related Links

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Create Submission – Existing HIOS Product

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

Friday, March 15, 2013 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Juliana Berde

[Create Submission](#) [Manage Submission](#) [Review and Confirm Submission](#) [Submission Status Report](#)

Create Submission

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

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

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

Add Issuer/Product Data

***Issuer:**

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

***Market Type:**

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

***Product Origination Date:**

Add New Product

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

***HIOS Product Name:**

Association Type:

Grandfather Status:

Open/Closed Status:

Covers Whole State:

SERFF Number:

Product Effective Start Date:

Product Effective End Date:

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Create Submission – Existing HIOS Product

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

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Welcome Julian Berde

[Create Submission](#) [Manage Submission](#) [Review and Confirm Submission](#) [Submission Status Report](#)

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All required fields are indicated by an asterisk **.

Add Issuer/Product Data

***Issuer:**

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

***Market Type:**

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

***Product Origination Date:**

Add New Product

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

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

*HIOS Product Name:	<input type="text" value="IFP HMO - HMO - 11029NC007"/>
Association Type:	Non-Association
Grandfather Status:	Non-GrandFathered
Open/Closed Status:	Open
Covers Whole State:	No
SERFF Number:	N/A
Product Effective Start Date:	02/13/2013
Product Effective End Date:	N/A

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Create Submission – Existing HIOS Product

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

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[Create Submission](#) [Manage Submission](#) [Review and Confirm Submission](#) [Submission Status Report](#)

Create Submission

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

All required fields are indicated by an asterisk '*'.

Add Issuer/Product Data

*Issuer:

*Submission Type: Existing HIOS Products New FFM Product

*Market Type:

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

*Product Origination Date:

Add New Product

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

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

*HIOS Product Name:

Association Type:
Grandfather Status:
Open/Closed Status:
Covers Whole State:
SERFF Number:
Product Effective Start Date:
Product Effective End Date:

[Add Product](#)

Submission HIOS Products

IFP HMO - HMO - 11029NC007			
Association Type:	Non-Association	SERFF Number:	Remove Product
Grandfather Status:	Non-GrandFathered	Product Effective Start Date:	N/A
Open/Closed Status:	Open	Product Effective End Date:	02/13/2013
Covers Whole State:	No		N/A

[Create Submission](#)

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After Create Submission – Existing HIOS Product, View in Manage Submission

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

Tuesday, March 19, 2013 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Juliana Berde

[Create Submission](#) **Manage Submission** [Review and Confirm Submission](#) [Submission Status Report](#)

Manage Submission

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

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

***Issuer:** ***Product:**

[View Data](#)

Submission Data

Product(s):	IFP HMO - HMO - 11029NC007	Edit
Market Type:	Individual	
Line(s) of Business:	Comprehensive Major Medical	
Product Origination Date:	03/22/2013	
Created By:	juliana.berde@cgifederal.com	
Created Date:	3/19/2013 3:04:44 PM	
Submission ID:	110290001	
Status:	Submission in Progress	

Add New Document

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

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

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

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

Submission Documents

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Added Documents

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

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

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Create Submission – New FFM Product

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

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Welcome Juliana Berde

[Create Submission](#) [Manage Submission](#) [Review and Confirm Submission](#) [Submission Status Report](#)

Create Submission

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

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

All required fields are indicated by an asterisk '*'.

Add Issuer/Product Data

*Issuer:

*Submission Type: Existing HIOS Products New FFM Product

*Product Name:

*Market Type:

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

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

*Association Type:

*Open/Closed Status:

*Covers Whole State:

*Filing Tracking Number Type: (Please select the type of tracking number such as SERFF or a state-specific filing number such as TFile.)

*Filing Tracking Number: (Please enter the SERFF tracking number or state-specific filing number such as TFile.)

*Product Effective Start Date:

Product Effective End Date:

*Product Origination Date:

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Create Submission – New FFM Product with Filing Tracking Number Type of SERFF

Create Submission Manage Submission Review and Confirm Submission Submission Status Report

Create Submission

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

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

All required fields are indicated by an asterisk **.

Add Issuer/Product Data

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

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

***Product Name:** TestProduct

***Market Type:** Large

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

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

***Association Type:** Association

***Open/Closed Status:** Open

***Covers Whole State:** Yes

***Filing Tracking Number Type: (Please select the type of tracking number such as SERFF or a state-specific filing number such as IFile.)** SERFF

***Filing Tracking Number: (Please enter the SERFF tracking number or state-specific filing number such as IFile.)** TEST-1234

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

Product Effective End Date: (empty)

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

Create Submission

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

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

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Create Submission

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

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

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

Add Issuer/Product Data

*Issuer:

*Submission Type: Existing HIOS Products New FFM Product

*Product Name:

*Market Type:

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

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

*Association Type:

*Open/Closed Status:

*Covers Whole State:

*Filing Tracking Number Type: (Please select the type of tracking number such as SERFF or a state-specific filing number such as IFile.)

*Other Filing Tracking Type Desc:

*Filing Tracking Number: (Please enter the SERFF tracking number or state-specific filing number such as IFile.)

*Product Effective Start Date:

Product Effective End Date:

*Product Origination Date:

Create Submission

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Manage Submission – New FFM Product

Health Insurance Oversight System
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Welcome Julianne Berde

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Manage Submission

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

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

***Issuer:** ***Product:**

[View Data](#)

Submission Data

Product(s): jiljiljil - Other - 15066MI [Edit](#)

Market Type: Large

Line(s) of Business: Comprehensive Major Medical

Product Origination Date: 03/21/2013

Created By: juliana.berde@cgifederal.com

Created Date: 3/19/2013 3:51:22 PM

Submission ID: 150660001

Status: Submission in Progress

Add New Document

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

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

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

***Document Type:**

***Document ID:**

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

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

***Document to Upload:**

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

Submission Documents

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Added Documents

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

[Save Submission](#) [Retire Submission](#)

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

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Manage Submission

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

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Welcome Juliana Berde

Create
Submission

**Manage
Submission**

Review and Confirm
Submission

Submission Status
Report

Manage Submission

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

All required fields are indicated by an asterisk '*'.

***Issuer:**

***Product:**

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Manage Submission – Add Document

Create Submission **Manage Submission** Review and Confirm Submission Submission Status Report

Manage Submission

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

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

***Issuer:** MAMSI Life and Health Insurance Company - NC - 61050
***Product:** Optimum Choice - Individual - HMO - 61050NC001

[View Data](#)

Submission Data

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

Add New Document

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

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

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

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

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

***Document to Upload:**

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

Submission Documents

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Added Documents

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

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

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Manage Submission – Add Document

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

Add New Document	
<p>Please fill out all of the required fields below (indicated by an asterisk '*').</p> <p>Please select the category that best describes the type of document (contract, contract amendment, policy forms, certificates/outlines of coverage, amendment notifications, policy riders and endorsements, waivers or opt out provisions, marketing materials, applications, and notice requirements) associated with this product.</p> <p>Please enter the issuer designated state-specific identification number associated with each document type for each product.</p>	
*Document Type:	<input type="button" value="Select a Document Type"/>
*Document ID:	
*Document Effective Start Date: (MM/DD/YYYY)	
Document Effective End Date: (MM/DD/YYYY)	
*Document to Upload:	
<p>Please select the "Browse..." button to select a file (.doc, .pdf, .tiff, .jpg) to be added to a submission. File size cannot exceed 30MB. After selecting a file, click the "Append" button to append the file to the submission.</p>	
<input type="button" value="Browse..."/> <input type="button" value="Append"/> <input type="button" value="Reset"/>	
<input type="button" value="Add Document"/>	

Manage Submission – Add Document

Add New Document

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

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

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

***Document Type:**

Contract

***Document ID:**

1234-5678

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

01/04/2013



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



***Document to Upload:**

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

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

[Browse...](#)

[Add Document](#)

[Reset](#)

Submission Documents

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Added Documents

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

Manage Submission – Add Document

*Document Type:	<input type="button" value="Select a Document Type"/>
*Document ID:	<input type="text"/>
*Document Effective Start Date: (MM/DD/YYYY)	<input type="text"/> <input type="button" value=""/>
Document Effective End Date: (MM/DD/YYYY)	<input type="text"/> <input type="button" value=""/>
*Document to Upload:	
Please select the "Browse..." button to select a file (.doc, .docx, .pdf, .txt, .xls, .xlsx, .tif, .tiff, .jpg) to be added to a submission. File size cannot exceed 30MB. After selecting a file, select the "Add Document" button to append the file to the submission.	
<input type="text"/> <input type="button" value="Browse..."/>	
<input type="button" value="Add Document"/> <input type="button" value="Reset"/>	

Submission Documents

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Added Documents	
Contract.docx (10.4KB)	
Document Type: Contract	Submitted By: Brooks.Wildasin@cgifederal.com
Document ID: 1234-5678	Submitted Date/Time: 1/4/2013 5:34:21 PM
Filing Status: New	Document Effective Start Date: 01/04/2013
Filing ID: 119600	Document Effective End Date: N/A
Version: 1	<input type="button" value="Replace"/> <input type="button" value="Retire"/>

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

Manage Submission – Add Document

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

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Create Submission **Manage Submission** Review and Confirm Submission Submission Status Report

Manage Submission

Confirmation:

- Submission Marked as Ready for Confirmation. Please navigate to the Review and Confirm Submission page to review and/or confirm the submission.

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

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

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

[View Data](#)

Submission Data

Product(s): Basic Hosp/Surgical - Indemnity - 12578DC001 [Edit](#)
Market Type: Individual
Line(s) of Business: Comprehensive Major Medical
Product Origination Date: 03/15/2013
Created By: juliana.berde@cgvfederal.com
Created Date: 3/15/2013 3:25:00 PM
Submission ID: 125780001
Status: Ready for Confirmation

Add New Document

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

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

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

***Document Type:** [Select a Document Type](#)
***Document ID:**
***Document Effective Start Date:** (MM/DD/YYYY) **Document Effective End Date:** (MM/DD/YYYY)
***Document to Upload:**
Please select the "Browse..." button to select a file (.doc, .docx, .pdf, .txt, .xls, .xlsx, .tif, .tiff, .jpg) to be added to a submission. File size cannot exceed 30MB. After selecting a file, select the "Add Document" button to append the file to the submission.

Submission Documents

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Added Documents
[test1.xlsx \(8.2KB\)](#)

Document Type:	Contract	Submitted By:	juliana.berde@cgvfederal.com
Document ID:	1111	Submitted Date/Time:	3/15/2013 3:54:06 PM
Filing Status:	New	Document Effective Start Date:	03/15/2013
Filing ID:	577001	Document Effective End Date:	N/A
Version:	1		

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



Manage Submission – Replace Document

Replace Document

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

Document to be Replaced:

*Document Type: Contract

*Document ID: 1212

*Document Effective Start Date: (MM/DD/YYYY) 03/20/2013

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

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

Document to Upload:

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

Submission Documents

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Added Documents

[test3.xlsx \(8.2KB\)](#)

Document Type: Contract	Submitted By: juliana.berde@cgifederal.com
Document ID: 1212	Submitted Date/Time: 3/19/2013 3:56:59 PM
Filing Status: New	Document Effective Start Date: 03/20/2013
Filing ID: 508119	Document Effective End Date: N/A
Version: 1	<input type="button" value="Replace"/> <input type="button" value="Retire"/>

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

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Manage Submission – Replace Document

Health Insurance Oversight System
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Create Submission Manage Submission Review and Confirm Submission Submission Status Report

Manage Submission

Confirmation:

- "test4.xlsx" has been saved to this submission and can be viewed in the Submission Documents section.

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

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

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

[View Data](#)

Submission Data

Product(s):	jijijijil - Other - 15066MI	Edit
Market Type:	Large	
Line(s) of Business:	Comprehensive Major Medical	
Product Origination Date:	03/21/2013	
Created By:	Juliana.berde@cgifederal.com	
Created Date:	3/19/2013 3:51:22 PM	
Submission ID:	150660001	
Status:	Submission In Progress	

Add New Document

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

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

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

*Document Type:

*Document ID:

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

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

*Document to Upload:

[Add Document](#) [Reset](#)

Submission Documents

Show All Versions

Added Documents

test4.xlsx (8.2KB)	Submitted By: Juliana.berde@cgifederal.com	Replace	Retire
Document Type: Contract	Submitted Date/Time: 3/19/2013 4:01:30 PM		
Document ID: 1212	Document Effective Start Date: 03/20/2013		
Filing Status: Replaced	Document Effective End Date: N/A		
Filing ID: 508119			
Version: 2			
Edit Reason: asdjkifdsjklafdjkslkfslsafdsjksaki			

[Save Submission](#) [Retire Submission](#)

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

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Manage Submission – Retire Document

Add New Document

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

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

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

***Document Type:** Select a Document Type

***Document ID:**

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

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

***Document to Upload:**

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

Submission Documents

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Added Documents	
test4.xlsx (8.2KB)	<input type="button" value="Unretire"/>
Document Type: Contract	Submitted By: juliana.berde@cgifederal.com
Document ID: 1212	Submitted Date/Time: 3/19/2013 4:01:30 PM
Filing Status: Retired	Document Effective Start Date: 03/20/2013
Filing ID: 508119	Document Effective End Date: N/A
Version: 2	
Edit Reason: asdjkldsjklafdjsklfsafdsjaskl	

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

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Manage Submission – Retire Document

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Manage Submission

Confirmation:

- "test4.xlsx" has sucessfully been retired.

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

All required fields are indicated by an asterisk '*'.

***Issuer:** ***Product:**

[View Data](#)

Submission Data

Product(s):	jiljiljil - Other - 15066MI	Edit
Market Type:	Large	
Line(s) of Business:	Comprehensive Major Medical	
Product Origination Date:	03/21/2013	
Created By:	juliana.berde@cgifederal.com	
Created Date:	3/19/2013 3:51:22 PM	
Submission ID:	150660001	
Status:	Submission in Progress	



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Manage Submission – New FFM Products

Health Insurance Oversight System
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Welcome Juliana Berde

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Manage Submission

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

All required fields are indicated by an asterisk *.

***Issuer:** *
***Product:**

[View Data](#)

Submission Data

Product(s):	soldosododod - Other - 11379MD	EDIT
Market Type:	Large	
Line(s) of Business:	Comprehensive Major Medical	
Product Origination Date:	03/30/2013	
Created By:	juliana.berde@cgifederal.com	
Created Date:	3/18/2013 12:34:22 PM	
Submission ID:	113790001	
Status:	Submission In Progress	

Add New Document

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

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

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

***Document Type:**
***Document ID:**
***Document Effective Start Date:**
Document Effective End Date:

***Document to Upload:**

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

C:\Users\jberde\Documents\test2.xlsx [Browse...](#)

[Add Document](#) [Reset](#)

Submission Documents

[Show All Versions](#)

Added Documents

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

[Save Submission](#) [Retire Submission](#)

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

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Manage Submission – New FFM Products

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

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Welcome Juliana Berde

Create Submission **Manage Submission** Review and Confirm Submission Submission Status Report

Manage Submission

Confirmation:

- Submission Marked as Ready for Confirmation. Please navigate to the Review and Confirm Submission page to review and/or confirm the submission.

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

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

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

[View Data](#)

Submission Data

Product(s): soldosododod - Other - 11379MD [Edit](#)

Market Type: Large
Line(s) of Business: Comprehensive Major Medical
Product Origination Date: 03/30/2013
Created By: juliana.berde@cgifederal.com
Created Date: 3/18/2013 12:34:22 PM
Submission ID: 113790001
Status: Ready for Confirmation

Add New Document

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

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

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

***Document Type:** Select a Document Type

***Document ID:**

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

***Document to Upload:**

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

Submission Documents

[Show All Versions](#)

Added Documents
test2.xlsx (8.2KB)

Document Type	Contract	Submitted By	juliana.berde@cgifederal.com
Document ID:	1111	Submitted Date/Time	3/18/2013 12:37:12 PM
Filing Status:	New	Document Effective start Date:	04/01/2013
Filing ID:	471412	Document Effective End Date:	N/A
Version:	1		

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

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Edit Submission – Existing HIOS Products

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

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Edit Submission

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

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

Edit Issuer/Product Data

***Issuer:** American Alternative Insurance Corp - VA - 10701

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

***Market Type:** Small Group

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

***Product Origination Date:** 11/13/2012

Add New Product

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

***HIOS Product Name:** Cost Saver+Major Med - PPO - 10701VA005

Association Type: Non-Association
Grandfather Status: Non-GrandFathered
Open/Closed Status: Open
Covers Whole State: Yes
SERFF Number: N/A
Product Effective Start Date: N/A
Product Effective End Date: N/A

Add Product

Submission HIOS Products

CoreValue - PPO - 10701VA004	Remove Product
Association Type: Non-Association	SERFF Number: N/A
Grandfather Status: Non-GrandFathered	Product Effective Start Date: N/A
Open/Closed Status: Open	Product Effective End Date: N/A
Covers Whole State: Yes	

Save and Continue

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Edit Submission – New FFM Products

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Edit Submission

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

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

Edit Issuer/Product Data

***Issuer:**

Existing HIOS Products New FFM Product

***Submission Type:**

***Product Name:**

***Market Type:**

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

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

***Association Type:**

***Open/Closed Status:**

***Covers Whole State:**

***Filing Tracking Number Type: (Please select the type of tracking number such as SERFF or a state-specific filing number such as IFile.)**

***Other Filing Tracking Type Desc:**

***Filing Tracking Number: (Please enter the SERFF tracking number or state-specific filing number such as IFile.)**

***Product Effective Start Date:**

Product Effective End Date:

***Product Origination Date:**

[Save and Continue](#)

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Review and Confirm Submission

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

***Issuer:**

***Product:**

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Review and Confirm – Existing HIOS Products

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Welcome Brooks Wildasin

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Review and Confirm Submission

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

***Issuer:**

***Product:**

[View Data](#)

Submission Data

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

Submission HIOS Product(s)

Optimum Choice - HMO - 61050NC001	
Association Type: Non-Association	SERFF Number: N/A
Grandfather Status: Non-GrandFathered	Product Effective Start Date: N/A
Open/Closed Status: Closed	Product Effective End Date: N/A
Covers Whole State: Yes	

Submission Documents

Contract.docx (10.4KB)	Submitted By: Brooks.Wildasin@cgifederal.com
Document Type: Contract	Submitted Date/Time: 1/4/2013 5:34:21 PM
Document ID: 1234-5678	Document Effective Start Date: 01/04/2013
Filing Status: New	Document Effective End Date: N/A
Filing ID: 119600	
Version: 1	

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

[Confirm Submission](#)

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Review and Confirm – Submission Documents

Submission HIOS Product(s)

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

Submission Documents

asdf.docx (9.8KB)	Document Type: Contract	Submitted By: therawatson@cgifederal.com
	Document ID: 1	Submitted Date/Time: 11/14/2012 9:57:46 AM
	Filing Status: New	Document Effective Start Date: 11/14/2012
	Filing ID: 951794	Document Effective End Date: 11/30/2012
	Version: 1	

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

Confirm Submission

File Download

Do you want to open or save this file?

Name: asdf.docx
Type: Microsoft Word Document
From: ffx-hpms-iwp-wb

Open Save Cancel

While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. [What's the risk?](#)

Review and Confirm – Confirmation Prompt

Submission HIOS Product(s)

CoreValue - PPO - 10701VA004

Association Type:	Non-
Grandfather Status:	Non-
Open/Closed Status:	Open
Covers Whole State:	Yes

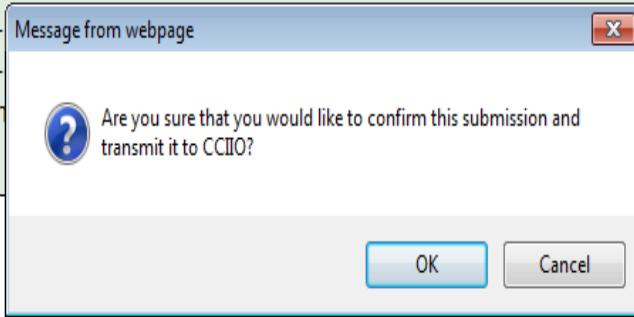
Submission Documents

[asdf.docx \(9.8KB\)](#)

Document Type: Contract	Submitted By: therawatson@cgifederal.com
Document ID: 1	Submitted Date/Time: 11/14/2012 9:57:46 AM
Filing Status: New	Document Effective Start Date: 11/14/2012
Filing ID: 951794	Document Effective End Date: 11/30/2012
Version: 1	

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

Confirm Submission



A confirmation dialog box titled "Message from webpage" with a blue border. It contains a question mark icon and the text "Are you sure that you would like to confirm this submission and transmit it to CCIIO?". At the bottom are two buttons: "OK" (blue) and "Cancel" (gray).

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Review and Confirm – Confirmation Existing Product

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Review and Confirm Submission

Confirmation:

- This submission has been successfully confirmed.

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

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

[View Data](#)

Submission Data

Product(s): Market Type: Line(s) of Business: Product Origination Date: Created By: Created Date: Submission ID: Submission Type: Status:	Basic Hosp/Surgical - Indemnity - 12578DC001 Individual Comprehensive Major Medical 03/15/2013 juliana.berde@cgifederal.com 3/15/2013 3:25:08 PM 125780001 Existing HIOS Products Submission Confirmed
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Submission HIOS Product(s)

Basic Hosp/Surgical - Indemnity - 12578DC001	Association Type: Non-Association Grandfather Status: Non-GrandFathered Open/Closed Status: Closed Covers Whole State: Yes	SERFF Number: N/A Product Effective Start Date: N/A Product Effective End Date: N/A
-----------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

Submission Documents

test1.xlsx (8.2KB)	Submitted By: juliana.berde@cgifederal.com Submitted Date/Time: 3/15/2013 3:54:06 PM Document Effective Start Date: 03/15/2013 Document Effective End Date: N/A
---------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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Review and Confirm – New FFM Product

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

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Review and Confirm Submission

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

***Issuer:** *
***Product:**

[View Data](#)

Submission Data

Product(s):	soldosododod - Other
Market Type:	Large
Line(s) of Business:	Comprehensive Major Medical
Product Origination Date:	03/30/2013
Created By:	juliana.berde@cgifederal.com
Created Date:	3/18/2013 12:34:22 PM
Submission ID:	113790001
Submission Type:	New FFM Product
Status:	Ready for Confirmation

Submission FFM Product

soldosododod - Other	Association Type: Non-Association	Filing Tracking Type: Other
	Open/Closed Status: Closed	7777
	Covers Whole State: No	8888
		Product Effective Start Date: 03/29/2013
		Product Effective End Date: N/A

Submission Documents

test2.xlsx (8.2KB)	Submitted By: juliana.berde@cgifederal.com
Document Type: Contract	Submitted Date/Time: 3/18/2013 12:37:12 PM
Document ID: 1111	Document Effective Start Date: 04/01/2013
Filing Status: New	Document Effective End Date: N/A
Filing ID: 471412	
Version: 1	

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

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Review and Confirm – New FFM Product Confirmation

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Review and Confirm Submission

Confirmation:

- This submission has been successfully confirmed.

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

***Issuer:** [View Data](#)

***Product:** [View Data](#)

Submission Data

Product(s):	soldosododod - Other
Market Type:	Large
Line(s) of Business:	Comprehensive Major Medical
Product Origination Date:	03/30/2013
Created By:	juliana.berde@cgifederal.com
Created Date:	3/18/2013 12:34:22 PM
Submission ID:	113790001
Submission Type:	New FFM Product
Status:	Submission Confirmed

Submission FFM Product

soldosododod - Other	Association Type: Non-Association	Filing Tracking Type: Other
	Open/Closed Status: Closed	7777
	Covers Whole State: No	8888
		03/29/2013
		N/A

Submission Documents

test2.xlsx (8.2KB)	Submitted By: juliana.berde@cgifederal.com
Document Type: Contract	Submitted Date/Time: 3/18/2013 12:37:12 PM
Document ID: 1111	Document Effective Start Date: 04/01/2013
Filing Status: New	Document Effective End Date: N/A
Filing ID: 471412	
Version: 1	

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

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Submission Status Report

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, May 29, 2012

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Welcome Brooks Wildasin

Create Submission | Manage Submission | Review and Confirm Submission | **Submission Status Report**

Submission Status Report

Issuer/State/Issuer ID: Select an Issuer - State - Issuer ID

State: Select a State

Product Name/Product Type: Select a Product Name - Product Type

Market Type: Select a Market Type

Filing ID: [Text Box]

Document ID: [Text Box]

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

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

Search

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Submission Status Report – Existing HIOS Product

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Create Submission Manage Submission Review and Confirm Submission **Submission Status Report**

Submission Status Report

Issuer: Aetna Health Inc. (a PA corp.) - KY - 10005

State: Select a State

Product: Select a Product Name - Product Type - Product Code

Market Type: Select a Market Type

Filing ID:

Document ID:

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

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

Search

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Submission Status Report – Existing HIOS Product

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Create Submission Manage Submission Review and Confirm Submission **Submission Status Report**

Submission Status Report

Issuer: Aetna Health Inc. (a PA corp.) - KY - 10005

State: Select a State

Product: Select a Product Name - Product Type - Product Code

Market Type: Small

Filing ID:

Document ID:

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

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

Search

Search Results

(Select a Submission below to access the appropriate review page for more information on a form filing submission. Search results may be sorted by clicking on the column headings. Sorting options may be reset by clicking on the Search button)

Issuer/State/Issuer ID	State	Product(s)	Market Type	Status	Last Modified Date	Select a Submission
Aetna Health Inc. (a PA corp.) - KY - 10005	KY	Greg 126 - HMO - 10005KY002, Test - Other - 10005KY003	Small	Submission Confirmed	11/9/2012 3:02:28 PM	Select

Page Size: 10 1 items in 1 pages

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Submission Status Report – New FFM Product

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Submission Status Report

Issuer: Guarantee Trust Life Insurance Company - MD - 11379

State: Maryland

Product: soldosodododod - Other - 11379MD

Market Type: Large

Filing ID:

Document ID:

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

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

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Submission Status Report – New FFM Product

Create Submission Manage Submission Review and Confirm Submission **Submission Status Report**

Submission Status Report

Issuer: Guarantee Trust Life Insurance Company - MD - 11379

State: Maryland

Product: soldosododdod - Other - 11379MD

Market Type: Large

Filing ID:

Document ID:

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

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

Search

Search Results

(Select a Submission below to access the appropriate review page for more information on a form filing submission. Search results may be sorted by clicking on the column headings. Sorting options may be reset by clicking on the Search button)

Issuer/State/Issuer ID	State	Product(s)	Market Type	Status	Last Modified Date	Select a Submission
Guarantee Trust Life Insurance Company - MD - 11379	MD	soldosododdod - Other - 11379MD	Large	Submission Confirmed	3/18/2013 3:38:50 PM	Select

Page Size: 10 1 items in 1 pages

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Question and Answer