

# HIOS Non-Federal Governmental Health Plan Module Training



June 16, 2016

# Agenda

- Policy Background for the Non-Federal Governmental Health Plan Module (Non-Fed)
- Overview of CMS Enterprise Portal Registration
- Overview of HIOS Access
  - ✓ Accessing HIOS
  - ✓ Registering Organization(s)
  - ✓ Requesting User Roles
- > Walkthrough of the Non-Fed Governmental Health Plan Module
  - ✓ Enter in health plan information
  - ✓ Submit HIPAA-Opt Out Information
  - ✓ Edit HIPAA-Opt Out Information
- Reference Documents
- Questions & Answers

# **Non-Fed Policy Background**

#### **CENTERS FOR MEDICARE & MEDICAID SERVICES**

## What is a Non-Federal Governmental Plan?

- The Public Health Service Act section 2791(d)(8)(B) defines the term "Non-Federal governmental plan" as a governmental plan that is not a Federal governmental plan.
- Examples include, but are not limited to, plans that are sponsored by:
  - o States
  - o Counties
  - School districts
  - Municipalities

# Who Regulates?

- Framework for enforcement of non-Federal governmental plans:
  - Part A of title XXVII of the Public Health Service Act (PHS Act) through enactment of Health Insurance Portability and Accountability Act of 1996 (HIPAA)
  - Reorganized under The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, and the Health Care and Education Reconciliation Act of 2010, enacted on March 30, 2010.

# **CMS Enforcement**

 The provisions of title XXVII of the PHS Act that apply to group health plans that are Non-Fed plans are enforced by the Centers for Medicare & Medicaid Services (CMS) under PHS Act section 2723(b)(1)(B) using the procedures described in § 150.301 et seq.

# **HIPAA Opt-Outs**

- Currently, self-funded, non-Federal governmental plans may opt-out of the following:
  - Women's Health and Cancer Rights Act of 1998 (WHCRA)
  - Mental Health Parity and Addiction Equity At (MHPAEA)
  - Newborns' and Mothers' Health Protection Act (NMHPA)
  - o Michelle's Law

# **Submitting HIPAA Opt-Outs**

• HIPAA opt-outs previously were accepted via U.S. mail, fax, and email.

# **Electronic Submission of Opt-Outs**

- On May 27, 2014, CMS published the final regulation addressing the Health Insurance Portability and Accountability Act (HIPAA) opt-out election process (79 FR 30240).
- One of the changes made as a result was that hard copy election documents via U.S. mail or facsimile were only accepted through December 31, 2014, after which only elections submitted through electronic submission will be accepted.

# **Submission of Opt-Outs Through HIOS**

• On July 21, 2014, CMS issued sub-regulatory guidance titled "CCIIO Sub-Regulatory Guidance: Updated Procedures and Requirements for HIPAA Exemption Election through the Health Insurance Oversight System (HIOS)."

# **CMS Enterprise Portal Registration**

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# **Process of Gaining HIOS Access**

HIOS can be accessed through the CMS Enterprise Portal at <u>http://portal.cms.gov</u>

To be able to access the HIOS application, new users will need to complete the EIDM registration process.

Once users have completed the EIDM registration, they can request access to the HIOS application where they are prompted to fill in the HIOS account information.

Upon completion, users will receive an authorization code which they will need to enter on the Request HIOS access page to complete the process. Please note, beginning June 19th new HIOS users will be required to go through Remote Identity Proofing [RIDP] as part of the identity verification process.

Once completed, users can now access the HIOS application and its functionalities based on what user roles they have within the system.

# **New Users – EIDM Registration**

New users will navigate to the CMS Enterprise Portal, <u>https://portal.cms.gov</u>

- Select the "New User Registration" link
- Agree to the Terms and Conditions
- Enter the required information on the New User Registration Page
- Create User ID and Password
- Select Challenge Questions and Answers
- Submit account request
- Receive email with EIDM User ID and Password

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# New users will navigate to the CMS Enterprise Portal, <u>https://portal.cms.gov</u>

- Select the "Login to CMS Secure Portal" link
- Agree to the Terms and Conditions
- Enter the EIDM User ID and Password

- Select the "Request Access Now" button
- From the Access Catalog Page, click the "Request Access" button for HIOS
- Select "Request New System Access" link
- Select "HIOS-HIOS Application" from the System Description drop-down menu
- Select "HIOS Issuer" for the Role
- New users will need to click the URL provided on the page

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- New users will navigate to the "Request HIOS Account" Page
- Complete the request form and click the "Submit" button
- Once the account request has been approved, users shall receive an email with a HIOS Authorization Code

#### Health Insurance Oversight System **Request HIOS Account** Please note that you are applying for access to the Health Insurance Oversight System (HIOS). If you have any questions, please contact the Exchange Operations Support Center (XOSC) at Phone: 1-855-267-1515 or Email: CMS FEPS@cms.hhs.gov. (\*) Indicates a required field To initialize the request for a HIOS user account, please select if the base address for the requesting user is located in the United States by selecting "US User" or "Non-US User". Title (Name): \*First Name: Middle Name: \*Last Name: Suffix: \*Job Title: \*Organization Name: \*Email Addre Organization US based Addr

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- Users will need to log back in to the CMS Enterprise Portal
- Select "Request New System Access" link
- Select "HIOS-HIOS Application" for the System Description
- Select "HIOS Issuer" for the role
- Enter the HIOS Authorization Code
- Click the "Submit" button and log out of the CMS Enterprise Portal

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	Phone: 855-367-1515 Email: CMS_FEP5@CMS.HHS.GOV Hours of Operation: 3am-6pn
	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/FrontControler?op=requestHIOSAccount
	* HIOS Authorization Code:
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## **Access HIOS through CMS Enterprise Portal**

Go to <u>https://portal.cms.gov/</u> and select "Login to CMS Secure Portal" on the CMS Enterprise Portal.

#### Read the Terms and Conditions and Select "I Accept" to continue





## **Access HIOS through CMS Enterprise Portal**

Users that have registered in EIDM and HIOS will now see a yellow "HIOS" button displayed on the dashboard.

Clicking the "HIOS" button will open the HIOS landing page. On the HIOS | Plan Management | Market Wide Functions landing page, click the "Access HIOS" hyperlink.



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## **Access HIOS through CMS Enterprise Portal**

When users click on the Access HIOS link, the HIOS Home Page will open in a new tab.

Health Insur	ance Oversight System
	ACCESS PM HOME FAQ CONTACT US SIGN OUT
HIOS Home Page	Welcome
Organization Management & Administrative Functions: Manage Account	HIOS Main Page Announcements:
Manage an Organization	Obtaining a Health Plan Identifier (HPID)
Role Management	Users needing to obtain an HPID for their organization will need to take the following steps in HIOS:
	<ol> <li>Register the organization in HIOS</li> <li>Request access to the HPOES module through user role management</li> <li>Complete an HPID application within the HPOES module</li> <li>Once an HPID application has been successfully submitted, an HPID number will be assigned</li> </ol>
	Users may also access an HPID Quick Guide that provides an easy step-by-step reference for completing the necessary steps in HIOS and HPOES to obtain an HPID. You can view the Quick Guide in graphic or a text form at http://www.cms.gov/Regulations-and- Guidance/HIPAA-Administrative-Simplification/Affordable-Care- Act/Health-Plan-Identifier.html.

# **Overview of New Multi-Factor Authentication (MFA) Process**

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# **Dates of MFA Implementation**

- Multi-factor authentication is currently optional for HIOS users.
- Starting on June 19, 2016, all existing and new HIOS users will be required to register an MFA device.

# **MFA Registration**

Users will login to the CMS Enterprise Portal and be prompted to enter their EIDM user ID.



The Password and MFA Device type prompt will be displayed. New users will need to select the Register MFA Device link at the bottom to begin the registration process.

#### Welcome to CMS Enterprise Portal

#### Enter Security Code

A security code is required to complete your login.

To retrieve a Security Code, please select the Phone, Computer, or E-mail that you registered as your Multi-Factor Authentication (MFA) device when you originally requested access, from the MFA Device Type dropdown menu below.

When entering the Security Code please enter it promptly as the code will expire in a short period of time.

#### Unable to Access Security Code?

If you are unable to access a Security Code, you may use the 'Unable To Access Security Code?' link. To use this link you will be directed away from this page. For security purpose, you will be prompted to answer your challenge questions before the Security Code is generated. The security code will be sent to the email address in your profile. You will be required to login again with your User 1D, Password and Security Code.

You may also call your Application Helpdesk to obtain a Security Code.

After you receive the Security Code using this link or from your Help Desk, you must select 'One Time Security Code' option from the MPA Device Type dropdown menu.

#### Need to Register an MFA Device?

If you have not registered an MFA device and would like to do so now, you may use the 'Register MFA Device' link. For security purposes you will be promoted to login again and answer your challenge questions before registering an MFA device.



# **MFA Registration**

The user will be prompted to enter their EIDM credentials and a set of challenge questions. Once users complete this process, they will be directed to register an MFA device.

Users have the option to select the MFA Device Type:

- Text Message
- E-mail
- Phone/Tablet/PC/Laptop
- Voice Message

Screen reader mode Off   Accessibility Settings	
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registered and periods	
There are no MFA devices associated with your profile.	
Register Your Phone, Computer, or E-mail	
Adding a Security Code to your login also known as Multi-Factor Authentication (MFA) can make your login more secure by providing an extra layer of protect password.	ton to your user name and
You can associate the Security Code to your profile by registering your phone, computer or E-mail. Select the links below to find out more information about the	he options.
> Phone/Tablet PC1.aptop	
> Text Message Short Message Service (SMS)	
> Interactive Voice Response (IVR)	
>Email	
Please note that you are only allowed two attempts to register your MFA device. If you are unable to register your device within two attempts please log out, the	hen log back in to try again.

# **MFA Device Options**

- Text Message Short Message Service (SMS)
  - User provides a phone number to obtain a security code
- E-mail
  - User provides a valid, accessible e-mail address to receive a security code
- Phone/Tablet/PC/Laptop
  - User downloads the Symantec Verification and Identity Protection (VIP) Access software on their device to generate a security code
- Voice Message Interactive Voice Response (IVR)
  - User provides a phone number to receive a voice message containing the security code

**Note:** Users may register up to four (4) MFA devices for their account

# **MFA Registration**

Once users have registered a device, the Multi-Factor Authentication is complete. Users will select the "OK" button to continue to login with MFA.

**Note:** Users will receive an e-mail notification for successfully registering an MFA device.



# **MFA Registration**

The next time a user tries to login, they will be prompted to enter the security code which shall be sent to the user via the chosen MFA type. Once logged in, users can access HIOS.

**Note:** This security code will expire in 30 minutes or after it is used successfully for the first time



# **Overview of Non-Fed Workflow**

#### **CENTERS FOR MEDICARE & MEDICAID SERVICES**

# **Overview of Non-Fed Workflow**



Approver Administrator for the organization.

# **Registering the Organization within HIOS**

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#### On the HIOS Home page, select the "Manage an Organization" button.

Health Insur	ance Oversight System
	ACCESS PM HOME FAQ CONTACT US SIGN OUT
HIOS Home Pag	Welcome
Organization Management & Administrative Functions: Manage Account	HIOS Main Page Announcements:
Manage an Organization	Obtaining a Health Plan Identifier (HPID)
Role Management	Users needing to obtain an HPID for their organization will need to take the following steps in HIOS:
	<ol> <li>Register the organization in HIOS</li> <li>Request access to the HPOES module through user role management</li> <li>Complete an HPID application within the HPOES module</li> <li>Once an HPID application has been successfully submitted, an HPID number will be assigned</li> </ol>
	Users may also access an HPID Quick Guide that provides an easy step-by-step reference for completing the necessary steps in HIOS and HPOES to obtain an HPID. You can view the Quick Guide in graphic or a text form at http://www.cms.gov/Regulations-and- Guidance/HIPAA-Administrative-Simplification/Affordable-Care- Act/Health-Plan-Identifier.html.

- Select "Create new organization" from the first drop-down
- 2. Select "Non-Federal Governmental Plans" from the organization type drop-down
- 3. Enter the organization Federal EIN in the textbox and click on the search button



- 4. If the organization's Federal EIN is not registered in HIOS, the following message will be displayed:
  - "No Organization Found"
- 5. Click on the "Create Organization" button

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<u>Manage an</u> <u>Organization</u>	Manage Organization Relationships	
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Please specify the pr	rimary purpose of your visit: Create new organization •	
Please click <u>Organizatio</u>	on Types (PDF - 160KB) for a list of organization types and their definitions.	
Please select the typ	pe of organization: Non-Federal Governmental Plans 🔻	
Please enter your organ currently exists in HIOS	nization's 9 digit Federal EIN /TIN below and select 'FEIN/TIN Search' to determine if ${\boldsymbol{y}}$ S.	your organization
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Organization		
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<b>No Organization Fou</b> You may register your o Information.	organization in HIOS by selecting the 'Create Organization' button below to enter your	

- 6. Fill in the required information to register a new Non-Fed organization. An asterisk (\*) indicates a required field.
- 7. Select the "Continue" button to continue entering other organization attributes

Health Insuran	ice Oversight System
	HOME FAQ CONTACT US SIGN OUT
	Welcome
Register New Organ	nization
Please fill in the form below with you	rr Organization's information.
Note: (*) Indicates a required fi	eld.
Organization Type:	Non-Federal Governmental Plans
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Federal EIN/TIN:	768712638
Domiciliary Address	
*Address Line 1:	
Address Line 2:	
*City:	
*State:	T T
*ZIP code:	
ZIP Plus 4:	
Back	Continue

- 8. Select the Non-Fed Plan Type by checking the appropriate boxes.\*
- 9. Select the"Review/Continue"button

Health Insurance Oversight System				
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· · · · · · · · · · · · · · · · · · ·	HOME	FAQ	CONTACT US	SIGN OUT
Register Attributes For New Organizat	ion		Welcome	
Please select the attributes that apply to your organization.				
Note: (*) Indicates a required field.				
*Non-Fed Plan Type: Self Funded ©Fully Insured				
Back	Review/Continue			

\*Please note, only Self Funded Non-Fed Plans will be able to complete their HIPAA Opt Out Information in the Non-Fed Module. An organization can have both Self Funded and Fully Insured attributes selected.

- 10. Review the organization information and click on the "Submit" button to request to register the organization.
  - A confirmation message will appear once the request has been submitted.





# **User Role Management**

### **CENTERS FOR MEDICARE & MEDICAID SERVICES**

- After the organization has been approved, users will be allowed to request user roles associated to that organization.
- In order to gain access to the Non-Fed module, an organization must have a Role Approver Administrator associated before a user may request the Submitter role.
- The Role Approver Administrator will be responsible for reviewing and approving all Submitter role requests for that organization.

#### On the HIOS Home page, select the "Role Management" button.

Health Insur	ance Oversight System
	ACCESS PM HOME FAQ CONTACT US SIGN OUT
HIOS Home Page	Welcome
Organization Management & Administrative Functions: Manage Account	HIOS Main Page Announcements:
Manage an Organization	Obtaining a Health Plan Identifier (HPID)
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- 1. Select "Request Role" tab at the top
- 2. Select "HIOS Portal" from the Module dropdown
- 3. Select "Role Approver Administrator" from the Request Role dropdown
- 4. Select "Organization with FEIN" from the Association dropdown

Health I	nsurance Oversight System
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All fields are require Please select a Module nodule, select Module Descriptions (Pl Module: Requested Role: Association: Please enter the Organ	d. from the drop-down list below and follow the prompts to submit a role request. For a description of each DF - 5MB) HIOS Portal • Role Approver Administrator • Organization with FEIN • hization Federal EIN/TIN below
All fields are require Please select a Module nodule, select Module Descriptions (PI Module: Requested Role: Association: Please enter the Organ Federal EIN/TIN:	d. from the drop-down list below and follow the prompts to submit a role request. For a description of each DF - 5MB) HIOS Portal Role Approver Administrator • Organization with FEIN • nization Federal EIN/TIN below

- 5. Enter the organization's Federal EIN and click on the "Search" button. If the organization's Federal EIN is not registered in HIOS, users will first need to register the organization.
- 6. Once the organization has been found, click on the "Review/Continue" button

Health II	nsurance Oversight System
	HOME FAQ CONTACT US SIGN OUT
	Welcome
View Existing Role	uest Role
<b>Request Role</b>	2
All fields are require	d.
Please select a Module f module, select	from the drop-down list below and follow the prompts to submit a role request. For a description of each
Module Descriptions (PD	)F - 5MB)
Module:	HIOS Portal
Requested Role:	Role Approver Administrator <b>•</b>
Association:	Organization with FEIN <b>•</b>
Please enter the Organ	ization Federal EIN/TIN below
Federal EIN/TIN:	768712638 Search
Search Result:	Township of ABC
Review/Continue	

7. Review the role request information and click on the "Submit" button

A confirmation message will appear once the request has been submitted.





Once an organization has a Role Approver Administrator, users may request the Submitter role.

- 1. Select "Request Role" tab
- 2. Select "Non-Federal Governmental Plans (Non-Fed)" as the Module
- 3. Select "Non-Fed Submitter" as the Requested Role
- 4. Users may select either
  "Primary Contact" or
  "Secondary Contact" as the User Sub-Type
- 5. Select "Organization with FEIN" as the Association

Health I	nsurance Oversight System	
	HOME FAO CONTACT US	SIGN OUT
	Welcome	
View Existing Role	squest Role	
Request Rol		
All fields are require	ed.	
Please select a Module	p from the drop-down list below and follow the prompts to submit a role request. For a description	of each
Module Descriptions (Pl	2DF - 5MB)	
Module:	Non-Federal Governmental Plans (Non-Fed)	
Requested Role:	Non-Fed Submitter V	
Requested Role: User Sub-Type:	Non-Fed Submitter ▼       Primary Contact	
Requested Role: User Sub-Type: Association:	Non-Fed Submitter ▼       Primary Contact       ▼       Organization with FEIN ▼	
Requested Role: User Sub-Type: Association: Please enter the Organ	Non-Fed Submitter ▼       Primary Contact       Organization with FEIN ▼       anization Federal EIN/TIN below	
Requested Role: User Sub-Type: Association: Please enter the Organ Federal EIN/TIN:	Non-Fed Submitter   Primary Contact  Organization with FEIN  anization Federal EIN/TIN below  Search	

- 6. Enter the organization's Federal EIN and click on the "Search" button. If the organization's Federal EIN is not registered in HIOS, users will first need to register the organization.
- Once the organization has been found, click on the "Review/Continue" button

Health II	nsurance Oversight System
- Tearer II	isurance oversigne system
	HOME FAQ CONTACT US SIGN OUT
	Welcome
/iew Existing Role Req	uest Role
Request Role	£
All fields are required	I.
Please select a Module f module, select	rom the drop-down list below and follow the prompts to submit a role request. For a description of each
Module Descriptions (PD	<u>F - 5MB)</u>
Module:	Non-Federal Governmental Plans (Non-Fed)
Requested Role:	Non-Fed Submitter ▼
User Sub-Type:	Primary Contact
Association:	Organization with FEIN <b>•</b>
Please enter the Organ	ization Federal EIN/TIN below
Federal EIN/TIN:	768712638 Search
	Township of APC
Search Result:	
Search Result:	

8. Review the role request information and click on the "Submit" button

A confirmation message will appear once the request has been submitted.



HOME FAQ CONTACT US SIGN OF Welcome View Existing Role Request Role Request Role Confirmation Your role request has been submitted for approval, please log back in within 1 to 2 business days to check the status of your request All fields are required. 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 - 5MB) Module: -Select Module	Health	Insurance Oversight System
View Existing Role Request Role Request Role Request Role Confirmation Your role request has been submitted for approval, please log back in within 1 to 2 business days to check the status of your request All fields are required. 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 - 5MB) Module: -Select Module		HOME FAQ CONTACT US SIGN OUT
Request Role         Confirmation         Your role request has been submitted for approval, please log back in within 1 to 2 business days to check the status of your request         All fields are required.         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 - SMB)         Module:      Select Module	View Existing Role	tequest Role
Your role request has been submitted for approval, please log back in within 1 to 2 business days to check the status of your reque: All fields are required. Please select a Module from the drop-down list below and follow the prompts to submit a role request. For a description of each module, select Module Descriptions (PDF - SMB) Module:	Request Re	ble
All fields are required. Please select a Module from the drop-down list below and follow the prompts to submit a role request. For a description of each module, select Module Descriptions (PDF - 5MB) Module: -Select Module-	Your role request ha	s been submitted for approval, please log back in within 1 to 2 business days to check the status of your request.
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 - SMB) Module: -Select Module	All fields are requ	ired.
Module Descriptions (PDF - 5MB) Module: -Select Module-	Please select a Mod module, select	le from the drop-down list below and follow the prompts to submit a role request. For a description of each
Module:Select Module	Module Descriptions	(PDF - 5MB)
	Module:	Select Module

The Role Approver Administrator user of the organization will need to review and approve the Submitter user role requests.

On the HIOS Home page, select the "Role Management" button.

Health Insur	ance Oversight System
	ACCESS PM HOME FAQ CONTACT US SIGN OUT
	Welcome
HIOS Home Page	3
Organization Management &	HIOS Main Page Announcements:
Administrative Functions:	Obtaining a Health Plan Identifier (HPID)
Manage Account Manage an Organization	Users needing to obtain an HPID for their organization will need to take the following steps in HIOS:
Role Management Approvals	<ol> <li>Register the organization in HIOS</li> <li>Request access to the HPOES module through user role management</li> <li>Complete an HPID application within the HPOES module</li> <li>Once an HPID application has been successfully submitted, an HPID number will be assigned</li> </ol>
	Users may also access an HPID Quick Guide that provides an easy step-by-step reference for completing the necessary steps in HIOS and HPOES to obtain an HPID. You can view the Quick Guide in <u>graphic</u> or a <u>text</u> form at <u>http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html</u> .

- 1. Select the "Organizational User Role Approvals" tab
- 2. Select "Non-Federal Governmental Plans (Non-Fed)" as the module
- 3. Select "Pending Approval" as the Request Status
- 4. Check the box under the Select column in the table for the requests that should be approved and click on the "Approve" button



Once the Submitter role request has been approved, the Submitter user will be able to log-in and access the Non-Fed module.

Health Insur	ance Oversight System
	ACCESS PM HOME FAQ CONTACT US SIGN OUT
	Welcome .
HIOS Home Page	e
Organization Management &	HIOS Main Page Announcements:
Administrative Functions:	Obtaining a Health Plan Identifier (HPID)
Manage an Organization	Users needing to obtain an HPID for their organization will need to take the following steps in HIOS:
Role Management	<ol> <li>Register the organization in HIOS</li> <li>Request access to the HPOES module through user role management</li> <li>Complete an HPID application within the HPOES module</li> <li>Once an HPID application has been successfully submitted, an HPID number will be assigned</li> </ol>
Non-Federal Governmental Plans (Non-Fed)	Users may also access an HPID Quick Guide that provides an easy step-by-step reference for completing the necessary steps in HIOS and HPOES to obtain an HPID. You can view the Quick Guide in <u>graphic</u> or a <u>text</u> form at <u>http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html</u> .

#### **CENTERS FOR MEDICARE & MEDICAID SERVICES**

- The Non-Federal Governmental Health Plan module allows Non-Fed plans to register in HIOS. Both self-funded and fully insured plans will be able to provide their plan information, but only plans that are self-funded will be able to provide their HIPAA Opt Out information.
- The Non-Fed module will allow Submitter users to complete the following actions:
  - Provide Plan Information
  - Submit HIPAA Opt Out Information
  - Edit HIPAA Opt Out Information

# **Manage Plans Workflow**

### **CENTERS FOR MEDICARE & MEDICAID SERVICES**

On the HIOS Home page, select the "Non-Federal Governmental Plans (Non-Fed)" button.

Health Insur	ance Oversight System
	ACCESS PM HOME FAQ CONTACT US SIGN OUT
HIOS Home Page	Welcome .
Organization Management &	HIOS Main Page Announcements:
Administrative Functions:	Obtaining a Health Plan Identifier (HPID)
Manage Account Manage an Organization	Users needing to obtain an HPID for their organization will need to take the following steps in HIOS:
Role Management	<ol> <li>Register the organization in HIOS</li> <li>Request access to the HPOES module through user role management</li> <li>Complete an HPID application within the HPOES module</li> <li>Once an HPID application has been successfully submitted, an HPID number will be assigned</li> </ol>
Non-Federal Governmental Plans (Non-Fed)	Users may also access an HPID Quick Guide that provides an easy step-by-step reference for completing the necessary steps in HIOS and HPOES to obtain an HPID. You can view the Quick Guide in <u>graphic</u> or a <u>text</u> form at <u>http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/Health-Plan-Identifier.html</u> .

#### On the Non-Fed module home page, select the "Manage Plans" tab.



 Click on the "Add New" button to add a new plan Health Insurance Oversight System Non-Federal Governmental Plans

					Concerne and a
DIADE UIDAA Ont Out				Welcome	
ILE PIBLIS HIPAA OPLOUC					
	- 2				
on-Federal Governmental Pla	ins:				
< 1 → × Page size: 10 ▼					0 items in 1 pag
ganization Name	1	Plan Nam	ne		
records to display.					

- 2. Select the appropriate organization from the dropdown. Only organizations that are associated to the Submitter user will appear in the dropdown.
- 3. Click on the "Continue" button

Health Insurance Non-Federal Govern	e Oversight System mental Plans
	HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT
Add New Plan:	Welcome
(*) Indicates a required held  *Select Organization: Select	▼
Back	Continue

- 4. Enter the name of the plan in the free text box at the bottom of the page
- 5. Click on the "Submit" button

		HIOS MAIN PA	GE HOME	FAQCO	NTACT US	SIGN OU
					Welcome	
nage Plans HIPAA (	Opt Out					
dd Now Bla						
uu new Pla	11.					
order to create a new	plan for the selected organi	ization, please provide the	Plan Name bel	ow.		
Indicates a required	field					
Indicates a required	field	DI				
Indicates a required	field Federal EIN/TIN	Plan Type				
Indicates a required rganization Name winship of ABC	field Federal EIN/TIN 768712638	Plan Type Self Funded				
Indicates a required rganization Name winship of ABC	field Federal EIN/TIN 768712638	Plan Type Self Funded				
Indicates a required ganization Name www.ship of ABC	field Federal EIN/TIN 768712638 ge size: 10 V	Plan Type Self Funded			0	items in 1 p
Indicates a required ganization Name wwnship of ABC	field Federal EIN/TIN 768712638 ge size: 10 V	Plan Type Self Funded			0	items in 1 p
Indicates a required ganization Name www.ship of ABC	field Federal EIN/TIN 768712638 ge size: 10 V	Plan Type Self Funded			0	items in 1 p.
Indicates a required ganization Name wmship of ABC ( 1 ) N Pa lan Name p records to display.	field Federal EIN/TIN 768712638 ge size: 10 V	Plan Type Self Funded			0	items in 1 p
Indicates a required ganization Name www.ship of ABC (1) (2) (3) Pa lan Name (2) records to display.	field Federal EIN/TIN 768712638 ge size: 10 ▼	Plan Type Self Funded			0	items in 1 p
Indicates a required ganization Name www.ship of ABC I > > > Pa Ilan Name o records to display. Atter Plan Name: AB	field Federal EIN/TIN 768712638 ge size: 10 • IC Employee Health Benef	Plan Type Self Funded			0	items in 1 p.
Indicates a required ganization Name wmship of ABC ( 1 ) X Pa lan Name o records to display. hter Plan Name: AB	field Federal EIN/TIN 768712638 ge size: 10  C Employee Health Benel	Plan Type Self Funded			0	items in 1 p.
Indicates a required ganization Name www.ship of ABC I > X Pa Ian Name o records to display. hter Plan Name: AB	field Federal EIN/TIN 768712638 ge size: 10 ▼ C Employee Health Benel	Plan Type Self Funded			0	items in 1 p.
Indicates a required ganization Name www.ship of ABC I I I I I P I Pa lan Name o records to display. hter Plan Name: AB	field Federal EIN/TIN 768712638 ge size: 10 • IC Employee Health Benel	Plan Type Self Funded			0	items in 1 p

Users will be directed back to the Non-Federal Governmental Plans page, which will now have a confirmation displayed, and see that the plan has been added to the table.



# **HIPAA Opt-Out Workflow**

## **CENTERS FOR MEDICARE & MEDICAID SERVICES**

#### On the Non-Fed module home page, select the "HIPAA Opt Out" tab.



- Select an organization from the first dropdown.
   Only organizations that are associated to the Submitter user will appear in the dropdown.
- Select a plan from the second dropdown. Only plans that are associated to the selected organization will appear in the dropdown.
- 3. Click on the "Submit" button

Non-Federal Go	vernmental Plans	
	HIOS MAIN PAGE HOME FAQ CONTACT US SIGN	ou
Manage Plans HIPAA Opt Out	Welcome	
HIPAA Opt Out (*) Indicates a required field		
*Select an Organization: *Select a Plan:	Township of ABC   ABC Employee Health Benefits	
Submit		

4. Select either the "Renew Election" button or the "New Election" button depending on the scenario of the election

Welcome
Township of ABC
ABC Employee Health Benefits
Abe Employee Health benefits
lection you will submit by choosing either "New Election" or "Renew Election" below. Select "New ou are submitting an opt-out election OR if you are renewing and opting out of different HIPAA in year. Select "Renew Election" if you are renewing and opting out of the same HIPAA provisions.
lection you will submit by choosing either "New Election" or "Renew Election" below. Select "New ou are submitting an opt-out election OR if you are renewing and opting out of different HIPAA In year. Select "Renew Election" if you are renewing and opting out of the same HIPAA provisions.
lection you will submit by choosing either "New Election" or "Renew Election" below. Select "New ou are submitting an opt-out election OR if you are renewing and opting out of different HIPAA in year. Select "Renew Election" if you are renewing and opting out of the same HIPAA provisions.
lection you will submit by choosing either "New Election" or "Renew Election" below. Select "New ou are submitting an opt-out election OR if you are renewing and opting out of different HIPAA in year. Select "Renew Election" if you are renewing and opting out of the same HIPAA provisions.

If users have already submitted HIPAA Opt Out information in HIOS, the previously collected information will appear below the instructional text.

- Fill in the required fields on the HIPAA Opt Out Page. An asterisk (\*) indicates a required field.
- 6. Once all of the required information has been provided, users will be able to click on the "Continue" button

Ianage Plans HIDAA Opt Out HIPAA Opt Out Organization Name: Plan Name: (*) Indicates a required field Plan Fifterius Pate:	HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OF Welcome
Anage Plans HIPAA.Opt.Out HIPAA Opt Out Organization Name: Plan Name: (1) Indicates a required field Plane fifetities Date:	Welcome
HIPAA Opt Out Organization Name: Plan Name: (*) Indicates a required field	Township of ABC
Organization Name: Plan Name: (*) Indicates a required field *Plan Effective Date:	Township of ABC
Plan Name: (*) Indicates a required field	
(*) Indicates a required field *Plan Effective Date:	ABC Employee Health Benefits
The starting thate.	
(MM/DD/YYYY)	
*Plan Expiration Date: (MM/DD/YYYY)	
Plan is governed by a Colle	ective Bargaining Agreement
lease indicate which MIDAA Out	Out Provision(s) the Dian will be online out of below. Users are required to calest at least 1 enough
efore proceeding.	out riovision(s) the rial will be opting out or below. Users are required to select at least 1 provisi
HIPAA Opt Out Provisions	
Standards relating to benef	fits for mothers and newborns;
Parity in the application of	certain limits to mental health benefits;
Required coverage for reco	onstructive surgery following mastectomies; and
Coverage of dependent stu	idents on a medically necessary leave of absence.
	dan
Plan Administrator Informat	
Plan Administrator Informat *First Name:	
Plan Administrator Informat *First Name: Middle Name:	
Plan Administrator Informat     *First Name:     Middle Name:     *Last Name:	nos is same as the
Plan Administrator Informat *First Name: Middle Name: *Last Name: Addr Sponsc	ress is same as the or's
Plan Administrator Informat *First Name: Middle Name: *Last Name: GAddress Line 1:	ress is same as the or's
Pian Administrator Informat     #First Name:     #Last Name:     #Address Line 1:     Address Line 2:	ress is same as the or's
Pian Administrator Informat  First Name:  Hiddle Name:  Address Line 1:  Address Line 2:  +City:	ress is same as the or's
Vion Administrator Informat *First Name: *Last Name: *Address Line 1: Address Line 2: *City: *State: •	ress is same as the or's
Pian Administrator Informat  *First Name: Hiddle Name: Last Name: Address Line 2: *Address Line 2: *City: *State: *Zip (19999): *Zip (1999): *Zip (1990):	ress is same as the or's
rian Administrator Informat "First Name: Middle Name: Address Line 1: Address Line 2: "State: " "State: " Zip Plus 4:	ress is same as the or's
rian Administrator Informat "First Name: Hiddle Name: Address Line 1: Address Line 2: *City: *State: Zip Plus 4: Election Point of Contact (PC	ress is same as the or's
rian Administrator Informat "First Name: Middle Name: Address Line 1: Address Line 2: *City: *State: v *Zip (9999): Zip Plus 4: Election Point of Contact (PC Information of the person CMS	ress is same as the or's 2C) may contact regarding the election.
Vien Administrator Informat  Vien Name:  Viet Name: Viet Name	ress is same as the or's SC)
rian Administrator Informat	ress is same as the or's
rion Administrator Informat  *First Name: Hiddle Name: Address Line 1: Address Line 2: *City: *Zip (9999): Zip Plus 4: Election Point of Contact (PC Information of the person CMS *First Name: Hiddle Name: *Last Name:	ress is same as the or's
rion Administrator Informat  *First Name: Hiddle Name: Last Name: Address Line 1: Address Line 2: *City: *City: *City: *City: *City: *Zip (99999): Zip Plus 4: Election Point of Contact (PC Information of the person CNS  *First Name: Hiddle Name: *Last Name: Email Address:	ress is same as the or's
Pion Administrator Informat  *First Name: Hiddle Name: Last Name: Address Line 2: *Address Line 2: *City: *State: *Zip (99999): Zip Plus 4: Election Point of Contact (PC Information of the person CK5 *First Name: Hiddle Name: *Last Name: Email Address: *Phone: ************************************	Additional and the election.

- 7. Review the information for accuracy
- 8. Select the appropriate radio button depending on the election type that was initially selected
- 9. Provide the Title, First and Last Name in the free text box as an electronic signature
- 10. Click on the "Submit" button

Non-Federa	Governmental Plans
	Welcome
Sanage Plans HIPAA Opt	Dert
HIPAA Opt Out	
Organization Name:	Township of ABC
Plan Name:	ABC Employee Health Benefits
Plan Effective Date:	01/01/2016
Plan Expiration Date:	12/31/2016
Plan is governed by a	Collective Bargaining Agreement
CBA Plan Name(s):	
HIPAA Opt Out Provisions-	
Standards relating to Parity in the application Required coverage for Coverage of dependent	benefits for mothers and newborns; on of certain limits to mental health benefits; reconstructive surgery following mastectomies; and t students on a medically necessary leave of absence.
Plan Administrator Info	mation
First Name: 30	aha
Middle Name:	
Last Name: S	mith
2	Address is same as the Sponsor's
Address Line 1: 1:	23 Training Street
Address Line 2:	
City: O	akton
State: V	4
Zip Code: 2	2124
Zip Ext:	
Election Point of Contac	t (POC)
Information of the person	CMS may contact regarding the election.
First Name: 1	ane
Middle Name:	
Last Name: I	Doe
Email Address:	
Phone: 3	103-123-4567 Phone Ext:
(Format: 123-456-7890)	
Notification to Enro	llees:
ABC Employee Health Benef	its- Notification to Enrollees
This plan is not provided the PHS) Act, and 45 CFR 146.	ough insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Servi 180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of th
This election has been made undersigned is authorized to	e in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that submit this election on behalf of the plan.
• New Opt-Outs: The not the time of enrollment to er	ce to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided rollees who enroll during the plan year. A copy of the notice to plan enrollees is attached.
Renew Opt-Outs: The n plan, and on an annual basi	otice to plan enrollees has been, or will be, provided to plan enrollees at the time of enrollment under th s no later than the last day of each plan year for which there is an election.
Enter your Electronic Si	gnature (Title, First Name and Last name) to submit your Election.
	(Follow)

A confirmation message will appear once the user has submitter their opt-out election.

Users will also have the ability to edit the information as needed before it is reviewed by CCIIO.

Health Insurance Oversight System Non-Federal Governmental Plans HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT Welcome Manage Plans HIPAA Opt Out **HIPAA Opt Out** Confirmation: · Your election was saved successfully. Organization Name: Township of ABC Plan Name: ABC Employee Health Benefits Plan Effective Date: 01/01/2016 Plan Expiration Date: 12/31/2016 Plan is governed by a Collective Bargaining Agreement CBA Plan Name(s): HIPAA Opt Out Provisions Standards relating to benefits for mothers and newborns; Parity in the application of certain limits to mental health benefits; Required coverage for reconstructive surgery following mastectomies: and Coverage of dependent students on a medically necessary leave of absence Plan Administrator Information First Name: John Middle Name: Last Name: Smith Address is same as the Sponsor's Address Line 1: 123 Training Street Address Line 2: City: Oaktor State: VA Zip Code: 22124 Zip Ext: Election Point of Contact (POC) Information of the person CMS may contact regarding the election First Name: Jane Middle Name: Last Name: Doe Email Address: Phone: 703-123-4567 Phone Ext: (Format: 123-456-7890) Notification to Enrollees: ABC Employee Health Benefits- Notification to Enrollees Back Edit Election

Users can update their information as needed. Once the updates are complete, the user will click on the "Continue" button.

	HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OF
	Welcome
anage Plans HIPAA O	out Out
IPAA Opt O	ut - Edit
Organization Name:	Township of ABC
Plan Name:	ABC Employee Health Benefits
(*) Indicates a required	field
Plan Effective Date:	01/01/2016
Plan Expiration Date	12/31/2016
(MM/OD/YYYY)	
Plan is governed by	a Collective Bargaining Agreement
IPAA Opt Out Provisions Standards relating 1	o benefits for mothers and newhorns:
Parity in the application	ation of certain limits to mental health benefits:
Required coverage	for reconstructive surgery following mastectomies; and
Required coverage	for reconstructive surgery following mastercomies, and
Coverage of depend	ent students on a medically necessary leave of absence.
Plan Administrator In	formation
*First Name:	John
*First Name: Middle Name:	Jahn
*First Name: Middle Name: *Last Name:	Jahn
*First Name: Middle Name: *Last Name:	John Smith ØAddress is same as the Sponsor's
*First Name: Middle Name: *Last Name: *Address Line 1:	Jahn Smith Address is same as the Sponsor's (12) Tasing Street
*First Name: Middle Name: *Last Name: *Address Line 1: Address Line 2:	Jahn Smith Address is same as the Sponsor's 123 Training Street
*First Name: Middle Name: *Last Name: *Address Line 1: Address Line 2: *Citv:	John Smith Caddress is same as the Sponsor's 123 Training Street Outcon Outcon
*First Name: Middle Name: *Last Name: *Address Line 1: Address Line 2: *City: *Sitate:	Jahn Smith Raddress is same as the Sponser's It23 Training Street Oakton VA, Y
*First Name: Middle Name: *Last Name: *Address Line 1: Address Line 2: *City: *State: *Zip (99999):	Jahn Jahn Kaddress is same as the Sponsor's 123 Training Street Oakton VA * 22124
*First Name: Middle Name: *Last Name: *Address Line 2: Address Line 2: *City: *State: *Zip (90909): Zip Plus 4:	Jahn Jahn Maddress is same as the Sponser's 123 Training Street Outloon VA * 221224
*First Name: Middle Name: *Last Name: *Address Line 2: Address Line 2: *City: *State: *Zip (99999): Zip Plus 4:	Jahn Jahn Address is same as the Sponsor's 123 Training Street Oalton VA   22124
*First Name: Middle Name: *Last Name: *Address Line 1: Address Line 2: *City: *State: *Zip (09999): Zip Plus 4: Election Point Of cont Information of the pers	Jahn Smith ZAddress is same as the Sponsor's Zit21 Training Street Daiton VA → 22124 act (POC) or CHS may contact regarding the election.
*First Name: Middle Name: *Address Line 1: Address Line 2: *City: *State: *Zip (9999): Zip Plus 4: Election Point of Cont Information of the pers *First	Juhn Smith Raddress is same as the Sponsor's It23 Training Street Oakton V/A ↑ 22124 act (POC) on CMS may contact regarding the election. Name: Jane
*First Name: Middle Name: *Last Name: *Address Line 1: Address Line 2: *City: *State: *Zip (99999): Zip Plus 4: Election Point of Cont Information of the pers *First Middle	Jahn Jahn Address is same as the Sponsor's 123 Training Street Oakton VA * 22124 act (POC) on CHS may contact regarding the election. Name: Name: Name:
*First Name: Middle Name: *Last Name: *Address Line 1: Address Line 2: *City: *State: *Zip (99999): Zip Plus 4: Zip Plus 4: Election Point of Com Information of the pers *First Middle *Last	Juhn Juhn Smith ZAddress is same as the Sponsor's July Taying Street
*First Name: Middle Name: *Last Name: *Address Line 1: Address Line 2: *City: *State: *Zip (99999): Zip Plus 4: Election Point of Cont Information of the pers Hiddle *Last Election Point of Cont Election Point of Cont Information of the pers	Juhn Juhn  Smith  Address is same as the Sponsor's  Jakton  Dakton  VA ↑  22124  act (POC)  on CMS may contact regarding the election.  Name: Jane Name: Dee  ddress: Support State
*First Name: Middle Name: *Last Name: Address Line 2: Address Line 2: *City: *State: *Zip (99999): Zip Pius 4: Election Point of Cont Information of the pers *Firs; Hiddle *Last Email A	Jahn Jahn Jahn Address is same as the Sponsor's I23 Traing Street Oakton VA  Z2124 act (POC) on CHS may contact regarding the election. Name: Jane Name: Jane Phone: 703-122-4567 Phone Ext:
*First Name: Middle Name: *Address Line 1: Address Line 2: *City: *State: *Zip (96999): Zip Plus 4: Election Point of Com Information of the pers *First Middle *Lasi Emoil A	Jahn Jahn Address is same as the Sponsor's 123 Training Street Oakton VA * 22124 act (POC) on CHS may contact regarding the election. Name: Jane Name: Doe ddress: Phone: T03-1234567 Phone Ext:
*First Name: Middle Name: *Last Name: *Address Line 1: Address Line 2: *City: *State: *Zip (99999): Zip Plus 4: Zip (99999): Zip Plus 4: Election Point of Com Information of the pers *First Middle *Last Email A	Juhn Juhn Smith @Address is same as the sponsor's II 31 Training Street Oaton VA → 22124
*First Name: Middle Name: *Last Name: *Address Line 1: Address Line 2: *City: *State: *Zip (90909): Zip Plus 4: Election Point of Cont Information of the pers *Firsi Middle *Last Email A (Format-123-4:	Jahn         Simith         Zaddress is same as the sponsor's         Ita3 Training Street         Oakton         VA ~         22124         act (POC)         on CMS may contact regarding the election.         Name:         Name:         Phone         Phone Ext:         66-7800)
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Users will be required to provide their electronic signature again in order to submit the edits.

Non-Federal	Governmental Plans
	HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OF
	Welcome
Manage Plans HIPAA Opt Ov	
HIPAA Opt Out	
Organization Name:	Township of ABC
Plan Name:	ABC Employee Health Benefits
Plan Effective Date:	01/01/2016
Plan Expiration Date:	12/31/2016
Plan is governed by a Co	ilective Bargaining Agreement
CBA Plan Name(s):	
HIPAA Opt Out Provisions-	
Standards relating to be Parity in the application Required coverage for r Coverage of dependent	nefits for mothers and newborns; of certain limits to mental health benefits; constructive surgery following mastectomies; and students on a medically necessary leave of absence.
Plan Administrator Inform	ation
First Name: Johr	in .
Middle Name:	
Last Name: Smi	th
1 Ad	Idress is same as the Sponsor's
Address Line 1: 123	Training Street
Address Line 2:	
City: Oak	ton
State: VA	
Zip Code: 221	24
Zip Ext:	
Election Point of Contact (	POC)
Information of the person CM	S may contact regarding the election.
First Name: Jar	f
Middle Name:	
Last Name: Do	
Email Address:	
Phone: 70	1-123-4567 Phone Ext:
(Format: 123-456-7890)	
Natification to 5	
Notification to Enroll	ees:
ABC Employee Health Benefits	- Notification to Enrollees
This plan is not provided throu (PHS) Act, and 45 CFR 146.18 PHS Act.	gb insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Servi O of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of th
This election has been made i undersigned is authorized to s	n conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that t utmit this election on behalf of the plan.
New Opt-Outs: The notice the time of enrollment to enrol	to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided liees who enroll during the plan year. A copy of the notice to plan enrollees is attached.
Renew Opt-Outs: The not plan, and on an annual basis r	ce to plan enrollees has been, or will be, provided to plan enrollees at the time of enrollment under the last day of each plan year for which there is an election.
*Enter your Electronic Sign	ature (Title, First Name and Last name) to submit your Election.
Back	Submit

# **Reference Documents**

- Reference materials are available on the CCIIO website: <u>https://www.cms.gov/CCIIO/Resources/Forms-Reports-</u> <u>and-Other-Resources/index.tml#Content</u>
- For additional questions, please contact the Exchange Operations Support Center (XOSC) at <u>CMS\_FEPS@cms.hhs.gov</u> or 1-855-267-1515.

# Questions

