Health Insurance Oversight System Non-Federal Governmental Plans

User Manual



Version 03.00.00

August 2018

Table of Contents

Table	of C	Contents	2
Table	e of Fi	Figures	3
Table	of T	Tables	4
Non-	Fed L	User Manual Change History	5
1	Intro	roduction	7
2	Get	t Access to HIOS Portal and HIOS Non-Fed	8
3	Intro	roduction to Non-Federal Governmental Plans Module	9
3.1		What is a HIPAA Opt Out Election?	9
3.2		Non-Fed Module – User Type	9
3.3		Collective Bargaining Agreements and Non-Fed Plans	9
4	Non	n-Federal Governmental Plans Module	10
4.1		Non-Fed Submitter Role	10
4	.1.1	Manage Plans	10
4	.1.2	Submitting a HIPAA Opt Out Election	14
	4.1.	.2.1 New Election	18
	4.1.	2.2 Editing an Election	24
	4.1.	2.3 Renew Election	26
4	.1.3	Email Notifications	31
	4.1.		31
	4.1.		32
	4.1.	3.3 Reminder of Expiring Opt Out Election	32
5	Trou	publeshooting and FAQ	34
5.1		FAQ	34
5.2		Contact/Support Details	34
5.3		Terminology	34

Table of Figures

Figure 1: Non-Fed Home Page	11
Figure 2: Manage Plans Tab	12
Figure 3: Add New Plan Page – Select Organization	12
Figure 4: Add New Plan Page – No Plans	13
Figure 5: Add New Plan Page – Existing Plans	14
Figure 6: Add New Plan Page – Duplicate Plan Name Error	14
Figure 7: Non-Fed Submitter User Homepage	15
Figure 8: HIPAA Opt Out – Select a Plan	16
Figure 9: HIPAA Opt Out – Main Election Page – No Data	16
Figure 10: HIPAA Opt Out – Main Election Page – Existing Data	17
Figure 11: HIPAA Opt Out – New Election Data Input Page	19
Figure 12: New Election – Error Messages	20
Figure 13: Error Message – Plan Longer than 1 Year	20
Figure 14: CBA Plan Name(s)	21
Figure 15: Plan Administrator Address Checkbox	21
Figure 16: HIPAA Opt Out – New Election Confirmation Page	22
Figure 17: HIPAA Opt Out – New Election Saved	23
Figure 18: Edit Election Page	24
Figure 19: Deselecting HIPAA Opt Out Provisions	25
Figure 20: HIPPA Opt Out – Delete Election Confirmation Page	25
Figure 21: HIPAA Opt Out – Renewal Election Main Election Page	26
Figure 22: HIPAA Opt Out - Renewal Election Data Input Page	28
Figure 23: Renewal Election Confirmation Page	29
Figure 24: Election Type Selection Error	29
Figure 25: HIPAA Opt Out – Renewal Election Saved	30

Table of Tables

Table 1: Frequently Asked Questions	34
Table 2: System Terminology	34

Non-Fed User Manual Change History

August 2018 Revisions

The following updates have been made:

- Updated the following Screen Captures:
 - Figuire 1: Non-Fed Homepage
 - Section 7: Non-Fed Submitter Homepage
- Updated Exchange Operations Support Center (XOSC) references to Marketplace Service Desk (MSD) to reflect updated name.

January 2017 Revisions

The following updates have been made:

- Removed sections from the user manual that provide instructions on functionality pertaining to the CMS Enterprise Portal or HIOS Portal.
 - o Section 2.4: Pre-Requisites and Information for HIOS System Access
 - Section 3: HIOS System Access
 - Section 4: HIOS Portal
- Added in Section 2 to provide high-level details on how to gain access to the Non-Fed Module and provided a resource to the HIOS Portal user manual.

1 Introduction

Prior to enactment of the Patient Protection and Affordable Care Act (the Affordable Care Act) on March 23, 2010, sponsors of self-funded, Non-Federal Governmental Plans were permitted to elect to exempt those plans from ("opt out of") seven (7) provisions of Title XXVII of the Public Health Service (PHS) Act. This election was authorized under section 2721(b)(2) of the PHS Act. Once the Affordable Care Act amendments to the PHS Act affecting the opt-out provisions became effective, the sponsor of a self-funded, Non-Federal Governmental Plan could no longer elect to exempt that plan from three of those requirement categories but did have the option to continue to exempt the plan from the remaining four requirement categories.

Prior to the formulation of the Non-Federal Governmental Plans (Non-Fed) Module, self-funded, Non-Federal Governmental Plans had the option to submit their opt-out elections by notifying CMS in writing via U.S. Mail or facsimile. The Center for Consumer Information and Insurance Oversight (CCIIO) determines the form and manner of the opt-out elections for self-funded, Non-Federal Governmental Plans under a grant of authority by the Centers for Medicare and Medicaid Services (CMS).

In the new Non-Fed Module, both self-funded and fully-insured plans may register their organization and plans within the Health Insurance Oversight System (HIOS), but only self-funded plans may complete a HIPAA Opt Out election.

This user manual explains the functionality of the Non-Fed Module within HIOS, including registering organizations within HIOS, requesting roles, approving internal role requests, creating and managing plans, completing HIPAA Opt Out elections, and editing HIPAA Opt Out elections. This manual provides step-by-step instructions for the features and functionalities available in the Non-Fed Module.

2 Get Access to HIOS Portal and HIOS Non-Fed

In order to gain access to the Non-Federal Governmental Plans module within HIOS, users will first need to create an Enterprise Identity Management (EIDM) account and then register for a HIOS account. Please reference the HIOS Portal User Manual for a detailed description of the EIDM and HIOS registration processes. Users will also be able to refer to the Portal user manual for instructions on how to register/create an organization, request a user role, or obtain access to an organization.

Please note that in order for users to gain access to the Non-Fed module, users will need to complete the following steps through HIOS Portal:

- 1. Register/create an organization in HIOS Portal with an organization type as 'Non-Federal Governmental Plans'.
- 2. Ensure that a user has requested and been approved as a 'Role Approver Administrator' for the registered organization.
- 3. Request the 'Non-Fed Submitter' role for the registered organization. This role request must be approved by the Role Approver Administrator.

3 Introduction to Non-Federal Governmental Plans Module

3.1 What is a HIPAA Opt Out Election?

As authorized by section 2722(a)(2) of the PHS Act, self-funded, Non-Federal Governmental Plans may choose to exempt their plan from the following PHS Act provisions:

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

There are two types of HIPAA Opt Out elections available to users with the 'Submitter' user role through the Non-Fed Module:

- New HIPAA Opt Out Election: This category applies if the Submitter user is submitting an optout election on behalf of the organization for the first time OR if the Submitter is renewing and opting out of different HIPAA provisions from their previous plan year.
- Renewal HIPAA Opt Out Election: This is for Submitter users who are renewing the election on behalf of the organization and opting out of the same HIPAA provisions as the previous plan year.

3.2 Non-Fed Module – User Type

The Non-Fed Module is accessible by a user with the Submitter role. A Submitter user is associated with a particular Non-Fed organization with the purpose of managing plans in HIOS. Submitter users will be able to submit HIPAA Opt Out elections for self-funded, Non-Fed plans to which they are associated. They will also be able to manage any plans to which they are associated.

3.3 Collective Bargaining Agreements and Non-Fed Plans

Those HIPAA Opt Outs submitted by Non-Federal Governmental Plans that are negotiated pursuant to a single collective bargaining agreement remain valid until the term of the agreement expires. The HIPAA Opt Out election form will collect the start and end dates for the collective bargaining agreements, as well as list each plan subject to the collective bargaining agreement to which the election pertains.

4 Non-Federal Governmental Plans Module

Non-Federal Governmental Plan Module (Non-Fed) can be accessed by the Non-Fed Submitter user. A Submitter user's access to system functionalities depends upon the user role assigned to that user. If you experience issues with access to a specific functionality within the Non-Fed Module, please contact the Marketplace Service Desk (MSD). The Marketplace Service Desk (MSD) contact information can be found in Section 5.2.

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

4.1 Non-Fed Submitter Role

Before a user can gain access to the 'Submitter' role within the Non-Fed Module, a Role Approver Administrator must approve the role request. Within the Non-Fed Module, a user with a 'Submitter' user role can perform the following functions:

- Manage plans.
- Submit a New HIPAA Opt Out election.
- Renew HIPAA Opt Out elections.
- Edit HIPAA Opt Out elections.

4.1.1 Manage Plans

One of the main functionalities within the Non-Fed Module is to create and manage plans. Before creating a HIPAA Opt Out election, the Submitter user must first create a plan.

The Submitter user will access the Non-Federal Governmental Plans module from the HIOS home page. The Submitter user will be redirected to the Non-Fed Module landing page, where the Manage Plans and the HIPAA Opt Out tabs will be displayed.

Figure 1 displays the Non-Fed homepage with the Manage Plans and HIPAA Opt Out tabs.

Figure 1: Non-Fed Home Page

				Welcome	
inage Plans HIPAA Opt Out				Related Link	s
Welcome to the Non-Federal Governm Federal Governmental plans to regist (HIOS), and allows self-funded Non-F Insurance Portability and Accountabili Please select the links to the FAQs an electronic submission process for the Manual for detailed instructions about pertaining to Non-Federal Government Funded Non-Federal Governmental Pl Governmental Plans with current HIP, may also be found here. External Review Election (ERE) Modul Additionally, all self-funded Non-Federa process must follow the Federal exter administered external review for appeals process must follow the Federal exter administered external review process Organization process. Non-Federal government review elections in HIOS. Please see fafter registering in HIOS. Please see instructions for electing a Federal ext	ental Plans module. Th r in the Health Insurar deral Governmental p y Act (HIPAA) Opt-Ou I Regulations for more HIPAA opt-out election the submission proces al plans, please also v ins on CMS.gov. The li A Opt-Out elections, v al al Governmental plans . Plans not subject to al review process, an or the private accredit estate's statutory and l plans are encourage nodule. Access to this e CMS website for me rnal review process th	his module allows all N nee Oversight System Jans to submit Health t elections electronical information about the ss and refer to the Used sist the web page for st of Non-Federal which is updated perioc s are required to elect : a State external review d may elect the federa ed Independent Review d may elect the federa ded state's external vor regulatory requirer d to make their extern module may be obtain ore information. Also s prough HIOS on the CM	lon- ly. r ance Self- dically, dically, w lly- w al ments. al ned ee 1S	ECHO We FAQ User Manu .pdf forma Regulation	<u>ual (opens in</u> <u>at 6.38 MB</u>) IS
https://www.cms.gov/CCIIO/Resourc SRG-on-HIOS-elections-Final.pdf	es/Regulations-and-Gu	idance/Downloads/HH s, please send an ema	<u>S-</u> iil to		

On the Manage Plans page, the Submitter user will be able to see the Organization to Plan association(s). If no plans have been created, this page will remain blank. To create a new Plan, the Submitter user can select 'Add New' as shown in the figure below.

Figure 2 displays the 'Add New' Selection.

Figure	2:	Manage	Plans Tab
--------	----	--------	-----------

		HIOS MAIN PAGE	HOME	FAQ	CONTACT US	SIGN OUT
anage Plans	HIPAA Opt Out				Welcome	
lon-Fede	eral Governme	ntal Plans: No results to display.				
« First « Prev	Next » Last »	Show Entries 10 V			Displaying 0	to 0 of 0
Organization Na	ime		Plan Name	e		
	the second s					

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

Figure 3 displays the first Add New Plan page where the user selects the organization.

Health Insurance Non-Federal Governm	Oversight S nental Plans	yster	m	-	2
	HIOS MAIN PAGE	HOME	FAQ	CONTACT US	SIGN OUT
Manage Plans HIPAA Opt Out Add New Plan: (*) Indicates a required field *Select Organization: Organization ABC				Welcome	
Back	Continue				

Figure 3: Add New Plan Page – Select Organization

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

Figure 4 displays the second Add New Plans page when the selected organization does not have any existing plans.

Health Ir Non-Feder	n <mark>surance (</mark> al Governme	Oversight S ental Plans	Systen	<u>n</u>	
		HIUS MAIN PAGE	HOME	Q CONTACT US	SIGN OUT
anage Plans HIPAA (Opt Out				
Add New Plan n order to create a new *) Indicates a required Organization Name	plan for the selected organiz field Federal EIN/TIN	ation, please provide the Plan Plan Type	Name below.		
Add New Plan a order to create a new b) Indicates a required Organization Name Organization ABC	D: plan for the selected organiz field Federal EIN/TIN 001122334	ation, please provide the Plan Plan Type Self Funded	Name below.		
Add New Plan order to create a new (*) Indicates a required Organization Name Organization ABC	D: plan for the selected organiz field Federal EIN/TIN 001122334	ation, please provide the Plan Plan Type Self Funded	Name below.		
Add New Plan n order to create a new *) Indicates a required Organization Name Organization ABC Plan Name	D: plan for the selected organiz field Federal EIN/TIN 001122334	Plan Type Self Funded No results to display.	Name below.		

Figure 5 displays the second Add New Plan page when the selected organization has existing plans below.

		HIOS MAIN PAGE HO	IE FAQ	CONTACT US	SIGN OL
				Welcome	
nage Plans HIPAA C	opt Out				
d New Plan	1:				
d New Plan	1:				
dd New Plan	plan for the selected organi	ation, please provide the Plan Name	e below.		
dd New Plan order to create a new Indicates a required f	1: plan for the selected organi: field	ation, please provide the Plan Name	e below.		
dd New Plan order to create a new Indicates a required f ganization Name	1: plan for the selected organi: field Federal EIN/TIN	ration, please provide the Plan Name Plan Type	e below.		
dd New Plan order to create a new Indicates a required f ganization Name ganization ABC	1: plan for the selected organi field Federal EIN/TIN 001122334	ration, please provide the Plan Name Plan Type Self Funded	elow.		
dd New Plan order to create a new Indicates a required f ganization Name ganization ABC	1: plan for the selected organi: field Federal EIN/TIN 001122334	ration, please provide the Plan Name Plan Type Self Funded	e below.		
dd New Plan order to create a new Indicates a required f ganization Name ganization ABC	1: plan for the selected organi field Federal EIN/TIN 001122334	ration, please provide the Plan Name Plan Type Self Funded	⊧ below.		
dd New Plan order to create a new Indicates a required f ganization Name ganization ABC	Plan for the selected organi field Federal EIN/TIN 001122334 » Last »	Cation, please provide the Plan Name Plan Type Self Funded Show Entries 10 T	⊧ below.	Showing 1 to 1 of	1 entries
dd New Plan order to create a new Indicates a required f ganization Name ganization ABC	1: plan for the selected organis field Federal EIN/TIN 001122334 » Last »	Cation, please provide the Plan Name Plan Type Self Funded Show Entries 10 •	⊧ below.	Showing 1 to 1 of	f 1 entries
dd New Plan order to create a new Indicates a required f ganization Name ganization ABC	1: plan for the selected organi field Federal EIN/TIN 001122334 » Last »	Cation, please provide the Plan Name Plan Type Self Funded Show Entries 10 •	⊧ below.	Showing 1 to 1 of	f 1 entries

Figure 5: Add New Plan Page – Existing Plans

Please note that the system will prevent the Submitter user from submitting the same plan name more than once. If the plan name provided matches an existing plan name in the system for the same organization, an error message will be triggered. Figure 6 displays this error message below.

Figure 6: Add New Plan Page – Duplicate Plan Name Error

	Error(s):
•	The Plan Name you have entered already exists for this organization. Please provide a different Plan Name.

4.1.2 Submitting a HIPAA Opt Out Election

Approved Submitter users will be able to submit a HIPAA Opt Out election within the Non-Fed Module.

In order to submit an election, the Submitter user will access the Non-Federal Governmental Plans module from the HIOS home page. The Submitter user will be redirected to the Non-Fed Module landing page, where the Manage Plans and the HIPAA Opt Out tabs will be displayed.

Figure 7: Non-Fed Submitter User Homepage

ursday, August 09, 2018	HIOS MAIN PAGE HOME FAC	2 CONTACT US SIGN OUT
		Welcome
nage Plans HIPAA Opt Out		Related Links
nnouncements		CCIIO Website FAQ User Manual [opens in .pdf format 6.38 MB]
Weicome to the Non-Federal Government Federal Governmental plans to register in (HIOS), and allows self-funded Non-Feder Insurance Portability and Accountability A Please select the links to the FAQs and Re electronic submission process for the HIP, Manual for detailed instructions about the pertaining to Non-Federal Governmental p Eunded Non-Federal Governmental Plans Governmental Plans with current HIPAA C may also be found <u>here</u> .	al Plans module. This module allows all Non- the Health Insurance Oversight System ral Governmental plans to submit Health ct (HIPAA) Opt-Out elections electronically. egulations for more information about the AA opt-out elections and refer to the User submission process. For additional guidance olans, please also visit the web page for <u>Self-</u> on CMS.gov. The list of Non-Federal opt-Out elections, which is updated periodically,	
External Review Election (ERE) Module		
Additionally, all self-funded Non-Federal G method of external review for appeals. Pla process must follow the Federal external 1 administered external review process or t Organization process. Non-Federal govern review process should comply with the St Self-funded Non-Federal Governmental pl review elections in HIOS via the ERE mod after registering in HIOS. Please see the G instructions for electing a Federal externa Website:	Sovernmental plans are required to elect a ans not subject to a State external review review process, and may elect the federally- the private accredited Independent Review mmental plans subject to a State's external ate's statutory and/or regulatory requirements. ans are encouraged to make their external lule. Access to this module may be obtained <u>CMS website</u> for more information. Also see I review process through HIOS on the CMS	
https://www.cms.gov/CCIIO/Resources/R SRG-on-HIOS-elections-Final.pdf	egulations-and-Guidance/Downloads/HHS-	
For general questions about Non-Federal ' NonFed@cms.hhs.gov. For questions about <u>HIPAAOptOut@cms.hhs.gov</u> . For question send an email to the Marketplace Service	Governmental plans, please send an email to ut HIPAA opt-outs, please send an email to is related to HIOS or technical issues, please Desk (MSD) at <u>CMS_FEPS@cms.hhs.gov</u> .	

The Submitter user will select the 'HIPAA Opt Out' tab from the top navigation bar. On the HIPAA Opt Out page, the user will then select an organization they are associated with from the first dropdown and select a plan from the second dropdown.

Figure 8 displays the HIPAA Opt Out page.

Figure 8: HIPAA Opt Out – Select a Plan

Health Insur Non-Federal Go	ance Ove	e rsight S Il Plans	yste	em	-	2
		HIOS MAIN PAGE	HOME	FAQ	CONTACT US	SIGN OUT
Manage Plans HIPAA Opt Out HIPAA Opt Out					Welcome	
(*) Indicates a required field						
*Select an Organization:	Organization ABC	~				
*Select a Plan:	Plan A	~				
Submit						

After selecting an organization and plan name and selecting 'Submit', the Submitter user can choose between 'renewing' an election or creating a 'new' election.

Figure 9 displays the HIPAA Opt Out 'New' or 'Renew' selection.

Figure 9: HIPAA Opt Out – Main Election Page – No Data

Manage Plans HIPAA Opt Out HIPAA Opt Out	Welcome	
HIPAA Opt Out		
IPAA Opt Out		
IPAA Opt Out		
IPAA Opt Out		
IPAA Opt Out		
IIPAA Opt Out		
IPAA Opt Out		
IIPAA Opt Out		
Drganization Name: Organization ABC		
Plan Name: Plan A		
irst, select the type of opt-out election you will submit by choosing either "New Election" or "Renew Electio	IDensus Flashianii halaw Calas	ab Starr
	"Renew Election" below. Selec	ct "New
lection" if this is the first time you are submitting an opt-out election OR if you are renewing and opting ou	"Renew Election" below. Selec g and opting out of different HI	ct "New IIPAA

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

Health Ins Non-Federal	urance Oversight System Governmental Plans
	HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT
	Welcome
Manage Plans HIPAA Opt C	but
HIPAA Opt Out	
Organization Name:	Organization ABC
Plan Name:	Plan B
First, select the type of opt-o Election" if this is the first tim provisions from your previous	out election you will submit by choosing either "New Election" or "Renew Election" below. Select "New e you are submitting an opt-out election OR if you are renewing and opting out of different HIPAA plan year. Select "Renew Election" if you are renewing and opting out of the same HIPAA provisions.
Plan Effective Date:	01/01/2015
Plan Expiration Date:	12/31/2015
Plan is governed by a Col	lective Bargaining Agreement
(BA Plan Name(c))	
Con Plain Name(5).	.t.
Parity in the application of Required coverage for re Coverage of dependent s	of certain limits to mental health benefits; constructive surgery following mastectomies; and itudents on a medically necessary leave of absence. tion
First Name: Will	
Middle Name:	
Last Name: Park	rerson
✓ Ac	ddress is same as the Sponsor's
Address Line 1: 123	Test Street
Address Line 2:	
City: Rest	ion
State: VA	
Zip Code: 2019	21
Zip Ext:	
Election Point of Contact (P	юс)
Information of the person CMS	5 may contact regarding the election.
First Name: Oth	ter
Middle Name:	
Last Name: Per	son
Email Address:	
Phone: 893	1-353-3535 Phone Ext:
(Format: 123-456-7890)	
Notification to Enroll	ees:
Back	Renew Election New Election

Note: If a submission is currently in the Progress of being reviewed, the 'Renew Election' and 'New Election' buttons will not be displayed. For Submissions that have not started the review process or were not approved, will display an 'Edit' button described in section 4.1.2.2.

4.1.2.1 New Election

Submitter users associated to Non-Fed Organizations that have not yet submitted their elections to CCIIO may submit a new election within the Non-Fed system.

To submit a new HIPAA Opt Out election, the Submitter must select the 'New Election' button displayed on the bottom of the page as shown in Figure 9 or Figure 10. The Submitter will be directed to the HIPAA Opt Out Election page as shown in Figure 11 below.

HIPAA Opt Ou	
Organization Name:	Organization ABC
Plan Name:	Plan A
(*) Indicates a required f	eld
*Plan Effective Date: (MM/DD/YYYY)	
*Plan Expiration Date: (MM/DD/YYYY)	
Plan is governed by a	Collective Bargaining Agreement
lease indicate which HIPA efore proceeding.	A Opt Out Provision(s) the Plan will be opting out of below. Users are required to select at least 1 provision
HIPAA Opt Out Provision	5
Standards relating to	benefits for mothers and newborns;
□ Parity in the applicat	ion of certain limits to mental health benefits;
Required coverage for a second sec	r reconstructive surgery following mastectomies; and
Coverage of dependent	nt students on a medically necessary leave of absence.
Plan Administrator info	rmation
*First Name	a
Middle Name	s
*Last Name	
	Address is same as the Sponsor's
*Address Line 1	
Address Line 1	
Address Line 2	
*City	
*State	
*Zip	
Zip Plus 4	i:
Election Point of Conta	t (POC)
Information of the perso	n CMS may contact regarding the election.
*First	Name:
Middle	Name:
*Last	Name:
Email A	ddress:
	Phone Ext:
(Format-123-45	6-7800)
(Format=123-45	
Notification to Enr	rollees:
lease select the 'Browse' Browse No file selecte	button below to select a file (PDF or Word). After selecting a file select 'Continue' to start the submission. d.
lease select the 'Browse' Browse No file selecte *Agree to send Notifi he continue button will	button below to select a file (PDF or Word). After selecting a file select 'Continue' to start the submission. d. cation to Enrollees. not be accessible until this selection has been made.
lease select the 'Browse' Browse No file selecte *Agree to send Notifi he continue button will	button below to select a file (PDF or Word). After selecting a file select 'Continue' to start the submission. d. cation to Enrollees. not be accessible until this selection has been made.
lease select the 'Browse' Browse No file selecte *Agree to send Notifi he continue button will	button below to select a file (PDF or Word). After selecting a file select 'Continue' to start the submission. d. cation to Enrollees. not be accessible until this selection has been made.

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

- Plan Effective Date
 - The beginning of the plan's benefit year, or in the case of a Collective Bargaining Agreement, the beginning of the first plan year subject to the agreement.
- Plan Expiration Date
 - o The end of the plan's benefit year or end of the last plan year subject to the Collective Bargaining Agreement. A plan may not enter an expiration date that has already passed.

- Plan is governed by a Collective Bargaining Agreement (CBA)
 - o This checkbox is required when the period of election is longer than 1 year.
- CBA Plan Name(s)
 - o This field lists all plans covered by the Collective Bargaining Agreement and is required if the CBA checkbox field is selected.
- Select the appropriate HIPAA Opt Out Provisions
- Plan Administrator Information section
 - o First Name, Last Name, Address, City, State, and Zip are required fields.
- Election Point of Contact (POC) section
 - o First Name, Last Name, and Phone Number are required fields.
- Upload Notification to Enrollees document
 - o Required for all New elections.
- Notification to Enrollees Attestation Checkbox
 - Attestation that the Sponsor Organization will send notification to enrollees prior to the new plan year starting, as required by law. The 'Continue' button will be enabled only after this box is checked.

Submitters can upload either Word documents or PDF files for Notification to Enrollees. No other file formats will be accepted by the Non-Fed system. The Non-Fed system shall accept files with a maximum size of 30MB.

The system will verify that all the required information has been entered. If any required data is missing, the system will trigger one or more of the error messages displayed in Figure 12.

Figure 12: New Election – Error Messages



Please note that when the Plan Expiration Date entered is more than 1 year from the Plan Effective Date, the 'Plan is governed by Collective Bargaining Agreement' checkbox must be selected. Figure 13 displays the Collective Bargaining Agreement Error Message.

Figure 13: Error Message – Plan Longer than 1 Year

Error(s): • Plan Expiration Date entered is more than 1 year from Plan Effective Date. Please select the "Plan is governed by a Collective Bargaining Agreement" check box Once the 'Collective Bargaining Agreement' checkbox has been selected, the users are required to enter all plan names that are governed by the CBA as displayed in Figure 14.

Organization Name:	Organization ABC
Plan Name:	Plan A
(*) Indicates a required fi	eld
*Plan Effective Date: (MM/DD/YYYY)	01/01/2015
*Plan Expiration Date: (MM/DD/YYYY)	12/31/2018
Plan is governed by a	Collective Bargaining Agreement
Enter all Plan Names that a	are part of CBA. Plan Names must be separated by comma(,). Maximum limit is 2000 characters.
C BA Plan Name(s): Plan	A, Plan B, Plan C
CBA Plan Name(s): Plan	A, Plan B, Plan C
CBA Plan Name(s): Plan	A, Plan B, Plan C
CBA Plan Name(s): Plan Please indicate which HIPA before proceeding. "HIPAA Opt Out Provisions Standards relating to	A, Plan B, Plan C A Opt Out Provision(s) the Plan will be opting out of below. Users are required to select at least 1 provision benefits for mothers and newborns;
CBA Plan Name(s): Plan Please indicate which HIPA before proceeding. "HIPAA Opt Out Provisions Standards relating to Parity in the applicati	A, Plan B, Plan C
CBA Plan Name(s): Plan Please indicate which HIPA before proceeding. #HIPAA Opt Out Provisions Standards relating to Parity in the applicati Required coverage for	A, Plan B, Plan C A Opt Out Provision(s) the Plan will be opting out of below. Users are required to select at least 1 provisio benefits for mothers and newborns; on of certain limits to mental health benefits; reconstructive surgery following master: and

Figure	14:	CBA	Plan	Name	(s))
--------	-----	-----	------	------	-----	---

Under the Plan Administrator Information section, the users have the option to select the 'Address is same as the Sponsor's' checkbox if the Plan Administrator has the same address. The sponsor organization's address will be prepopulated below once the checkbox is selected. Figure 15 displays the Plan Administrator address checkbox.

Plan Administrator Inf	ormation	
*First Name:		
Middle Name:		
*Last Name:		
	Address is same as the	e Sponsor's
*Address Line 1:		
Address Line 2:		
*City:		
*State:	•	
*Zip:		
Zip Plus 4:		

After entering data in all the required fields, the Submitter users can select 'Continue'.

The Election Confirmation page will display all the previously entered data as well as certification text. To submit the HIPAA Opt Out election, Submitters will need to confirm the Election type and enter an Electronic Signature (Title, First Name, and Last Name) as displayed in Figure 16.

<form><form> Marking marketing marke</form></form>	HIPAA Opt Out	
<pre>minimum control manufacture control manuf</pre>	Ormanization Name:	Organization ABC
Marking With Tables Marking With Tables Marking With Tables Marki	Plan Name:	Plan A
<form><pre>Mem Experiend Pit is update the department of the opdate the department of t</pre></form>	Plan Effective Date:	01/01/2015
<form><form><form></form></form></form>	Plan Expiration Date:	12/31/2018
CBA Plan Name(s): [chn A. Plan B, Plan C	Plan is governed by a Coll	ective Bargaining Agreement
<form><pre>public provide p</pre></form>	CBA Plan Name(s): Plan A, Pl	an B, Plan C
WIMA Opt Out Provisions Implandation relating to benefits for mothers and newborns; Implant the application of certain limits to mental health benefits; Implant the application of certain limits to mental health benefits; Implant to the application of certain limits to mental health benefits; Implant to the application of certain limits to mental health benefits; Implant to the application of certain limits to mental health benefits; Implant to the application of certain limits to mental health benefits; Implant to the application of certain limits to mental health benefits; Implant to the application of certain limits to mental health benefits; Implant to the application of certain limits to mental health benefits; Implant to the application of the person CBS may contact regarding the election. Implant to the person CBS may contact regarding the election. Implant to the person CBS may contact regarding the election. Implant to the person CBS may contact regarding the election. Implant to the person CBS may contact regarding the election. Implant to the person CBS may contact regarding the election. Implant to the person CBS may contact regarding the election. Implant to terrollees Implant to terrollees Implant to terrollees to the plant spansor election of the plant spansor election of the plant spansor election of the plant splant splant spansor election of the plant splant span		đ
(a) Standards relating to benefits for mothers and newborns; (b) Andright the application of cortain limits to mental health benefits; (c) Sequenc coverage for reconstructive surgery following mastectomies; and (c) Coverage for reconstructive surgery following mastectomies; and reconstructive for	HIPAA Opt Out Provisions	
Merely in the application of certain limits to mental health benefits; Sequence ouverage for reconstructive supper following mastecomies; and Coverage of dependent students on a medically necessary leave of absence. For Nume: Sample Median Median <td>Standards relating to ben</td> <td>efits for mothers and newborns;</td>	Standards relating to ben	efits for mothers and newborns;
Processory of the constructions tangener (adapting the second absence.) Print Name: Print P	Parity in the application o	f certain limits to mental health benefits;
Part Administrator Information Fig. Ray Reg. Control Contrel Control Control Control Contrel Control Control Control Contr	Coverage of dependent st	tudents on a medically necessary leave of absence.
Ext Rume : Ministerior Ministerior Ministerior Ministerior <td>Plan Administrator Informat</td> <td>ion</td>	Plan Administrator Informat	ion
Middle Name:	First Name: Samp	ske
List Name: Maddeess is same as the Sponsor's Address list same as the Sponsor's Address list same as the Sponsor's Address list same is 123 Test Street! Maddeess list same as the Sponsor's Address list same is Diale same is a streed same same same same same same same same	Middle Name:	
Madees is same as the Sponsor's Address Line :: Address Line :: Address Line :: Dire setson State : Wa Dire Setson Dire Setson has been made in conformity with all rules of the plan sponson including any public hearing, if required. I certify that the formation of setson has been made in conformity with all rules of the plan sponson including any public hearing, if required. I certify that the formation of encollenes the set on the set on beard of the plan. Dire Setson has been made in conformity with all rules of the plan sponson including any public hearing, if required. I certify that the formation of encollenes to plan encollenes has been, provided to encollene the first day of the plan year, and is provided to functional to encollenes is attached. One word - Outs: The notice to plan encollenes has been, provided to plan encollenes at the time of encollenent culor In encord D	Last Name: Perso	n .
Address Line 1: 123 Test Street Address Line 2: Ciry: Reston State: VA Zip Code: 20191 Zip Ext: Election Point of Contact (POC) Information of the person CMS may contact regarding the election. First Name: Other Middle Name: Last Name: Contact Email Address: Phone: 980-353-3535 Phone Ext: (Format: 123-456-7890) Notification to Enrollees: Plan A - Notification to Enrollees [docc, 109.0 KB] This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (MHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXXII of the SK Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. New Opt-Outs:: The notice to plan errolees has been provided to encilees before the first day of the plan year, and is provided at the time of enrollment be errolees who enrol duing the plan year. A copy of the notice to plan errolees at attachd. Reme opt-Outs:: The notice to plan errolees has been, or will be, provided to plan errolees at attachd. New Opt-Outs:: The notice to plan errolees has been, or will be, provided to plan errolees at attachd.<	VAd	dress is same as the Sponsor's
Address Line 2: City: Ration Star: VB Star: VB De Code: 2010. Top Ent: Edection Point of Contact (POC) Information of the person CMS may contact regarding the election. First Name: Contact Middle Name: Last Name: Contact Bind Adverse: Prove: 90: 933-933-9335 Phone Ext: Crome: 123-456-7899: Notification to Enrollees: Plant A - Notification to Enrollees: [doctr, 109:0 KB] This plan is not provided through instruance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (Pist) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the rule signation on bankil of the plan. New Opt-Outs: The notice to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided at the time enrollees who enroll during the plan year. Cory of the notice to plan enrollees has been, or will be, provided to plan enrollees is attached. New Opt-Outs: The notice to plan enrollees has been, or will be, provided to plan enrollees is attached. New Opt-Outs: The notice to plan enrollees has been, or will be, provided to plan enrollees is attached. New Opt-Outs: The notice to plan enrollees has been, or will be, provided to plan enrollees is attached. New Opt-Outs: The noti	Address Line 1: 123 T	Test Street
Extra WA State: WA Signed: 20191 Zip Cetti Detection Point of Contact (POC) Information of the person CMS may contact regarding the election. First Name: Other Midde Name: Last Name: Contact Email Address: Phone: 20-353-3535 Phone Ext: (Format: 123-456-7890) Notification to Enrollees Plans A - Notification to Enrollees [dock, 109.0 KB] Tris plans in ora provided through insurance. The plan sponsor elects under authority of section 2222(a)(2) of the Public Health Service (PHS) Act, and 45 GFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XOVII of the Public Health Service (PHS) Act, and 45 GFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XOVII of the Public Health Service (PHS) Act, and 45 GFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XOVII of the Public Health Service (PHS) Act, and 45 GFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XOVII of the tuders show this election on behalf of the plan. New Opt-Outs: The notice to plan enrolees has been provided to enrolees before the first day of the plan year, and is provided at the the termolement to enrolement head any of each plan year. A copy of the notice to plan enrolees is attached. New Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrolees at the time of enrol	Address Line 2:	
State: VA Zip Code:: 2019: Zip Ext: Election Point of Contact (PCC) Information of the person CMS may contact regarding the election. First Name: Other Middle Name: Last Name: Contact Email Address: Phone:: 983-353-3535 Phone Ext: (Format:: 123-456-7890) Notification to Enrollees: Plan A - Notification to Enrollees [docx, 109.0 KB] This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (MS) Act, and 45 CPR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PMS Act. This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (MS) Act, and 45 CPR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PMS Act. This plan is not provided through insurance. The plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. New Opt-Outs:: The notice to plan enrolees has been provided to enrolees before the first day of the plan year, and is provided at the time of enrollment to enrolees has been, or will be, provided to plan enrolees is attached. New Opt-Outs:: The notice to plan enrolees has been, or will be, provided to plan enrolees is attached. Menew Opt-Outs:: The notice to plan enrolees has been, or will be, provided to plan enrolees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. Buck Submit	City: Resto	n n
Zp Code: 2019: Zp Ext: Election Point of Contact (POC) Information of the person CMS may contact regarding the election. First Name: Other Middle Name: Last Name: Contact Endit Address: Phone: 983-353-3535 Phone Ext: (Format: 123)-456-7890) Notification to Enrollees: Plan A - Notification to Enrollees [docx, 108.0 KB] This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXXII of the PMS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the udersigned is authorized to submit this election on behalf of the plan. New Opt-Outs: The notice to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided at the time of enrollment to enrollees who enrol during the plan year. A copy of the notice to plan enrollees is attached. Renew Opt-Outs: The notice to plan enrollees has been, or will be, provided to plan enrollees is attached. * Enter your Electronic Signature (Title, First Name and Last name) to submit your Election. Back Submit	State: VA	
Zip Ett: Election Point of Contact (POC) Information of the person CMS may contact regarding the election. First Name: Widde Name: Last Name: Contact Email Address: Prone: Phone: Notification to Enrollees: Plan A - Notification to Enrollees [doox, 109.0 KB] This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of titls XXXII of the PMS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. New Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrolees is attached. Renew Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrolees is attached. * Enter your Electronic Signature (Title, First Name and Last name) to submit your Election. Back Submit	Zip Code: 2019	1
Election Point of Contact (POC) Information of the person CMS may contact regarding the election. First Name: Other Midde Name: Last Name: Contact Email Address: Phone: 983-353-3535 Phone Ext: (Format: 123-456-7890) Notification to Enrollees: Plan A - Notification to Enrollees [docx, 109.0 KB] This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. New Opt-Outs: The notice to plan enrollees has been, or will be, provided to plan enrollees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. But	Zip Ext:	
Information of the person CMS may contact regarding the election. First Name: Other Middle Name: Last Name: Contact Email Address: Phone: 983-353-3535 Phone Ext: (Format: 123-456-7890) Notification to Enrollees: Plan A - Notification to Enrollees: Plan A - Notification to Enrollees: Plan A - Notification to Enrollees: Physical 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. New Opt-Outs: The notice to plan errolees has been, or will be, provided to plan enrolees at the time of enrolment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. Beck Submit	Election Point of Contact (PC	DC)
Erst Name: Other Middle Name: Last Name: Contact Email Address: Phone: 983-353-3535 Phone Ext: (Format: 123-456-7890) Notification to Enrollees: Plan A - Notification to Enrollees: Plan A - Notification to Enrollees [docx, 109.0 KB] This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXXII of the PMS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. New Opt-Outs: The notice to plan enrolees has been provided to enrollees before the first day of the plan year, and is provided at the time of enrollment to enrollees who enrol during the plan year. A copy of the notice to plan enrollees is attached. Renew Opt-Outs: The notice to plan enrollees has been, or will be, provided to plan enrollees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. * Enter your Electronic Signature (Title, First Name and Last name) to submit your Election. Back Submit	Information of the person CMS	may contact regarding the election.
Middle Name: Last Name: Contact Email Address: Phone: 983-353-3535 Phone Ext: (Format: 123-456-7890) Notification to Enrollees: Plan A - Notification to Enrollees [docx, 109.0 KB] This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. Niew Opt-Outs: The notice to plan enrolees has been provided to enrolees before the first day of the plan year, and is provided at the time of enrollment to enrollees has been, or will be, provided to plan enrolees is attacted. Renew Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrolees is at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. Back Submit	First Name: Oth	er
Last Name: Contact Email Address: Phone: 983-353-3535 Phone Ext: (Format: 123-456-7890) Motification to Enrollees: Plan A - Notification to Enrollees [docx, 109.0 KB] This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. New Opt-Outs: The notice to plan enrolees has been provided to enrolees before the first day of the plan year, and is provided at the time of enrollment to enrolees who enroll during the plan year. A copy of the notice to plan enrolees is attached. Renew Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrolees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. Berk	Middle Name:	
Email Address: Phone: 983-353-3535 Phone Ext: (Format: 123-456-7890) Notification to Enrollees: <u>Plan A - Notification to Enrollees [docx, 109.0 KB]</u> This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. New Opt-Outs: The notice to plan enrolees has been provided to enrolees before the first day of the plan year, and is provided at the time of enrollment to enrolees who enroll during the plan year. A copy of the notice to plan enrolees is attached. Renew Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrolees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. Back <u>Submit</u>	Last Name: Con	tact
Phone: 983-353-3535 Phone Ext: (Format: 123-456-7890) Notification to Enrollees: <u>Plan A - Notification to Enrollees [docx, 109.0 KB]</u> This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. New Opt-Outs: The notice to plan enrolees has been provided to enrolees before the first day of the plan year, and is provided at the time of enrollment to enrolees who enroll during the plan year. A copy of the notice to plan enrolees is attached. Renew Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrolees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. Back <u>Submit</u>	Email Address:	
(Format: 123-456-7890) Notification to Enrollees: Plan A - Notification to Enrollees [docx, 109.0 KB] This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. New Opt-Outs: The notice to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided at the time of enrollment to enrollees who enroll during the plan year. A copy of the notice to plan enrollees is attached. Renew Opt-Outs: The notice to plan enrollees has been, or will be, provided to plan enrollees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. Back Submit	Phone: 983	-353-3535 Phone Ext:
Notification to Enrollees: Plan A - Notification to Enrollees [docx, 109.0 KB] This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. O New Opt-Outs: The notice to plan enrolees has been provided to enrolees before the first day of the plan year, and is provided at the time of enrollment to enrolees who enrol during the plan year. A copy of the notice to plan enrolees is attached. Renew Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrolees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. * Enter your Electronic Signature (Title, First Name and Last name) to submit your Election. Back Submit	(Format: 123-456-7890)	
Plan A - Notification to Enrollees [docx, 109.0 KB] This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act. and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. O New Opt-Outs: The notice to plan enrolees has been provided to enrolees before the first day of the plan year, and is provided at the time of enrolment to enrolees who enrol during the plan year. A copy of the notice to plan enrolees is attached. O Renew Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrolees at the time of enrolment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. * Enter your Electronic Signature (Title, First Name and Last name) to submit your Election. Back Submit	Notification to Enrolle	es:
This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act. This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. New Opt-Outs: The notice to plan enrolees has been provided to enrolees before the first day of the plan year, and is provided at the time of enrollment to enrolees has been, or will be, provided to plan enrolees is attached. Renew Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrolees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. * Enter your Electronic Signature (Title, First Name and Last name) to submit your Election.	Plan A - Notification to En	rollees [doox, 109.0 KB]
This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan. New Opt-Outs: The notice to plan enrolees has been provided to enrolees before the first day of the plan year, and is provided at the time of enrollment to enrolees who enroll during the plan year. A copy of the notice to plan enrolees is attached. Renew Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrollees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. Back Submit	This plan is not provided throug (PHS) Act, and 45 CFR 146.180	th insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the
New Opt-Outs: The notice to plan enrolees has been provided to enrolees before the first day of the plan year, and is provided at the time of enrolment to enrolees who enroll during the plan year. A copy of the notice to plan enrolees is attached. Renew Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrolees at the time of enrolment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. Enter your Electronic Signature (Title, First Name and Last name) to submit your Election. Back Submit	This election has been made in undersigned is authorized to su	conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the bmit this election on behalf of the plan.
Renew Opt-Outs: The notice to plan enrolees has been, or will be, provided to plan enrolees at the time of enrolment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election. * Enter your Electronic Signature (Title, First Name and Last name) to submit your Election. Back Submit	• New Opt-Outs: The notice the time of enrolment to enrol	to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided at ees who enroll during the plan year. A copy of the notice to plan enrollees is attached.
* Enter your Electronic Signature (Title, First Name and Last name) to submit your Election. Back Submit	O Renew Opt-Outs: The notic plan, and on an annual basis no	ce to plan enrollees has been, or will be, provided to plan enrollees at the time of enrollment under the blater than the last day of each plan year for which there is an election.
Back	* Enter your Electronic Signa	iture (Title, First Name and Last name) to submit your Election.
	Back	Submit

Once the Electronic Signature has been entered and the Election Type has been confirmed, the HIPAA Opt Out election can be submitted by selecting the 'Submit' button at the bottom of the page. The Submitter user will be navigated back to the Main Election Page and a confirmation message will be displayed as shown in Figure 17 below.

	(manufacture) (manufacture) (manufacture) (manufacture)
	HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT
	Welcome
Manage Plans HIPANO	
HIPAA Opt Ou	ıt
Confirmation:	
Your election was save	d successfully.
Organization Name:	Organization ABC
Plan Name:	Plan A
Plan Effective Date:	01/01/2015
Plan Expiration Date:	12/31/2018
Plan is governed by a	Collective Bargaining Agreement
BA Plan Name(s): Plan	A, Plan B, Plan C
	h.
IIDAA Opt Out Provisions	
IPAA Opt Out Provisions Standards relating to	benefits for mothers and newborns;
 IPAA Opt Out Provisions Standards relating to Parity in the applicat 	benefits for mothers and newborns;
HIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies: and
HIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of dependent	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence.
HIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of dependent	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence.
HIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depender Plan Administrator Info	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation
HIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depender Plan Administrator Infor First Name:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation
IIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depender Plan Administrator Infor First Name: Middle Name:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation
IIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depender Plan Administrator Infor First Name: Middle Name: Last Name:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane
IIPAA Opt Out Provisions ✓ Standards relating to ✓ Parity in the applicat ✓ Required coverage fo ✓ Coverage of depende Plan Administrator Info First Name: Last Name:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe VAddress is same as the Sponsor's
IIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depender Plan Administrator Infor First Name: Last Name: Address Line 1:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe MAddress is same as the Sponsor's 123 Test Street
IIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depender Plan Administrator Infor First Name: Middle Name: Last Name: Address Line 1: Address Line 2:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe MAddress is same as the Sponsor's 123 Test Street
 IPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage fo Coverage of depended Plan Administrator Info First Name: Middle Name: Last Name: Address Line 1: Address Line 2: City: 	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe Address is same as the Sponsor's 123 Test Street Reston
IIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depender Plan Administrator Infor First Name: Middle Name: Last Name: Address Line 1: Address Line 2: City: State:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe Address is same as the Sponsor's 123 Test Street Reston VA
IIPAA Opt Out Provisions: ✓ Standards relating to ✓ Parity in the applicat ✓ Required coverage for ✓ Coverage of depender Plan Administrator Infor First Name: Middle Name: Last Name: Address Line 1: Address Line 2: City: State: Zip Code:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe Address is same as the Sponsor's 123 Test Street Reston VA 20191
IIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depender Plan Administrator Infor First Name: Middle Name: Last Name: Address Line 1: Address Line 1: Address Line 2: City: State: Zip Code: Zip Ext:	o benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe ✓Address is same as the Sponsor's 123 Test Street Reston VA 20191
IIPAA Opt Out Provisions ✓ Standards relating to ✓ Parity in the applicat ✓ Required coverage for ✓ Coverage of depender Plan Administrator Infor First Name: Middle Name: Last Name: Address Line 1: Address Line 1: Address Line 2: City: State: Zip Code: Zip Ext: Election Point of Contact	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe Address is same as the Sponsor's 123 Test Street Reston VA 20191 et (POC)
IIPAA Opt Out Provisions ✓ Standards relating to ✓ Parity in the applicat ✓ Required coverage for ✓ Coverage of depender ✓ Coverage of depender Plan Administrator Infor First Name: Middle Name: Last Name: Last Name: Address Line 1: Address Line 1: Address Line 2: City: State: Zip Code: Zip Code: Dip Ext: Election Point of Contact	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe Address is same as the Sponsor's 123 Test Street Reston VA 20191 ct (POC) CMS may contact regarding the election.
IIPAA Opt Out Provisions ✓ Standards relating to ✓ Parity in the applicat ✓ Parity in the applicat ✓ Required coverage for ✓ Coverage of depender ✓ Coverage of depender Plan Administrator Infor First Name: Middle Name: Last Name: Address Line 1: Address Line 1: Address Line 2: City: State: Zip Code: Zip Code: Dip Ext: Election Point of Contact Information of the person First Name:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe ✓Address is same as the Sponsor's 123 Test Street Reston VA 20191 ct (POC) CMS may contact regarding the election. John
HIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depender Plan Administrator Infor First Name: Middle Name: Last Name: Address Line 1: Address Line 1: Address Line 2: City: State: Zip Code: Zip Code: Dif Election Point of Contact Information of the person First Name: Middle Name:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe ✓Address is same as the Sponsor's 123 Test Street Reston VA 20191 ct (POC) OCMS may contact regarding the election. John
HIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depender Plan Administrator Infor First Name: Middle Name: Last Name: Address Line 1: Address Line 1: Address Line 1: Address Line 2: City: State: Zip Code: Zip Code: Differmation of the person First Name: Middle Name: Last Name:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe ✓Address is same as the Sponsor's 123 Test Street Reston VA 20191 ct (POC) CMS may contact regarding the election. John Smith
IIPAA Opt Out Provisions ✓ Standards relating to ✓ Parity in the applicat ✓ Required coverage for ✓ Coverage of depender ✓ Coverage of depender ✓ Coverage of depender ✓ Coverage of depender ✓ Information State: Zip Code: Zip Code: Zip Code: Zip Code: Diformation of the person First Name: Middle Name: Last Name: Middle Name: Last Name: Address: State:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe ✓Address is same as the Sponsor's 123 Test Street Reston VA 20191 ct (POC) CMS may contact regarding the election. John Smith
IIPAA Opt Out Provisions ✓ Standards relating to ✓ Parity in the applicat ✓ Parity in the applicat ✓ Required coverage for ✓ Coverage of depender ✓ Coverage of depender ✓ Coverage of depender ✓ Information Information First Name: Last Name: Election Point of Contact Information of the person First Name: Middle Name: Last Name: Middle Name: Last Name: Middle Name: Last Name: Address: Election Point of Contact Information of the person First Name: Middle Name: Last Name: Email Address: Phone:	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe ✓Address is same as the Sponsor's 123 Test Street Reston VA 20191 ct (POC) CMS may contact regarding the election. John Smith 935-835-3535 Phone Ext:
HIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depender Plan Administrator Infor First Name: Middle Name: Last Name: Address Line 1: Address Line 2: City: State: Zip Code: Zip Ext: Election Point of Contact Information of the person First Name: Middle Name: Last Name: Email Address: Phone: (Format: 123-456-7890)	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe ✓Address is same as the Sponsor's 123 Test Street Reston VA 20191 ct (POC) n CMS may contact regarding the election. John Smith 935-835-3535 Phone Ext:
 IPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depended Plan Administrator Info First Name: Middle Name: Last Name: Address Line 1: Address Line 1: Address Line 1: Address Line 2: City: State: Zip Code: Zip Ext: Election Point of Contact Information of the person First Name: Middle Name: Last Name: Middle Name: Email Address: Phone: (Format: 123-456-7890) 	b benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe ✓Address is same as the Sponsor's 123 Test Street Reston VA 20191 ct (POC) (CMS may contact regarding the election. John Smith 935-835-3535 Phone Ext:
HIPAA Opt Out Provisions HIPAA Opt Out Provisions Standards relating to Parity in the applicat Required coverage for Coverage of depender Plan Administrator Infor First Name: Middle Name: Last Name: Address Line 1: Address Line 1: Address Line 2: City: State: Zip Code: Zip Ext: Election Point of Contact Information of the person First Name: Middle Name: Last Name: Middle Name: Last Name: Middle Name: Last Name: Phone: (Format: 123-456-7890) Notification to Enni	benefits for mothers and newborns; ion of certain limits to mental health benefits; or reconstructive surgery following mastectomies; and ent students on a medically necessary leave of absence. rmation Jane Doe Address is same as the Sponsor's 123 Test Street Reston VA 20191 ct (POC) CMS may contact regarding the election. John Smith 935-835-3535 Phone Ext:

Figure 17: HIPAA Opt Out – New Election Saved

4.1.2.2 Editing an Election

Once the election is successfully saved, Submitters have the ability to 'Edit' their elections until they have been reviewed by CCIIO. Modifications can be made by selecting 'Edit Election' at the bottom of the Main Election Page as shown in Figure 17 above. All the fields on the HIPAA election page can be modified. If the users choose to upload a new Notification to Enrollees document, the existing document will be replaced with the new one.

To edit a previously submitted HIPAA Opt Out election, the Submitter users can select 'Edit Election' from the bottom of the page.

After making the required updates, Submitter users can select 'Continue' to reach the Election Confirmation Page as displayed in Figure 18.

rganization Name:	Organization ABC
lan Name:	Plan A
*) Indicates a required fiel	ld
Plan Effective Date: MM/DD/YYYY)	01/01/2015
Plan Expiration Date: MM/DD/YYYY)	12/31/2018
Plan is governed by a C	Collective Bargaining Agreement
iter all Plan Names that ar	e part of CBA. Plan Names must be separated by comma(,). Maximum limit is 2000 characters.
BA Plan Name(s): Plan A	, Plan B, Plan C
PAA Opt Out Provisions-	
Standards relating to b	enefits for mothers and newborns;
Parity in the applicatio	n of certain limits to mental health benefits;
Required coverage for	reconstructive surgery following mastectomies; and
Coverage of dependen	t students on a medically necessary leave of absence.
Plan Administrator inform	nation
*First Name:	Sample
Middle Name:	
*Last Name:	Person
	✓Address is same as the Sponsor's
*Address Line 1:	123 Test Street
Address Line 2:	
*City:	Reston
*State:	VA V
*Zip:	20191
Zip Plus 4:	
Election Point of Contact	(POC)
Information of the person	CMS may contact regarding the election.
*First N	tame: Other
Middle M	tame:
*Last M	tame: Contact
Email Add	tress:
*p	hone: 983-353-3535 Phone Ext:
(Format-123-456-	7890)
Notification to Enro Plan A - Notification to Enr Please select the 'Browse' b Jploading a new file will dele	Ilees: <u>rollees [docx, 109.0 KB]</u> utton below to select a file (PDF or Word). After selecting a file select 'Continue' to start the submission ate the existing Notification to Enrollees document.
Browse No file selected.	

Figure 18: Edit Election Page

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

Submitter users can also choose to remove their HIPAA Opt Out elections after they have submitted them by using the Edit functionality. In order for Submitter users to remove their HIPAA Opt Out election, they must deselect all HIPAA Provisions and select 'Continue'.

A warning message will be displayed when the Provisions are deselected, as displayed in Figure 19 below.

Figure 19: Deselecting HIPAA Opt Out Provisions

After selecting 'OK' on the pop up warning message, the Submitter user will be navigated to the Election Confirmation screen. After selecting the Election type and entering the Electronic Signature, users can select 'Submit' to delete the selected HIPAA Opt Out election. A blank HIPAA Opt Out page and confirmation message will be displayed for the selected plan as shown in Figure 20.

Figure 20: HIPPA Opt Out – Delete Election Confirmation Page

	HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT
Manage Plans HIPAA Opt	Cout
Onfirmation:	
Your election was saved s	successfully.
Organization Name:	
Plan Name:	

4.1.2.3 Renew Election

Non-Fed plans that have already submitted HIPAA Opt Out elections either to CCIIO in paper form (prior to December 31, 2014) or electronically through the Non-Fed Module can renew the HIPAA Opt Out elections by choosing 'Renew Election' from the Main Election page. Plans choosing to renew their elections are not required to submit the Notification to Enrollees document but are required to attest that they will send notification to enrollees prior to the new plan year starting, as required by law.

To renew a HIPAA Opt Out election, users can choose 'Renew Election' from the bottom of the page as displayed in Figure 21.

Health Ins Non-Federal	Governmenta	rsight S I Plans	yste	em	-	
		HIOS MAIN PAGE	HOME	FAQ	CONTACT US	SIGN OUT
Manage Plans HIPAA Opt	Out					
Organization Name:	Organization ABC					
Plan Name:	Plan B					
First, select the type of opt Election" if this is the first ti provisions from your previou	-out election you will submit by ch me you are submitting an opt-out s plan year. Select "Renew Electior	oosing either "New Elec election OR if you are r " if you are renewing a	ction" or "R enewing a and opting	enew Ele nd opting out of th	ection" below. Sele g out of different H le same HIPAA pro	ect "New HIPAA visions.
Back		Renew Election	New Ele	ection		

Figure 21: HIPAA Opt Out – Renewal Election Main Election Page

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

To renew an election, users should enter all required information in the form. For renewals of elections that have been previously entered in the Non-Fed module, the system will have the form pre-filled with data from the current election as displayed in Figure 22.

The following fields may be modified when renewing an election:

- Plan Effective Date
 - The beginning of the plan's benefit year, or in the case of a Collective Bargaining Agreement, the beginning of the first plan year subject to the agreement.
- Plan Expiration Date
 - The end of the plan's benefit year or end of the last plan year subject to the Collective Bargaining Agreement. A plan may not enter an expiration date that has passed.
- Plan is governed by a Collective Bargaining Agreement (CBA)
 - o This field is required when the period of election is longer than 1 year.
- CBA Plan Name(s)
 - o This field lists all plans covered by the Collective Bargaining Agreement and is required if the CBA checkbox field is selected.
- Select the appropriate HIPAA Opt Out Provisions.
- Plan Administrator Information Section
 - o First Name, Last Name, Address, City, State, and Zip are required fields.
- Election Point of Contact (POC) section
 - o First Name, Last Name, and Phone Number are required fields.
- Notification to Enrollees Attestation Checkbox
 - o Attestation that the Sponsor Organization will send notification to enrollees prior to the new plan year starting, as required by law. The 'Continue' button will be enabled only after this box is checked.

Figure 22: HIPAA O	nt Out - Renewal	Flection Data	Input Page
1.5010 221111 / 0.10	prout nenemu	Licetion Bata	inpaci age

Manage Plans HIPAA Or	at Out	
HIPAA Opt Ou	t	
Organization Name:	Organization ABC	
Plan Name:	Plan B	
(*) Indicates a required fie	ald	
*Plan Effective Date: (MM/DD/YYYY)		
*Plan Expiration Date: (MM/DD/YYYY)		
Plan is governed by a	Collective Bargaining Agreement	
Please indicate which HIPA before proceeding.	A Opt Out Provision(s) the Plan will be opting out of below. Users are required to select at least 1 provision	
HIPAA Opt Out Provisions		
Standards relating to	benefits for mothers and newborns;	
Parity in the application	on of certain limits to mental health benefits;	
Required coverage for	reconstructive surgery following mastectomies; and	
Coverage of dependent	nt students on a medically necessary leave of absence.	
Plan Administrator infor	mation	
*First Name:		
Middle Name:		
*Last Name:		
	Address is same as the Sponsor's	
*Address Line 1:		
Address Line 2:		
*City:		
*State:		
*Zip:		
Zip Plus 4:		
Election Point of Contac	t (POC)	
*First	Name:	
Middle	Name:	
Hilde	Name:	
-Last		
Email Ad	aress:	
·	Phone Ext:	
(Format=123=450	~ 7890)	
Notification to Enrollees: Agree to send Notification to Enrollees. The continue button will not be accessible until this selection has been made.		
Back	Continue	

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

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

Figure 23	: Renewal	Election	Confirmation	Page
-----------	-----------	----------	--------------	------

HIPAA Opt Out	
Organization Name:	Organization ABC
Plan Name:	Plan B
Plan Effective Date:	01/01/2015
Plan Expiration Date:	12/31/2015
Plan is governed by a C	collective Bargaining Agreement
CBA Plan Name(s):	
	.a.
HIPAA Opt Out Provisions	
 Standards relating to b Parity in the application Required coverage for Coverage of dependent 	enefits for mothers and newborns; n of certain limits to mental health benefits; reconstructive surgery following mastectomies; and t students on a medically necessary leave of absence.
Plan Administrator Inforn	nation
First Name: Ja	ne
Middle Name:	
Last Name: Do	be and a second s
~	Address is same as the Sponsor's
Address Line 1: 12	13 Test Street
Address Line 2:	
City: Re	iston
State: VA	λ
Zip Code: 20	191
Zip Ext:	
Election Point of Contact	(POC)
Information of the person C	MS may contact regarding the election.
First Name: J	ohn
Middle Name:	
Last Name: S	mith
Email Address:	
Phone: 9	35-835-3535 Phone Ext:
(Format: 123-456-7890)	
Notification to Enro	llees:
This plan is not provided thr PHS) Act, and 45 CFR 146. PHS Act.	ough insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service 180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the
This election has been made indersigned is authorized to	in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the submit this election on behalf of the plan.
New Opt-Outs: The noti he time of enrollment to en	ce to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided at rollees who enroll during the plan year. A copy of the notice to plan enrollees is attached.
Renew Opt-Outs: The n blan, and on an annual basis	otice to plan enrollees has been, or will be, provided to plan enrollees at the time of enrollment under the no later than the last day of each plan year for which there is an election.
[¢] Enter your Electronic Sig	nature (Title, First Name and Last name) to submit your Election.
	P. 1 - 1

The system will verify that the Submitter user has selected the correct option from the New/Renewal options. If the Submitter user selects the incorrect option, the system will display an error message as illustrated in Figure 24.

Figure 24: Election Type Selection Error

Once all the accurate information has been entered, the Electronic Signature has been provided, and the Submitter user has selected the 'Submit' button, the system will notify the users of the successful renewal through a message at the top of the Main Election page as illustrated on Figure 25.

Manage Plans HIPAA C	<u>Opt Out</u>
HIPAA Opt Ou	ıt
Confirmation:	
Your election was save	id successfully.
Organization Name:	Organization ABC
Plan Name:	Plan B
Plan Effective Date:	01/01/2015
Plan Expiration Date:	12/31/2015
Plan is governed by a	a Collective Bargaining Agreement
CBA Plan Name(s):	
	.1
HIPAA Opt Out Provisions	n hanafite for mothers and nowherne:
Parity in the applicat	tion of certain limits to mental health benefits:
✓ Required coverage fr	or reconstructive surgery following mastectomies: and
Coverage of depende	ent students on a medically necessary leave of absence.
coverage of depend	encirculary necessary reave of absence.
Plan Administrator Info	prmation
First Name:	Jane
Middle Name:	
Last Name:	Doe
	✓Address is same as the Sponsor's
Address Line 1:	123 Test Street
Address Line 2:	
City:	Reston
State:	VA
Zip Code:	20191
Zip Ext:	
Election Point of Contac	ct (POC)
Information of the person	n CMS may contact regarding the election.
First Name:	: John
Middle Name:	
Last Name:	Smith
Email Address:	
Phone:	935-835-3535 Phone Ext:
(Format: 123-456-7890)	
Notification to En	rollees:
Back	Edit Election

Figure 25: HIPAA Opt Out – Renewal Election Saved

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

4.1.3 Email Notifications

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

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

The sections below detail each of the email notifications.

4.1.3.1 HIPAA Opt Out Election Submitted

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

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

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

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

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

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

Thank you. Exchange Operation Support Center

4.1.3.2 HIPAA Opt Out Election Reviewed

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

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

Subject: HIPAA Opt-Out Election Review Complete

[Organization XXX]
[<mark>Plan XXX</mark>]
[<mark>XXX</mark>]
[<mark>XXX</mark>]
[<mark>XXX</mark>]
[<mark>XXX</mark>]
[<mark>MM/DD/YYYY</mark>]
[<mark>MM/DD/YYYY</mark>]
[<mark>Status</mark>]

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

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

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

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

Thank you. Exchange Operation Support Center

4.1.3.3 Reminder of Expiring Opt Out Election

HIPAA Opt Out Elections remain valid until the provided Plan Expiration Date. If a HIPAA Opt Out Election is not renewed or replaced with a New Election prior to the provided Plan Expiration Date, the plan will, by law, be deemed to be in compliance with all HIPAA Opt Out Provisions. As such, the system will generate a reminder email notification to be sent to any Submitter users associated to HIPAA Opt Out Elections that are soon to expire. These email notifications will be sent 30 calendar days prior to the provided Plan Expiration Date and will inform users what information is currently captured in the system for their associated plan. The template for generating this email notification is displayed below. Please note that text highlighted in [blue] within brackets represents dynamic text that will be specific to the plan the email is generated for.

Subject:	HIPAA Opt-Out Election to Expire Soon
Organization Name:	[Organization XXX]
Plan Name:	[<mark>Plan XXX</mark>]
Current HIPAA Opt Out Provisions:	[<mark>XXX</mark>]
	[<mark>XXX</mark>]
	[<mark>XXX</mark>]
	[<mark>XXX</mark>]
Opt-Out Expiration Date:	[<mark>MM/DD/YYYY</mark>]

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

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

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

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

Thank you. **Exchange Operation Support Center**

5 Troubleshooting and FAQ

5.1 FAQ

Table 1: Frequently Asked Questions

Questions	Answers
I forgot my password. What do I do?	Select the 'Forgot Password' link on the CMS Enterprise Portal.
I do not see the module access link for the application I would like access. What do I do?	To view the modules and roles the user currently has access to, you must select the Role Management link in the HIOS Portal home page. Once in the Role Management page, the user will see the View Existing Role and Request Role tabs. The View Existing Role tab will be the home page of this module. This tab displays all the modules the user has access to and the roles within each module. Select the role request tab and request for access.
	Once the role is approved, you should be able to see the module access link.
I received an error stating that I am locked out of my account. What should I do?	Contact the Marketplace Service Desk (MSD). See the contact information below in 5.2.

5.2 Contact/Support Details

For additional assistance, please call the Marketplace Service Desk (MSD) at 1-855-CMS-1515 or email CMS FEPS@CMS.HHS.gov.

5.3 Terminology

Table 2: System Terminology

Term	Definition
CMS	Centers for Medicare & Medicaid Services
EIDM	Enterprise Identity Management
HIOS	Health Insurance Oversight System
Non-Fed	Non-Federal Governmental Plan or Non-Fed Module
ACA	Affordable Care Act
HHS	Department of Health and Human Services
UI	User Interface
MSD	Marketplace Service Desk
НІРАА	Health Insurance Portability and Accountability Act