

**Health Insurance Oversight System**  
**Non-Federal Governmental Plans**  
**User Manual**



Version 03.00.00

August 2018

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## Non-Fed User Manual Change History

### August 2018 Revisions

The following updates have been made:

- Updated the following Screen Captures:
  - Figure 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.
  - 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 opt-out election on behalf of the organization for the first time OR if the Submitter is renewing and opting out of different HIPAA provisions from their previous plan year.
- **Renewal HIPAA Opt Out Election:** This is for Submitter users who are renewing the election on behalf of the organization and opting out of the same HIPAA provisions as the previous plan year.

### 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.

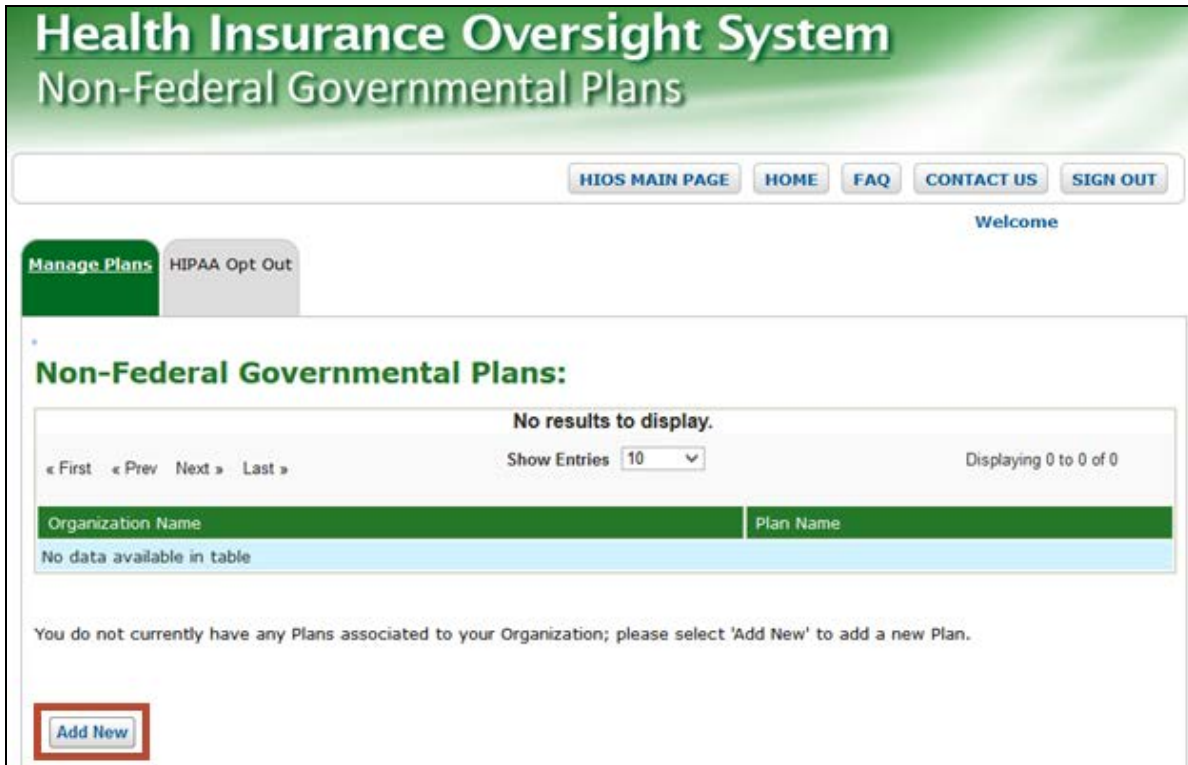
Figure 1: Non-Fed Home Page



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



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.

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.

**Figure 4: Add New Plan Page – No Plans**

**Health Insurance Oversight System**  
Non-Federal Governmental Plans

[HIOS MAIN PAGE](#)
[HOME](#)
[FAQ](#)
[CONTACT US](#)
[SIGN OUT](#)

Welcome

[Manage Plans](#)
[HIPAA Opt Out](#)

**Add New Plan:**

In order to create a new plan for the selected organization, please provide the Plan Name below.  
 (\*) Indicates a required field

Organization Name	Federal EIN/TIN	Plan Type
Organization ABC	001122334	Self Funded

No results to display.

Plan Name

\*Enter Plan Name:

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

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

**Figure 5: Add New Plan Page – Existing Plans**

**Health Insurance Oversight System**  
Non-Federal Governmental Plans

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

**Manage Plans** HIPAA Opt Out

**Add New Plan:**

In order to create a new plan for the selected organization, please provide the Plan Name below.  
(\*) Indicates a required field

Organization Name	Federal EIN/TIN	Plan Type
Organization ABC	001122334	Self Funded

« First « Prev 1 Next » Last » Show Entries 10 Showing 1 to 1 of 1 entries

Plan Name
Plan A

\*Enter Plan Name:

Back Submit

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

**Health Insurance Oversight System**  
Non-Federal Governmental Plans

Thursday, August 09, 2018

[HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Manage Plans | **HIPAA Opt Out**

### Announcements

Welcome to the Non-Federal Governmental Plans module. This module allows all Non-Federal Governmental plans to register in the Health Insurance Oversight System (HIOS), and allows self-funded Non-Federal Governmental plans to submit Health Insurance Portability and Accountability Act (HIPAA) Opt-Out elections electronically. Please select the links to the FAQs and Regulations for more information about the electronic submission process for the HIPAA opt-out elections and refer to the User Manual for detailed instructions about the submission process. For additional guidance pertaining to Non-Federal Governmental plans, please also visit the web page for [Self-Funded Non-Federal Governmental Plans](#) on CMS.gov. The list of Non-Federal Governmental Plans with current HIPAA Opt-Out elections, which is updated periodically, may also be found [here](#).

**External Review Election (ERE) Module**

Additionally, all self-funded Non-Federal Governmental plans are required to elect a method of external review for appeals. Plans not subject to a State external review process must follow the Federal external review process, and may elect the federally-administered external review process or the private accredited Independent Review Organization process. Non-Federal governmental plans subject to a State's external review process should comply with the State's statutory and/or regulatory requirements. Self-funded Non-Federal Governmental plans are encouraged to make their external review elections in HIOS via the ERE module. Access to this module may be obtained after registering in HIOS. Please see the [CMS website](#) for more information. Also see instructions for electing a Federal external review process through HIOS on the CMS Website:

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/HHS-SRG-on-HIOS-elections-Final.pdf>

For general questions about Non-Federal Governmental plans, please send an email to [NonFed@cms.hhs.gov](mailto:NonFed@cms.hhs.gov). For questions about HIPAA opt-outs, please send an email to [HIPAAOptOut@cms.hhs.gov](mailto:HIPAAOptOut@cms.hhs.gov). For questions related to HIOS or technical issues, please send an email to the Marketplace Service Desk (MSD) at [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov).

**Welcome**

#### Related Links

- [CCIIO Website](#)
- [FAQ](#)
- [User Manual \[opens in .pdf format 6.38 MB\]](#)
- [Regulations](#)

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

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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

The screenshot shows the HIOS Non-Federal Governmental Plans interface. At the top, there is a green header with the text "Health Insurance Oversight System" and "Non-Federal Governmental Plans". Below the header is a navigation bar with buttons for "HIOS MAIN PAGE", "HOME", "FAQ", "CONTACT US", and "SIGN OUT". A "Welcome" message is displayed on the right side of the navigation bar. On the left side, there is a "Manage Plans" tab and a "HIPAA Opt Out" tab. The main content area is titled "HIPAA Opt Out" and includes a note: "(\*) Indicates a required field". Below this, there are two required fields: "\*Select an Organization:" with a dropdown menu showing "Organization ABC" and "\*Select a Plan:" with a dropdown menu showing "Plan A". A "Submit" button is located at the bottom left of the form.

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

The screenshot shows the HIOS Non-Federal Governmental Plans interface, similar to Figure 8. The navigation bar and tabs are the same. The main content area is titled "HIPAA Opt Out" and displays the following information: "Organization Name: Organization ABC" and "Plan Name: Plan A". Below this, there is a paragraph of text: "First, select the type of opt-out election you will submit by choosing either 'New Election' or 'Renew Election' below. Select 'New Election' if this is the first time you are submitting an opt-out election OR if you are renewing and opting out of different HIPAA provisions from your previous plan year. Select 'Renew Election' if you are renewing and opting out of the same HIPAA provisions." At the bottom left, there is a "Back" button. At the bottom right, there are two buttons: "Renew Election" and "New Election".



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.

Figure 10: HIPAA Opt Out – Main Election Page – Existing Data

## Health Insurance Oversight System

### Non-Federal Governmental Plans

[HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome

Manage Plans
HIPAA Opt Out

### HIPAA Opt Out

**Organization Name:** Organization ABC  
**Plan Name:** Plan B

First, select the type of opt-out election you will submit by choosing either "New Election" or "Renew Election" below. Select "New Election" if this is the first time you are submitting an opt-out election OR if you are renewing and opting out of different HIPAA provisions from your previous plan year. Select "Renew Election" if you are renewing and opting out of the same HIPAA provisions.

**Plan Effective Date:** 01/01/2015  
**Plan Expiration Date:** 12/31/2015

Plan is governed by a Collective Bargaining Agreement

**CBA Plan Name(s):**

HIPAA Opt Out Provisions

Standards relating to benefits for mothers and newborns;

Parity in the application of certain limits to mental health benefits;

Required coverage for reconstructive surgery following mastectomies; and

Coverage of dependent students on a medically necessary leave of absence.

**Plan Administrator Information**

First Name: Will  
 Middle Name:  
 Last Name: Parkerson  
 Address is same as the Sponsor's  
 Address Line 1: 123 Test Street  
 Address Line 2:  
 City: Reston  
 State: VA  
 Zip Code: 20191  
 Zip Ext:

**Election Point of Contact (POC)**

Information of the person CMS may contact regarding the election.

First Name: Other  
 Middle Name:  
 Last Name: Person  
 Email Address:  
 Phone: 893-353-3535 Phone Ext:  
 (Format: 123-456-7890)

**Notification to Enrollees:**

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.

Figure 11: HIPAA Opt Out – New Election Data Input Page

### HIPAA Opt Out

**Organization Name:** Organization ABC  
**Plan Name:** Plan A

(\* ) Indicates a required field

**\*Plan Effective Date:** (MM/DD/YYYY)   
**\*Plan Expiration Date:** (MM/DD/YYYY)

**Plan is governed by a Collective Bargaining Agreement**

Please indicate which HIPAA Opt Out Provision(s) the Plan will be opting out of below. Users are required to select at least 1 provision before proceeding.

**\*HIPAA Opt Out Provisions**

Standards relating to benefits for mothers and newborns;

Parity in the application of certain limits to mental health benefits;

Required coverage for reconstructive surgery following mastectomies; and

Coverage of dependent students on a medically necessary leave of absence.

**Plan Administrator information**

**\*First Name:**   
**Middle Name:**   
**\*Last Name:**

**Address is same as the Sponsor's**

**\*Address Line 1:**   
**Address Line 2:**   
**\*City:**   
**\*State:**   
**\*Zip:**   
**Zip Plus 4:**

**Election Point of Contact (POC)**

Information of the person CMS may contact regarding the election.

**\*First Name:**   
**Middle Name:**   
**\*Last Name:**   
**Email Address:**   
**\*Phone:**  **Phone Ext:**

(Format-123-456-7890)

**Notification to Enrollees:**

Please select the 'Browse' button below to select a file (PDF or Word). After selecting a file select 'Continue' to start the submission.

No file selected.

**\*Agree to send Notification to Enrollees.**  
**The continue button will not be accessible until this selection has been made.**

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

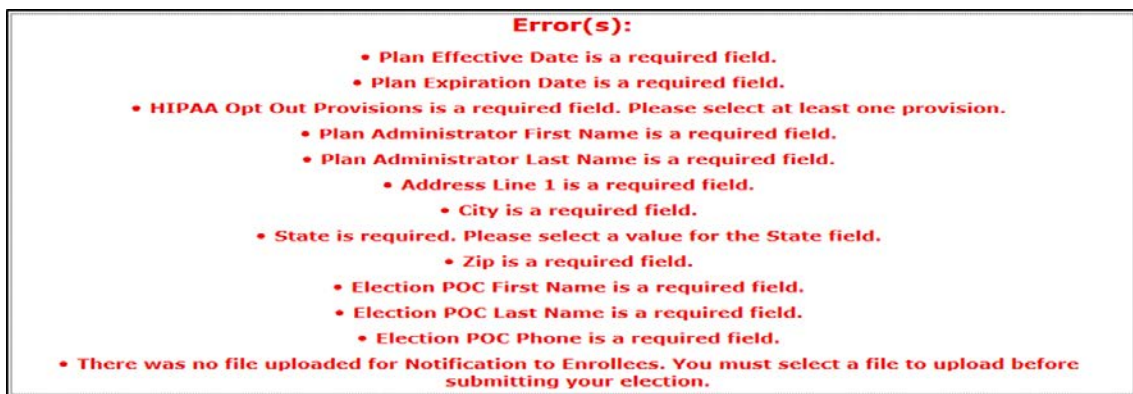
- Plan Effective Date
  - The beginning of the plan’s benefit year, or in the case of a Collective Bargaining Agreement, the beginning of the first plan year subject to the agreement.
- Plan Expiration Date
  - The end of the plan’s benefit year or end of the last plan year subject to the Collective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

- Plan is governed by a Collective Bargaining Agreement (CBA)
  - This checkbox is required when the period of election is longer than 1 year.
- CBA Plan Name(s)
  - This field lists all plans covered by the Collective Bargaining Agreement and is required if the CBA checkbox field is selected.
- Select the appropriate HIPAA Opt Out Provisions
- Plan Administrator Information section
  - First Name, Last Name, Address, City, State, and Zip are required fields.
- Election Point of Contact (POC) section
  - First Name, Last Name, and Phone Number are required fields.
- Upload Notification to Enrollees document
  - 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**



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.

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

**HIPAA Opt Out**

**Organization Name:** Organization ABC  
**Plan Name:** Plan A

(\* ) Indicates a required field

**\*Plan Effective Date:** (MM/DD/YYYY) 01/01/2015  
**\*Plan Expiration Date:** (MM/DD/YYYY) 12/31/2018

**Plan is governed by a Collective Bargaining Agreement**  
 Enter all Plan Names that are part of CBA. Plan Names must be separated by comma(.). Maximum limit is 2000 characters.

**CBA Plan Name(s):** Plan A, Plan B, Plan C

Please indicate which HIPAA Opt Out Provision(s) the Plan will be opting out of below. Users are required to select at least 1 provision before proceeding.

\*HIPAA Opt Out Provisions

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

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

**Figure 15: Plan Administrator Address Checkbox**

**Plan Administrator Information**

\*First Name:   
 Middle Name:   
 \*Last Name:

Address is same as the Sponsor's

\*Address Line 1:   
 Address Line 2:   
 \*City:   
 \*State:   
 \*Zip:   
 Zip Plus 4:

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.

Figure 16: HIPAA Opt Out – New Election Confirmation Page

### HIPAA Opt Out

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

**Plan is governed by a Collective Bargaining Agreement**

**CBA Plan Name(s):** Plan A, Plan B, Plan C

---

**HIPAA Opt Out Provisions**

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

**Plan Administrator Information**

First Name: Sample  
 Middle Name:  
 Last Name: Person  
 **Address is same as the Sponsor's**

Address Line 1: 123 Test Street  
 Address Line 2:  
 City: Reston  
 State: VA  
 Zip Code: 20191  
 Zip Ext:

**Election Point of Contact (POC)**

Information of the person CMS may contact regarding the election.

First Name: Other  
 Middle Name:  
 Last Name: Contact  
 Email Address:  
 Phone: 983-353-3535 Phone Ext:  
 (Format: 123-456-7890)

**Notification to Enrollees:**

[Plan A - Notification to Enrollees \[docx, 109.0 KB\]](#)

This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act.

This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan.

**New Opt-Outs:** The notice to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided at the time of enrollment to enrollees who enroll during the plan year. A copy of the notice to plan enrollees is attached.

**Renew Opt-Outs:** The notice to plan enrollees has been, or will be, provided to plan enrollees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election.

**\* Enter your Electronic Signature (Title, First Name and Last name) to submit your Election.**

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.

Figure 17: HIPAA Opt Out – New Election Saved

**Health Insurance Oversight System**  
Non-Federal Governmental Plans

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome

Manage Plans **HIPAA Opt Out**

### HIPAA Opt Out

**Confirmation:**

- Your election was saved successfully.

**Organization Name:** 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**

**CBA Plan Name(s):** Plan A, Plan B, Plan C

HIPAA Opt Out Provisions

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

**Plan Administrator Information**

First Name: Jane  
Middle Name:  
Last Name: Doe  
 Address is same as the Sponsor's  
Address Line 1: 123 Test Street  
Address Line 2:  
City: Reston  
State: VA  
Zip Code: 20191  
Zip Ext:

**Election Point of Contact (POC)**

Information of the person CMS may contact regarding the election.

First Name: John  
Middle Name:  
Last Name: Smith  
Email Address:  
Phone: 935-835-3535 Phone Ext:  
(Format: 123-456-7890)

**Notification to Enrollees:**

[Plan A - Notification to Enrollees \[docx, 109.0 KB\]](#)

Back Edit Election

### 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.

Figure 18: Edit Election Page

### HIPAA Opt Out - Edit

**Organization Name:** Organization ABC  
**Plan Name:** Plan A

(\* Indicates a required field)

**\*Plan Effective Date:**   
 (MM/DD/YYYY)

**\*Plan Expiration Date:**   
 (MM/DD/YYYY)

**Plan is governed by a Collective Bargaining Agreement**

Enter all Plan Names that are part of CBA. Plan Names must be separated by comma(,). Maximum limit is 2000 characters.

**CBA Plan Name(s):**

---

**HIPAA Opt Out Provisions**

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

---

**Plan Administrator information**

**\*First Name:**   
**Middle Name:**   
**\*Last Name:**   
 **Address is same as the Sponsor's**

**\*Address Line 1:**   
**Address Line 2:**   
**\*City:**   
**\*State:**   
**\*Zip:**   
**Zip Plus 4:**

---

**Election Point of Contact (POC)**  
 Information of the person CMS may contact regarding the election.

**\*First Name:**   
**Middle Name:**   
**\*Last Name:**   
**Email Address:**   
**\*Phone:**  **Phone Ext:**   
 (Format-123-456-7890)

---

**Notification to Enrollees:**  
[Plan A - Notification to Enrollees \[docx, 109.0 KB\]](#)

Please select the 'Browse' button below to select a file (PDF or Word). After selecting a file select 'Continue' to start the submission. Uploading a new file will delete the existing Notification to Enrollees document.

No file selected.

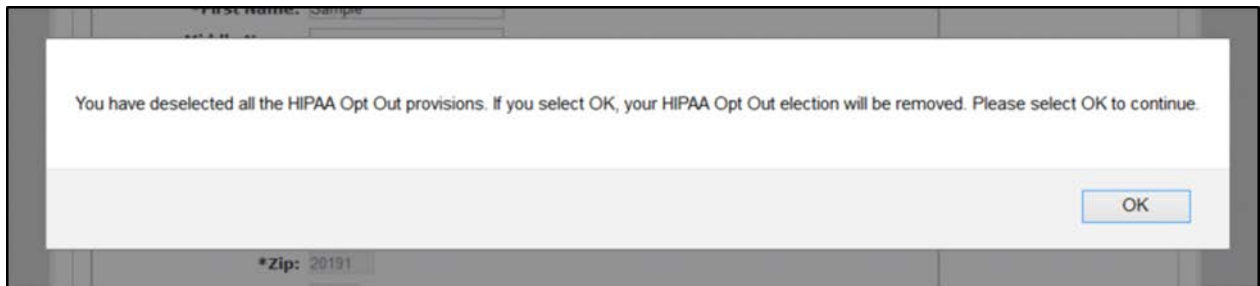


The Submitter user will submit the edited election in the same manner as described in the previous section. After reviewing the information, selecting the appropriate election type, and providing an electronic signature, the Submitter user will select the 'Submit' button to finalize their updates.

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'.

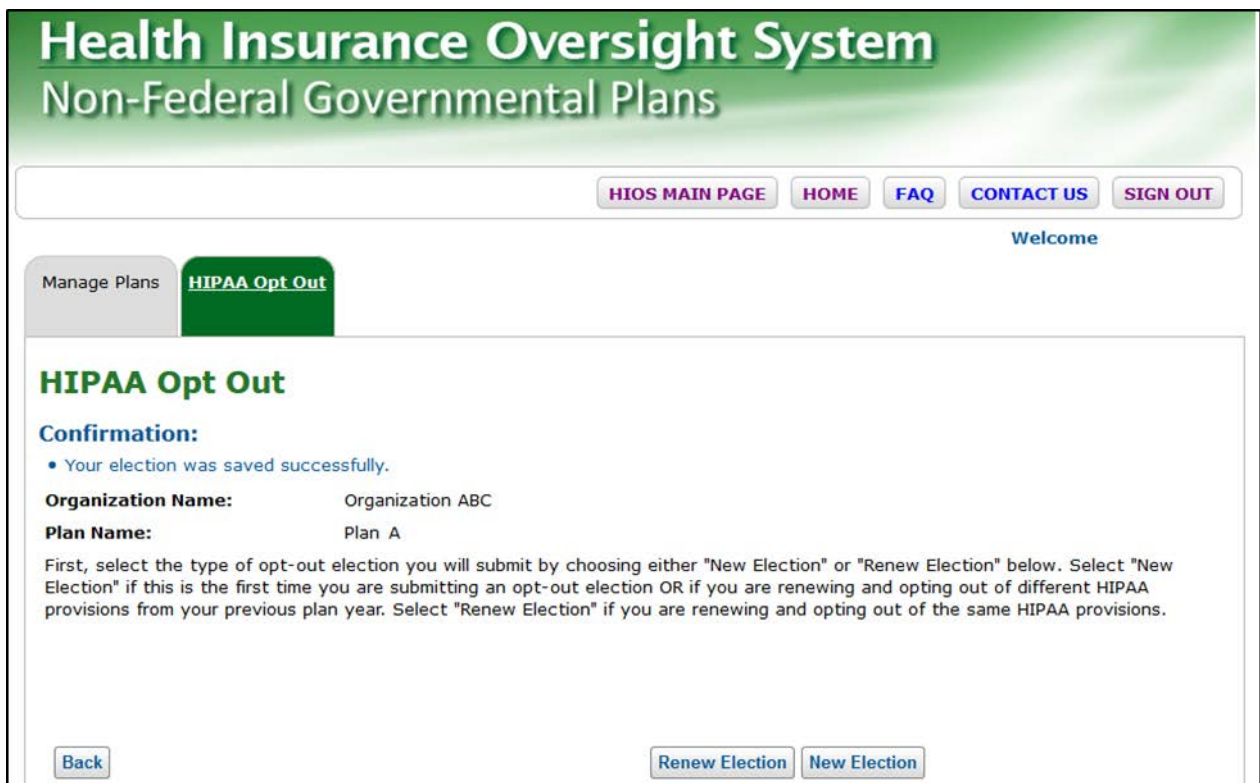
A warning message will be displayed when the Provisions are deselected, as displayed in Figure 19 below.

**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: HIPAA Opt Out – Delete Election Confirmation Page**

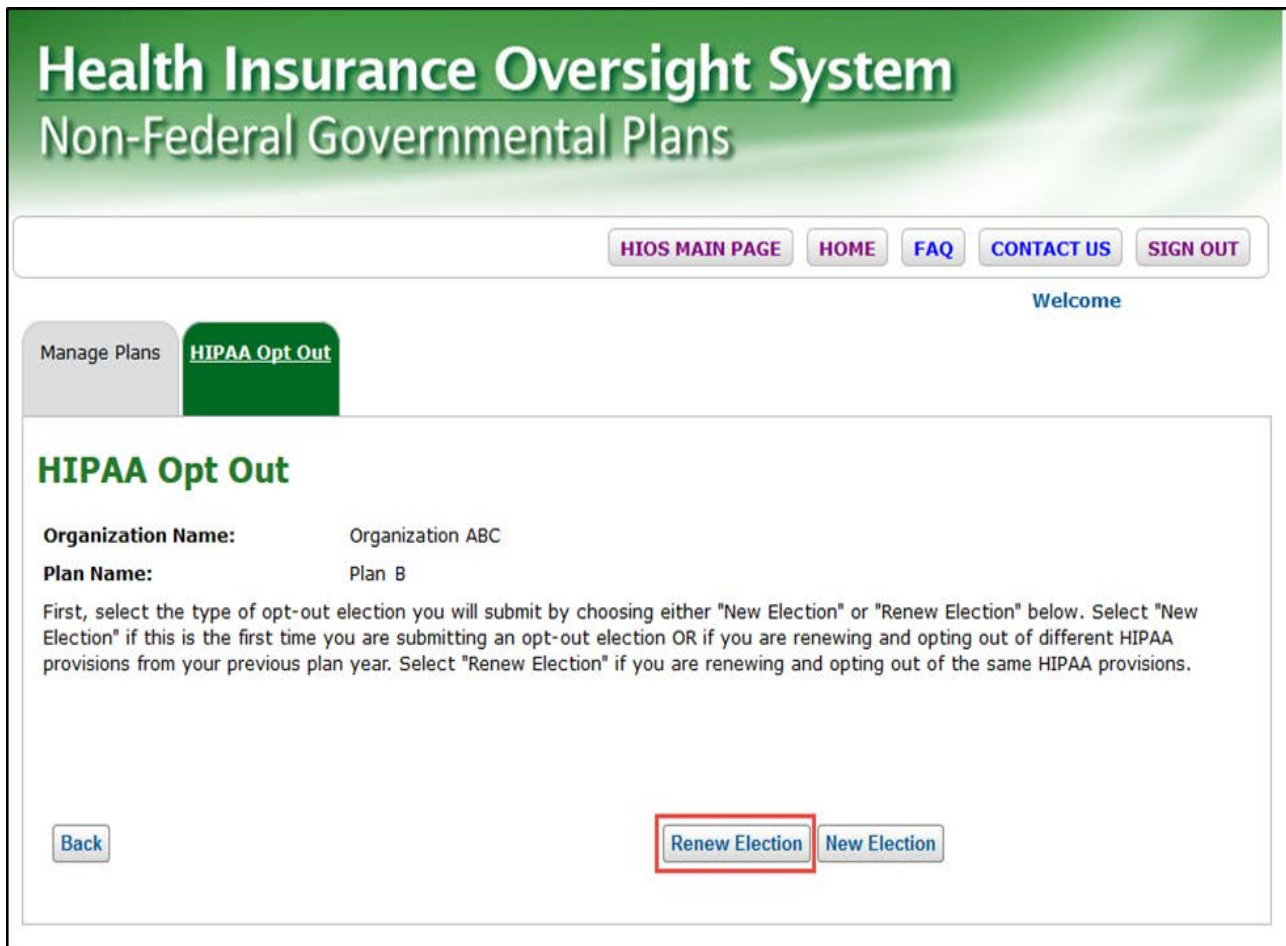


### 4.1.2.3 Renew Election

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.

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

Figure 22: HIPAA Opt Out - Renewal Election Data Input Page

Manage Plans
HIPAA Opt Out

## HIPAA Opt Out

**Organization Name:** Organization ABC  
**Plan Name:** Plan B

(\* Indicates a required field)

**\*Plan Effective Date:**   
 (MM/DD/YYYY)

**\*Plan Expiration Date:**   
 (MM/DD/YYYY)

**Plan is governed by a Collective Bargaining Agreement**

Please indicate which HIPAA Opt Out Provision(s) the Plan will be opting out of below. Users are required to select at least 1 provision before proceeding.

**\*HIPAA Opt Out Provisions**

Standards relating to benefits for mothers and newborns;

Parity in the application of certain limits to mental health benefits;

Required coverage for reconstructive surgery following mastectomies; and

Coverage of dependent students on a medically necessary leave of absence.

**Plan Administrator information**

**\*First Name:**

**Middle Name:**

**\*Last Name:**

Address is same as the Sponsor's

**\*Address Line 1:**

**Address Line 2:**

**\*City:**

**\*State:** VA

**\*Zip:**

**Zip Plus 4:**

**Election Point of Contact (POC)**

Information of the person CMS may contact regarding the election.

**\*First Name:**

**Middle Name:**

**\*Last Name:**

**Email Address:**

**\*Phone:**  **Phone Ext:**

(Format-123-456-7890)

**Notification to Enrollees:**

**\*Agree to send Notification to Enrollees.**  
 The continue button will not be accessible until this selection has been made.

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

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 Collective Bargaining Agreement

**CBA Plan Name(s):**

HIPAA Opt Out Provisions

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

**Plan Administrator Information**

First Name: Jane  
 Middle Name:  
 Last Name: Doe  
 Address is same as the Sponsor's  
 Address Line 1: 123 Test Street  
 Address Line 2:  
 City: Reston  
 State: VA  
 Zip Code: 20191  
 Zip Ext:

**Election Point of Contact (POC)**

Information of the person CMS may contact regarding the election.

First Name: John  
 Middle Name:  
 Last Name: Smith  
 Email Address:  
 Phone: 935-835-3535 Phone Ext:  
 (Format: 123-456-7890)

**Notification to Enrollees:**

This plan is not provided through insurance. The plan sponsor elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the plan from the above selected requirements of title XXVII of the PHS Act.

This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of the plan.

**New Opt-Outs:** The notice to plan enrollees has been provided to enrollees before the first day of the plan year, and is provided at the time of enrollment to enrollees who enroll during the plan year. A copy of the notice to plan enrollees is attached.

**Renew Opt-Outs:** The notice to plan enrollees has been, or will be, provided to plan enrollees at the time of enrollment under the plan, and on an annual basis no later than the last day of each plan year for which there is an election.

\* Enter your Electronic Signature (Title, First Name and Last name) to submit your Election.

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

Figure 24: Election Type Selection Error

**Error(s):**

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

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

**Figure 25: HIPAA Opt Out – Renewal Election Saved**

The screenshot displays a web interface for managing HIPAA Opt Out elections. At the top left, there is a 'Manage Plans' link and a green 'HIPAA Opt Out' button. The main heading is 'HIPAA Opt Out'. Below this, a 'Confirmation:' section states 'Your election was saved successfully.' and lists the following details: Organization Name: Organization ABC, Plan Name: Plan B, Plan Effective Date: 01/01/2015, and Plan Expiration Date: 12/31/2015. There is a checkbox for 'Plan is governed by a Collective Bargaining Agreement' which is currently unchecked. Below this is a text input field for 'CBA Plan Name(s)'. A section titled 'HIPAA Opt Out Provisions' contains four items: 'Standards relating to benefits for mothers and newborns;' (checked), 'Parity in the application of certain limits to mental health benefits;' (unchecked), 'Required coverage for reconstructive surgery following mastectomies; and' (checked), and 'Coverage of dependent students on a medically necessary leave of absence.' (unchecked). The 'Plan Administrator Information' section includes fields for First Name (Jane), Middle Name, Last Name (Doe), and a checked checkbox for 'Address is same as the Sponsor's'. The address fields are: Address Line 1: 123 Test Street, Address Line 2, City: Reston, State: VA, Zip Code: 20191, and Zip Ext. The 'Election Point of Contact (POC)' section provides information for the person CMS may contact, including First Name (John), Middle Name, Last Name (Smith), Email Address, and Phone (935-835-3535 Phone Ext: (Format: 123-456-7890)). At the bottom, there is a 'Notification to Enrollees:' section and two buttons: 'Back' and 'Edit Election'.

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

### 4.1.3 Email Notifications

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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

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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:	[Plan XXX]
HIPAA Opt Out Provisions:	[XXX] [XXX] [XXX] [XXX]
Plan Effective Date:	[MM/DD/YYYY]
Plan Expiration Date:	[MM/DD/YYYY]

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

The election will be reviewed by 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 [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) or by calling 1-855-267-1515 with any questions. For questions about HIPAA Opt Out requirements, please contact [HIPAAOptOut@cms.hhs.gov](mailto:HIPAAOptOut@cms.hhs.gov).

Thank you.  
Exchange Operation Support Center

### 4.1.3.2 HIPAA Opt Out Election Reviewed

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

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

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

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

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

Thank you.  
Exchange Operation Support Center

### 4.1.3.3 Reminder of Expiring Opt Out Election

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HIPAA Opt Out Elections remain valid until the provided Plan Expiration Date. If a HIPAA Opt Out Election is not renewed or replaced with a New Election prior to the provided Plan Expiration Date, the plan will, by law, be deemed to be in compliance with all HIPAA Opt Out Provisions. As such, the system will generate a reminder email notification to be sent to any Submitter users associated to HIPAA Opt Out Elections that are soon to expire. These email notifications will be sent 30 calendar days prior to the provided Plan Expiration Date and will inform users what information is currently captured in the system for their associated plan.



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

Subject: HIPAA Opt-Out Election to Expire Soon

Organization Name: [Organization XXX]  
Plan Name: [Plan XXX]  
Current HIPAA Opt Out Provisions: [XXX]  
[XXX]  
[XXX]  
[XXX]  
Opt-Out Expiration Date: [MM/DD/YYYY]

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

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

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

For additional information, please contact the Operations Support Center (XOSC) at [CMS\\_FEPS@cms.hhs.gov](mailto: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](mailto: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
HIPAA	Health Insurance Portability and Accountability Act