



OVERSIGHT GROUP

Date: February 20, 2015

To: Health Insurance Issuers in Alabama, Missouri, Oklahoma, Texas, and Wyoming

RE: 2015 Form Filing Instructions and Health Insurance Oversight System (HIOS) Technical Assistance

The Centers for Medicare & Medicaid Services (CMS) has the responsibility to enforce provisions of title XXVII of the Public Health Service Act (PHS Act) with respect to health insurance issuers in the group and individual markets when a State informs CMS that it does not have authority to enforce or is not otherwise substantially enforcing one or more of the provisions. Health insurance issuers providing health insurance coverage that is subject to the market reform provisions in the PHS Act in Alabama, Missouri, Oklahoma, Texas, and Wyoming will need to submit form filings to the Center for Consumer Information & Insurance Oversight (CCIIO), in addition to filing with their state Department of Insurance, as may be required.

The following are some Questions & Answers regarding the form filing process that you may find helpful.

I. FORM FILING

1. For which plans must form filings be submitted?

Health insurance issuers in Alabama, Missouri, Oklahoma, Texas, and Wyoming must submit form filings for all plans in both the individual and group markets for which they are applying for Qualified Health Plan (QHP) certification for plan years beginning in 2016, and for any plans in both the individual and group markets for which they are not applying for QHP certification that are new for plan year 2016 or that were changed from prior plan years in a manner that requires re-filing the plans with the State Department of Insurance under applicable state requirements. Student Health and Accident plans are defined as individual market plans, and are subject to these requirements.

2. Where must form filings be submitted?

Completed templates, justifications, and documents should be uploaded into the Health Insurance Oversight System (HIOS) Document Collection Form Filing Module for plans for which you will not be applying for QHP certification and into the HIOS Plan Management and Market Wide Functions Module for plans for which you will be applying for QHP certification.

3. What documents need to be submitted in the HIOS Document Collection Form Filing Module?

Issuers offering plans for QHP certification must submit Plan Management templates and justifications such as the Plans & Benefits Template and Add-In file. Issuers can download these templates from the Center for Consumer Information & Insurance Oversight (CCIIO) website <http://cciio.cms.gov/programs/exchanges/qhp.html>.

Issuers offering plans identified above also must submit the following form filing documents:

- Policy/Group Master Policy forms (one policy form for all plans within a product);
- Certificate/Evidence of Coverage forms (one certificate/evidence of coverage for all plans within a product);
- Schedule of Benefits/Summary of Benefits (one for each plan within a product);
- Riders; Endorsements; Amendments; (one rider; endorsement; amendment for all plans within a product, noting which product(s) the document applies to in your filing letter);
- Summary of Benefits and Coverage (SBC) (for existing products in the individual and small group markets, the SBC for the plan with the highest and lowest enrollment (measured by life years). For new products in the individual and small group markets, the SBC for one representative Silver plan and for the Gold plan with the lowest deductible and highest cost share. For each large group or catastrophic product, SBCs for the plans with the highest deductible and lowest deductible);
- Prescription Drug Template with Justification, if applicable (one Rx template for all plans within a product); and
- Notices of Appeals and External Review Rights.

If you file your plans with variable information (e.g., bracketed language), submit an explanation of variability into the HIOS Document Collection Form Filing Module. If the variable limits are outside of the federally permitted limits for plan year 2016 (for example, the Maximum Out of Pocket in your Benefits Schedule indicates [\$0 - \$20,000]), then a certification that the plan will not exceed the federal limitations for plan years beginning in 2016 must be submitted into the HIOS Document Collection Form Filing Module.

As part of your form filing, please identify for each plan whether you will be applying for QHP certification and identify the coverage level for each plan within a product (i.e., bronze, silver, gold, platinum, or catastrophic), if applicable. If you decide during the CMS review process not to market a product or plan, please notify us by sending an email to FormFiling@cms.hhs.gov and include your issuer name, issuer state, HIOS issuer ID and submission ID of the form filing(s) affected.

Reminders for where to submit filings for plans for which you will be applying for QHP certification:

- You should file all appropriate templates, justifications, and supporting documents as identified in the QHP application instructions. The information provided through the

HIOS Plan Management and Market Wide Functions Module will be considered as part of the QHP application and reviewed by CMS for both compliance with the market reform provisions of the PHS Act and QHP certification processes and requirements.

Reminders for where to submit filings for plans for which you will not be applying for QHP certification:

- You should file all appropriate templates, justifications, and supporting documents as identified below into the HIOS Document Collection Form Filing Module:
 - Plan and Benefits Template,
 - CMS Prescription Drug Template (in Excel format),
 - Results of the Actuarial Value Calculator (screen shot or in Excel format), and
 - If appropriate:
 - Unique Plan Design Supporting Documentation and Justification,
 - Essential Health Benefit Substituted Benefit (Actuarial Equivalent) Justification,
 - Formulary—Inadequate Category/Class Count Supporting Documentation and Justification to the Document Collection Form Filing Module.

General Tips for all Form Filing submissions:

- Each file should be labeled with the appropriate name for identification (e.g., “RxtemplateQHP.xls” or RxJustificationQHP.xls”). The following are examples of how you should complete the Document Type fields:
 - Contract – Group master policy or individual policy form,
 - Contract Amendment – Amendments to the group master policy or individual policies,
 - Policy Forms – Schedule of Benefits/Summary of Benefits,
 - Certificates/Outlines of Coverage – Certificate/Evidence of Coverage,
 - SBC – Summary of Benefits and Coverage,
 - Supplemental Information – Plan and Benefits Template, Explanation of Variability, Certifications, Explanations,
 - Rx Template – Pharmacy Template,
 - AV Calculator – AV Calculator Screenshots,
 - Justification – Unique Plan Design Supporting Documentation and Justification, Essential Health Benefit Substituted Benefit Justification, Formulary – Inadequate Category/Class Count Supporting Documentation and Justification,
 - Policy Riders & Endorsements – Certificate/Evidence of Coverage Benefit Riders or Endorsements, and
 - Notice Requirements – Notice of Appeals and External Review, required federal notices as applicable,
- Please include in the file name for each document submitted if it is being submitted in connection with a plan for which you will be submitting a QHP certification application or not. For example: CertXXX_MO_2016_Silver_QHP or CertXXX_MO_2016_NQ.

4. What's new from last year?

Here are a few new things we want to highlight for you to consider when submitting plan documents into the Document Collection Form Filing Module.

- A Plan and Benefits Template is required to be submitted for any plans for which you are not applying for certification as a Qualified Health Plan. In past years, this requirement was only for plans for which you were applying for QHP certification. The templates should be appropriately labeled for each plan and submitted into the HIOS Document Collection Form Filing Module.
- We have added a feature to the Document Collection Form Filing Module that allows you to indicate the plan year for each submission. When you start your form filing submission, HIOS will ask you to choose a Plan Year. To submit documents to be used in the next plan year, you will choose “2016” in the dropdown menu.

5. How to use HIOS to submit a Form Filing?

The Health Insurance Oversight System (HIOS) is the federal document collection repository for form filing submissions.

1. To begin this process, applicants will need to register for access to the Health Insurance Oversight System (HIOS), request access to the Document Collection Form Filing Module, and choose the user role for their submission. One of the two mutually exclusive user roles must be selected: (1) Submitter, who completes the application and submits the documents, or (2) Certifying Official, who provides certification to select Submitter users with permission to confirm application submissions to CMS for review.
 - a. New HIOS users:
 - i. Register for a CMS EIDM Account:
 1. Navigate to the CMS Enterprise Portal (<https://portal.cms.gov>) and click “New User Registration” on the right side of the page.
 2. Accept the Terms and Conditions.
 3. Enter the required personal information and choose the desired User ID and Password. The User ID uniquely identifies the user to EIDM, and therefore cannot be changed. Based on the information provided, users will be required to answer questions for identity verification. This information is submitted to Experian and unique questions and answers are provided for identity proofing. After completing the registration process, an email acknowledging successful registration to EIDM will be sent, along with the User ID.
 - ii. Register for a HIOS Account:

1. Navigate to the CMS Enterprise Portal (<https://portal.cms.gov>). Click “Login to CMS Secure Portal” and enter your EIDM credentials.
2. Accept the Terms and Conditions.
3. To establish access to HIOS through the CMS Enterprise portal, click “Request Access Now.” From the Access Catalog, click “Request Access” for the HIOS application.
4. From the My Access page, click “Request New System Access” and select “HIOS – HIOS Application” from the System Description dropdown menu and “HIOS Issuer” for the Role. New users will need to click the hyperlink provided on the page to register for HIOS access. Navigate to the HIOS registration page using the URL provided and complete the HIOS user registration process.
5. Once the HIOS user registration request has been reviewed and approved, an email containing the HIOS Authorization Code will be provided. Users will need to enter the HIOS Authorization Code to obtain access to HIOS (see Step 6 below).
6. Repeat steps 3 and 4 in the CMS Enterprise Portal, but do not click the HIOS account request hyperlink this time. On the “Request New System Access” page, enter the HIOS Authorization Code and then click “Submit”. This concludes the EIDM function. For CMS Enterprise Portal login issues, users can call the Exchange Operations Support Center at 1-855-267-1515 or email CMS_FEPS@cms.hhs.gov.
7. Log out of the CMS Enterprise Portal and log back in. Users should see a yellow “HIOS” button on the top left of the dashboard indicating successful access established to HIOS.
8. Click the yellow HIOS button, followed by the “Access HIOS” or the “Access Plan Management and Market Wide Functions” link to access HIOS functionality.

iii. HIOS Organization Registration:

1. Click the “Manage an Organization” button on the HIOS Home Page.
2. From the drop-down list, select “Create new organization”.
3. Select the Organization Type from the drop-down list.
NOTE: There is a hyperlink to a list of organization types and their definitions to help the user decide which organization type to create. Provide a Federal EIN/TIN in order to conduct a search to determine if the organization currently exists in HIOS. If the organization does not have an FEIN, the user can enter the organization name and click “Search”.
- 4a. If an organization does not exist, users will need to register the organization by clicking the “Create Organization” button and proceed to enter the organization’s information.
- 4b. If an organization exists, information will be displayed on the page. Users have the option to click “Add Issuer” and proceed to the “Register New Issuer” page. Complete the form with the Issuer’s information and click the “Save and Add Another Issuer” button. Click “Submit” and a New Issuer Confirmation page will display.

5. Users receive an email notification once the registration request has been reviewed and approved.

b. Existing HIOS Users

- i. **HIOS Role Management**: Once the organization has been successfully registered, users can request a role(s) for the HIOS module(s).
 1. Click the “Role Management” button on the HIOS Home Page.
 2. Click the “Request Role” tab and select the desired Module, Requested Role, User Type, and User Sub-Type. Click “Continue” to proceed.
 3. Enter the Organization identifier (Organization Name, FEIN, Issuer ID, or State) and click “Search”. Click the “Review/Continue” button and proceed to submit the role request.
 4. Users receive an email notification once the role request has been reviewed and approved.
NOTE: To see user role(s) and access permissions, click the “View Existing Role” tab.

A copy of the HIOS Document Collection Form Filing Module Technical Guide is available for download once you access the Document Collection Form Filing Module in HIOS. If you have any questions regarding accessing HIOS, please contact the help desk at CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515.

2. Operationally, the HIOS Document Collection Form Filing module only allows issuers to add products in the Large Group market; it prohibits issuers from adding products in the Individual/Small Group markets (an error message is displayed to the user). Users should continue adding Individual and Small Group market products within the HIOS Plan Finder Product Data Collection Module.
 - a. From the HIOS Portal, select HIOS Plan Finder Product Data Collection Module button.
 - b. Select the View Issuer Submitted Data tab.
 - c. Select the Product Offering Report link.
 - d. To create a new product, select the Add New Product link to get a blank product entry window. A new Product ID will be automatically generated once the user selects Submit.

6. When is the Form Filing Submission Due?

- April 15, 2015: Form filing window opens
- May 15, 2015: Deadline for filing forms for all plans, except in the Large Group and Student Health markets
- 60 days prior to Marketing: Deadline for filing forms for Large Group and Student Health markets

7. Is CCIIO offering additional opportunities to ask questions on Form Filing?

CMS will host a free webinar to provide users with an opportunity to ask CMS questions pertaining to filing forms with CMS for review. No registration is required, but availability will be on a first-come, first-served basis, for up to 100 participants. We encourage issuers with more than two participants to share a call-in line and webinar screen. Users can submit questions in advance of the training to FormFiling@cms.hhs.gov.

Q&A Webinar:

Thursday, March 26, 2015, from 3:00 PM to 4:00 PM Eastern Time

Webinar: <https://webinar.cms.hhs.gov/r4jevki557i/>

Conference Call Number: 1-877-267-1577

Dial Meeting ID: 993 705 511

Meeting Password: none required

II. RATE FILING

1. For which plans must rate filings be submitted?

Health insurance issuers in Alabama, Missouri, Oklahoma, Texas, and Wyoming are required to submit rate filings for review for compliance with the market reform rules under the PHS Act, including rating rules and the single risk pool requirement for new or renewal rates effective on or after January 1, 2016 for all non-grandfathered plans in either the individual or small group markets.

2. What documents need to be submitted?

Issuers of non-grandfathered plans subject to the single risk pool requirement must submit rate filings into the HIOS Unified Rate Review (URR) Module using the Part I – Unified Rate Review template, the Part II – Consumer Justification Narrative (required for rate increases of 10% or more), and the Part III – Actuarial Memorandum.

Issuers of non-grandfathered plans not subject to the single risk pool requirement (transitional plans and student health plans) must submit rate filings for rate increases of 10% or more into the HIOS Rate Review Justification (RRJ) Module using the Part I – Rate increase summary template, the Part II – Consumer Justification Narrative, and the Part III – Actuarial Memorandum.

Issuers of non-grandfathered student health plans not subject to the single risk pool requirement must also submit rate filings for rate increases of less than 10% into the HIOS Document Collection Form Filing Module using the Part I – Rate increase summary template and the Part III – Actuarial Memorandum.

3. When do required documents need to be submitted?

The rate filing documents for non-grandfathered plans subject to the single risk pool requirement must be submitted into the HIOS URR Module beginning on April 15, 2015 but no later than the

deadline specified in CMS's 2016 Letter to Issuers in the Federally-facilitated Marketplaces. For quarterly rate update submissions in the small group market, the deadline is 60 days prior to the effective date of the quarterly change unless the single risk pool includes a QHP. If the single risk pool includes a QHP, the deadline is December 15th for 2nd Quarter, March 15th for 3rd Quarter, and June 15th for 4th Quarter.

The rate filing documents for non-grandfathered plans not subject to the single risk pool requirement (transitional plans and student health plans) for rate increases of 10% or more must be submitted into the HIOS RRJ Module as soon as possible but no later than 60 days prior to the effective date of the rate change.

The rate filing documents for non-grandfathered student health plans not subject to the single risk pool requirement for rate increases of less than 10% must be submitted into the HIOS Document Collection Form Filing Module as soon as possible but no later than 60 days prior to the effective date of the rate change.

CMS publishes new rates/premiums on our websites 45 days prior to the effective date of the change.

For questions regarding submission of rate filing documents, please contact the rate review team by email at RateReview@cms.hhs.gov.