



HIOS Document Collection – Form Filing Module Issuer Training



*FFM Issuer Training
April 2013*

Agenda

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

Form Filing Module

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

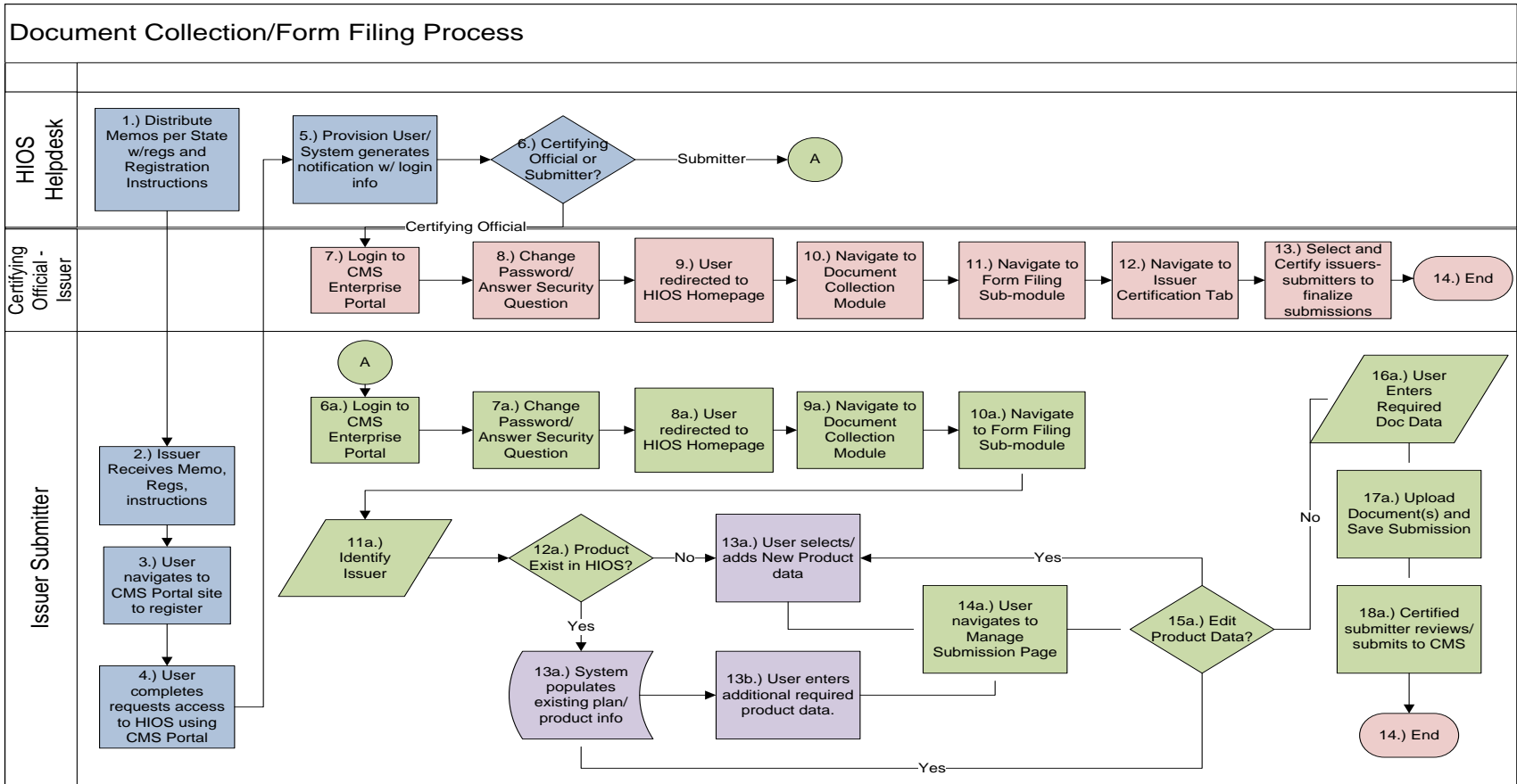
Health Insurance Oversight System (HIOS Overview)

HIOS Overview

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

Form Filing Process Flow

Initial Login



User Registration Overview

Registration Overview

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

Accessing HIOS through the CMS Enterprise Portal

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

Accessing HIOS through the CMS Enterprise Portal

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

Existing HIOS Users

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

EIDM Login for Existing HIOS Users

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

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

Home | About CMS | Newsroom | Archive | Help & FAQs | Email | Print

Learn about [your healthcare options](#)

Health Care Quality Improvement System | Provider Resources

CMS Portal > Welcome to CMS Portal

Welcome to CMS Enterprise Portal

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

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

CMS Provides Health Coverage for 100 Million People...

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

CMS Secure Portal

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

If you are unable to log into the CMS Portal using your CMS user account, please contact the CMS helpdesk at 1-800-562-1969.

[Login to CMS Secure Portal](#)

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

CMS News

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

New Users

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

EIDM Account Registration for New Users

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

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

Home | About CMS | Newsroom | Archive | Help & FAQs | Email | Print

Learn about [your healthcare options](#)

Health Care Quality Improvement System | Provider Resources

Welcome to CMS Enterprise Portal

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

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

CMS Secure Portal

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

If you are unable to log into the CMS Portal using your CMS user account, please contact the CMS helpdesk at 1-800-562-1963.

[Login to CMS Secure Portal](#)

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

CMS Provides Health Coverage for 100 Million People...

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

[Information for people with Medicare, Medicare open enrollment, and benefits.](#)

[Information for children up to the age of 19 in need of health care coverage.](#)

[Information to take health care into your own hands, explore insurance coverage options.](#)

CMS News

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

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

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

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Accessing HIOS in the Enterprise Portal

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

The screenshot displays the CMS Enterprise Portal interface. At the top, there is a navigation bar with links for 'Portal Help & FAQs', 'Print', 'Log Out', and 'Welcome'. Below this, the CMS.gov logo and 'Enterprise Portal' text are visible. Two tabs, 'My Portal' and 'HIOS', are shown, with 'HIOS' circled in blue. The main content area features a 'Medicaid and CHIP' banner for 'MACPro', a 'CMS News' sidebar with several news items, and a footer with the text 'CMS Provides Health Coverage for 100 Million People...' and a 'Medicare.gov' logo.

Portal Help & FAQs Print Log Out Welcome

CMS.gov Enterprise Portal

My Portal HIOS

CMS Portal > My Portal

Medicaid and CHIP

MACPro

Medicaid & CHIP Program System

Streamlining all Medicaid and CHIP Program level interactions with our state partners.

CMS Enterprise Portal Medicaid/CHIP Medicare Shared Savings Program

CMS News

- [States Moving Forward to Implement Health Reform](#)
- [Easier electronic funds transfers mean more time with patients and cost savings](#)
- [Healthcare Professionals Selected as Innovation Advisors will Improve Care](#)
- [10,000 People with Medicare Can Get Most Care at Home with Demonstration](#)
- [32 Health Systems Ready to Improve Care. Saving up to \\$1.1 Billion](#)

[View More News & Events](#)

CMS Provides Health Coverage for 100 Million People...

Medicare.gov [Information for people with Medicare. Medicare open enrollment, and benefits.](#)

Accessing HIOS in the Enterprise Portal

The screenshot shows the CMS Enterprise Portal with the following elements:

- Page Title:** Health Insurance Oversight System (HIOS)
- Welcome:** Lorem ipsum dolor sit amet, isque commune perfecto ex usu. Vel integre sanctus ad. Est graece euismod ea, sit unum autem sententiae ei. Vim te aequae viderer repudiare. Nec ea denique intellegebat. In mea sint clita everti. An dicant primis postulant sea. Eruditi ponderum democram vis ei, te modo graeco accusata vis. Iuvarer corpora expetendis id cum, dolor eripuit vituperata ius eu, dicam periculis repudiare nam ea. Vim in fugit labitur recusabo, eos cu wisi feugait assueverit.
- Health Insurance Oversight System (HIOS):** Lorem ipsum dolor sit amet, isque commune perfecto ex usu. Vel integre sanctus ad. Est graece euismod ea, sit unum autem sententiae ei. Vim te aequae viderer repudiare. Nec ea denique intellegebat.
- Access HIOS:** A link circled in red, pointing to the detailed HIOS interface.
- Plan Management and Market Wide Functions:** Lorem ipsum dolor sit amet, isque commune perfecto ex usu. Vel integre sanctus ad. Est graece euismod ea, sit unum autem sententiae ei. Vim te aequae viderer repudiare. Nec ea denique intellegebat.
- Access Plan Management & Market Wide Functions:** A link to the plan management functions.

The detailed HIOS interface (shown in a separate window) includes:

- Organization Management & Administrative Functions:**
 - Manage Account
 - Register an Organization
 - Role Management
- HIOS Functions:**
 - Health Plan and Other Entity Enumeration System
- Announcements:** HIOS Home Page

HIOS Main Page – Role Management

Health Insurance Oversight System

HOME FAQ CONTACT US SIGN OUT

Welcome

Organization Management & Administrative Functions:

- Manage Account
- Register an Organization
- Role Management**

HIOS Home Page

Announcements

HIOS Main Page – Request Role

Health Insurance Oversight System

Wednesday, March 20, 2013

[HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Brooks Wildasin

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

Request Role

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

Module:

Requested Role:

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



HIOS Main Page – Request Role

Health Insurance Oversight System

Wednesday, March 20, 2013

[HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Brooks Wildasin

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

Request Role

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

Module:

Requested Role:

Issuer Submitter
Certifying Official
State User

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



Accessing Form Filing

CMS Security Message

The screenshot shows the HIOS homepage with a security warning dialog box. The dialog box contains the following text:

Message from webpage

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

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

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

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

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

OK Cancel

The background page shows the HIOS Home Page with navigation links for Organization Management & Administrative Functions (Manage Account, Register an Organization, Role Management) and HIOS Functions (Document Collection Module). It also includes a date (Tuesday, March 19, 2013), a user welcome message (Welcome Juliana Berde), and a section for Announcements regarding EHB benchmark plan information submission.



HIOS Home Page

Health Insurance Oversight System

Tuesday, March 19, 2013

[HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Juliana Berde

HIOS Home Page

Organization Management & Administrative Functions:

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

HIOS Functions:

- [Document Collection Module](#)

Announcements

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

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

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

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

Please email FFE_questions@lmi.org with any questions.

Announcements

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

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

Please email FFE_questions@lmi.org with any questions.

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



Document Collection Module Home Page

Health Insurance Oversight System

Tuesday, March 19, 2013

[HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Juliana Berde

Document Collection Module

Form Filing Module

Announcements

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

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

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

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

Certifying Official (Issuer)

Issuer Submitter Certification

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

Tuesday, March 19, 2013

[HIOS MAIN PAGE](#)

[HOME](#)

[FAQ](#)

[CONTACT US](#)

[SIGN OUT](#)

Welcome Juliana Berde

Issuer Submitter
Certification

Announcements

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

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

Related Links

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

[Accessibility](#)

[Rules of Behavior](#)

[Web Policies](#)

[File Formats and Plug-Ins](#)

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

Issuer Submitter Certification - Action

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, May 29, 2012

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

Welcome Brooks Wildasin

Issuer Submitter Certification

Issuer Submitter Certification

Issuer/State/Issuer ID:

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

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

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

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

Issuer Submitter Certification - Action

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, March 19, 2013

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

Welcome Juliana CEO Attester

Issuer Submitter Certification

Issuer Submitter Certification

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


Issuer:

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

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

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

[Save](#)



Issuer Submitter Certification - Action

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, March 19, 2013

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

Welcome Juliana CEO Attester

Issuer Submitter Certification

Issuer Submitter Certification

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

Issuer: American Alternative Insurance Corp - VA - 10701

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

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

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

[Save](#)

Issuer Submitter

Issuer Submitter Landing Page

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

Tuesday, March 19, 2013

[HIOS MAIN PAGE](#)

[HOME](#)

[FAQ](#)

[CONTACT US](#)

[SIGN OUT](#)

Welcome Juliana Berde

Create
Submission

Manage
Submission

Review and Confirm
Submission

Submission Status
Report

Announcements

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

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

Related Links

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

[Accessibility](#)

[Rules of Behavior](#)

[Web Policies](#)

[File Formats and Plug-Ins](#)

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



Create Submission – Existing HIOS Product

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Friday, March 15, 2013

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

Welcome Juliana Berde

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

Create Submission

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

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

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

Add Issuer/Product Data

***Issuer:**

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

***Market Type:**

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

***Product Origination Date:**

Add New Product

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

***HIOS Product Name:**

Association Type:

Grandfather Status:

Open/Closed Status:

Covers Whole State:

SERFF Number:

Product Effective Start Date:

Product Effective End Date:

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



Create Submission – Existing HIOS Product

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

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

Welcome Juliana Berde

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

Create Submission

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

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

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

Add Issuer/Product Data

***Issuer:** FEDERATED MUTUAL INSURANCE COMPANY - NC - 11029

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

***Market Type:** Individual

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

***Product Origination Date:** 03/22/2013

Add New Product

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

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

***HIOS Product Name:** IFP HMO - HMO - 11029NC007

Association Type: Non-Association

Grandfather Status: Non-GrandFathered

Open/Closed Status: Open

Covers Whole State: No

SERFF Number: N/A

Product Effective Start Date: 02/13/2013

Product Effective End Date: N/A

[Add Product](#)

[Create Submission](#)

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

Create Submission – Existing HIOS Product

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

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

Welcome Juliana Berde

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

Create Submission

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

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

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

Add Issuer/Product Data

***Issuer:** FEDERATED MUTUAL INSURANCE COMPANY - NC - 11029

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

***Market Type:** Individual

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

***Product Origination Date:** 03/22/2013

Add New Product

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

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

***HIOS Product Name:** No remaining products to add to the submission

Association Type:

Grandfather Status:

Open/Closed Status:

Covers Whole State:

SERFF Number:

Product Effective Start Date:

Product Effective End Date:

Submission HIOS Products

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

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

U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201



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

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

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

Welcome Juliana Berde

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

Manage Submission

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

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

***Issuer:** FEDERATED MUTUAL INSURANCE COMPANY - NC - 11029
***Product:** IFP HMO - Individual - HMO - 11029NC007

[View Data](#)

Submission Data

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

Add New Document

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

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

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

***Document Type:**

***Document ID:**

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

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

***Document to Upload:**

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

Submission Documents

[Show All Versions](#)

Added Documents

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

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

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

U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201



Create Submission – New FFM Product

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Monday, March 18, 2013 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Juliana Berde

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

Create Submission

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

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

All required fields are indicated by an asterisk "**

Add Issuer/Product Data

***Issuer:**

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

***Product Name:**

***Market Type:**

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

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

***Association Type:**

***Open/Closed Status:**

***Covers Whole State:**

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

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

***Product Effective Start Date:**

Product Effective End Date:

***Product Origination Date:**

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



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

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

Create Submission

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

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

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

Add Issuer/Product Data

***Issuer:**

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

***Product Name:**

***Market Type:**

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

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

***Association Type:**

***Open/Closed Status:**

***Covers Whole State:**

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

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

***Product Effective Start Date:**

Product Effective End Date:

***Product Origination Date:**

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

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, March 19, 2013

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

Welcome Juliana Berde

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

Create Submission

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

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

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

Add Issuer/Product Data

***Issuer:**

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

***Product Name:**

***Market Type:**

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

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

***Association Type:**

***Open/Closed Status:**

***Covers Whole State:**

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

***Other Filing Tracking Type Desc:**

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

***Product Effective Start Date:**

Product Effective End Date:

***Product Origination Date:**

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

U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201



Manage Submission – New FFM Product

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

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

Welcome Juliana Berde

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

Manage Submission

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

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

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

[View Data](#)

Submission Data

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

Add New Document

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

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

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

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

***Document to Upload:**

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

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

Submission Documents

[+ Show All Versions](#)

Added Documents

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

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

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

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

Manage Submission

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

Friday, March 15, 2013

[HIOS MAIN PAGE](#)

[HOME](#)

[FAQ](#)

[CONTACT US](#)

[SIGN OUT](#)

Welcome Juliana Berde

[Create Submission](#)

[Manage Submission](#)

[Review and Confirm Submission](#)

[Submission Status Report](#)

Manage Submission

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

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

***Issuer:**

***Product:**

[View Data](#)

[Accessibility](#)

[Rules of Behavior](#)

[Web Policies](#)

[File Formats and Plug-Ins](#)

Manage Submission – Add Document

Welcome Brooks Williams

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

Manage Submission

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

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

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

[View Data](#)

Submission Data

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

Add New Document

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

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

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

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

* **Document to Upload:**

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

[Browse...](#)

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

Submission Documents

[Show All Versions](#)

Added Documents

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

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

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

Accessibility | Rules of Behavior | Web Policies | File Formats and Plug-Ins

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



Manage Submission – Add Document

Submission Data

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

Add New Document

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

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

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

***Document Type:**

***Document ID:**

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

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

***Document to Upload:**

Please select the "Browse..." button to select a file (.doc, .tiff, .jpg) to be added to a submission. File size cannot exceed 30MB. After selecting the "Browse..." button to append the file to the submission.

Select a Document Type

- Select a Document Type
- Contract
- Contract Amendment
- Policy Forms
- Certificates/Outlines of Coverage
- Policy Riders & Endorsements
- Waivers or Opt Out Provisions
- Marketing Materials
- Applications
- Notice Requirements
- Amendment Notifications

Manage Submission – Add Document

Add New Document

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

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

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

*Document Type:	<input type="text" value="Contract"/>
*Document ID:	<input type="text" value="1234-5678"/>
*Document Effective Start Date: (MM/DD/YYYY)	<input type="text" value="01/04/2013"/>
Document Effective End Date: (MM/DD/YYYY)	<input type="text"/>

*Document to Upload:

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

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

Submission Documents

[Show All Versions](#)


Added Documents


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

Manage Submission – Add Document

***Document Type:**

***Document ID:**

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

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

***Document to Upload:**

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

Submission Documents

 [Show All Versions](#)

Added Documents

[Contract.docx \(10.4KB\)](#)

Document Type: Contract
Document ID: 1234-5678
Filing Status: New
Filing ID: 119600
Version: 1

Submitted By: Brooks.Wildasin@cgifederal.com
Submitted Date/Time: 1/4/2013 5:34:21 PM
Document Effective Start Date: 01/04/2013
Document Effective End Date: N/A

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

Manage Submission – Add Document

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Friday, March 15, 2013

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

Welcome Juliana Berde

Create Submission
Manage Submission
Review and Confirm Submission
Submission Status Report

Manage Submission

Confirmation:

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

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

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

***Issuer:**

***Product:**

[View Data](#)

Submission Data

Product(s):	Basic Hosp/Surgical - Indemnity - 12578DC001	Edit
Market Type:	Individual	
Line(s) of Business:	Comprehensive Major Medical	
Product Origination Date:	03/15/2013	
Created By:	Juliana.Berde@cgifederal.com	
Created Date:	3/15/2013 3:25:08 PM	
Submission ID:	125780001	
Status:	Ready for Confirmation	

Add New Document

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

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

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

*** Document Type:**

*** Document ID:**

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

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

*** Document to Upload:**

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

Submission Documents

[Show All Versions](#)

Added Documents

[test1.xlsx \(6.2KB\)](#)

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

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

[Accessibility](#)
[Rule of Behavior](#)
[Web Policies](#)
[File Formats and Plug-ins](#)

U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201



Manage Submission – Replace Document

Replace Document

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

Document to be Replaced: [test3.xlsx \(8.2KB\)](#)

***Document Type:**

***Document ID:**

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

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

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

***Document to Upload:**

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

Submission Documents

[Show All Versions](#)


Added Documents

test3.xlsx (8.2KB)	<input type="button" value="Replace"/>	<input type="button" value="Retire"/>
Document Type: Contract	Submitted By: juliana.berde@cgifederal.com	
Document ID: 1212	Submitted Date/Time: 3/19/2013 3:56:59 PM	
Filing Status: New	Document Effective Start Date: 03/20/2013	
Filing ID: 508119	Document Effective End Date: N/A	
Version: 1		

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

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

U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Manage Submission – Replace Document

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

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

Welcome Juliana Berde

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

Manage Submission

Confirmation:

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

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

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

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

[View Data](#)

Submission Data

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

Add New Document

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

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

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

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

*** Document to Upload:**

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

Submission Documents

[Show All Versions](#)

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

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

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

U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201

Manage Submission – Retire Document

Add New Document

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

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

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

***Document Type:**

***Document ID:**

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

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

***Document to Upload:**

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

Submission Documents

[Show All Versions](#)

Added Documents

[test4.xlsx \(8.2KB\)](#)

Document Type: Contract
Document ID: 1212
Filing Status: Retired
Filing ID: 508119
Version: 2
Edit Reason: asdjklfdsjklafjkslfsafdjsakl

Submitted By: juliana.berde@cgifederal.com
Submitted Date/Time: 3/19/2013 4:01:30 PM
Document Effective Start Date: 03/20/2013
Document Effective End Date: N/A

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

Manage Submission – Retire Document

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, March 19, 2013

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

Welcome Juliana Berde

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

Manage Submission

Confirmation:

- "test4.xlsx" has successfully been retired.

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

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

***Issuer:**

***Product:**

[View Data](#)

Submission Data

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

Manage Submission – New FFM Products

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Monday, March 18, 2013

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

Welcome Juliana Berde

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

Manage Submission

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

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

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

Submission Data

Product(s):	soldosododdod - Other - 11379MD	<input type="button" value="Edit"/>
Market Type:	Large	
Line(s) of Business:	Comprehensive Major Medical	
Product Origination Date:	03/30/2013	
Created By:	juliana.berde@cgifederal.com	
Created Date:	3/18/2013 12:34:22 PM	
Submission ID:	113790001	
Status:	Submission In Progress	

Add New Document

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

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

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

***Document Type:**

***Document ID:**

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

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

***Document to Upload:**

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

Submission Documents

Added Documents

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

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

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

U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201

Manage Submission – New FFM Products

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Monday, March 18, 2013
[HIOS MAIN PAGE](#) | [HOME](#) | [FAQ](#) | [CONTACT US](#) | [SIGN OUT](#)

Welcome Juliana Berde

Create Submission
Manage Submission
Review and Confirm Submission
Submission Status Report

Manage Submission

Confirmation:

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

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

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

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

[View Data](#)

Submission Data

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

Add New Document

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

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

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

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

***Document to Upload:**

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

Submission Documents

[Show All Versions](#)

Added Documents

test2.xlsx (0,2KB)		Replace Retire	
Document Type:	Contract	Submitted By:	juliana.berde@cgifederal.com
Document ID:	1111	Submitted Date/Time:	3/18/2013 12:37:12 PM
Filing Status:	New	Document Effective Start Date:	04/01/2013
Filing ID:	471412	Document Effective End Date:	N/A
Version:	1		

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

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)
 U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201



Edit Submission – Existing HIOS Products

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, March 19, 2013

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

Welcome Juliana Berde

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

Edit Submission

Please edit all of the relevant data for your submission. All required fields are indicated by an asterisk '*'.
When editing an Existing HIOS Product submission, please note that all of the information maintained on the page is saved when a product is added or removed from the submission.

Edit Issuer/Product Data

***Issuer:**

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

***Market Type:**

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

***Product Origination Date:**

Add New Product

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

***HIOS Product Name:**


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

Submission HIOS Products

CoreValue - PPO - 10701VA004	<input type="button" value="Remove Product"/>
Association Type: Non-Association	SERFF Number: N/A
Grandfather Status: Non-GrandFathered	Product Effective Start Date: N/A
Open/Closed Status: Open	Product Effective End Date: N/A
Covers Whole State: Yes	

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



Edit Submission – New FFM Products

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, March 19, 2013

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

Welcome Juliana Berde

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

Edit Submission

Please edit all of the relevant data for your submission. All required fields are indicated by an asterisk '*'.
When editing an Existing HIOS Product submission, please note that all of the information maintained on the page is saved when a product is added or removed from the submission.

Edit Issuer/Product Data

***Issuer:**

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

***Product Name:**

***Market Type:**

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

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

***Association Type:**

***Open/Closed Status:**

***Covers Whole State:**

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

***Other Filing Tracking Type Desc:**

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


***Product Effective Start Date:**

Product Effective End Date:

***Product Origination Date:**

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

U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Review and Confirm Submission – New FFM Products

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Monday, March 18, 2013

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

Welcome Juliana Berde

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

Review and Confirm Submission

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

***Issuer:**

***Product:**

[View Data](#)

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



Review and Confirm – Existing HIOS Products

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, January 08, 2013 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#) Welcome Brooks Wildasin

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

Review and Confirm Submission

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

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

[View Data](#)

Submission Data

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

Submission HIOS Product(s)

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

Submission Documents

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

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

[Confirm Submission](#)

Accessibility | Rules of Behavior | Web Policies | File Formats and Plug-Ins

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

Review and Confirm – Submission Documents

Submission HIOS Product(s)

CoreValue - PPO - 10701VA004

Association Type: Non-As

Grandfather Status: Non-Gr

Open/Closed Status: Open

Covers Whole State: Yes

Submission Documents

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

Document Type: Contract

Document ID: 1

Filing Status: New

Filing ID: 951794

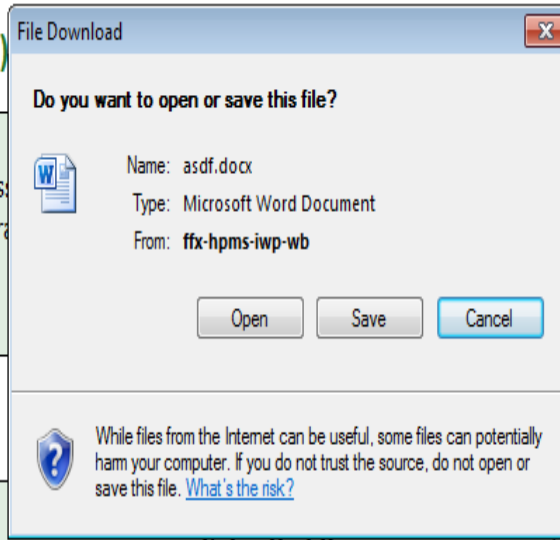
Version: 1

Submitted By: thera.watson@cgifederal.com

Submitted Date/Time: 11/14/2012 9:57:46 AM

Document Effective Start Date: 11/14/2012

Document Effective End Date: 11/30/2012



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

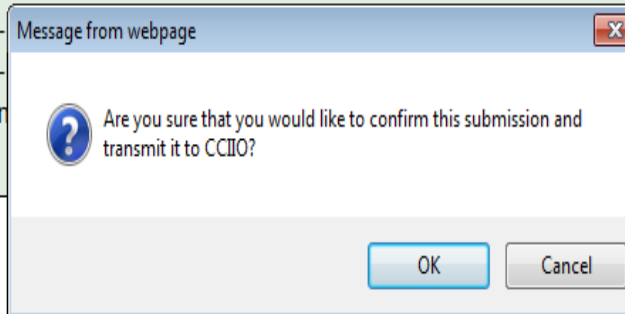
Confirm Submission

Review and Confirm – Confirmation Prompt

Submission HIOS Product(s)

CoreValue - PPO - 10701VA004

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



Submission Documents

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

Document Type: Contract
Document ID: 1
Filing Status: New
Filing ID: 951794
Version: 1

Submitted By: thera.watson@cgifederal.com
Submitted Date/Time: 11/14/2012 9:57:46 AM
Document Effective Start Date: 11/14/2012
Document Effective End Date: 11/30/2012

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

Confirm Submission

Review and Confirm – Confirmation Existing Product

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

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

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

Welcome Juliana Berde

Review and Confirm Submission

Confirmation:

- This submission has been successfully confirmed.

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

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

[View Data](#)

Submission Data

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

Submission HIOS Product(s)

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

Submission Documents


test1.xlsx (8.2KB)		Submitted By:	juliana.berde@cgifederal.com
Document Type:	Contract	Submitted Date/Time:	3/15/2013 3:54:06 PM
Document ID:	1111	Document Effective Start Date:	03/15/2013
Filing Status:	New	Document Effective End Date:	N/A
Filing ID:	577001		
Version:	1		

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

[Confirm Submission](#)

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Review and Confirm – New FFM Product

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Monday, March 18, 2013 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#) Welcome Juliana Berde

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

Review and Confirm Submission

Please select an Issuer and Product to view the Submission Data below. All required fields are indicated by an asterisk '**'.
***Issuer:**
***Product:**
[View Data](#)

Submission Data

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

Submission FFM Product

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

Submission Documents

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

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

[Confirm Submission](#)

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



Review and Confirm – New FFM Product Confirmation

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Monday, March 18, 2013 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#) Welcome Juliana Berde

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

Review and Confirm Submission

Confirmation:

- This submission has been successfully confirmed.

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

***Issuer:**

***Product:**

[View Data](#)

Submission Data

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

Submission FFM Product

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

Submission Documents

test2.xlsx (9,2KB)			
Document Type:	Contract	Submitted By:	juliana.berde@cgifederal.com
Document ID:	1111	Submitted Date/Time:	3/18/2013 12:37:12 PM
Filing Status:	New	Document Effective Start Date:	04/01/2013
Filing ID:	471412	Document Effective End Date:	N/A
Version:	1		

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

[Confirm Submission](#)

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



Submission Status Report

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Tuesday, May 29, 2012

[HIOS MAIN PAGE](#)

[HOME](#)

[FAQ](#)

[CONTACT US](#)

[SIGN OUT](#)

Welcome Brooks Wildasin

Create Submission

Manage Submission

Review and Confirm Submission

Submission Status Report

Submission Status Report

Issuer/State/Issuer ID:

Select an Issuer - State - Issuer ID

State:

Select a State

Product Name/Product Type:

Select a Product Name - Product Type

Market Type:

Select a Market Type

Filing ID:

Document ID:

Status:

(Select multiple statuses by holding down the CTRL key)

Submission in Progress
Ready for Confirmation
Submission Confirmed

Last Modified Date (MM/DD/YYYY):

From To

[Search](#)

[Accessibility](#)

[Rules of Behavior](#)

[Web Policies](#)

[File Formats and Plug-Ins](#)

Submission Status Report – Existing HIOS Product

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

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

Welcome Brooks Wildasin

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

Submission Status Report

Issuer:

State:

Product:

Market Type:

Filing ID:

Document ID:

Status:
(Select multiple statuses by holding down the CTRL key)

Submission in Progress
 Ready for Confirmation
 Submission Confirmed

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

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Submission Status Report – Existing HIOS Product

Welcome Brooks Wildasin

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

Submission Status Report

Issuer: Aetna Health Inc. (a PA corp.) - KY - 10005
State: Select a State
Product: Select a Product Name - Product Type - Product Code
Market Type: Small
Filing ID:
Document ID:

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

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

Search Results

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

Page Size: 10 1 items in 1 pages

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

Submission Status Report – New FFM Product

Health Insurance Oversight System

Document Collection Module Form Filing Sub-Module

Monday, March 18, 2013

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

Welcome Juliana Berde

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

Submission Status Report

Issuer:

State:

Product:

Market Type:

Filing ID:

Document ID:

Status:
(Select multiple statuses by holding down the CTRL key)

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

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



Submission Status Report – New FFM Product

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

Submission Status Report

Issuer:

State:

Product:

Market Type:

Filing ID:

Document ID:

Status:
(Select multiple statuses by holding down the CTRL key)

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

Search Results

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

Page Size: 10 1 items in 1 pages

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

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

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201



Question and Answer