

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201



OVERSIGHT GROUP

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Date: April 4, 2014

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

RE: 2014 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 in Alabama, Missouri, Oklahoma, Texas, and Wyoming that are subject to the market reform provisions in the PHS Act 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 issuers may find helpful.

1. What documents need to be submitted in the HIOS Form Filing Module?

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

Health insurance issuers in Alabama, Missouri, Oklahoma, Texas, and Wyoming must upload the following documents into HIOS for both the individual and group markets for all plans applying for Qualified Health Plan (QHP) certification for plan year 2015 and for any plans not applying for QHP certification that are new for plan year 2015 or had changes to existing plans (plan year 2014) that require re-filing the plans with the State Department of Insurance:

- Policy/Group Master Policy forms;
- Certificate/Evidence of Coverage forms;
- Schedule of Benefits/Summary of Benefits;
- Riders; Endorsements; Amendments;
- Summary of Benefits and Coverage (SBC) for existing benefit packages, with the highest and lowest enrollment (measured by life years) for each product sold in the individual and group markets, or for new benefit packages, one representative Silver SBC and the high Gold SBC for each product in each market (individual, small group, large group), or if large group or catastrophic products offered outside the Marketplaces that are not metal level plans, the highest deductible and lowest deductible SBC for each product in each market;

- Prescription Drug Template, with Justification if applicable; and
- Notices of Appeals and External Review Rights.

In addition, if you file your products with variable information (e.g., bracketed language), an explanation of variability will need to be submitted into the HIOS Form Filing Module. If the variable limits are outside of the federally permitted limits for plan year 2015 (for example the Maximum Out of Pocket in your Benefits Schedule indicates [\$0 - \$20,000]), a certification that the plan will not exceed the federal limitations for plan year 2015 must be submitted into the HIOS Form Filing Module. Justifications and Templates should be uploaded into the HIOS 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. Each file should be labeled with the appropriate name for identification (i.e. “RxtemplateQHP.xls” or RxJustificationQHP.xls”).

As part of your form filing, please identify for each plan whether you will be applying for QHP certification; identify the coverage level for each benefit design for a product/plan (i.e., bronze, silver, gold, platinum, or catastrophic); and provide separate schedules for each plan design that is being offered. If you decide, during the CMS review process, not to market a product/plan please notify us by sending an email to formfiling@cms.hhs.gov and include your issuer name, issue state, HIOS issuer ID and submission ID of the form filing(s) affected.

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

- If a product/plan is filed as a potential QHP (i.e., for offering through a Health Insurance Marketplace), the issuer should file all appropriate templates, supporting documents, and justifications 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 filings for plans for which you will not be applying for QHP certification:

- If a product/plan is filed for use as a health plan for which you will not be applying for QHP certification (i.e., for sale only outside the Health Insurance Marketplaces), the issuer should submit:
 - 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 Form Filing Module.

General Tips for all Form Filing submissions:

- The following are examples of how issuers 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 – 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
 - 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_2015_Silver_QHP or CertXXX_MO_2015_NQ.

2. How do I comply with filing requirements for Market Rating Reform Compliance Review?

What documents need to be submitted?

In Alabama, Missouri, Oklahoma, Texas, and Wyoming, issuers are required to submit all product/plan combinations for review for compliance with the market reform rules under the PHS Act, including rating rules and their underlying single risk pool requirement for new or renewal rates effective on or after January 1, 2014 for non-grandfathered policies and plans in either the individual or small group markets, using the Part I – Unified Rate Review template and Part III – Actuarial Memorandum into the HIOS Unified Rate Review Module.

When do required documents need to be submitted?

In Alabama, Missouri, Oklahoma, Texas, and Wyoming, issuers are required to submit all product/plan required Part I – Unified Rate Review template and Part III – Actuarial Memorandum documents into the HIOS Unified Rate Review Module beginning on May 1, 2014 but no later than the QHP submission deadlines (if a QHP is included in the single risk pool) or 60 days prior to when they will begin being marketed or displayed on the issuer's, a contractor's or the government's websites (if no QHP is included in the single risk pool). For quarterly rate update submissions in the small group market, the deadline would also be 60 days prior to when the plan will begin being marketed, unless the single risk pool includes a QHP. If the single risk pool includes a QHP, the deadline would be 105 days prior to the effective date of the quarterly change (December 15th for 2nd Quarter, March 15th for 3rd Quarter, and June 15th for 4th Quarter), which would still be 60 days prior

to when the plan will begin being marketed, because CMS publishes new rates/premiums on our websites 45 days prior to the effective date of the change.

3. How to Submit a Form Filing?

1. To begin this process, applicants will need to register for access to the Health Insurance Oversight System (HIOS), request access to the 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. New HIOS users will need to use the Enterprise Portal to register in the Enterprise Identity Management (EIDM) system at <https://portal.cms.gov> before they can become a HIOS user. Click on “New User Registration” in the right hand column of the web page under “Login to Secure Portal” and follow the instructions. Users will receive an email confirmation that registration has been completed, along with their EIDM User ID.
 - ii. Once the user receives an EIDM User ID, the user should log back into EIDM, <https://portal.cms.gov>, using their EIDM User ID and password. Click on the “Login to CMS Secure Portal” button in the right column of the webpage. Click on the “Request Access Now” link on the right column of the webpage. Select ‘Request New Application Access’ from the left hand side of the screen. Select HIOS from the “Application Description” dropdown box. New users will need to register in HIOS by clicking the link at the bottom of the page and following the registration instructions. Once the HIOS registration has been approved, the user will receive an email with their HIOS information and an Authorization Code.
 - iii. The user will need to log into EIDM at <https://portal.cms.gov> and click on the “Login to CMS Secure Portal” button in the right column. Click on the “My Access” option located in the dropdown under the users name in the upper right hand corner of the screen to “Request New Application Access” and choose “HIOS.” Enter the HIOS Authorization Code provided in the confirmation email and follow the instructions. The user will need to logout of EIDM then log back in to EIDM <https://portal.cms.gov> and navigate to the HIOS tab in the upper left hand corner. Once the user navigates to the HIOS tab, they will click the “Access HIOS” link and request access to the HIOS Form Filing Module by navigating to “Role Management.” Follow the instructions to complete the request.
 - iv. If the user cannot locate their issuer organization within “Role Management,” they should navigate to the “Manage Organization” page on the HIOS home screen and follow the instructions to complete the request. After successful organization registration, the user may request the appropriate role within the HIOS Form Filing Module.

- b. Existing HIOS Users:
- i. Existing HIOS users should log in to EIDM at <https://portal.cms.gov> and navigate to the HIOS tab. Once the user navigates to the HIOS tab, they will click the “Access HIOS” link and request access to the HIOS Form Filing Module by navigating to “Role Management.” Follow the instructions to complete the request.
 - ii. If the user cannot locate their issuer organization within “Role Management,” they should navigate to the “Manage Organization” page on the HIOS home screen and follow the instructions to complete the request. After successful organization registration, the user may request the appropriate role within the HIOS Form Filing Module.

After completing the online request, new and existing users will receive an email notification when access has been approved. Once it has been approved and your organization has been registered, users can create their submission. A copy of the HIOS Form Filing Module Technical Guide is available for download once you access the 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.

4. When is the Form Filing Due?

- May 1, 2014: Form filing window opens
- June 27, 2014: Deadline for filing forms for plans for which a QHP certification application will be submitted to one or more Federally-facilitated Marketplace(s)
- 60-days Prior to Offering for Sale: Health insurance coverage for which a QHP certification application will not be submitted

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

CMS will host a free webinar to provide users an opportunity 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 500 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, April 10, 2014, from 2:30 PM to 4:00 PM Eastern Time

Webinar: <https://webinar.cms.hhs.gov/formfiling2014/>

Conference Call Number: 1-877-267-1577

Dial Meeting ID: 994 020 653