Health Insurance Oversight System

# **Minimum Essential Coverage**

**User Manual** 



Version 05.00.00

July 2018

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### DCM-MEC User Manual Change History

### July 2018 changes

The following updates have been made throughout the document:

• All images have been updated to display the new look of the MEC system.

### 1 Introduction

This Technical Instruction Manual demonstrates how Sponsor Organizations will utilize the Health Insurance Oversight System (HIOS) Minimum Essential Coverage (MEC) module to submit information and documents to demonstrate that their plans meet the requirements for providing minimum essential coverage in order to obtain MEC recognition. This manual documents step-by-step instructions for all system features and functionalities available to Submitter and Certifying Official users within the MEC module.

### 2 Minimum Essential Coverage Module Users

The MEC module supports two user roles. Listed below are brief descriptions of the authorizations and functionality associated with each role. Users will request these roles using the Role Request functionality on the HIOS home page. In order to gain access to HIOS, users must first create an account using the CMS portal. Once a user gains access to HIOS they will navigate to the Role Request functionality from the HIOS home page. Next, they will select the DCM-MEC module in order to select one of the following roles.

### 2.1 Submitter

This user has access to the MEC submission functionality to provide information regarding an MEC plan. This user also has the ability to designate whether the plan is offered by a non-insurance entity or insurance organization. A Submitter can create an organization-level MEC submission based on his/her sponsor organization name or existing issuer organization by providing the contact information of their Certifying Official, see Section 2.2 for more details. Submitter users may also modify the Certifying Official for an existing MEC submission. A Submitter has the ability to upload files to a submission and provide an MEC group label, description, and plan effective dates for uploaded files.

### 2.2 Certifying Official

A Certifying Official is defined as an individual who is authorized to provide certification on behalf of a Sponsor Organization and its MEC plan(s). This user is required to provide contact information including name, title, address, phone number, and email address. The user will provide this information as part of user registration. This user also has the ability to establish that they are associated with a non-insurance entity or insurance organization. In order for an organization to create an MEC submission, a Certifying Official must exist and be associated to that organization. A Certifying Official is only able to view submissions created by the Submitter for their associated organization.

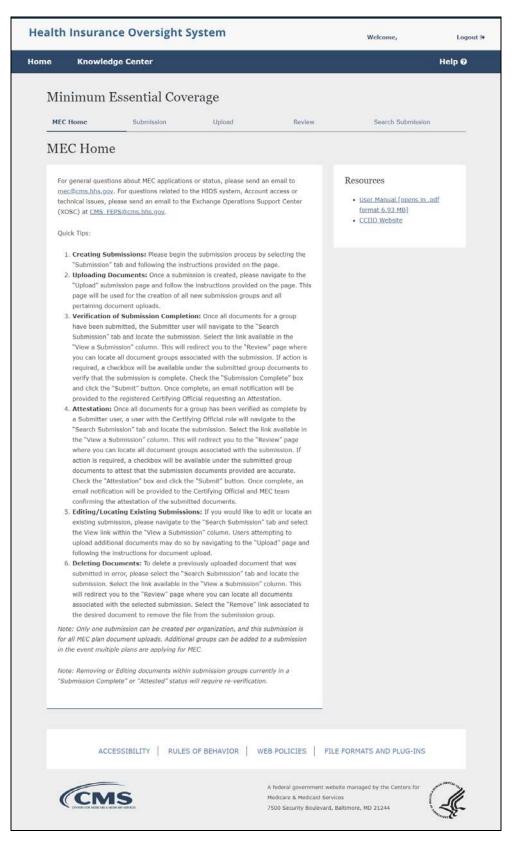
**Note:** The Certifying Official role is critical to the submission process and must be established prior to a submitter user creating a submission within the MEC module.

### 3 Accessing Minimum Essential Coverage Module

In order to gain access to the MEC module within HIOS, users will first need to create an Enterprise Identity Management (EIDM) account and then register for a HIOS account. Please reference the HIOS Portal User Manual for a detailed description of the EIDM and HIOS registration processes. The HIOS Portal User Manual may be obtained within the HIOS Knowledge Center located within the HIOS Portal or by reaching out to <u>CMS\_FEPS@cms.hhs.gov</u>. Users will also be able to refer to the user manual for instructions on how to register/create an organization, request a user role, or obtain access to an organization.

Users with a MEC role will select the "Minimum Essential Coverage" button within the HIOS Portal to access the MEC system.

Once the user has navigated to the DCM Homepage, a link will be visible allowing the user to navigate to the MEC Homepage. Figure 1 displays the MEC Homepage.



#### Figure 1: MEC Homepage

### 4 Create Submission

This section provides the steps for a Submitter user to create a submission associated with his/her organization. Only Submitter users may perform the steps outlined below. **Note:** A user may only hold one MEC role at a given time. Thus, a Submitter cannot also serve as a Certifying Official.

### 4.1 Data Submission

The Submitter will first login to HIOS through the CMS Portal and then navigate to the MEC module. This user will have access to the Data Submission, Document Upload, Review Submission, and Search Submission tabs. To create a submission, the user will select the Submission tab as shown below in Figure 2.

| Health   | Insurance   | Oversight S  | System  |   | Welcome,   | Logout 🕩 |
|--|---|--|---|---|--|----------|
| Home   | Knowledge   | Center   |   |   |  | Help 🛛   |
| Mi   | nimum Es  | sential Cov  | erage   |   |  |          |
| MEC  | Home  | Submission   | Upload  | Review  | Search Submission  |          |
| MF   | EC Sponso   | r Submissio  | on  |   |  |          |
| To<br>bu<br>ma<br>Ple<br>rec<br>Ple<br>ap<br>ce<br>* ; | create a submission<br>tton, please navigat<br>ay be modified as ne<br>ease verify that the<br>quired to enter their<br>ease note, the Certif<br>plies to non-grandfa | n, please select your S<br>e to the Upload tab to<br>seded by selecting the<br>selected Certifying Off<br>address on the Mana-<br>ying Official is the ind<br>thered plans in the in<br>should be the HIOS M | continue your submis<br>"Modify Certifying Off<br>icial has an address lis<br>ge Account page in the<br>ividual who is authoriz<br>dividual market with v | nd the associated Certifying (<br>ision. For existing submission:<br>icial" button.<br>sted. If no address is available<br>e HIOS Portal prior to proceed<br>ed to make the certification o | n behalf of the organization th<br>omply. The individual signing t<br>ubmission. | ficial   |
| (  |   | SIBILITY   RULES   | G OF BEHAVIOR   | I   |  |          |

#### Figure 2: Create Submission – Landing Page

On the Submission tab, the user will need to select a Sponsor Organization and a Certifying Official to display the necessary contact information. The system will populate the Sponsor Organization and Certifying Official dropdowns with Sponsor Organizations associated to the Submitter user and Certifying Officials associated with the selected Sponsor Organization respectively. As mentioned in Section 2.2, a Certifying Official is established using the Role Request functionality from the HIOS home page.

The "Submit" button will remain disabled until the user selects a Sponsor Organization and valid Certifying Official. The screenshots below (Figure 3 and Figure 4) depicts the page after the Submitter user selects a Sponsor Organization and a valid Certifying Official from the dropdowns. For users with a Certifying Official that have a Non-US address, please refer to Figure 4: Create Submission – Certifying Official with Non-US Address.

### Figure 3: Create Submission – Certifying Official with US Address

| Minimum   |   |                         |   |  |   |
|---|---|-------------------------|---|--|---|
|   | Essential Cover   | rado                    |   |  |   |
|   | Essential Cover   | lage                    |   |  |   |
| MEC Home  | Submission  | Upload                  | Review  | Search Submission  |   |
| MEC Spon  | sor Submissior  | 1                       |   |  | _ |
| NOTE: A submissi  | ion already exists for this orga  | anization.              |   |  |   |
| Please note, a fie  | eld with an asterisk (*) before   | it is a required field. |   |  |   |
| button, please na   |   | ontinue your submissio  | n. For existing submissions   | Official. After selecting the "Submit<br>s, the associated Certifying Official |   |
|   | t the selected Certifying Offici<br>their address on the Manage   |                         |   | e, the Certifying Official user is<br>ling.                                    |   |
|   |   |                         |   | n behalf of the organization that<br>omply. The individual signing the         |   |
|   | ement should be the HIOS ME   | C Module Certifying Off | icial for the online HIOS su  | ubmission.   |   |
|   | ement should be the HIOS ME   |                         | icial for the online HIOS su<br>* Certifying Official   | ubmission.   |   |
| certification state  Sponsor Orga World Insurance C   | ement should be the HIOS ME   | •                       |   | ubmission.   | • |
| certification state * Sponsor Orga World Insurance C Certifying Off Contact Informati Name  | ement should be the HIOS ME<br>Inization  | nation                  | Certifying Official Jason behalf of the organization fitle  |  | • |
| certification state<br>* Sponsor Orga<br>World Insurance C<br>Certifying Off<br>Contact Informati<br>Name<br>Jason  | ement should be the HIOS ME<br>anization<br>Ecompany<br>Ficial Contact Inform                                   | nation                  | Certifying Official Jason h behalf of the organization fitte CEO                                    |  |   |
| certification state * Sponsor Orga World Insurance C Certifying Off Contact Informati Name  | ement should be the HIOS ME<br>anization<br>Ecompany<br>Ficial Contact Inform                                   | nation                  | Certifying Official Jason behalf of the organization fitle  |  | • |
| certification state<br>* Sponsor Orga<br>World Insurance C<br>Certifying Off<br>Contact Informati<br>Name<br>Jason<br>Address Line                          | ement should be the HIOS ME<br>anization<br>Ecompany<br>Ficial Contact Inform                                   | nation                  | Certifying Official Jason h behalf of the organization fitte CEO                                    |  | • |
| certification state<br>* Sponsor Orga<br>World Insurance C<br>Certifying Off<br>Contact Informati<br>Name<br>Jason<br>Address Line<br>101 Market Dr         | ement should be the HIOS ME<br>anization<br>Ecompany<br>Ficial Contact Inform                                   | nation                  | Certifying Official Jason behalf of the organization fitte EEO Address Line 2                       |  |   |
| certification state<br>* Sponsor Orga<br>World Insurance C<br>Certifying Off<br>Contact Informati<br>Name<br>Jason<br>Address Line<br>101 Market Dr<br>City | ement should be the HIOS ME<br>anization<br>Ecompany<br>Ficial Contact Inform                                   | nation                  | Certifying Official Jason behalf of the organization fitte EEO Address Line 2 State                 |  | • |
| certification state * Sponsor Orga World Insurance C Certifying Off Contact Informati Name Jason Address Line 101 Market Dr City Anytown Zip Code           | ement should be the HIOS ME<br>anization<br>Company<br>ficial Contact Inform<br>Ion of Individual authorized to | nation                  | Certifying Official Jason a behalf of the organization fitle CEO Address Line 2 State /A Eip Plus 4 |  | • |

### Figure 4: Create Submission – Certifying Official with Non-US Address

| Minimum Essential Coverage<br><u>MEC Home</u> Submission Upload Review Search Submission<br>MEC Sponsor Submission   | n  |
|--|----|
| MEC Home Submission Upload Review Search Submission<br>MEC Sponsor Submission  | n  |
| MEC Sponsor Submission   | n  |
|  |    |
|  |    |
| NOTE: A submission already exists for this organization.   |    |
| Please note, a field with an asterisk (*) before it is a required field.   |    |
| To create a submission, please select your Sponsor Organization and the associated Certifying Official. After selecting the "S<br>button, please navigate to the Upload tab to continue your submission. For existing submissions, the associated Certifying C<br>may be modified as needed by selecting the "Modify Certifying Official" button.                            |    |
| Please verify that the selected Certifying Official has an address listed. If no address is available, the Certifying Official user required to enter their address on the Manage Account page in the HIOS Portal prior to proceeding.   | is |
| Please note, the Certifying Official is the individual who is authorized to make the certification on behalf of the organization<br>applies to non-grandfathered plans in the individual market with which the coverage does not comply. The individual signing<br>certification statement should be the HIOS MEC Module Certifying Official for the online HIOS submission. |    |
| * Sponsor Organization * Certifying Official   |    |
| World Insurance Company  | ×  |
| Certifying Official Contact Information  |    |
| Certifying Official Contact Information<br>Contact information of individual authorized to provide certification on behalf of the organization:  |    |
| Contact information of individual authorized to provide certification on behalf of the organization: Name Title  |    |
| Contact information of individual authorized to provide certification on behalf of the organization:   |    |
| Contact information of individual authorized to provide certification on behalf of the organization:          Name       Title         CEO       Address Line 1  |    |
| Contact information of individual authorized to provide certification on behalf of the organization:          Name       Title         CEO   |    |
| Contact information of individual authorized to provide certification on behalf of the organization:         Name       Title<br>CEO         Address Line 1       Address Line 2         123 Street       Apt 1         City or Town       Province, Region or State   |    |
| Contact information of individual authorized to provide certification on behalf of the organization:          Name       Title         CEO       CEO         Address Line 1       Address Line 2         123 Street       Apt 1  |    |
| Contact information of individual authorized to provide certification on behalf of the organization:         Name       Title<br>CEO         Address Line 1       Address Line 2         123 Street       Apt 1         City or Town       Province, Region or State   |    |
| Contact information of individual authorized to provide certification on behalf of the organization:         Name       Title<br>CEO         Address Line 1       Address Line 2         123 Street       Apt 1         City or Town<br>London       Province, Region or State<br>London   |    |
| Contact information of individual authorized to provide certification on behalf of the organization:         Name       Title<br>CEO         Address Line 1       Address Line 2         123 Street       Apt 1         City or Town<br>London       Province, Region or State<br>London         Country       Zip Code or Postal PIN  |    |

Once the Submitter user selects the Sponsor Organization and the Certifying Official for which he or she would like to create a submission, the user will select 'Submit.' The selections will be saved; and the user will receive a confirmation message with instructions to navigate to the Upload tab to upload documentation. See Figure 5.

| Healt     | h Insurance Oversight System  | Welcome,  | 🛌 Logout 🖗              |
|-----------|---|---|-------------------------|
| Home      | Knowledge Center  |   | Help 🚱                  |
|           | Minimum Essential Coverage  |   |                         |
|           | MEC Home Submission Upload  | Review Search Subm  | ission                  |
|           | MEC Sponsor Submission  |   |                         |
| $\langle$ | Confirmation: Your submission submitted successfully. Please  | select the Document Upload tab to continue your submiss   | sion.                   |
|           |   |   |                         |
|           | Please note, a field with an asterisk (*) before it is a required   | field.  |                         |
|           | To create a submission, please select your Sponsor Organizati<br>button, please navigate to the Upload tab to continue your su<br>may be modified as needed by selecting the "Modify Certifying     | omission. For existing submissions, the associated Certifyi   |                         |
|           | Please verify that the selected Certifying Official has an addre<br>required to enter their address on the Manage Account page i  |   | user is                 |
|           | Please note, the Certifying Official is the individual who is auth<br>applies to non-grandfathered plans in the individual market w<br>certification statement should be the HIOS MEC Module Certif | th which the coverage does not comply. The individual sig   |                         |
|           | * Sponsor Organization  | * Certifying Official   |                         |
|           | Select Organization   | Select Certifying Official  | Ŧ                       |
|           |   |   |                         |
|           | ACCESSIBILITY   RULES OF BEHAVIOR   | WEB POLICIES FILE FORMATS AND PLUG-   | INS                     |
|           |   | A federal government website managed by the Centers f<br>Medicare & Medicaid Services<br>7500 Security Boulevard, Baltimore, MD 21244 | for when and the second |

**Note:** Users may upload as many documents as needed to each Sponsor Organization submission, but can only create one submission per organization.

A Submitter who has selected an existing MEC submission will be provided the option to modify the existing Certifying Official by selecting the "Modify Certifying Official" button as seen in Figure 6.

| Healt | th Insurance (   | Oversight Syste  | m  |   | Welcome,  | ▼ Logout (* |  |  |  |
|-------|--|--|--|---|---|-------------|--|--|--|
| Home  | Knowledge C  | enter  |  |   |   | Help 🕑      |  |  |  |
|       | Minimum Essential Coverage   |  |  |   |   |             |  |  |  |
|       | MEC Home   | Submission   | Upload                                       | Review  | Search Submission   |             |  |  |  |
|       | MEC Sponse   | or Submission  |  |   |   |             |  |  |  |
|       | NOTE: A submission already exists for this organization.   |  |  |   |   |             |  |  |  |
|       | Diasce note la field a   | with an actorick (*) hefore it                                     | is a required field                          |   |   |             |  |  |  |
|       | Please note, a field with an asterisk (*) before it is a required field.<br>To create a submission, please select your Sponsor Organization and the associated Certifying Official. After selecting the "Submit"<br>button, please navigate to the Upload tab to continue your submission. For existing submissions, the associated Certifying Official<br>may be modified as needed by selecting the "Modify Certifying Official" button.<br>Please verify that the selected Certifying Official has an address listed. If no address is available, the Certifying Official user is |  |  |   |   |             |  |  |  |
|       | Please note, the Cer<br>applies to non-gran  | tifying Official is the individu<br>Ifathered plans in the individ | ial who is authorized<br>dual market with wh |   | behalf of the organization that<br>nply. The individual signing the |             |  |  |  |
|       | * Sponsor Organia  | ation  |  | * Certifying Official   |   |             |  |  |  |
|       | World Insurance Comp   | iny  | ٠  |   |   | *           |  |  |  |
|       |  | ial Contact Inform   |  | on behalf of the organization:<br>Title<br>CEO  |   |             |  |  |  |
|       | Address Line 1<br>101 Market Dr  |  |  | Address Line 2  |   |             |  |  |  |
|       | <b>City</b><br>Anytown   |  |  | State<br>VA   |   |             |  |  |  |
|       | Zip Code<br>24266  |  |  | Zip Plus 4<br>2426  |   |             |  |  |  |
|       | Phone Number<br>1234567890 ext:  | 276  |  | Email Address   |   |             |  |  |  |
|       | Modify Certifying Official   |  |  |   |   |             |  |  |  |
|       | ACCE   | SSIBILITY   RULES OF   | BEHAVIOR   V                                 | VEB POLICIES   FILE FO  | DRMATS AND PLUG-INS   |             |  |  |  |
|       |  | S  |  | A federal government website<br>Medicare & Medicaid Services<br>7500 Security Boulevard, Baltin | (   | <u> </u>    |  |  |  |

Figure 6: Existing Submission – Modify Certifying Official

### 4.2 Modify Certifying Official Subpage

Once the Submitter user has selected the "Modify Certifying Official" button on the MEC Submission page they will be navigated to the Modify Certifying Official page. On this page the submitter will be provided the option to select another user as the primary Certifying Official for the existing MEC submission. The system will populate the Certifying Official dropdown with Certifying Officials associated with the selected Sponsor Organization. See Figure 7.

| Health Insurance Oversight System |   |                      |                     | Welcome,  | • Logout (+         |        |  |  |  |
|-----------------------------------|---|----------------------|---------------------|---|---------------------|--------|--|--|--|
| Home                              | Knowledge   | Center               |                     |   | ٢                   | lelp Ø |  |  |  |
|                                   |   | Essential Cove       | -                   |   |                     |        |  |  |  |
|                                   | MEC Home  | Submission           | Upload              | Review  | Search Submission   | _      |  |  |  |
|                                   |   | sor Submissio        | 1                   |   |                     |        |  |  |  |
|                                   | Modify Certifying Official  |                      |                     |   |                     |        |  |  |  |
|                                   | Please note, a field with an asterisk (*) before it is a required field.<br>Please select a valid Certifying Official within the drop-down below. Please verify that the selected Certifying Official has an address<br>listed. If no address is available, the Certifying Official user is required to enter their address on the Manage Account page in the<br>HIOS Portal prior to proceeding.<br>Please note, the Certifying Official is the individual who is authorized to make the certification on behalf of the organization that<br>applies to non-grandfathered plans in the individual market with which the coverage does not comply. The individual signing the |                      |                     |   |                     |        |  |  |  |
|                                   | certification staten * Sponsor Organ  |                      | C Module Certifying | Official for the online HIOS sut  | bmission.           |        |  |  |  |
|                                   | World Insurance Com   |                      | •                   | certifying official   |                     |        |  |  |  |
|                                   |   | cial Contact Inform  |                     | n on behalf of the organization:  | :                   | _      |  |  |  |
|                                   | Name  |                      |                     | <b>Title</b><br>CEO   |                     |        |  |  |  |
|                                   | Address Line 1<br>101 Market Dr   |                      |                     | Address Line 2  |                     |        |  |  |  |
|                                   | City<br>Anytown   |                      |                     | <b>State</b><br>VA  |                     |        |  |  |  |
|                                   | Zip Code<br>24266   |                      |                     | Zip Plus 4<br>2426  |                     |        |  |  |  |
|                                   | Phone Number<br>1234567890 ext  |                      |                     | Email Address   |                     |        |  |  |  |
|                                   | Update Cance  | d                    |                     |   |                     |        |  |  |  |
|                                   | ACC   | ESSIBILITY   RULES ( | OF BEHAVIOR         | WEB POLICIES   FILE F   | ORMATS AND PLUG-INS |        |  |  |  |
|                                   |   | IS<br>DECEMBRIES     |                     | A federal government website<br>Medicare & Medicaid Services<br>7500 Security Boulevard, Balt | i da                |        |  |  |  |

Figure 7: Modify Certifying Official Page

Once the Submitter user selects the Certifying Official for which he or she would like assign to the submission, the user will select 'Update.' The selections will be saved, and the user will be navigated to the submission page and receive a confirmation message. See Figure 8.

| Heal | th Insurance                     | Oversight Sys  | tem                     |   | Welcome,   | 🔹 Logout 📴 |  |  |  |  |
|------|----------------------------------|--|-------------------------|---|--|------------|--|--|--|--|
| Home | Knowledge                        | Center   |                         |   | H  | lelp 🕑     |  |  |  |  |
|      | Minimum                          | Essential Cove   | erage                   |   |  |            |  |  |  |  |
|      | MEC Home                         | Submission   | Upload                  | Review  | Search Submission  |            |  |  |  |  |
|      | MEC Spon                         | sor Submissio  | n                       |   |  |            |  |  |  |  |
|      | Confirmation: You                | ur Certifying Official has bee                           | en modified successfi   | illy.   |  |            |  |  |  |  |
|      | NOTE: A submissio                | NOTE: A submission already exists for this organization. |                         |   |  |            |  |  |  |  |
|      | Please note, a fiel              | ld with an asterisk (*) befor                            | e it is a required fiel | d.  |  |            |  |  |  |  |
|      | button, please na                |  | continue your submi     | ssion. For existing submissions   | fficial. After selecting the "Submit"<br>, the associated Certifying Official      |            |  |  |  |  |
|      |                                  |  |                         | sted. If no address is available,<br>e HIOS Portal prior to proceedi                          |  |            |  |  |  |  |
|      | applies to non-gra               | andfathered plans in the ind                             | ividual market with     |   | h behalf of the organization that<br>mply. The individual signing the<br>bmission. |            |  |  |  |  |
|      | * Sponsor Orga                   | nization   |                         | * Certifying Official   |  |            |  |  |  |  |
|      | World Insurance Con              | npany  | •                       | Contract Stationary   |  |            |  |  |  |  |
|      |                                  | icial Contact Infor                                      |                         | n on behalf of the organization   |  |            |  |  |  |  |
|      | Name                             |  |                         | Title   |  |            |  |  |  |  |
|      | Hume                             |  |                         | CEO   |  |            |  |  |  |  |
|      | Address Line 1<br>295 Technology |  |                         | Address Line 2<br>Unit 2  |  |            |  |  |  |  |
|      | City<br>Bath                     |  |                         | State<br>KY   |  |            |  |  |  |  |
|      | Zip Code<br>11111                |  |                         | Zip Plus 4<br>1111  |  |            |  |  |  |  |
|      | Phone Numbe<br>12202321455       | r  |                         | Email Address   |  |            |  |  |  |  |
|      | Modify Certifying                | Official   |                         |   |  |            |  |  |  |  |
|      | ACC                              | CESSIBILITY   RULES                                      | OF BEHAVIOR             | WEB POLICIES   FILE F   | FORMATS AND PLUG-INS   |            |  |  |  |  |
|      |                                  | IS   |                         | A federal government website<br>Medicare & Medicaid Services<br>7500 Security Boulevard, Ball |  | 2          |  |  |  |  |

### Figure 8: Modify Certifying Official – Submission page Confirmation

If the submitter opts not to modify the existing Certifying Official, they may select the "Cancel" button to return to the submission page.

### 5 Upload Documentation

This section provides the steps for a Submitter user to submit documentation associated with his/her organization's MEC plan for obtaining MEC recognition. Only Submitter users may perform the steps outlined below. **Note:** A user may only hold one MEC role at a given time, thus a Submitter user cannot also serve as a Certifying Official.

### 5.1 Document Upload – Landing Page

Once the Submitter user creates a submission and navigates to the document upload page, they will be able to select the Sponsor Organization submission for which they would like to upload documents and see the contact information of the Certifying Official selected (see Figure 9). For users with a Certifying Official that have a Non-US address, please refer to Figure 10.

| Healt | h Insurance                     | Oversight Sys                  | tem                     |                                  | Welcome,   | 🕴 Logout 🕩 |
|-------|---------------------------------|--------------------------------|-------------------------|----------------------------------|--|------------|
| Home  | Knowledge                       | Center                         |                         |                                  |  | Help 😧     |
|       | Minimum                         | Essential Cove                 | erage                   |                                  |  |            |
|       | MEC Home                        | Submission                     | Upload                  | Review                           | Search Submission  |            |
|       | MEC Spons                       | sor Upload                     |                         |                                  |  |            |
|       | field(s). Instructio            | ons for each field are display | ved on the screen be    | ow. After filling out the requir | wn. Next, please fill out the required<br>ed field(s) and providing any<br>pload' button to finalize the documer | t          |
|       | Please note, a fiel             | d with an asterisk (*) befor   | e it is a required fiel | 1.                               |  |            |
|       | * Sponsor Organ                 | nization                       |                         |                                  |  |            |
|       | World Insurance Com             | pany                           |                         |                                  |  |            |
|       | Contact information             | on of individual authorized t  | o provide certificatio  | n on behalf of the organization  | 1:   |            |
|       | Name                            |                                |                         | Title                            |  |            |
|       |                                 |                                |                         | CEO                              |  |            |
|       | Address Line 1<br>101 Market Dr | L                              |                         | Address Line 2                   |  |            |
|       | City                            |                                |                         | State                            |  |            |
|       | Anytown                         |                                |                         | VA                               |  |            |
|       | Zip Code                        |                                |                         | Zip Plus 4                       |  |            |
|       | 24266                           |                                |                         | 2426                             |  |            |
|       | Phone Number<br>1234567890 ext  |                                |                         | Email Address                    |  |            |

### Figure 9: Document Upload – Certifying Official with US Address

| Figure 10: Document Upload - | <b>Certifying Official w</b> | vith Non-US Address |
|------------------------------|------------------------------|---------------------|
|------------------------------|------------------------------|---------------------|

| Healt | h Insuranco  | e Oversight Sys  | tem   |   | Welcome, - Log  | jout G |
|-------|--|--|---|---|---|--------|
| Home  | Knowledge  | e Center   |   |   | Help Ø  |        |
|       | Minimum  | Essential Cov  | erage   |   |   |        |
|       | MEC Home   | Submission   | Upload  | Review  | Search Submission   |        |
|       | MEC Spon   | nsor Upload  |   |   |   |        |
|       | field(s). Instructi<br>additional data, p<br>upload. | ions for each field are displa<br>please select the 'Browse' b | ayed on the screen be<br>utton to select a file f | low. After filling out the require<br>or upload. Lastly, select the 'Up | wn. Next, please fill out the required<br>ed field(s) and providing any<br>pload' button to finalize the document |        |
|       |  | eld with an asterisk (*) befo                                  | ore it is a required fiel                         | d.  |   |        |
|       | * Sponsor Orga<br>World Insurance Con                |  |   |   |   |        |
|       |  |  | to provide certificatio                           | on on behalf of the organization  |   |        |
|       | Name   |  |   | Title   |   |        |
|       |  |  |   | CEO   |   |        |
|       | Address Line   | 1  |   | Address Line 2  |   |        |
|       | 123 Street   |  |   | Apt 1   |   |        |
|       | City or Town   |  |   | Province, Region or Stat  | e:  |        |
|       | London   |  |   | London  |   |        |
|       | Country  |  |   | Zip Code or Postal PIN:   |   |        |
|       | United Kingdor                                       | n  |   | W11 2BQ   |   |        |
|       | Phone Numb   | er   |   | Email Address   |   |        |
|       | 17777777777  |  |   |   |   |        |

The system will populate the Sponsor Organization dropdown with Sponsor Organizations associated to the Submitter user.

### 5.2 Document Upload Process

On the Upload tab, the Submitter user will select documents or files to upload and provide descriptive information about the documents. The Submitter user will see the following input fields with supplemental instructional text on the page (as shown in Figure 11):

- Add new MEC Group Label such as the name of the health plan
- MEC Group Label
- Document Description

• Effective Dates

### Figure 11: Document Upload – Input Fields

| Add new ME  | C Group Label:  |   | * MEC Group Label:  |              |
|---|---|---|---|--------------|
|   |   | Add Label   | group 1   | 4            |
|   |   |   |   |              |
| Document De   | escription  |   |   |              |
| Please provide  | e a general description of t  | ne document you wish to u   | upload. Document Description is limited to 256 characters.  |              |
|   |   |   |   |              |
|   |   |   |   |              |
|   |   |   |   |              |
|   |   |   |   |              |
|   |   |   |   |              |
| ffective Dat  | ies   |   |   |              |
|   | please provide the effective  | e dates of the coverage or  | plan.   |              |
|   | rt Date (mm/dd/yyyy)  |   | Effective End Date (mm/dd/yyyy)   |              |
| incenve stu   |   |   |   |              |
|   |   |   |   |              |
|   |   |   |   |              |
| Please be sure  | to "unlock" or "unsecure"   | all documents prior to up   | load. Files must be under 30 MB and be one of the following   |              |
|   |   |   |   |              |
| extensions: .d  | loc, .docx, .xls, .xlsx, .pdf,  |   |   |              |
|   | loc, .docx, .xls, .xlsx, .pdf,  | .zip, .csv, .tif, .tiff, .jpg, .j   | peg, .gif and .osd.   |              |
| *Important:   | loc, .docx, .xls, .xlsx, .pdf,<br>The documents required to   | .zip, .csv, .tif, .tiff, .jpg, .j   | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally   | <b>b</b> -1- |
| <b>*Important:</b><br>Identifiable In   | oc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will   | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document  | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con   |              |
| <b>*Important:</b><br>Identifiable In<br>PHI or PII, the  | oc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>en the documents must be   | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu                               | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con<br>ment upload. For more information on the definitions of PHI  |              |
| * <b>Important:</b><br>identifiable In<br>PHI or PII, the   | oc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will   | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu                               | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con<br>ment upload. For more information on the definitions of PHI  |              |
| *Important:<br>Identifiable In<br>PHI or PII, the<br>PII please see   | oc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>en the documents must be<br>the user manual section c                            | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu                               | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con<br>ment upload. For more information on the definitions of PHI  |              |
| *Important:<br>identifiable In<br>PHI or PII, the<br>PII please see<br>*Browse for                            | ioc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>on the documents must be<br>the user manual section c<br><b>file</b>            | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu                               | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con<br>ment upload. For more information on the definitions of PHI  |              |
| *Important:<br>identifiable In<br>PHI or PII, the<br>PII please see<br>*Browse for                            | oc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>en the documents must be<br>the user manual section c                            | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu                               | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con<br>ment upload. For more information on the definitions of PHI  |              |
| *Important:<br>identifiable In<br>PHI or PII, the<br>PII please see<br>*Browse for                            | ioc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>on the documents must be<br>the user manual section c<br><b>file</b>            | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu                               | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con<br>ment upload. For more information on the definitions of PHI  |              |
| *Important:<br>dentifiable In<br>PHI or PII, the<br>PII please see<br>*Browse for<br>Choose File              | ioc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>on the documents must be<br>the user manual section c<br><b>file</b>            | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu                               | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con<br>ment upload. For more information on the definitions of PHI  |              |
| *Important:<br>dentifiable In<br>PHI or PII, the<br>PII please see<br>*Browse for<br>Choose File              | ioc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>on the documents must be<br>the user manual section c<br><b>file</b>            | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu                               | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con<br>ment upload. For more information on the definitions of PHI  |              |
| *Important:<br>dentifiable In<br>PHI or PII, the<br>PII please see<br>*Browse for<br>Choose File              | ioc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>on the documents must be<br>the user manual section c<br><b>file</b>            | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu                               | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con<br>ment upload. For more information on the definitions of PHI  |              |
| Timportant:<br>dentifiable In<br>PHI or PII, the<br>PII please see<br>Browse for<br>Choose File N<br>UPLOAD   | loc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>en the documents must be<br>the user manual section c<br>file<br>No file chosen | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu                               | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con<br>ment upload. For more information on the definitions of PHI  |              |
| *Important:<br>identifiable In<br>PHI or PII, the<br>PII please see<br>*Browse for<br>Choose File N<br>UPLOAD | loc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>en the documents must be<br>the user manual section c<br>file<br>No file chosen | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu<br>orresponding to this page. | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con<br>ment upload. For more information on the definitions of PHI  |              |
| *Important:<br>Identifiable In<br>PHI or PII, the<br>PII please see<br>*Browse for<br>Choose File N<br>UPLOAD | loc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>en the documents must be<br>the user manual section c<br>file<br>No file chosen | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu<br>orresponding to this page. | peg, .gif and .osd.<br>contain Personal Health Information (PHI) and Personally<br>s or files containing PHI or PII. If any of your documents con<br>ment upload. For more information on the definitions of PHI  |              |
| *Important:<br>Identifiable In<br>PHI or PII, the<br>PII please see<br>*Browse for<br>Choose File N<br>UPLOAD | loc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>en the documents must be<br>the user manual section c<br>file<br>No file chosen | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu<br>orresponding to this page. | peg, .gif and .osd. contain Personal Health Information (PHI) and Personally s or files containing PHI or PII. If any of your documents con ment upload. For more information on the definitions of PHI   |              |
| *Important:<br>Identifiable In<br>PHI or PII, the<br>PII please see<br>*Browse for<br>Choose File N<br>UPLOAD | loc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>en the documents must be<br>the user manual section c<br>file<br>No file chosen | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu<br>orresponding to this page. | peg, .gif and .osd.         contain Personal Health Information (PHI) and Personally         s or files containing PHI or PII. If any of your documents con         iment upload. For more information on the definitions of PHI         WEB POLICIES       FILE FORMATS AND PLUG-INS         A federal government website managed by the Centers for |              |
| *Important:<br>Identifiable In<br>PHI or PII, the<br>PII please see<br>*Browse for<br>Choose File N<br>UPLOAD | loc, .docx, .xls, .xlsx, .pdf,<br>The documents required to<br>formation (PII). CCIIO will<br>en the documents must be<br>the user manual section c<br>file<br>No file chosen | .zip, .csv, .tif, .tiff, .jpg, .j<br>o be uploaded should not o<br>not accept any document<br>de-identified prior to docu<br>orresponding to this page. | peg, .gif and .osd. contain Personal Health Information (PHI) and Personally s or files containing PHI or PII. If any of your documents con ment upload. For more information on the definitions of PHI   |              |

The Submitter user will need to categorize each document uploaded to the submission by providing an MEC Group Label in the appropriate text field or by selecting an existing label from the list. The Submitter user has the option of providing a general description of the uploaded documents in the

Document Description text field, as well as effective start and end dates of the coverage or plan in the Effective Dates field.

**Important:** The MEC Group Label and Document Description fields will only accept up to 256 characters. If provided, the effective end date must be after the effective start date.

Once the Submitter user selects a Sponsor Organization submission, documents can be uploaded for that organization. To upload a document, the Submitter user will select the "Browse" button and browse for a document to upload. Upon selecting the "Browse" button, the user will see a prompt allowing him/her to select a file for upload (see Figure 12).

| Add new MEC G      | roup Label:  |                                    | * MEC Group La                           | abel:                                |            |        |                   |
|--------------------|--|------------------------------------|--|--------------------------------------|------------|--------|-------------------|
|                    |  | Add Label                          |  |                                      |            |        |                   |
|                    |  |                                    |  |                                      |            |        |                   |
|                    |  |                                    |  |                                      |            |        |                   |
| ocument Desc       | -  |                                    |  |                                      |            |        |                   |
| Please provide a g | general description  | of the document you wish to u      | ipload. Document I                       | Description                          | is limited | to 256 | characters.       |
| ſ                  | 🖲 File Upload  |                                    |  |                                      |            | ×      | 1                 |
|                    | $\leftarrow$ $\rightarrow$ $\checkmark$ $\uparrow$ $\rightarrow$ Th  | is PC > Documents                  | ~ 2                                      | Search Docu                          | uments     | Q      |                   |
|                    | Organize 👻 New folde   | er                                 |  |                                      |            |        |                   |
|                    | ^  | Name                               | Date modified                            | Туре                                 | Size       |        |                   |
|                    | 🖈 Quick access   | Axure                              | 10/27/2017 4:47 PM                       | File folder                          |            |        |                   |
|                    | 늘 Desktop 🖈  | Custom Office Templates            | 10/30/2017 1:56 PM                       | File folder                          |            |        |                   |
| ffective Dates     | 🗼 Downloads 🖈  | 📜 Dell Downloads                   | 10/28/2017 11:01                         | File folder                          |            |        |                   |
| applicable, plea   | 🖹 Documents 🖈  | FeedbackHub                        | 12/13/2017 4:00 PM                       |                                      |            |        |                   |
|                    | 🔚 Pictures 🛛 🖈   | My Received Files                  | 6/20/2018 3:16 PM                        | File folder                          |            |        |                   |
| ffective Start     | Apache   | 🤌 My Shapes                        | 10/25/2017 3:48 PM                       |                                      |            |        |                   |
|                    | Baseline   | Snagit Virtual Machines            | 6/22/2018 12:02 PM<br>10/25/2017 5:24 PM |                                      |            |        |                   |
|                    | Implementation   |                                    | 10/23/2017 3:24 PIVI                     | File folder                          |            |        |                   |
|                    | Release 04.00.00   |                                    |  |                                      |            |        |                   |
| Please be sure to  | a OneDrive   |                                    |  |                                      |            |        | he following      |
| extensions: .doc,  | interest and the second |                                    |  |                                      |            |        |                   |
|                    | 늘 Desktop  |                                    |  |                                      |            |        |                   |
| Important: Th      | 📔 Documents  |                                    |  |                                      |            |        | ersonally         |
| dentifiable Infor  | 🔈 Downloads  |                                    |  |                                      |            |        | cuments contain   |
|                    | 🐌 Music  |                                    |  |                                      |            |        |                   |
| PHI or PII, then t | E Pictures   |                                    |  |                                      |            |        | itions of PHI and |
| PII please see the | <b>1</b> 1.  |                                    |  | All Elec (* *                        | 8          | ~      |                   |
|                    | Filen  | ame: SFG_LOE_TEST (version 1).xlsx |  | <ul> <li>✓ All Files (*.*</li> </ul> | _          |        |                   |
| Browse for file    |  |                                    |  | Open                                 | Ca         | ncel   |                   |
| Browse No file     | selected.  |                                    |  |                                      |            |        |                   |
| browse No me       | selecteu.  |                                    |  |                                      |            |        |                   |
|                    |  |                                    |  |                                      |            |        |                   |
| UPLOAD             |  |                                    |  |                                      |            |        |                   |
|                    |  |                                    |  |                                      |            |        |                   |

### Figure 12: Document Upload – Choose a File to Upload

**Important:** Files selected for upload must be less than or equal to 30 MB. The filename may not contain the following characters: ';', '<', '>'. Please be sure to "unlock" or "unsecure" all documents prior to upload. Files must be one of the following extensions: .doc, .docx, .xls, .xlsx. .pdf, .zip, .tiff, .jpeg, .gif, .osd. The documents uploaded should not contain Personal Health Information (PHI) and Personally Identifiable Information (PII). The Center for Consumer Information & Insurance Oversight (CCIIO) will not accept any documents or files containing PHI or PII. If any of your documents contain PHI or PII, then the documents must be de-identified prior to document upload.

Personal health information (PHI), also referred to as protected health information, generally refers to demographic information, medical history, test and laboratory results, insurance information and other data that is collected by a health care professional to identify an individual and determine appropriate care.

Personally identifiable information (PII) is information that can be used on its own or with other information to identify, contact, or locate a single person, or to identify an individual in context.

Once the Submitter user selects the desired file to upload, the user will see the file path appear on the screen next to the "Browse" button as seen in Figure 13.

### Figure 13: Document Upload – File Path

| *Important: The documents required to be uploaded should not contain Personal Health Information (PHI) and Personally<br>Identifiable Information (PII). CCIIO will not accept any documents or files containing PHI or PII. If any of your documents contain<br>PHI or PII, then the documents must be de-identified prior to document upload. For more information on the definitions of PHI and |
|--|
| PII please see the user manual section corresponding to this page.   |
| *Browse for file   |
| Browse Submission Status Report.csv  |
| UPLOAD   |

The Submitter user will then select the "Upload" button to upload the file to the system. The Submitter user will receive a confirmation message at the top of the page if the file has successfully uploaded. See Figure 14.

### Figure 14: Document Upload – Confirmation Message

| Health Insurance Oversight System   |  |                         |                               | Velcome, 💌 Logout 🕩 |  |  |  |
|---|--|-------------------------|-------------------------------|---------------------|--|--|--|
| Home  | Knowledge Center   |                         | Help 🕑                        |                     |  |  |  |
| Minimu  | m Essential Cove   | rage                    |                               |                     |  |  |  |
| MEC Home  | Submission   | Upload                  | Review                        | Search Submission   |  |  |  |
| -   | MEC Sponsor Upload Confirmation: Your document upload was successful. Please navigate to Search Submission and then Review to view your documents. |                         |                               |                     |  |  |  |
| To upload a document, please select your organization from the "Sponsor Organization" dropdown. Next, please fill out the required field(s). Instructions for each field are displayed on the screen below. After filling out the required field(s) and providing any additional data, please select the 'Browse' button to select a file for upload. Lastly, select the 'Upload' button to finalize the document upload. |  |                         |                               |                     |  |  |  |
| Please note,  | Please note, a field with an asterisk (*) before it is a required field.   |                         |                               |                     |  |  |  |
| * Sponsor (   | Organization   |                         |                               |                     |  |  |  |
| 38118 - Wo  | orld Insurance Company   | v                       |                               |                     |  |  |  |
| Contact infor   | rmation of individual authorized to  | provide certification o | n behalf of the organization: |                     |  |  |  |

If the file does not successfully upload, the Submitter user will receive an error message explaining why the upload has failed. See Figure 15 for one example.

| Health   | Insurance Oversig   | ht System               | N      | Welcome, Velcome                             |  |
|--|---|-------------------------|--------|--|--|
| Home   | Knowledge Center  |                         |        | Help 😧                                       |  |
| Minimu   | m Essential Cover   | rage                    |        |  |  |
| MEC Home   | Submission  | Upload                  | Review | Search Submission                            |  |
| Error: MEC G<br>Error: Extens<br>.osd.   | rrect the errors below<br>roup Label is a required field.<br>ion of uploaded file is invalid. Allow<br>onsor Upload |                         |        | ip, .csv, .tif, .tiff, .jpg, .jpeg, .gif and |  |
| To upload a document, please select your organization from the "Sponsor Organization" dropdown. Next, please fill out the required field(s). Instructions for each field are displayed on the screen below. After filling out the required field(s) and providing any additional data, please select the 'Browse' button to select a file for upload. Lastly, select the 'Upload' button to finalize the document upload. Please note, a field with an asterisk (*) before it is a required field. |   |                         |        |  |  |
|  | Organization  | ie is a required field. |        |  |  |
| -  | orld Insurance Company  | ~                       |        |  |  |

### Figure 15: Document Upload – Failure Message

Once a file or document has been successfully uploaded, it will appear in the Search Submission tab and is ready for review.

### 6 Search Submissions

This section provides the steps for a user to search for information submitted on behalf of a Sponsor Organization. This functionality is available to Submitter and Certifying Official users.

### 6.1 Search Submissions – Landing Page

On the Search Submissions tab, the Submitter or Certifying Official user will see submissions that have been created by their associated organizations. Submitter and Certifying Official users will be able to see and search through submissions created by their associated organizations. The Last Modified Date, Federal EIN/TIN or Issuer ID, and Sponsor Organization details will be visible for each submission by a US based Organization with a valid Federal EIN/TIN Identifier. For Non-US Registered Organizations, the Federal EIN/TIN or Issuer ID will provide no additional Organization data.

### Figure 16: Search Submissions – Landing Page

| lealt | h Insurance Overs          | ight System               |                |  | Welcome,                     |
|-------|----------------------------|---------------------------|----------------|--|------------------------------|
| ome   | Knowledge Center           |                           |                |  | н                            |
|       | Minimum Essen              | tial Coverag              |                |  |                              |
|       |                            | _                         |                |  |                              |
|       | MEC Home Sub               | mission                   | Upload         | Review   | Search Submission            |
|       | Search Submissi            | on                        |                |  |                              |
|       |                            | ect the View link. This v |                | To review a submission, please<br>eview submission page and allo |                              |
|       | « First « Prev 1 23 Next » | Last »                    | Show Entries 1 | 0 ~ SI   | howing 1 to 10 of 22 entries |
|       | Last Modified Date         | Federal EIN/TIN o         | r Issuer ID ⇔  | Sponsor Organization $_{\bigtriangledown}$                       | View a Submission            |
|       | 06/29/2018 9:14 AM         | 867530999                 |                | WP Non-US Test 1   | View                         |
|       | 06/29/2018 9:50 AM         | 38118                     |                | World Insurance Company  | View                         |
|       | 04/11/2017 4:31 PM         | 111111111                 |                | test001 Email Test Update  | View                         |
|       | 02/15/2017 2:07 PM         | 223344551                 |                | Test Company 1   | View                         |
|       | 03/15/2017 1:17 PM         | 96767                     |                | Sandeepaone  | View                         |
|       | 02/09/2017 2:07 PM         | 10043                     |                | Org-TEST1-728  | View                         |
|       | 02/09/2017 5:39 PM         | 234353453                 |                | MEC test Co 234353453  | View                         |
|       | 11/29/2017 10:42 AM        | 999998888                 |                | Manisha's Non Ins. Co.   | View                         |
|       | 11/29/2017 11:22 AM        | 999988887                 |                | Manisha Test Company2 -<br>UPDATED                               | View                         |
|       | 11/29/2017 10:16 AM        | 999888777                 |                | Manisha Test Company1  | View                         |

### 6.2 Search Submissions – Search

On the Search Submissions tab, submissions are displayed in a paginated format and can be sorted by one of the following values as displayed in Figure 17:

- Last Modified Date
- Federal EIN/TIN or Issuer ID
- Sponsor Organization

| 1e | Knowledge Center           |                     |                    |   |   |
|----|----------------------------|---------------------|--------------------|---|---|
|    | Minimum Esser              | ntial Cove          | rage               |   |   |
|    | MEC Home Su                | bmission            | Upload             | Review  | Search Submission   |
|    | Search Submiss             | ion                 |                    |   |   |
|    |                            | lect the View link. |                    | . To review a submission, ple<br>Review submission page and     | ase navigate to the "View a<br>allow you to view the document |
|    | « First « Prev 1 23 Next : | Last »              | Show Entries       | 10 👻  | Showing 1 to 10 of 22 entries                                 |
|    | Last Modified Date 😌       | Federal EIN/        | TIN or Issuer ID 👌 | Sponsor Organization  | • View a Submission   |
|    | 02/09/2017 2:22 PM         |                     |                    | 000000004 - test  | View  |
|    | 05/18/2018 4:30 PM         | 56302               |                    | AAA   | View  |
|    | 05/15/2018 2:45 PM         | 75990               |                    | ААА   | View  |
|    | 05/22/2018 4:38 PM         | 90402               |                    | Guardian Life Insurance<br>Company of America                   | View  |
|    | 06/29/2018 8:56 AM         |                     |                    | hm 1110   | View  |
|    | 11/08/2017 3:45 PM         |                     |                    | HM New Other Org - Intl   | View  |
|    | 12/08/2014 4:19 PM         | 403248606           |                    | HM Non US Org 1201-6  | View  |
|    | 12/03/2017 6:24 PM         |                     |                    | Manisha - Other Org -<br>NoFEIN                                 | View  |
|    | 12/03/2017 6:25 PM         | 988888888           |                    | Manisha Company 2   | View  |
|    | 12/03/2017 6:31 PM         | 666655554           |                    | Manisha HPOES Other<br>OrgTest                                  | View  |
|    | -                          |                     |                    | orgreat   |   |
|    | ACCESSIBIL                 | ITY RULES (         | OF BEHAVIOR   WE   | B POLICIES   FILE FOR   | MATS AND PLUG-INS   |
|    |                            |                     |                    | A federal government website ma<br>Medicare & Medicaid Services | inaged by the Centers for                                     |

#### Figure 17: Search Submissions – Sort Example

When a Submitter or Certifying Official user locates a submission, he/she may select the View link within the View a Submission column that is associated with the submission. Issuer IDs will only display if the Sponsor Organization is an insurance issuer. This will redirect the Submitter or Certifying Official user to the Review Submission page where they can evaluate the submission in further detail.

### 7 Review MEC Submissions

This section provides the steps for Submitter and Certifying Official users to review information submitted on behalf of their Sponsor Organizations and view submissions created by their organizations on this page. Additionally, Submitter users can remove documents from groups and verify groups as complete and ready for the Certifying Official to review. The Certifying Official subsequently can attest to the accuracy of a submitted group of documents, and thus mark the group as ready for CMS review.

### 7.1 Review Submission – Landing Page

On the Review Submission tab, the Submitter and Certifying Official user will see a message with instructions to navigate to the Search Submission page and select a submission to review. Once a submission has been selected for review, detailed information about the submission will appear on the Review Submission page. Each submission will contain the following submission data (See Figure 18: Review Submission – Certifying Official with US Address):

- Sponsor Organization
- Certifying Official contact information for Certifying Officials with an Organization Address of US Address to include:
  - o Name
  - o Title
  - o Address Line 1
  - o Address Line 2
  - o City
  - o State
  - o ZIP Code
  - o ZIP Plus 4
  - o Phone Number
  - o Email Address
- Certifying Official contact information for Certifying Officials with an Organization Address of Non-US Address to include:
  - o Name
  - o Title
  - o Address Line 1
  - o Address Line 2
  - o City or Town
  - o Province, Region or State
  - o Country

- o Zip Code or Postal PIN
- o Phone Number
- o Email Address
- Submission specific information including:
  - o Created By
  - o Create Date
  - o Submission ID

### Figure 18: Review Submission – Certifying Official with US Address

| Healt | Health Insurance Oversight System Welcome, Lo |                |        |                     |                   |        |  |
|-------|---|----------------|--------|---------------------|-------------------|--------|--|
| Home  | Knowledge                                     | Center         |        |                     |                   | Help 🕑 |  |
|       | Minimum                                       | Essential Cove | erage  |                     |                   |        |  |
|       | MEC Home                                      | Submission     | Upload | Review              | Search Submission |        |  |
|       | MEC Spon                                      | isor Review    |        |                     |                   |        |  |
|       | Submission I                                  | Data           |        |                     |                   |        |  |
|       | <b>Organization</b><br>World Insuranc         | e Company      |        | Created By          |                   |        |  |
|       | Created Date<br>03/01/2017 12                 |                |        | Submission ID       |                   |        |  |
|       | Name  |                |        | <b>Title</b><br>CEO |                   |        |  |
|       | Address Line<br>101 Market Dr                 | 1              |        | Address Line 2      |                   |        |  |
|       | City  |                |        | State               |                   |        |  |
|       | Anytown                                       |                |        | VA                  |                   |        |  |
|       | Zip Code                                      |                |        | Zip Plus 4          |                   |        |  |
|       | 24266   |                |        | 2426                |                   |        |  |
|       | <b>Phone Numbe</b><br>1234567890 e            |                |        | Email Address       |                   |        |  |
|       |   |                |        |                     |                   | _      |  |

| Figure 19: Review Submission - | - Certifying Official with Non-US Ac | dress |
|--------------------------------|--------------------------------------|-------|
|--------------------------------|--------------------------------------|-------|

| Healt | Health Insurance Oversight System      |                |        |                                      |                   | Logout 🗭 |
|-------|--|----------------|--------|--------------------------------------|-------------------|----------|
| Home  | Knowledge                              | Center         |        |                                      |                   | Help 😧   |
|       | Minimum                                | Essential Cove | erage  |                                      |                   |          |
|       | MEC Home                               | Submission     | Upload | Review                               | Search Submission |          |
|       | MEC Spon                               | sor Review     |        |                                      |                   |          |
|       | Submission D                           | ata            |        |                                      |                   |          |
|       | Organization<br>World Insuranc         | e Company      |        | Created By                           |                   |          |
|       | Created Date<br>12/10/2014 4:1         | 4 PM           |        | Submission ID<br>35                  |                   |          |
|       | Name                                   |                |        | <b>Title</b><br>CEO                  |                   |          |
|       | Address Line 1<br>123 Street           | L              |        | Address Line 2<br>Apt 1              |                   |          |
|       | City or Town:<br>London                |                |        | Province, Region or State:<br>London |                   |          |
|       | <b>Country:</b><br>United Kingdom      |                |        | Zip Code or Postal PIN:<br>W11 2BQ   |                   |          |
|       | <b>Phone Number</b><br>177777777777777 | r              |        | Email Address                        |                   |          |
|       |  |                |        |                                      |                   |          |

### 7.2 Review Submission – Submission Documents

In addition to the detailed submission data, the Submitter and Certifying Official user will see documents remitted to supplement the Sponsor Organization's submission, grouped by MEC Group Label. The Submitter and Certifying Official user will see the following information for each submitted document (See Figure 20: Review Submission – Submission Documents):

- MEC Group Label
  - o This label assists users in grouping MEC plan level documents.
- Document Name
- Date/Time Submitted
- Document Description (Up to 40 characters)
- Actions

In order to see additional details on the uploaded document the Submitter and Certifying Official user may select the expand arrow located on the right side of the associated file. By selecting the expand arrow the following additional details will be provided:

- Submitted By
- Document Description
- Effective Start Date
- Effective End Date
- Document ID

A hyperlink will be available within the Document Name field allowing Submitter and Certifying Official users to download a copy of the document for review.

Limited to Submitter users will be a 'Remove' link displayed next to each submitted document under the 'Actions' column allowing a Submitter user to remove an uploaded document from the submission as shown in Figure 20: Review Submission – Submission Documents below.

| group 1   |                        |                           |                        |
|---|------------------------|---------------------------|------------------------|
| « First « Prev 1 Next » Last »  | Show Entries $10 \sim$ | Showir                    | ng 1 to 1 of 1 entries |
| Document Name   | Date/Time Submitted    | Document Description<br>⇔ | Actions                |
| TestDoc.docx (11.06KB)  | 03/01/2017 11:56 AM    | Test                      | ▼<br><u>Remove</u>     |
| Submitted by:<br>Document Description: Test<br>Effective Start Date: 01/01/2017<br>Effective End Date: 12/31/2017<br>Document ID: 390 |                        |                           |                        |
| Submission Completed by on 03/1   | 15/2017 12:06 PM.      |                           |                        |

### Figure 20: Review Submission – Submission Documents

### 7.3 Submitter User – Completing a Submission Group

Once a Submitter user has uploaded all the necessary documents into a given group, they will need to verify that the group of documents is complete and ready for the review by the Certifying Official. The Submitter user will need to select the Submission Complete checkbox below the group, which will enable the previously greyed out "Submit" button.

| « First « Prev 1 Next » Last »   | Show Entries 10 ~   | Showir                    | ng 1 to 1 of 1 entries |
|--|---------------------|---------------------------|------------------------|
| Document Name  | Date/Time Submitted | Document Description<br>⇔ | Actions                |
| aMLR Attestation Form7.pdf (182.14KB)                                      | 03/15/2017 1:14 PM  | Des                       | ►<br><u>Remove</u>     |
| Submission Complete: I verify that a and are ready for review by the regis |                     | e associated group have   | been submitted         |

#### Figure 21: Review Submission – Completing a Submission Group

Upon selecting the "Submit" button, the group will be considered complete by the Submitter user. A green status comment will appear underneath the group indicating which submitter user verified the group and the time in which the verification was performed. The status will display in the following format:

Submission Completed by [username] on mm/dd/yyyy xx:xx [AM/PM].

An email notification will be sent to the Certifying Official in the system that is associated with the Submitter user's organization. The Submitter user will be CC'd on that email notification.

| First « Prev 1 Next » Last » | Show Entries 10 ~        | Showir                    | ng 1 to 1 of 1 entries |
|------------------------------|--------------------------|---------------------------|------------------------|
| Document Name                | Date/Time Submitted<br>☆ | Document Description<br>⇔ | Actions                |
| Speech 2.docx (16.85KB)      | 04/02/2018 1:10 PM       | Test                      | ▶<br><u>Remove</u>     |
| ubmission Completed by       | ) on 04/02/2018 1        | :15 PM.                   |                        |

Figure 22: Review Submission – Completed Submission Group Status

Please note that if the Submitter user makes any modifications to the submission group at a later time, such as adding or removing a document, the status of the submission group will be reset. The Submitter user will need to verify the submission group again before it can be reviewed by the Certifying Official.

### 7.4 Certifying Official – Attesting a Submission Group

Once the Submitter user has verified a submission group as complete, the Certifying Official will be able to review the group themselves.

If the Certifying Official determines that the group is complete, accurate, and ready for official review by CMS, the Certifying Official will need to attest the submission group. Only submission groups that have been completed by the Submitter user will be available for the Certifying Official to attest. As with the Submitter user, the "Submit" button will be disabled until the user has selected the Attestation Checkbox.

| « First « Prev 1 Next » Last »   | Show Entries 10 ~     | Showing 1 to 1 of 1 entries   |
|--|-----------------------|-------------------------------|
| Document Name  | Date/Time Submitted ⊖ | <b>Document Description</b> ⊖ |
| Speech 2.docx (16.85KB)  | 04/02/2018 1:10 PM    | Test                          |
| Attestation: I certify that all files submitted for this Record are complete and accurate. |                       |                               |

#### Figure 23: Review Submission – Attesting a Submission Group

Upon selecting the "Submit" button, the group will be considered attested by the Certifying Official. A green status comment will appear underneath the group indicating which user attested the group and the time in which the attestation was performed. The status will display in the following format:

### Attested by [username] on mm/dd/yyyy xx:xx [AM/PM].

An email notification will be sent to CMS indicating that the submission group is ready for review. The Submitter user and Certifying Official will be CC'd on that email notification.

### Figure 24: Review Submission – Attested Submission Group Status

| « First « Prev 1 Next » Last »         | Show Entries 10 ~     | Showing 1 to 1 of 1 entries |
|--|-----------------------|-----------------------------|
| Document Name                          | Date/Time Submitted ⇔ | Document Description ⇔      |
| SubmissionInstructions.pdf (1777.13KB) | 03/19/2018 1:47 PM    | ▶<br>Testing                |
| Attested by on 03,                     | /19/2018 1:55 РМ.     |                             |

Please note that if the Submitter user makes any modifications to the submission group at a later time, such as adding or removing a document, the status of the submission group will be reset. The Submitter user will need to verify the submission group again and the Certifying Official will need to attest the submission group again before it will be reviewed by CMS.

### 7.5 Benchmark Data Table

The Benchmark data table shown in Figure 25 provides the ability for MEC users to view which Benchmark was utilized to review their submission. Each Benchmark listed is assigned to a specified group and will identify the state and year that were utilized for the review. The Benchmark information contained within this table is maintained and edited by CCIIO during their review process.

| ł | Benchmark Data                 |                   |        |                             |
|---|--------------------------------|-------------------|--------|-----------------------------|
|   | « First « Prev 1 Next » Last » | Show Entries 10 ~ |        | Showing 1 to 1 of 1 entries |
|   | Benchmark                      | State             | Year 👌 | Group 🖨                     |
|   | Test1                          | АК                | 2017   | Test                        |
|   |                                |                   |        |                             |

### 8 Contact Us/Support

The following section captures support information for questions specifically related to policy, technical installation, and downloads.

### 8.1 Contact Us/Support Details

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

If you have questions related to HIOS application installation or need technical support, please contact the Marketplace Service Desk (MSD) at <u>CMS\_FEPS@cms.hhs.gov</u> or 1-855-267-1515.

The MSD hours of operation are from 9:00 a.m. – 6:00 p.m. EST Monday through Friday (not including federal government observed holidays or closures).

### 9 Appendix A: Terminology

Table 1: System Terminology below provides a list of terminology in the system:

| Term       | Definition  |  |
|------------|---|--|
| Submission | A submission in the Minimum Essential Coverage (MEC) Module is comprised of information about the sponsor organization requesting MEC recognition for their plans, the individual authorized to provide certification on behalf of the organization, and the relevant documents uploaded for that sponsor organization. |  |
| ССПО       | Center for Consumer Information & Insurance Oversight   |  |
| CMS        | Centers for Medicare & Medicaid Services  |  |
| DCM        | Document Collection Module  |  |
| HIOS       | Health Insurance Oversight System   |  |
| MEC        | Minimum Essential Coverage  |  |

### Table 1: System Terminology