Health Insurance Oversight System

Minimum Essential Coverage

User Manual



Version 05.00.00

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le 1: System Terminology

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.

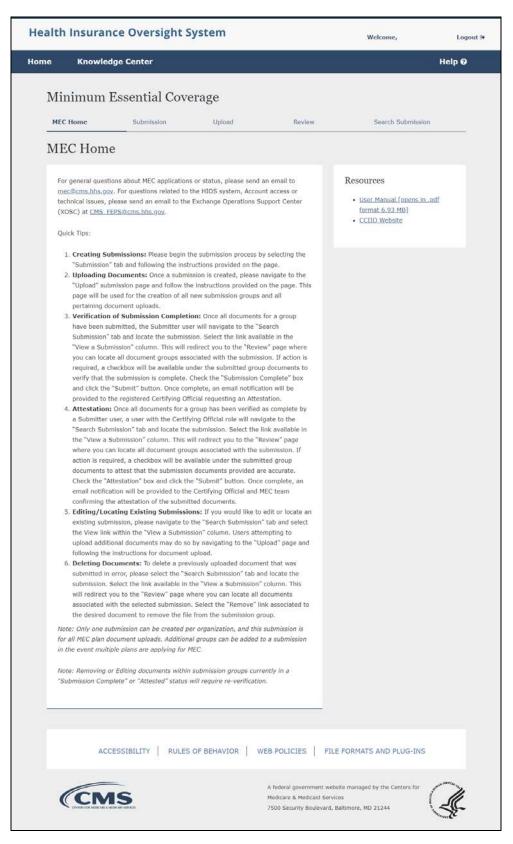


Figure 1: MEC Homepage

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 bu ma Ple rec Ple ap ce * ;	create a submission tton, please navigat ay be modified as ne ease verify that the quired to enter their ease note, the Certif plies to non-grandfa	n, please select your S e to the Upload tab to seded by selecting the selected Certifying Off address on the Mana- ying Official is the ind thered plans in the in should be the HIOS M	continue your submis "Modify Certifying Off icial has an address lis ge Account page in the ividual who is authoriz dividual market with v	nd the associated Certifying (ision. For existing submission: icial" button. sted. If no address is available e HIOS Portal prior to proceed ed to make the certification o	n behalf of the organization th omply. The individual signing t 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 s, the associated Certifying Official	
	t the selected Certifying Offici their address on the Manage			e, the Certifying Official user is ling.	
				n behalf of the organization that 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 * Certifying Official	ubmission.	
certification state Sponsor Orga World Insurance C	ement should be the HIOS ME	•		ubmission.	•
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certification state * Sponsor Orga World Insurance C Certifying Off Contact Informati Name	ement should be the HIOS ME anization Ecompany Ficial Contact Inform	nation	Certifying Official Jason behalf of the organization fitle		•
certification state * Sponsor Orga World Insurance C Certifying Off Contact Informati Name Jason Address Line	ement should be the HIOS ME anization Ecompany 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 Jason Address Line 101 Market Dr	ement should be the HIOS ME anization Ecompany Ficial Contact Inform	nation	Certifying Official Jason behalf of the organization fitte EEO Address Line 2		
certification state * Sponsor Orga World Insurance C Certifying Off Contact Informati Name Jason Address Line 101 Market Dr City	ement should be the HIOS ME anization Ecompany 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 anization Company ficial Contact Inform 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 <u>MEC Home</u> Submission Upload Review Search Submission MEC Sponsor Submission	n
MEC Home Submission Upload Review Search Submission 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 button, please navigate to the Upload tab to continue your submission. For existing submissions, the associated Certifying C 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 applies to non-grandfathered plans in the individual market with which the coverage does not comply. The individual signing 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 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 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	
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Contact information of individual authorized to provide certification on behalf of the organization: Name Title CEO Address Line 1 Address Line 2 123 Street Apt 1 City or Town London Province, Region or State 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 button, please navigate to the Upload tab to continue your su 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 required to enter their address on the Manage Account page i		user is
	Please note, the Certifying Official is the individual who is auth applies to non-grandfathered plans in the individual market w 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 Medicare & Medicaid Services 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. To create a submission, please select your Sponsor Organization and the associated Certifying Official. After selecting the "Submit" button, please navigate to the Upload tab to continue your submission. For existing submissions, the associated Certifying Official 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 is								
	Please note, the Cer applies to non-gran	tifying Official is the individu Ifathered plans in the individ	ial who is authorized dual market with wh		behalf of the organization that nply. The individual signing the				
	* Sponsor Organia	ation		* Certifying Official					
	World Insurance Comp	iny	٠			*			
		ial Contact Inform		on behalf of the organization: Title CEO					
	Address Line 1 101 Market Dr			Address Line 2					
	City Anytown			State VA					
	Zip Code 24266			Zip Plus 4 2426					
	Phone Number 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 Medicare & Medicaid Services 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. Please select a valid Certifying Official within the drop-down below. Please verify that the selected Certifying Official has an address listed. If no address is available, the Certifying Official user is required to enter their address on the Manage Account page in the HIOS Portal prior to proceeding. Please note, the Certifying Official is the individual who is authorized to make the certification on behalf of the organization that 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			Title CEO					
	Address Line 1 101 Market Dr			Address Line 2					
	City Anytown			State VA					
	Zip Code 24266			Zip Plus 4 2426					
	Phone Number 1234567890 ext			Email Address					
	Update Cance	d							
	ACC	ESSIBILITY RULES (OF BEHAVIOR	WEB POLICIES FILE F	ORMATS AND PLUG-INS				
		IS DECEMBRIES		A federal government website Medicare & Medicaid Services 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" , the associated Certifying Official					
				sted. If no address is available, e HIOS Portal prior to proceedi						
	applies to non-gra	andfathered plans in the ind	ividual market with		h behalf of the organization that mply. The individual signing the 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 1 295 Technology			Address Line 2 Unit 2						
	City Bath			State KY						
	Zip Code 11111			Zip Plus 4 1111						
	Phone Numbe 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 Medicare & Medicaid Services 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 ed field(s) and providing any 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 1 101 Market Dr	L		Address Line 2		
	City			State		
	Anytown			VA		
	Zip Code			Zip Plus 4		
	24266			2426		
	Phone Number 1234567890 ext			Email Address		

Figure 9: Document Upload – Certifying Official with US Address

Figure 10: Document Upload -	Certifying Official w	vith Non-US Address
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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 additional data, p upload.	ions for each field are displa please select the 'Browse' b	ayed on the screen be utton to select a file f	low. After filling out the require or upload. Lastly, select the 'Up	wn. Next, please fill out the required ed field(s) and providing any pload' button to finalize the document	
		eld with an asterisk (*) befo	ore it is a required fiel	d.		
	* Sponsor Orga 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, The documents required to	.zip, .csv, .tif, .tiff, .jpg, .j	peg, .gif and .osd. contain Personal Health Information (PHI) and Personally	b -1-
*Important: Identifiable In	oc, .docx, .xls, .xlsx, .pdf, The documents required to formation (PII). CCIIO will	.zip, .csv, .tif, .tiff, .jpg, .j o be uploaded should not o not accept any document	peg, .gif and .osd. contain Personal Health Information (PHI) and Personally s or files containing PHI or PII. If any of your documents con	
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*Important: identifiable In PHI or PII, the PII please see *Browse for	ioc, .docx, .xls, .xlsx, .pdf, The documents required to formation (PII). CCIIO will on the documents must be the user manual section c file	.zip, .csv, .tif, .tiff, .jpg, .j o be uploaded should not o not accept any document de-identified prior to docu	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: dentifiable In PHI or PII, the PII please see *Browse for Choose File	ioc, .docx, .xls, .xlsx, .pdf, The documents required to formation (PII). CCIIO will on the documents must be the user manual section c file	.zip, .csv, .tif, .tiff, .jpg, .j o be uploaded should not o not accept any document de-identified prior to docu	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: dentifiable In PHI or PII, the PII please see *Browse for Choose File	ioc, .docx, .xls, .xlsx, .pdf, The documents required to formation (PII). CCIIO will on the documents must be the user manual section c file	.zip, .csv, .tif, .tiff, .jpg, .j o be uploaded should not o not accept any document de-identified prior to docu	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: dentifiable In PHI or PII, the PII please see *Browse for Choose File	ioc, .docx, .xls, .xlsx, .pdf, The documents required to formation (PII). CCIIO will on the documents must be the user manual section c file	.zip, .csv, .tif, .tiff, .jpg, .j o be uploaded should not o not accept any document de-identified prior to docu	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	
Timportant: dentifiable In PHI or PII, the PII please see Browse for Choose File N UPLOAD	loc, .docx, .xls, .xlsx, .pdf, The documents required to formation (PII). CCIIO will en the documents must be the user manual section c file No file chosen	.zip, .csv, .tif, .tiff, .jpg, .j o be uploaded should not o not accept any document de-identified prior to docu	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: identifiable In PHI or PII, the PII please see *Browse for Choose File N UPLOAD	loc, .docx, .xls, .xlsx, .pdf, The documents required to formation (PII). CCIIO will en the documents must be the user manual section c file No file chosen	.zip, .csv, .tif, .tiff, .jpg, .j o be uploaded should not o not accept any document de-identified prior to docu 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: Identifiable In PHI or PII, the PII please see *Browse for Choose File N UPLOAD	loc, .docx, .xls, .xlsx, .pdf, The documents required to formation (PII). CCIIO will en the documents must be the user manual section c file No file chosen	.zip, .csv, .tif, .tiff, .jpg, .j o be uploaded should not o not accept any document de-identified prior to docu 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: Identifiable In PHI or PII, the PII please see *Browse for Choose File N UPLOAD	loc, .docx, .xls, .xlsx, .pdf, The documents required to formation (PII). CCIIO will en the documents must be the user manual section c file No file chosen	.zip, .csv, .tif, .tiff, .jpg, .j o be uploaded should not o not accept any document de-identified prior to docu 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: Identifiable In PHI or PII, the PII please see *Browse for Choose File N UPLOAD	loc, .docx, .xls, .xlsx, .pdf, The documents required to formation (PII). CCIIO will en the documents must be the user manual section c file No file chosen	.zip, .csv, .tif, .tiff, .jpg, .j o be uploaded should not o not accept any document de-identified prior to docu 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: Identifiable In PHI or PII, the PII please see *Browse for Choose File N UPLOAD	loc, .docx, .xls, .xlsx, .pdf, The documents required to formation (PII). CCIIO will en the documents must be the user manual section c file No file chosen	.zip, .csv, .tif, .tiff, .jpg, .j o be uploaded should not o not accept any document de-identified prior to docu 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 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	1 1.			All Elec (* *	8	~	
	Filen	ame: SFG_LOE_TEST (version 1).xlsx		 ✓ All Files (*.* 	_		
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 Identifiable Information (PII). 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. 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 Error: Extens .osd.	rrect the errors below roup Label is a required field. ion of uploaded file is invalid. Allow 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 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 - 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 Review submission page and	ase navigate to the "View a 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 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 - NoFEIN	View
	12/03/2017 6:25 PM	988888888		Manisha Company 2	View
	12/03/2017 6:31 PM	666655554		Manisha HPOES Other OrgTest	View
	-			orgreat	
	ACCESSIBIL	ITY RULES (OF BEHAVIOR WE	B POLICIES FILE FOR	MATS AND PLUG-INS
				A federal government website ma 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					
	Organization World Insuranc	e Company		Created By			
	Created Date 03/01/2017 12			Submission ID			
	Name			Title CEO			
	Address Line 101 Market Dr	1		Address Line 2			
	City			State			
	Anytown			VA			
	Zip Code			Zip Plus 4			
	24266			2426			
	Phone Numbe 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 World Insuranc	e Company		Created By		
	Created Date 12/10/2014 4:1	4 PM		Submission ID 35		
	Name			Title CEO		
	Address Line 1 123 Street	L		Address Line 2 Apt 1		
	City or Town: London			Province, Region or State: London		
	Country: United Kingdom			Zip Code or Postal PIN: W11 2BQ		
	Phone Number 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 ⇔	Actions
TestDoc.docx (11.06KB)	03/01/2017 11:56 AM	Test	▼ <u>Remove</u>
Submitted by: Document Description: Test Effective Start Date: 01/01/2017 Effective End Date: 12/31/2017 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 ⇔	Actions
aMLR Attestation Form7.pdf (182.14KB)	03/15/2017 1:14 PM	Des	► <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 ☆	Document Description ⇔	Actions
Speech 2.docx (16.85KB)	04/02/2018 1:10 PM	Test	▶ <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 ⊖	Document Description ⊖
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	▶ 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