

## **Complex Case Web Form**



# Presentation for Assisters

October 2023

This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator personnel in a Federally-facilitated Marketplace. The terms "Federally-facilitated Marketplace" and "FFM," as used in this document, include FFMs where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This material was produced and disseminated at U.S. taxpayer expense.

# **Agenda**

- Complex Case Description and Purpose of the Complex Case Web Form
- Prepare for Submitting a Complex Case
- Tips for Submitting a Complex Case
- What to Expect After Submitting a Complex Case
- How to Submit a Complex Case
- Resources



# **Complex Case Description**

#### **Complex Case Description:**

- A complex case is a case involving a single consumer or tax household where the assister has been unable to resolve a specific issue on the consumer or tax household's application for Marketplace coverage.
- Complex cases are not policy questions or general questions about the Marketplace application.
- Only federally certified application counselors (CACs) or Navigators in a Federally-facilitated
   Marketplace (FFM) may submit complex cases.

#### Purpose of the Complex Case Web Form:

- This web form allows you to submit a complex case for investigation by the Complex Case Help Center (CCHC) team.
- This web form also allows you to report when a consumer communicates that they have been enrolled in a health plan without their knowledge or consent or their health plan has been changed without their knowledge or consent. When reporting these cases, an attempt at resolution of the issue with the Marketplace call center before submitting the complex case is not required.

For policy, programmatic, or general questions, contact us at AssisterQuestions@cms.hhs.gov.

# Prepare for Submitting a Complex Case

#### To prepare for submitting a complex case:

- Attempt to resolve the case at the Marketplace Call Center. (Not required if consumer reports they were enrolled in a Marketplace plan without their knowledge or consent or had their plan changed without their knowledge or consent).
- Confirm that the consumer's contact information is up to date on their application.
- Collect all necessary information, including:
  - Phone number you used to call the Marketplace Call Center, date, and summary of discussion;
  - Submitter's full name, email address, job title, and phone number;
  - Assister's ID, organization name and organization type, full name, email address, job title, and phone number;
  - Consumer's application ID, state, is the case medically urgent, is there an open appeal and corresponding appeal information;
  - Complex Case summary, desired results of the Consumer; and
  - Supporting documents (if applicable).

# Reporting Health Plan Change Without Prior Knowledge or Consent

To report a health plan enrollment or plan change without the consumer's prior knowledge or consent:

- Confirm that the consumer's contact information is up to date on their application.
- Collect all necessary information, including:
  - Submitter's full name, email address, job title, and phone number.
  - Assister's ID, organization name and organization type, full name, email address, job title, and phone number;
  - Consumer's application ID, state, is the case medically urgent, is there an open appeal and corresponding appeal information;
  - Complex Case summary (include previous plan name, if applicable, and new plan name), desired results of the Consumer; when change was first noticed; and
  - Supporting documents (if applicable).

# **Tips for Submitting a Complex Case**

#### Tips for submitting a complex case:

- Completion and submission of the complex case web form MUST be done in a single session. If you exit the web form at any point prior to submission, all entered data will be lost.
- Do NOT include any personally identifiable information (PII) or protected health information (PHI). PII consists of consumer name, address, social security number, etc. However, you will need to submit an Application ID.
- If submitting attachments, you MUST redact (black out/white out) any PII or PHI from any documentation submitted (e.g., appeal notice, notice of eligibility determination, letters from the Marketplace, etc.).
- Please do NOT submit any medical records or immigration documents. We cannot accept this information and we will delete it.
- If your entries exceed the character limit in the text fields, you can include an attachment with the remaining information you were unable to include.

# What to Expect After Submitting a Complex Case

#### After you submit a complex case:

- You will receive a confirmation email containing the information submitted on the web form and a unique identifier for your case.
- The CCHC team will contact the consumer directly to discuss the case.
- If the CCHC team cannot contact the consumer, they will contact the assister listed on the complex case.
- Either the submitter and/or assister can follow up on the status of your case by emailing <u>assisterquestions@cms.hhs.gov</u>.

## **How to Submit a Complex Case**

# Live Demonstration of the Complex Case Web Form



# **Welcome Page**



#### Welcome to the Complex Case Submission Web Form

User Guide

#### Introduction

This web form allows an assister to submit a complex case for investigation. A complex case is a case involving a single consumer or tax household where the assister has been unable to resolve a specific issue on the consumer or tax household's application for Marketplace coverage. Complex cases are not policy questions or general questions about the Marketplace application.

Only federally certified application counselors (CACs) and/or Navigators in a Federally-facilitated Marketplace (FFM) may submit complex cases. To be considered federally certified, CACs must have a current CAC certificate issued by a certified application counselor designated organization (CDO) with an active CMS-CDO agreement. Navigators must be affiliated with a current federally funded Navigator organization and have a current Navigator certificate.

If you are an Agent or Broker, please send your case to the Agent and Broker Mailbox at FFMProducer-AssisterHelpdesk@cms.hhs.gov.

Have you confirmed with the consumer that their phone number on the Marketplace application is current?





#### Disclaimer:

By using this web form you accept the terms and conditions. If you decline, you should not use the web form.

- This warning banner provides privacy and security notices consistent with applicable federal laws. directives, and other
  federal guidance for accessing this U.S. Government information system, which includes (1) this computer, (2) this computer
  network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a
  computer on this network.
- . This system is provided for Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- . By using this system, you understand and consent to the following:
  - The Government may monitor, record, and audit your system usage, including usage of personal devices and email
    systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy
    regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government
    purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored
    on this system.
- Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

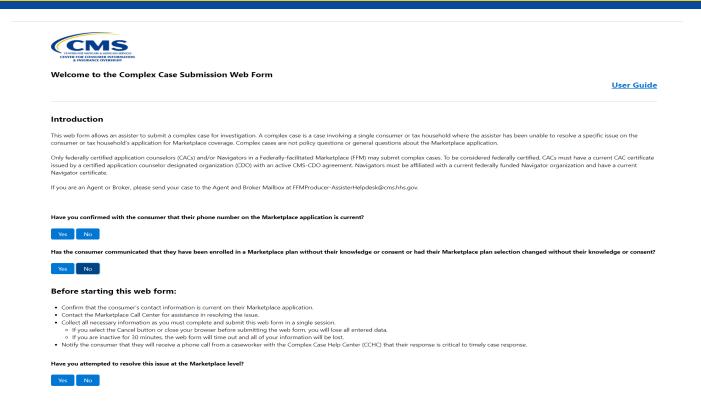
#### CMS/HHS Vulnerability Disclosure Policy

The Centers for Medicare & Medicaid Services (CMS) ("us," "we," or "our") is committed to ensuring the security of the American public by protecting their information from unwarranted disclosure, available at https://www.cms.gov/vulnerability-disclosure-policy.

#### CMS.gov Privacy Policy

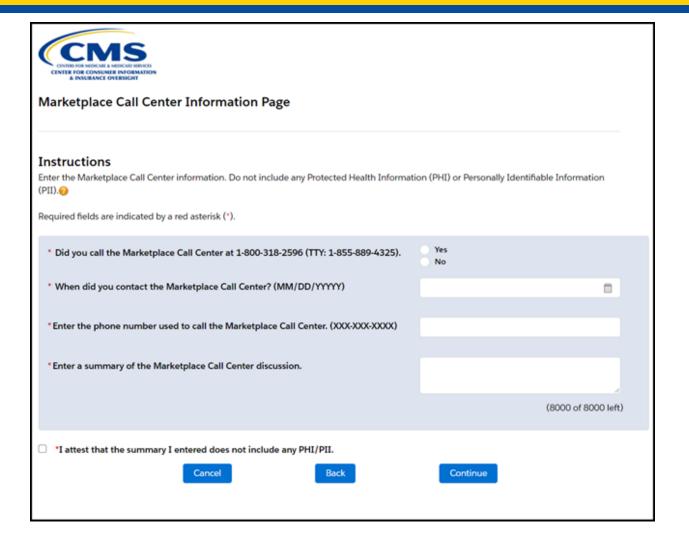
Protecting your privacy is very important to us. This privacy policy describes what information we collect, why we collect it, and what we do with it, available at https://www.cms.gov/privacy.

# Reporting a Complex Case

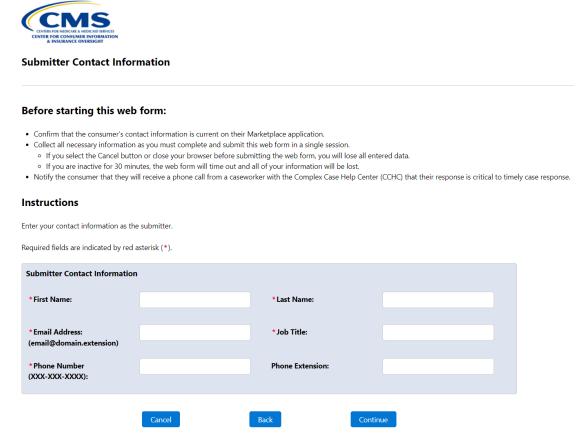


Note: When reporting a complex case, you must call the Marketplace Call center prior to submitting the complex case web form unless the consumer reports they were enrolled in Marketplace plan without their knowledge or consent or had their Marketplace plan changed without their knowledge or consent.

# **Marketplace Call Center Page**



# Reporting Health Enrollment or Plan Change Without Prior Knowledge or Consent



Note: When reporting a case where a consumer has communicated that they were enrolled in a Marketplace plan or had their Marketplace plan changed without their knowledge or consent, it is not necessary to call the Marketplace Call center before submitting the Complex Web form.

# **Submitter Contact Information Page**



#### **Submitter Contact Information**

#### Instructions

Enter your contact information as the submitter.

Required fields are indicated by red asterisk (\*)

Submitter Contact Information							
* First Name	First	* Last Name	Last				
*Email Address	flast@example.com	* Job Title	Example				
* Phone Number	555-555-5555	Phone Extension					





# **Assister Contact Information Page**



#### **Assister Contact Information Page**

Instructions  Enter the assister organization and assister contact information.  Required fields are indicated by red asterisk(*)							
*Assister Organization Name		Example Organization					
*Assister ID		TXCDOZ00					
* Assister Organization Type		Navigator CDO Other Description	n				
Select the Same as Submitter check box to auto populate the submitter's contact information. This check box only applies to one of these contacts. If the contact is not the submitter, enter the assister's contact information.							
Assister Contact Information Same as Submitter							
*First Name	First		*Last Name	Last			
*Email Address	flast@example.com		Job Title	Example			
*Phone Number	555-555-5555		Phone Extension				

# **Consumer Information Page**



#### **Consumer Information Page**

#### Instructions Enter the consumer information. Required fields are indicated by red asterisk(\*) \*Application ID 000000000 \*In what state does the consumer \* Is the case Medically Urgent? No Name of the Issuer Company? Optional HICS Case Number, if any? Optional Date issue was identified: Date consumer met or discussed case 000 with assister: Coverage application date: Where did the consumer apply for Select an Option \* Does the consumer have an open No Unknown **Issuer Appeal Number** Enter the date of the Appeal: Marketplace Appeal Number Marketplace Appeal Date:

Continue

# **Complex Case Details Page**



# Instructions Enter a summary of the consumer's issue. Please provide specific information about the steps taken to date to resolve the issue. Required fields are indicated by red asterisk(\*) \* Complex Case Summary Enter summary here. (4981 of 5000 left) Enter a brief description of the results the consumer is expecting. \* Results desired by the consumer Enter desired result here.

Do you have any supporting documents?
 Yes
 No







(4974 of 5000 left)

# **Supporting Documents Page**



#### **Supporting Documents Upload Page**

#### Instructions

Upload up to five supporting documents for your complex case, if applicable.

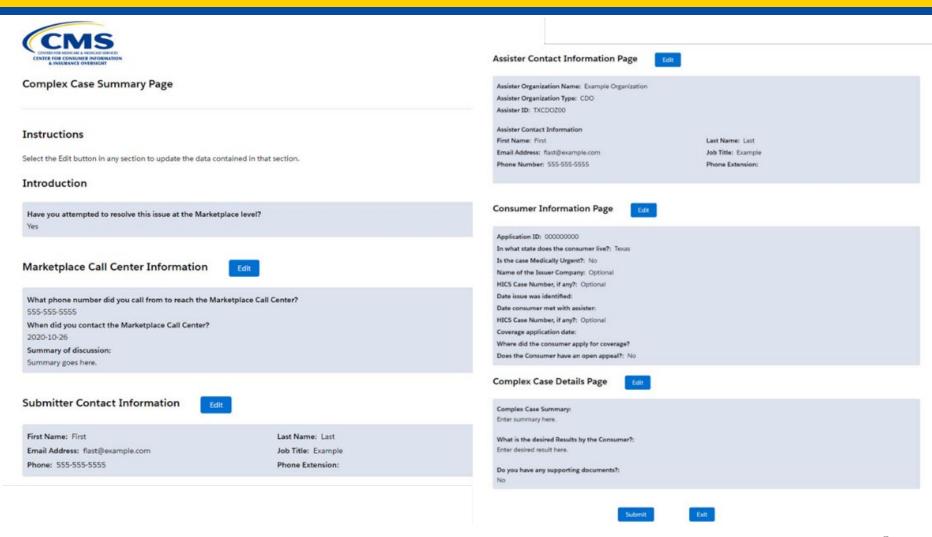
Please note: You must remove any PHI or any PII from the document you are uploading (e.g., appeal notice, notice of eligibility determination, letters for the Marketplace, etc.).

PHI consists of any information about the consumer's medical diagnosis. PII consists of consumer name, address, social security number, etc. The only information we need to resolve the complex case is the consumer's application ID and the phone number used by the consumer or assister to contact till Marketplace.

Please do NOT submit any medical records or immigration documents as we cannot accept this information and we will delete it.

Upload a File			
♣ Upload Files			
Upload Attachme	nt		
Cancel	В	ack	Continue

# **Complex Case Summary Page**



# Complex Case Summary Page for Reporting Health Plan Change



#### **Complex Case Summary Page**

#### Instructions

Each section below contains the information entered on previous pages of the web form. Please review each section carefully before submitting the web form. Select the Edit button in any section below to update the data from that page of the web form.

#### **Welcome Page Information**

Have you confirmed with the consumer that their phone number on the Marketplace application is current?  $\gamma_{\rm ES}$ 

Has the consumer communicated that they have been enrolled in a Marketplace plan without their knowledge or consent or had their Marketplace plan selection changed without their knowledge or consent?

Yes

Have you attempted to resolve this issue at the Marketplace level?

#### **Submitter Contact Information**



First Name: Test
Last Name: Nikki
Email Address: nikki@gmail.com
Job Title: Director
Phone: 678-888-8888
Phone Extension:

#### **Assister Contact Information Page**



Assister Organization Name: Test123
Assister Organization Type: Certified Application Counselor (CAC)

Assister ID: LACDOA0078906

Assister Contact Information

First Name: Test

Last Name: Nikki

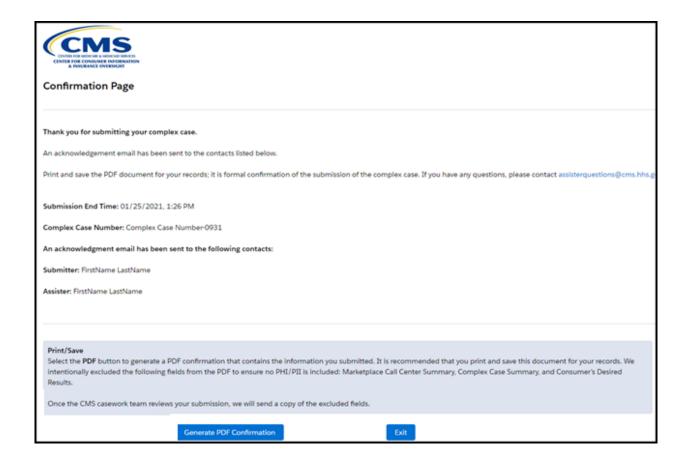
Email Address: nikki@gmail.com

Phone Number: 678-888-8888

Phone Extension:

Does the assister want the CMS casework team member to include them on the communication with the consumer? No

# **Confirmation Page**



### Resources

 To follow up on a complex case, email us at assisterquestions@cms.hhs.gov.