

Marketplace Casework Overview



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Where to Seek Help for Common Issues (Marketplace Call Center)

- **Account and Eligibility Matters**
 - Difficulty completing a Marketplace application
 - Password resets
 - Unlocking HealthCare.gov accounts
- **Data Match Issues**
 - Checking on the status of sent materials
- **Exemptions**
 - Needing an exemption certificate number (ECN)
 - Checking on the status of an exemption request

Where to Seek Help for Common Issues (Marketplace Call Center)

- **Special Enrollment Periods/Changes in Circumstance Examples**
 - Gaining/losing minimum essential coverage (MEC)
 - Birth/adoption of child
 - Changes in annual income
 - Requesting plan termination
- **Plan Compare**
 - Assistance reviewing available plans/costs
 - Identifying local assister resources in the community

Where to Seek Help for Common Issues (Marketplace Call Center)

- **1095-A Tax Forms**

- Requests for reprints or non-receipt of forms
 - Consumers are encouraged to first check their HealthCare.gov My Account to retrieve copies of their forms
- Mailing address corrections
 - Request will be forwarded to a CMS contractor for review and handling
- Disagreement with coverage period or other information on the form
 - Consumers should first check with their issuer and see what enrollment periods/APTC their issuer has on file

Where to Seek Help for Common Issues (Marketplace Issuers)

- **Issuer and Customer Relationship**

- Qualified health plan (QHP) issuers are typically in the best position to assist with addressing benefits and coverage Issues
- QHP issuers have trained representatives available to assist their customers
- The Marketplace Call Center can provide plan contact information if needed
 - Can also be found on My Account or plan materials (e.g. membership card)

Where to Seek Help for Common Issues (Marketplace Issuers)

- **Enrollment Issues**

- Delayed enrollment processing
- Requests for earlier termination dates than the Marketplace has awarded
- Incorrect application of APTC and/or CSR

- **Benefit Coverage**

- Questions about coverage and formularies
- Difficulty finding a network provider
- Excessive cost-sharing being charged
- Claims processing
- Internal claims appeals and external review

Where to Seek Help for Common Issues (Eligibility Appeals)

- **Consumers can appeal most Marketplace decisions within 90 days of the decision.**
 - Eligibility to buy a plan through the Marketplace (including catastrophic)
 - Eligibility for a special enrollment period
 - Eligibility for lower costs based on consumers' income
 - The amount of savings consumers are eligible for
 - Eligibility for Medicaid or Children's Health Insurance Program (CHIP)
 - Eligibility for an exemption from individual responsibility requirement
- **How to check on status?**
 - Consumer can call 1-855-231-1751 (TTY 855-899-4325)

What Is Casework?

- **Matters received by the Marketplace Call Center or CMS directly where:**
 - Research is needed by CMS, a CMS contractor, or issuer
 - Issues requiring CMS review (e.g. exceptional circumstance SEP requests)
 - Consumers indicate they have unsuccessfully first sought resolution with their issuer

How Is Casework Managed?

- **Cases are recorded in CMS' Health Insurance Casework System (HICS)**
 - Assigned to the applicable entity for review
 - CMS, contractor, and/or issuer
 - Most cases are assigned to issuers
 - Consumers informed of resolution, appeal rights (if any), and next steps
 - Health Insurance Marketplace Call Center can provide status of most HICS cases

CMS Casework Responsibilities

- **Approving/denying exceptional circumstance special enrollment periods (SEPs)**
- **Resolving complex cases, including 1095-A issues**
- **Monitoring issuer cases**
 - Providing technical assistance and helping issuers with their cases
 - Reviewing issuer casework volume, age of cases, and trends

What Else Is There to Know About Casework?

- **Consumers may receive follow-up telephone calls to learn more about their case**
 - If a consumer doesn't receive a call, it doesn't mean that the case is not being reviewed
- **Resolution times vary depending on the nature of the issue, current volume, and urgency**
 - Urgent medical need cases are expedited
- **Casework is the “last resort”**
 - Consumers/assisters should work through available resources, including their issuer when applicable, before looking to the casework process as a solution

Tips for Assisters

- **Encourage consumers to work closely with their issuer to resolve problems before turning to the Marketplace Call Center**
- **Help consumers review and understand Marketplace notices**
- **Encourage consumers to enroll early in the Open Enrollment period**
 - Allows issuers maximum time to process enrollment.
- **Help consumers give the Marketplace Call Center as much information as possible**
 - Can expedite action if casework is needed

Resources

- **How to File an Eligibility Appeal**
 - <https://www.healthcare.gov/marketplace-appeals>
- **Benefit Coverage Appeals**
 - <https://www.healthcare.gov/appeal-insurance-company-decision/>
- **Understanding 1095-A Forms**
 - <https://www.healthcare.gov/taxes/how-coverage-affects-taxes>