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:

- 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.

For policy, programmatic, or general questions, contact us at assisterquestions@cms.hhs.gov.
To prepare for submitting a complex case:

- Attempt to resolve the case at the Marketplace Call Center.
- 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).
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.

- 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 assisterquestions@cms.hhs.gov.
How to Submit a Complex Case

Live Demonstration of the Complex Case Web Form
Welcome to the Complex Case Submission Web Form

Introduction

This web form allows you 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) 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) in good standing. Navigators must be affiliated with a current federally funded Navigator Organization and have a current Navigator certificate.

Please note that you must complete and submit this web form in a single session. We recommend that you collect all necessary information before initiating the process. If you exit the web form without submitting, you will lose all entered data.

All submitters must first contact the Marketplace Call Center for assistance in resolving an issue prior to submitting a complex case.

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

Yes  No
Accuracy of Consumer Contact Information Page

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

- [ ] Yes
- [ ] No

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

- [ ] Yes
- [ ] No
Marketplace Call Center Information Page

Instructions
Enter the Marketplace Call Center information.

Required fields are indicated by a red asterisk (*).

* What phone number did you call from to reach the Marketplace Call Center? This is not the phone number you dialed to reach the call center; it is the phone number from which you placed the call to the Marketplace Call Center.

555-555-5555

* When did you contact the Marketplace Call Center?

Oct 26, 2020

* Summary of discussion

Summary goes here. (4982 of 5000 left)
Submitter Contact Information

Instructions

Enter your contact information as the submitter.

Required fields are indicated by red asterisk (*)

Submitter Contact Information

* First Name: First

* Email Address: flast@example.com

* Phone Number: 555-555-5555

* Last Name: Last

* Job Title: Example

Phone Extension: 

Back

Continue
# Assister Contact Information Page

**Instructions**

Enter the assister organization and assister contact information.

Required fields are indicated by red asterisk (*)

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assister Organization Name</td>
<td>Example Organization</td>
</tr>
<tr>
<td>Assister ID</td>
<td>TXCDOZ00</td>
</tr>
<tr>
<td>Assister Organization Type</td>
<td>Navigator</td>
</tr>
<tr>
<td></td>
<td>CDO</td>
</tr>
<tr>
<td></td>
<td>Other Description</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Assister Contact Information</th>
<th>Same as Submitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>First</td>
</tr>
<tr>
<td>Last Name</td>
<td>Last</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:First@example.com">First@example.com</a></td>
</tr>
<tr>
<td>Job Title</td>
<td>Example</td>
</tr>
<tr>
<td>Phone Number</td>
<td>555-555-5555</td>
</tr>
<tr>
<td>Phone Extension</td>
<td></td>
</tr>
</tbody>
</table>
Consumer Information Page

Instructions

Enter the consumer information.

Required fields are indicated by red asterisk (*).

- Application ID: 0000000000
- In what state does the consumer live?: Texas
- Is the case Medically Urgent?: No
- Name of the Issuer Company?: Optional
- HCIS Case Number, if any?: Optional
- Date issue was identified: 
- Date consumer met or discussed case with assister: 
- Coverage application date: 
- Where did the consumer apply for coverage?: Select an Option
- Does the consumer have an open appeal?: Yes
- Issuer Appeal Number: 
- Enter the date of the Appeal: 
- Marketplace Appeal Number: 
- Marketplace Appeal Date: 

[Back] [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.

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Enter a brief description of the results the consumer is expecting.

* Results desired by the consumer
Enter desired result here.

(4074 of 5000 left)

* Do you have any supporting documents?
  Yes
  No
Supporting Documents Upload Page

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

Please note: You MUST redact (black out/white out) any personally identifiable information (PII) from any documentation (appeal notice, notice of eligibility determination, letters from the Marketplace, etc.) submitted. 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 the Marketplace.

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

Upload Attachment

[Upload Files] Or drag files

Back Continue Exit
Complex Case Summary Page

Instructions

Select the Edit button in any section to update the data contained in that section.

Introduction

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

Marketplace Call Center Information

What phone number did you call from to reach the Marketplace Call Center?
555-555-5555
When did you contact the Marketplace Call Center?
2020-10-26
Summary of discussion:
Summary goes here.

Submitter Contact Information

First Name: First
Email Address: fast@example.com
Phone: 555-555-5555

Assister Contact Information

Assister Organization Name: Example Organization
Assister Organization Type: CDO
Assister ID: TXCOZ00
Assister Contact Information:
First Name: First
Email Address: fast@example.com
Phone Number: 555-555-5555

Consumer Information Page

Application ID: 00000000
In what state does the consumer live?: Texas
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 with assister:
HICS Case Number, if any?: Optional
Coverage application date:
Where did the consumer apply for coverage?
Does the Consumer have an open appeal?: No

Complex Case Details Page

Complex Case Summary:
Enter summary here.

What is the desired Results by the Consumer?:
Enter desired result here.

Do you have any supporting documents?:
No
Thank you for submitting your complex case for CMS review.

An acknowledgement email has been sent to the contacts listed below. Print and save the PDF document for your records; it is formal confirmation of the submission of the complex case. If you have any questions, please contact assistquestions@hhs.gov.

Submission End Time: 10/29/2020, 6:46 PM
Complex Case Number: 0735

An acknowledgement email has been sent to the following contacts:

Submitter: First Last
Assister: First Last

Print/Save
Select the PDF button to generate a PDF confirmation that contains the information you submitted. It is recommended that you print and save this document for your records.
Resources

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