

Complex Case Web Form User Guide





Table of Contents

A.	Introduction	1
B.	Welcome to the Complex Case Submission Web Form Page	3
C.	Marketplace Call Center Information Page	6
D.	Submitter Contact Information Page	8
E.	Assister Contact Information Page.....	10
F.	Consumer Information Page.....	14
G.	Complex Case Details Page	18
H.	Supporting Documents Upload Page.....	21
I.	Complex Case Summary Page.....	23
J.	Confirmation Page.....	25



Table of Exhibits

Figure 1: Cancel Button.....	3
Figure 2: Page Navigation Buttons	3
Figure 3: Welcome to the Complex Case Submission Web Form Page	4
Figure 4: Question 1 – Consumer Phone Number Confirmation	5
Figure 5: Question 1 – Consumer Phone Number Confirmation Error Message	5
Figure 6: Question 2 – Marketplace Plan Enrollment Question.....	5
Figure 7: Question 3 – Marketplace Resolution	6
Figure 8: Question 3 – Marketplace Resolution Error Message.....	6
Figure 9: Marketplace Call Center Information Page	7
Figure 10: Marketplace Call Center Phone Number Yes or No Radio Buttons	7
Figure 11: Date Assister Contacted the Marketplace Call Center Field.....	7
Figure 12: Phone Number Used to Call the Marketplace Call Center Field	8
Figure 13: Summary of Marketplace Call Center Conversation Field.....	8
Figure 14: Marketplace Call Center Discussion Attestation Statement Checkbox.....	8
Figure 15: Marketplace Call Center Page Continue Button	8
Figure 16: Submitter Contact Information Page	9
Figure 17: Submitter Contact Information Fields.....	10
Figure 18: Submitter Contact Information Page Continue Button.....	10
Figure 19: Assister Contact Information Page.....	10
Figure 20: Assister’s Organization Name Field.....	11
Figure 21: Assister Type Field.....	11
Figure 22: Assister ID Field	11
Figure 23: Assister Contact Information – Same as Submitter Checkbox.....	12
Figure 24: Assister Contact Information Field.....	12
Figure 25: Assister Request to be Included on Communication with the Consumer.....	13
Figure 26: Navigator Project Officer – Same as Submitter Checkbox	13
Figure 27: Navigator Project Officer Contact Information Fields.....	14
Figure 28: Assister Contact Information Page Continue Button	14
Figure 29: Consumer Information Page.....	15
Figure 30: Marketplace Application ID Field	15
Figure 31: Consumer State of Residence Pick List.....	16
Figure 32: Consumer City of Residence Field	16
Figure 33: HICS Radio Buttons.....	16
Figure 34: HICS Case Number Field	16
Figure 35: Is the Consumer’s Case Medically Urgent Yes or No Radio Buttons	16
Figure 36: Optional Fields	17
Figure 37: Open Appeal Radio Buttons.....	17
Figure 38: Appeal Information Fields.....	17
Figure 39: Consumer Information Page Continue Button	18
Figure 40: Complex Case Details Page.....	18
Figure 41: Complex Case Summary Field.....	19
Figure 42: Complex Case Summary Attestation Field.....	19



Figure 43: Consumer’s Desired Results Field	20
Figure 44: Consumer’s Desired Results Attestation Statement Checkbox	20
Figure 45: Supporting Documents Radio Buttons	20
Figure 46: Complex Case Details Page Continue Button.....	21
Figure 47: Supporting Documents Upload Page	21
Figure 48: Upload Files Drop – Files Buttons	22
Figure 49: Upload Attachment Button	22
Figure 50: Checkbox Selected Does Not Contain PHI/PII.....	23
Figure 51: Supporting Documents Upload Page Continue Button	23
Figure 52: Complex Case Summary Page.....	24
Figure 53: Complex Case Summary Page Edit Button	25
Figure 54: Complex Case Summary Page Submit Button.....	25
Figure 55: Confirmation Page.....	26
Figure 56: Confirmation Page Exit Button.....	27



A. Introduction

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. The Complex Case web form allows assisters to submit a Complex Case for investigation. The form also allows assisters 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.

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.

This user guide provides instructions for completing the Complex Case web form.

1. Before Starting the Web Form

Before you get started, complete the following actions:

- Confirm that the consumer's contact information is current on their Marketplace application.
- Contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) for assistance in resolving the issue unless you are reporting that a consumer has communicated to you that they were enrolled in a Marketplace health plan without their knowledge or consent, or their Marketplace Health plan was changed without their knowledge or consent. You do not have to contact the Marketplace call center prior to submitting a complex case if you are reporting a consumer was enrolled in a Marketplace plan or had their Marketplace plan switched without their consent. In all other cases, you must contact the Marketplace call center before submitting a complex case.
- Collect all necessary information.
 - **You must complete the Complex Case web form in a single session.**
 - If you select the **Cancel** button or close your browser before submitting the web form, you will lose all entered data.
 - If you are inactive for 30 minutes, the web form will time out, and all your information will be lost.
- Notify the consumer that they will receive a phone call from a caseworker with the Complex Case Help Center (CCHC) and that their response is critical to timely case response.



2. Helpful Tips for Completing the Web Form

All pages of the web form contain required and/or optional fields. All required fields are indicated with a red asterisk (*). If you attempt to proceed to the next page of the web form without completing all required fields, the web form will display an error message indicating which fields are required to proceed.

When completing this web form, do not include any personally identifiable information (PII) or protected health information (PHI). There are specific fields on the web form that will ask you to attest that the information you entered and any documents you attached to your submission do not include any PII or PHI.

- PII is information that can be used to distinguish or trace an individual's identity either alone or when combined with other information that is linked or linkable to a specific individual. Examples of PII assisters may collect, disclose, access, maintain, store, and/or use when helping consumers in the Marketplace include name, phone number, email address, birth date, and Social Security Number (SSN). Note: This list is not exhaustive.
- The Health Insurance Portability and Accountability Act of 1996 protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)." "Individually identifiable health information" is information, including demographic data, that relates to the individual's past, present, or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.

If including supporting documentation, **do not** submit any medical records or immigration documents. The review team cannot accept and will delete this information from the Complex Case submission. You must redact (black out/white out) any PII from any documentation, letters from the Marketplace, etc. The only information needed to resolve a Complex Case is the consumer's application ID and the phone number used by the consumer or assister to contact the Marketplace Call Center.

3. Web Form Navigation Features

The Complex Case web form contains navigational buttons at the bottom of each page. While submitting your Complex Case information, follow the navigational guidance below.

- To exit the web form, select the **Cancel** button. The web form will display a pop-up window asking if you want to exit the web form.
 - Select the **OK** button to continue exiting the web form. If you select this option, you will lose all information entered up to this point, the session will close, and you will have to start the web form over again to submit the Complex Case.
 - Select the **Cancel** button to return to the web form.



Figure 1: Cancel Button

- To return to the previous page of the web form, select the **Back** button.
- To advance to the next page of the web form, select the **Continue** button.

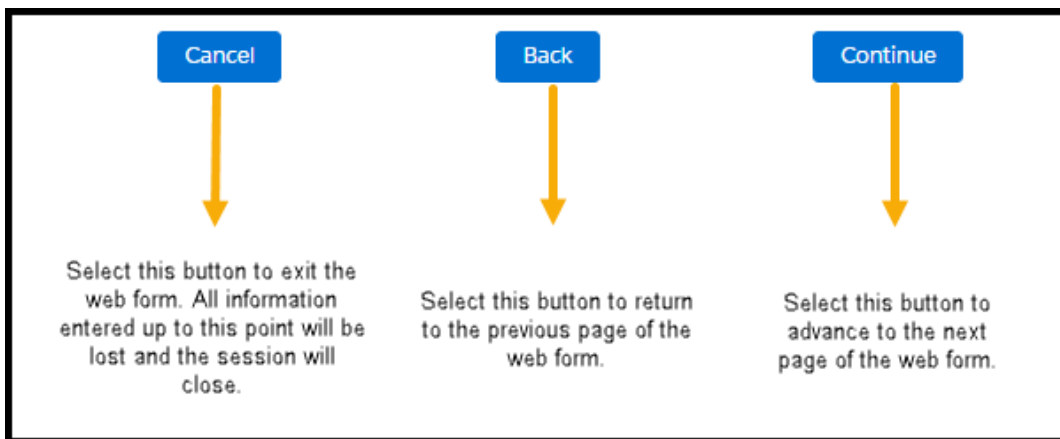


Figure 2: Page Navigation Buttons

B. Welcome to the Complex Case Submission Web Form Page

The “Welcome to the Complex Case Submission Web Form” page contains an Introduction section describing the web form, audience, and navigational features. This page includes questions you must complete before submitting the Complex Case web form.



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>.

Figure 3: Welcome to the Complex Case Submission Web Form Page



1. Consumer Contact Information Question

You must respond to the first question on the “Welcome” page: Have you confirmed with the consumer that their phone number on the Marketplace application is current?

Select the **Yes** or **No** button to indicate your response.

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

Yes No

Figure 4: Question 1 – Consumer Phone Number Confirmation

- If you select **Yes**, proceed to [Section B.2.](#) below.
- If you select **No**, an error will appear, and you must confirm the accuracy of the consumer's phone number on the Marketplace application before proceeding.

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

Yes No

You must confirm with the consumer that the phone number listed on their Marketplace application is current before submitting this web form.

Figure 5: Question 1 – Consumer Phone Number Confirmation Error Message

2. Marketplace Plan Question

If you selected **Yes** to the first question on the “Welcome” page, you must respond to a second question before proceeding: 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?

Select the **Yes** or **No** button to indicate your response.

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 No

Figure 6: Question 2 – Marketplace Plan Enrollment Question

- If you select **Yes**, proceed to [Section D](#) below.
- If you select **No**, proceed to [Section B.3.](#)



3. Marketplace Call Center Question

If you selected **No** to the second question on the “Welcome” page, you must respond to a third question before proceeding: Have you attempted to resolve this issue with the Marketplace Call Center?

Select the **Yes** or **No** button to indicate your response.

Before starting this web form:

- Confirm that the consumer’s contact information is current on their Marketplace application.
- Contact the Marketplace Call Center for assistance in resolving the issue.
- Collect all necessary information as you must complete and submit this web form in a single session.
 - If you select the Cancel button or close your browser before submitting the web form, you will lose all entered data.
 - If you are inactive for 30 minutes, the web form will time out and all of your information will be lost.
- Notify the consumer that they will receive a phone call from a caseworker with the Complex Case Help Center (CCHC) that their response is critical to timely case response.

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

Figure 7: Question 3 – Marketplace Resolution

- If you select **Yes**, proceed to [Section C](#) below.
- If you select **No**, an error message will appear, and you must contact the Marketplace Call Center before proceeding.

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

You must contact the Marketplace Call Center as a first level resolution before submitting this web form. The Marketplace Call Center is available to assist all consumers and can be reached at 1-800-318-2596 (TTY: 1-855-889-4325).

Figure 8: Question 3 – Marketplace Resolution Error Message

C. Marketplace Call Center Information Page

The “Marketplace Call Center Information Page” contains fields pertaining to the phone call made to the Marketplace Call Center. You need to respond to these questions before entering information specific to your Complex Case.



Marketplace Call Center Information Page

Instructions
Enter the Marketplace Call Center information. Do not include any Protected Health Information (PHI) or Personally Identifiable Information (PII).

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

* Did you call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). Yes No

* When did you contact the Marketplace Call Center? (MM/DD/YYYY)

* Enter the phone number used to call the Marketplace Call Center. (XXX-XXX-XXXX)

* Enter a summary of the Marketplace Call Center discussion.
(8000 of 8000 left)

* I attest that the summary I entered does not include any PHI/PII.

Figure 9: Marketplace Call Center Information Page

To complete the “Marketplace Call Center Information Page”:

Step 1. Select the **Yes** or **No** radio button to indicate whether the assister called the Marketplace Call Center at 1-800-318-2596 (TTY 1-855-889-4325).

* Did you call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). Yes No

Figure 10: Marketplace Call Center Phone Number Yes or No Radio Buttons

Step 2. Use the calendar function to enter the date when the assister contacted the Marketplace Call Center. The format for this field is MM/DD/YYYY.

* When did you contact the Marketplace Call Center? (MM/DD/YYYY)

Figure 11: Date Assister Contacted the Marketplace Call Center Field

Step 3. Enter the phone number from which the assister called the Marketplace Call Center in the following format: xxx-xx-xxxx.



Figure 12: Phone Number Used to Call the Marketplace Call Center Field

Note: This is not the phone number you dialed to reach the Call Center. This is the phone number from which you placed the call to the Marketplace Call Center. The submitter must enter the phone number in the following format: xxx-xx-xxxx.

Step 4. Enter a summary of the assister’s conversation with the Marketplace Call Center in the text field. When completing this field, do not include any PHI or PII.

Figure 13: Summary of Marketplace Call Center Conversation Field

Step 5. Select the **checkbox** to attest that the summary you entered does not include any PHI or PII.

Figure 14: Marketplace Call Center Discussion Attestation Statement Checkbox

Step 6. Select the **Continue** button to proceed to the next page of the web form.

Figure 15: Marketplace Call Center Page Continue Button

D. Submitter Contact Information Page

The “Submitter Contact Information” page contains fields pertaining to your contact information as the submitter of the Complex Case. All required fields are indicated with a red asterisk (*).



Submitter Contact Information

Instructions

Enter your contact information as the submitter.

Required fields are indicated by red asterisk (*).

Submitter Contact Information

* First Name: * Last Name:

* Email Address: * Job Title:
(email@domain.extension)

* Phone Number Phone Extension:
(XXX-XXX-XXXX):

Figure 16: Submitter Contact Information Page

To complete the “Submitter Contact Information” page:

- Step 1.** Enter your First Name and Last Name.
- Step 2.** Enter your Email Address in the following format: email@domain.extension.
- Step 3.** Enter your Job Title.
- Step 4.** Enter your Phone Number in the following format: xxx-xxx-xxxx.
- Step 5.** If applicable, enter a phone extension.



Instructions

Enter your contact information as the submitter.

Required fields are indicated by red asterisk (*).

Submitter Contact Information

* First Name: * Last Name:

* Email Address: * Job Title:
(email@domain.extension)

* Phone Number: Phone Extension:
(XXX-XXX-XXXX)

Figure 17: Submitter Contact Information Fields

Step 6. Select the **Continue** button to proceed to the next page of the web form.

Figure 18: Submitter Contact Information Page Continue Button

E. Assister Contact Information Page

The “Assister Contact Information Page” contains fields pertaining to the assister’s information. All required fields are indicated with a red asterisk (*).

Assister Contact Information Page

Instructions

Enter the assister organization and assister contact information.

Required fields are indicated by red asterisk (*).

* Assister Organization Name:

* Assister Type:

- Navigator
- Certified Application Counselor (CAC)
- Other Assister Type Description

Assister ID: *If you assisted the consumer as a CAC, enter your CAC ID. If you assisted the consumer as a Navigator, enter your Navigator ID. If you are a CAC or Navigator, this field is required.*

Figure 19: Assister Contact Information Page



To complete the top portion of the “Assister Contact Information Page”:

Step 1. Enter the Assister’s Organization Name in the text field.

Figure 20: Assister’s Organization Name Field

Step 2. the **radio button** that best describes the type of assister who helped the consumer with this issue:

- a. Navigator
- b. Certified Application Counselor (CAC)
- c. Other Assister Type Description – if you select this option, enter a description of the assister type in the field provided.

Figure 21: Assister Type Field

Step 3. Enter the assister’s ID in the Assister ID text field.

Figure 22: Assister ID Field

- a. If you select the **Other Assister Type Description** option as the Assister Type, the web form will not require you to enter an assister ID.
- b. If the assister serves as a CAC, enter a CAC ID. If the assister serves as a Navigator, enter a Navigator ID. Refer to the note below for examples of the appropriate format to use for each assister ID type.

Note:

- Example CAC ID: DECDOA1200001
- Example Navigator ID: INNAVC1234567

Based on your selections in the top portion of the “Assister Contact Information Page,” the web form will populate additional sections for you to complete.



For all three assister type options, the Assister Contact Information section will appear. This is where you will enter the contact information for the assister associated with the Complex Case.

If you are the assister affiliated with this Complex Case, select the **Same as Submitter** checkbox to auto-populate your information into the Assister Contact Information fields.

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	<input type="text"/>	* Last Name	<input type="text"/>
* Email Address (email@domain.extension)	<input type="text"/>	Job Title	<input type="text"/>
* Phone Number (XXX-XXX-XXXX)	<input type="text"/>	Phone Extension	<input type="text"/>

Figure 23: Assister Contact Information – Same as Submitter Checkbox

If you are submitting this web form on behalf of an assister, complete the Assister Contact Information section following the steps below.

- Step 1.** Enter the assister’s First Name and Last Name.
- Step 2.** Enter the assister’s Email Address in the following format: email@domain.extension.
- Step 3.** Enter the assister’s Job Title.
- Step 4.** Enter the assister’s Phone Number in the following format: xxx-xxx-xxxx.
- Step 5.** If applicable, enter a phone extension.

Assister Contact Information Same as Submitter

* First Name	<input type="text"/>	* Last Name	<input type="text"/>
* Email Address (email@domain.extension)	<input type="text"/>	Job Title	<input type="text"/>
* Phone Number (XXX-XXX-XXXX)	<input type="text"/>	Phone Extension	<input type="text"/>

Figure 24: Assister Contact Information Field

Assisters have the option to request to be included in all communication with the consumer regarding the Complex Case.

- Step 6.** Select the **Yes** or **No** radio button to indicate the assister’s preference whether or not to be included in communication with the consumer.



* Does the assister want the CMS casework team member to include them on the communication with the consumer? *The casework review team will present this request to the consumer. If the consumer approves this request, we will include the assister in communication with the consumer. If the consumer does not approve this request, we will notify the assister in an email.*

Yes
 No

Figure 25: Assister Request to be Included on Communication with the Consumer

If you select **Navigator** as the Assister Type, the web form will display the CMS Project Officer Contact Information section.

If you are the CMS Project Officer affiliated with this Complex Case, select the **Same as Submitter** checkbox to auto-populate your information into the Project Officer Contact Information fields.

Project Officer Contact Information Same as Submitter

Enter your Project Officer's information.

* First Name	<input type="text"/>	* Last Name	<input type="text"/>
* Email Address (email@domain.extension)	<input type="text"/>	Job Title	<input type="text"/>
Phone Number (XXX-XXX-XXXX)	<input type="text"/>	Phone Extension	<input type="text"/>

Figure 26: Navigator Project Officer – Same as Submitter Checkbox

If you are not a CMS Project Officer, complete the Project Officer Contact Information section following the steps below.

- Step 1.** Enter the Project Officer's First Name and Last Name.
- Step 2.** Enter the Project Officer's Email Address in the following format: email@domain.extension.
- Step 3.** Enter the Project Officer's Job Title.
- Step 4.** Enter the Project Officer's Phone Number in the following format: xxx-xxx-xxxx.
- Step 5.** If applicable, enter a phone extension.



Project Officer Contact Information Same as Submitter

Enter your Project Officer's information.

* First Name	<input type="text"/>	* Last Name	<input type="text"/>
* Email Address (email@domain.extension)	<input type="text"/>	Job Title	<input type="text"/>
Phone Number (XXX-XXX-XXXX)	<input type="text"/>	Phone Extension	<input type="text"/>

Figure 27: Navigator Project Officer Contact Information Fields

Step 6. Select the **Continue** button to proceed to the next page of the web form.

Figure 28: Assister Contact Information Page Continue Button

F. Consumer Information Page

The “Consumer Information Page” contains fields pertaining to the Complex Case and the consumer involved in the Complex Case. All required fields are indicated with a red asterisk (*).



Consumer Information Page

Instructions

Enter the consumer information.

Required fields are indicated by red asterisk (*).

* Marketplace Application ID: (Must be 9 or 10 numbers)

* In what state does the consumer live?

* In what city does the consumer live?

* Was this case escalated and assigned a Health Insurance Casework System (HICS) case number? Yes No Unknown

HICS Case Number, if any?

* Is the consumer's case medically urgent?

Name of the Issuer Company?

Date Issue was Identified: (MM/DD/YYYY)

Date consumer met or discussed case with assister: (MM/DD/YYYY)

Date consumer applied for Marketplace Coverage: (MM/DD/YYYY)

* Does the consumer have an open appeal? If yes, the status of the appeal decision will determine whether or not the review team will work your case at this time. Yes No Unknown

Issuer Appeal Number:

Issuer Appeal Date: (MM/DD/YYYY)

Marketplace appeal number:

Marketplace appeal date: (MM/DD/YYYY)

Figure 29: Consumer Information Page

To complete the “Consumer Information Page”:

Step 1. Enter the full Marketplace Application ID. This entry must be nine or ten numbers.

* Marketplace Application ID: (Must be 9 or 10 numbers)

Figure 30: Marketplace Application ID Field

Step 2. Select the state where the consumer lives from the drop-down menu.



* In what state does the consumer live? Select an Option ▼

Figure 31: Consumer State of Residence Pick List

Step 3. Enter the city where the consumer lives in the text field.

* In what city does the consumer live?

Figure 32: Consumer City of Residence Field

Step 4. Select the **Yes**, **No**, or **Unknown** radio button to indicate whether the case was escalated and assigned a Health Insurance Casework System (HICS) case number.

* Was this case escalated and assigned a Health Insurance Casework System (HICS) case number? Yes No Unknown

Figure 33: HICS Radio Buttons

Note: A HICS case number is assigned to a consumer when a case escalates to a case worker.

Step 5. Enter the HICS case number.

HICS Case Number, if any?

Figure 34: HICS Case Number Field

Step 6. The **Yes** or **No** radio button to indicate whether the case is medically urgent.

* Is the consumer's case medically urgent? Select an Option ▼

Figure 35: Is the Consumer's Case Medically Urgent Yes or No Radio Buttons

Step 7. Enter the name of the issuer company.

Step 8. Enter the date the issue was identified in the following format: MM/DD/YYYY.

Step 9. Enter the date the consumer met or discussed the case with the assister in the following format: MM/DD/YYYY.

Step 10. Enter the date the consumer applied for Marketplace Coverage in the following format: MM/DD/YYYY.



Name of the Issuer Company?	<input type="text"/>
Date issue was identified: (MM/DD/YYYY)	<input type="text"/>
Date consumer met or discussed case with assister: (MM/DD/YYYY)	<input type="text"/>
Date consumer applied for Marketplace Coverage: (MM/DD/YYYY)	<input type="text"/>

Figure 36: Optional Fields

Step 11. Select the **Yes**, **No**, or **Unknown** radio buttons to indicate whether the consumer has an open appeal for the issue reported in this Complex Case. All required fields are indicated with a red asterisk (*).

* Does the consumer have an open appeal? If yes, the status of the appeal decision will determine whether or not the review team will work your case at this time.	<input type="radio"/> Yes
	<input type="radio"/> No
	<input type="radio"/> Unknown

Figure 37: Open Appeal Radio Buttons

If you select **Yes**, the web form will display additional fields for you to complete.

Step 12. Enter the Issuer Appeal Number. The format for this field is alphanumeric numbers.

Step 13. Enter the Issuer Appeal Date using the calendar function. The format for this field is MM/DD/YYYY.

Step 14. Enter the Marketplace Appeal Number. The format for this field is alphanumeric numbers.

Step 15. Enter the Marketplace Appeal Date in the following format: MM/DD/YYYY.

Issuer Appeal Number:	<input type="text"/>
Issuer Appeal Date: (MM/DD/YYYY)	<input type="text"/>
Marketplace appeal number:	<input type="text"/>
Marketplace appeal date: (MM/DD/YYYY)	<input type="text"/>

Figure 38: Appeal Information Fields

Step 16. Select the **Continue** button to proceed to the next page of the web form.



Figure 39: Consumer Information Page Continue Button

G. Complex Case Details Page

The “Complex Case Details Page” contains fields for you to enter a summary of the consumer’s issue(s). All required fields are indicated with a red asterisk (*).

WARNING: Do not include any PHI (including medical information) or PII. Any case that contains any of that information will not be processed.

Figure 40: Complex Case Details Page



To complete the “Complex Case Details Page”:

Step 1. Enter the specific details about the case in the Complex Case Summary text field. All required fields are indicated with a red asterisk (*).

Figure 41: Complex Case Summary Field

Step 2. Select the **checkbox** to indicate that you attest that the summary text you entered does not include any PHI or PII. All required fields are indicated with a red asterisk (*).

Figure 42: Complex Case Summary Attestation Field

Step 3. Enter the specific results the consumer desires in the Consumer’s Desired Results text field. All required fields are indicated with a red asterisk (*).



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

* Results desired by the consumer

(5000 of 5000 left)

* I attest that the consumer's desired results summary I entered does not include any PHI/PII.

Figure 43: Consumer's Desired Results Field

Step 4. Select the **checkbox** to indicate that you attest that the consumer's desired results summary you entered does not include any PHI or PII.

* Results desired by the consumer

(5000 of 5000 left)

* I attest that the consumer's desired results summary I entered does not include any PHI/PII.

Figure 44: Consumer's Desired Results Attestation Statement Checkbox

Step 5. Select the **Yes** or **No** radio button to indicate whether you have any supporting documentation you want to include as part of your Complex Case submission.

* Do you have any supporting documents?

Yes

No

Figure 45: Supporting Documents Radio Buttons

- a. If you select **Yes**, the web form will navigate to the "Supporting Documents Upload" page. Refer to [Section H](#) of this document for instructions.
- b. If you select **No**, the web form will navigate to the "Complex Case Summary" page. Refer to [Section I](#) of this document for instructions.

Step 6. Select the **Continue** button to proceed to the next page of the web form.



Figure 46: Complex Case Details Page Continue Button

H. Supporting Documents Upload Page

If you have supporting documentation you want to include as part of your Complex Case submission, you can upload these documents on the “Supporting Documents Upload Page.” You can upload up to five supporting documents for a Complex Case. All required fields are indicated with a red asterisk (*).

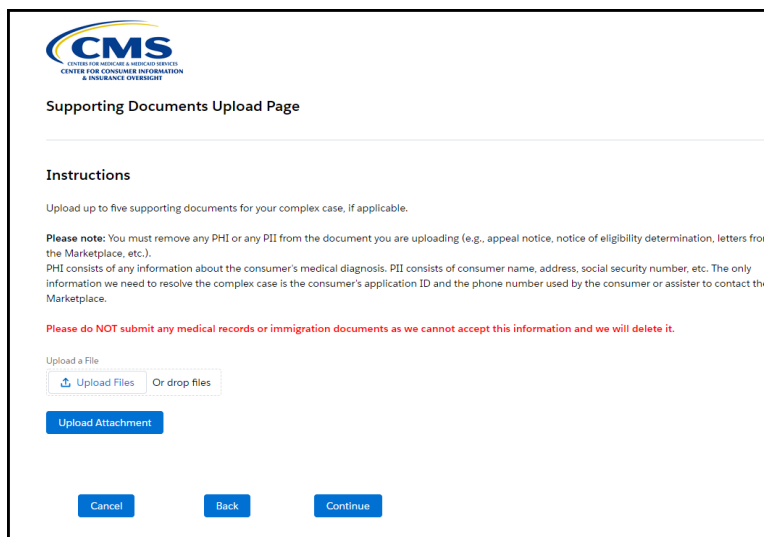


Figure 47: Supporting Documents Upload Page

If you do not have any documents to submit:

- Step 1.** Select the **Back** button to return to the “Complex Case Details Page.”
- Step 2.** Select the **No** radio button at the bottom of the “Complex Case Details Page” to indicate that you do not have any supporting documents.
- Step 3.** Select the **Continue** button to proceed to the “Complex Case Summary Page.”

To upload supporting documentation:

- Step 1.** Select the **Upload Files** button or the “Or drop files” option.



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 from 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 the 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

Or drop files

Figure 48: Upload Files Drop – Files Buttons

Step 2. Select the file you want to upload.

Step 3. Select the **Upload Attachment** button.

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 from 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 the 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

Or drop files

Figure 49: Upload Attachment Button

If a document is uploaded by mistake, select the Delete option to remove it.

Step 4. Select the **checkbox** to attest that the documents you uploaded do not include any PHI or PII.



*I attest that the summary I entered does not include any PHI/PII.

Figure 50: Checkbox Selected Does Not Contain PHI/PII

Step 6. Select the **Continue** button to proceed to the next page of the web form.




Cancel Back Continue

Figure 51: Supporting Documents Upload Page Continue Button

I. Complex Case Summary Page

The “Complex Case Summary Page” contains all the information you entered on the web form.





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?
Yes

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?
No

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

Marketplace Call Center Information Page [Edit](#)

Did you call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)?
Yes

When did you contact the Marketplace Call Center?
06/18/2023

What phone number did you call from to reach the Marketplace Call Center?
555-555-5555

Summary of the Marketplace Call Center discussion:
Summary Comments

I attest that the summary I entered does not include any PHI/PII.

Submitter Contact Information [Edit](#)

First Name: FirstName	Last Name: LastName
Email Address: first.last@domain.ext	Job Title: Title
Phone: 555-555-5555	Phone Extension:

Assister Contact Information Page [Edit](#)

Assister Organization Name: Org

Assister Organization Type: Certified Application Counselor (CAC)

Assister ID: FLCDOA1200001

Assister Contact Information

First Name: FirstName	Last Name: LastName
Email Address: first.last@domain.ext	Job Title: Title
Phone Number: 555-555-5555	Phone Extension:

Does the assister want the CMS casework team member to include them on the communication with the consumer? Yes

Consumer Information Page [Edit](#)

Marketplace Application ID: 123456789

In what state does the consumer live? Florida

In what city does the consumer live? Any

Was this case escalated and assigned a Health Insurance Casework System (HICS) case number? No

HICS case number, if any:

Is the case medically urgent? No

Name of the issuer company:

Date issue was identified:

Date consumer met or discussed case with assister:

Date consumer applied for Marketplace Coverage:

Does the consumer have an open appeal? No

Complex Case Details Page [Edit](#)

Complex Case Summary:
Complex Case Summary

Summary:
 I attest that the complex case summary I entered does not include any PHI/PII.

Consumer's desired results:
Desired Results

Summary:
 I attest that the consumer's desired results summary I entered does not include any PHI/PII.

Do you have any supporting documents?
No

[Cancel](#) [Submit](#)

Figure 52: Complex Case Summary Page

Before submitting the Complex Case:

Step 1. Review each section for completion.



Step 2. If you need to edit any information, select the **Edit** button next to the section header that corresponds to the section you need to update.

The screenshot shows a form titled "Consumer Information Page" with an "Edit" button highlighted in a blue box. The form contains the following text:

Marketplace Application ID: 123222222
In what state does the consumer live? Texas
In what city does the consumer live? Copperas Cove
Was this case escalated and assigned a Health Insurance Casework System (HICS) case number? No
HICS case number, if any?
Is the case medically urgent? No
Name of the issuer company? Issuer
Date issue was identified: 01/01/2021
Date consumer met or discussed case with assister: 01/18/2021
Date consumer applied for Marketplace Coverage: 01/05/2021
Does the consumer have an open appeal? No

Figure 53: Complex Case Summary Page Edit Button

- a. Make the changes to the information as needed.
- b. Select the **Continue** button to return to the “Complex Case Summary Page.”

Step 3. Select the **Submit** button to complete your complex case submission or the **Cancel** button to cancel the submission. Selecting the **Cancel** button will open a popup window to confirm to cancel all information entered. When confirmed, all information entered up to this point will be lost, and it is not recoverable.



Figure 54: Complex Case Summary Page Submit Button

J. Confirmation Page

The “Confirmation Page” contains the Submission End Time, Complex Case Number, and a list of contacts who will receive an acknowledgement email. This page serves as your record for future reference and communication about your Complex Case submission.



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION
& INSURANCE OVERSIGHT

Confirmation Page

Thank you for submitting your complex case.

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 assisterquestions@cms.hhs.g

Submission End Time: 01/25/2021, 1:26 PM

Complex Case Number: Complex Case Number-0931

An acknowledgment email has been sent to the following contacts:

Submitter: FirstName LastName

Assister: FirstName LastName

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. We intentionally excluded the following fields from the PDF to ensure no PHI/PII is included: Marketplace Call Center Summary, Complex Case Summary, and Consumer's Desired Results.

Once the CMS casework team reviews your submission, we will send a copy of the excluded fields.

CMS Recommends

[Generate PDF Confirmation](#) [Exit](#)

Figure 55: Confirmation Page

CMS recommends that you download a PDF confirmation for your records.

Note: CMS intentionally excludes the following fields from the PDF to ensure no PHI or PII is included: Marketplace Call Center Summary, Complex Case Summary, **and** Consumer's Desired Results.

Once the CMS casework team reviews your submission, CMS will send a copy of these excluded fields in an email for your records.

To download a PDF confirmation:

- Step 1.** Select the **Generate PDF Confirmation** button.
- Step 2.** Save the file for your records.
- Step 3.** To exit the web form, select the **Exit** button.



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. We intentionally excluded the following fields from the PDF to ensure no PHI/PII is included: Marketplace Call Center Summary, Complex Case Summary, and Consumer's Desired Results.

Once the CMS casework team reviews your submission, we will send a copy of the excluded fields.

[Generate PDF Confirmation](#) [Exit](#)

Figure 56: Confirmation Page Exit Button

The web form will navigate back to the “Welcome to the Complex Case Submission Web Form” page. You can enter another Complex Case for submission or close out of the Complex Case Submission Web Form.

If you have any questions, contact assisterquestions@cms.hhs.gov.