

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 assisterquestions@cms.hhs.gov.

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?

Yes

No

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.
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- 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.

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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



Welcome to the Complex Case Submission Web Form

[User Guide](#)

Introduction

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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?

Yes No

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

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 (CCHO) that their response is critical to timely case response.

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

Yes No

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



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.

Reporting Health Enrollment or Plan Change Without Prior Knowledge or Consent



Submitter Contact Information

Before starting this web form:

- Confirm that the consumer's contact information is current on their Marketplace application.
- 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.

Instructions

Enter your contact information as the submitter.

Required fields are indicated by red asterisk (*).

Submitter Contact 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"/>

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	<input type="text" value="First"/>	* Last Name	<input type="text" value="Last"/>
* Email Address	<input type="text" value="flast@example.com"/>	* Job Title	<input type="text" value="Example"/>
* Phone Number	<input type="text" value="555-555-5555"/>	Phone Extension	<input type="text"/>

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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	<input type="text" value="Example Organization"/>
* Assister ID	<input type="text" value="TXCDOZ00"/>
* Assister Organization Type	<input type="radio"/> Navigator <input checked="" type="radio"/> CDO <input type="radio"/> Other Description
	<input type="text"/>

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" value="First"/>	* Last Name	<input type="text" value="Last"/>
* Email Address	<input type="text" value="flast@example.com"/>	Job Title	<input type="text" value="Example"/>
* Phone Number	<input type="text" value="555-555-5555"/>	Phone Extension	<input type="text"/>

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Consumer Information Page



Consumer Information Page

Instructions

Enter the consumer information.

Required fields are indicated by red asterisk (*)

* Application ID	<input type="text" value="000000000"/>
* In what state does the consumer live?	<input type="text" value="Texas"/>
* Is the case Medically Urgent?	<input type="text" value="No"/>
Name of the Issuer Company?	<input type="text" value="Optional"/>
HICS Case Number, if any?	<input type="text" value="Optional"/>
Date issue was identified:	<input type="text"/>
Date consumer met or discussed case with assister:	<input type="text"/>
Coverage application date:	<input type="text"/>
Where did the consumer apply for coverage?	<input type="text" value="Select an Option"/>
* Does the consumer have an open appeal?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
Issuer Appeal Number	<input type="text"/>
Enter the date of the Appeal:	<input type="text"/>
Marketplace Appeal Number	<input type="text"/>
Marketplace Appeal Date:	<input type="text"/>

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Complex Case Details Page



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.

(4974 of 5000 left)

*** Do you have any supporting documents?**

Yes

No

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Exit

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 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

 Upload Files Or drop files

Upload Attachment

Cancel

Back

Continue

Complex Case Summary Page



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

Edit

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

Edit

First Name: First

Email Address: flast@example.com

Phone: 555-555-5555

Last Name: Last

Job Title: Example

Phone Extension:

Assister Contact Information Page

Edit

Assister Organization Name: Example Organization

Assister Organization Type: CDO

Assister ID: TXCDOZ00

Assister Contact Information

First Name: First

Email Address: flast@example.com

Phone Number: 555-555-5555

Last Name: Last

Job Title: Example

Phone Extension:

Consumer Information Page

Edit

Application ID: 000000000

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

Edit

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

Submit

Exit

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?

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?

Yes

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

Submitter Contact Information

Edit

First Name: Test

Email Address: nikki@gmail.com

Phone: 678-888-8888

Last Name: Nikki

Job Title: Director

Phone Extension:

Assister Contact Information Page

Edit

Assister Organization Name: Test123

Assister Organization Type: Certified Application Counselor (CAC)

Assister ID: LACDOA0078906

Assister Contact Information

First Name: Test

Email Address: nikki@gmail.com

Phone Number: 678-888-8888

Last Name: Nikki

Job Title: Director

Phone Extension:

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

Consumer Information Page

Edit

Confirmation Page



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.gov

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.

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

Resources

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

