

# *Complex Case Web Form User Guide*



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## A. Introduction

A Complex Case is a case involving a single consumer or tax household for which an 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 Assistors to submit a Complex Case for investigation. The form also allows Assistors to report when a consumer communicates that they have been enrolled in a health plan without their knowledge or consent, or that their healthcare plan has been changed without their knowledge or consent.

Federally Certified Application Counselors (CACs) and/or Navigators in a Federally-facilitated Marketplace (FFM) may submit Complex Cases via the web form. 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. Other Assister groups, such as Enrollment Assistance Personnel and Center for Medicaid and Medicare Services (CMS) staff, for example project officers and OPOLE caseworkers, can submit a complex case.

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. If the consumer’s contact information is incorrect on the application, then select the **Yes** option and add a note in the case summary indicating that the consumer’s contact information is incorrect and to contact the Assister for the correct contact information.
- 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.
  - Note: Assistors do not have to contact the Marketplace Call Center prior to submitting a Complex Case if you or the consumer are reporting that the 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.** You will be able to submit multiple cases 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. The call will be incoming from an 855 area code.

## 2. Helpful Tips for Completing the Web Form

All pages of the web form contain required and/or optional fields. 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 Assistants may collect, disclose, access, maintain, store, and/or use when helping consumers in the Marketplace include name, phone number, email address, birth date, and/or Social Security Number (SSN). (**Note:** This list is not exhaustive.)
- The Health Insurance Portability and Accountability Act (HIPAA) 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 an 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, the phone number used by the consumer or Assister to contact the Marketplace Call Center (if applicable), and the state where the consumer resides. Remember, if the consumer is reporting an unauthorized enrollment or unauthorized plan switch, you do not have to contact the Call Center prior to submitting the complex case. If a consumer reports an unauthorized enrollment or plan change, this information should be noted on the web form and in the case summary.

## 3. Web Form Navigation Features

The Complex Case web form contains navigational buttons at the bottom of each page. Follow the navigational guidance below to submit your Complex Case information.

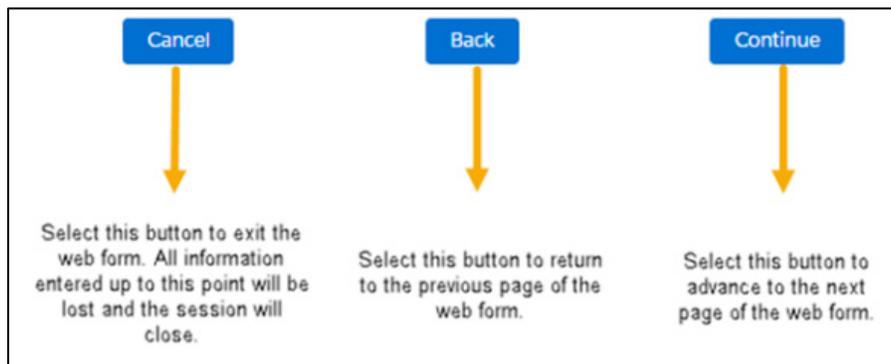


Figure 1: Navigation Buttons

- 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 **Back** button to return to the web form.

**Instructions**

Enter your contact information as the submitter.

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

**Submitter Contact Information**

\* First Name:  \* Last Name:

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

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

Buttons: Cancel, Back, Continue

Pop-up window: All information entered up to this point will be lost and the session will close. Use the original link you were provided to access the web form. Are you sure you want to exit? Buttons: OK, Cancel

Figure 2: 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, complete all required fields, then select the **Continue** button.



## B. Complete the Complex Case Web Form

The “Welcome to the Complex Case Submission Web Form” page contains an Introduction section describing the web form and the audience. Select the **Begin Form** button to proceed.

**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.

The web form will allow the assister to submit multiple complex cases in one session. Once the assister submits a complex case, they will receive a separate confirmation email for each submission.

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](mailto:FFMProducer-AssisterHelpdesk@cms.hhs.gov).

[Begin Form](#)

**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>.

Figure 3: Welcome Page

### 1. Contact Information Page

On the “Contact Information” page, you, as the submitter of the Complex Case, will input your contact information and, if another Assister is associated with the complex case, the Assister’s contact information on the “Contact Information Page.” All required fields are indicated with a red asterisk (\*).

**Step 1.** Complete the Submitter Contact Information section by inputting the following information:

- Your first name
- Your last name
- Your email address in the following format: email@domain.extension
- Your job title
- Your phone number in the following format: xxx-xxx-xxxx
- **Your phone extension**, if applicable.



## 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"/>

Figure 4: Submitter Contact Page

**Step 2.** Complete the first part of the Assister Contact Information section.

- Enter the Assister's Organization Name in the text field.
- Select the **radio button** that best describes the type of Assister who helped the consumer with this issue:
  - Navigator
  - Certified Application Counselor (CAC)
  - Other Assister Type Description – if you select this option, enter a description of the Assister type in the field provided (e.g., EAP).
- Enter the Assister's ID in the Assister ID text field.



- If the Assister serves as a Navigator, enter a Navigator ID in the format INNAVC1234567. If the Assister serves as a CAC, enter a CAC ID in the format DECDOA1200001.
- 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.

**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.*

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

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

**\* 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 5: Assister Fields



**Step 3.** Complete the second part of the Assister Contact Information section.

- If you are the Assister affiliated with this Complex Case, select the **Same as Submitter** checkbox to auto-populate your information from the Submitter Contact Information section into the Assister Contact Information section.
- If you are submitting this web form on behalf of an Assister, input the following information:
  - The Assister’s first name and last name
  - The Assister’s email address in the following format: email@domain.extension
  - The Assister’s job title
  - The Assister’s phone number in the following format: xxx-xxx-xxxx
  - The Assister’s phone extension, if applicable.
- Assisters have the option to request to be included in all communication with the consumer regarding the Complex Case. Note: If the consumer’s contact information is incorrect, the Assister will need to be contacted to provide the correct contact information. Select the **Yes** or **No** radio button to indicate the Assister’s preference whether to be included in communication with the consumer.

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"/>

\* 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 6: Assister Same as Submitter Checkbox

**Step 4.** Complete the Project Officer Contact Information section, if applicable.

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



- If you are the Assister affiliated with this Complex Case, select the **Same as Submitter** checkbox to auto-populate your information from the Submitter Contact Information section into the Project Officer Contact Information section.
- If you are submitting this web form on behalf of a Project Officer, input the following Project Officer contact information:
  - The Project Officer’s first name and last name
  - The Project Officer’s email address in the following format: email@domain.extension
  - The Project Officer’s job title
  - The Project Officer’s phone number in the following format: xxx-xxx-xxxx
  - The Project Officer’s phone extension, if applicable.

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 7: Project Officer Same as Submitter Checkbox

**Step 5.** Select the **Continue** button to proceed to the next page of the web form.

## 2. Screening Questions

The “Screening Questions” page has three screening questions, as shown in the figure below. Answers to these questions determine what part of the form needs to be completed next.

**Step 1.** You must answer **Yes** to the first question. Note: If the consumer’s contact information is incorrect, answer **Yes** and indicate in the Case Summary that the consumer’s contact information is incorrect and to contact you for the correct information.

**Step 2.** Answer the second question.

- If your answer is **Yes**, you will proceed to the “Consumer Information Page.”
- If your answer is **No**, a third question will appear. After responding to the third question, you will proceed to the “Marketplace Call Center Information Page.”

**Step 3.** Select **Continue** to proceed to the applicable next page of the web form.



**Screening Questions**

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**Instructions**

Please answer the screening questions below to ascertain your eligibility to proceed with the form.

**Before starting this web form:**

- Confirm that the consumer's contact information is current on their Marketplace application.
- You must contact the Marketplace call center for assistance in resolving the issue UNLESS the case concerns a consumer alleging an unauthorized Marketplace enrollment or unauthorized plan switching; in such cases you are not required to contact the Marketplace call center prior to submitting the case.
- 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 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

Have you attempted to resolve this issue at the Marketplace level?  Yes  No

[Cancel](#) [Back](#) [Continue](#)

Figure 8: Screening Questions

### 3. Consumer Information Page

If you selected **Yes** for Screening Question 2, you will be directed to the “Consumer Information Page,” where you will input information about the consumer involved in the complex case and the complex case itself. All required fields are indicated with a red asterisk (\*).

To complete the “Consumer Information Page:”

**Step 1.** Provide the following information:

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



- Select the state where the consumer lives from the drop-down menu.
- Enter the city where the consumer lives in the text field.
- 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.

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

- Enter the HICS case number, if applicable.
- Select the **Yes** or **No** radio button to indicate whether the case is medically urgent.
- Enter the name of the issuer company.
- Enter the date the issue was identified in the following format: MM/DD/YYYY.
- Enter the date the consumer met or discussed the case with the Assister in the following format: MM/DD/YYYY.
- Enter the date the consumer applied for Marketplace Coverage in the following format: MM/DD/YYYYY.
- 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.
- Enter the Issuer Appeal Number. The format for this field is alphanumeric numbers.
- Enter the Issuer Appeal Date using the calendar function. The format for this field is MM/DD/YYYY.
- Enter the Marketplace Appeal Number. The format for this field is alphanumeric numbers.
- Enter the Marketplace Appeal Date in the following format: MM/DD/YYYY.

**Step 2.** Select the **Continue** button to proceed to the next page of the web form.



**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 9: Consumer Information Fields

#### 4. Marketplace Call Center Information Page

If you selected **No** for the second Screening Question, you will be directed to the “Marketplace Call Center Information Page.” To complete this page, follow these steps.

**Step 1.** Answer whether you called the Marketplace Call Center.

**Step 2.** Enter the following information:



- Date you contacted the Marketplace Call Center.
- The phone number either you or the consumer used to call into the Marketplace Call Center.
- A summary of the Marketplace Call Center discussion.

**Step 3.** Select the **Continue** button to proceed to the next page of the web form.

**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 10: Call Center Information.

## 5. Complex Case Details Page

After completing the “Consumer Information Page” or the “Marketplace Call Center Page,” you will be directed to the “Complex Case Details Page,” where you will 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.

To complete the “Complex Case Details Page:”

**Step 1.** Enter the requested information in each field.

- Enter specific details about the case in the Complex Case Summary text field. Also indicate if the contact information on the application is incorrect and to contact you for the correct contact information.



- 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 (\*).
- Enter the specific results the consumer desires in the Consumer’s Desired Results text field. All required fields are indicated with a red asterisk (\*).
- Select the **checkbox** to indicate that you attest that the consumer’s desired results summary you entered does not include any PHI or PII.
- 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.
  - If you select **Yes**, the web form will navigate to the “Supporting Documents Upload” page.
  - If you select **No**, the web form will navigate to the “Complex Case Summary” page.

**Step 2.** Select the **Continue** button to proceed to the next page of the web form.



Figure 11: Complex Case Details Page

## 6. Supporting Documents Upload Page

If you have supporting documentation you want to include as part of your complex case submission, you will 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 (\*).

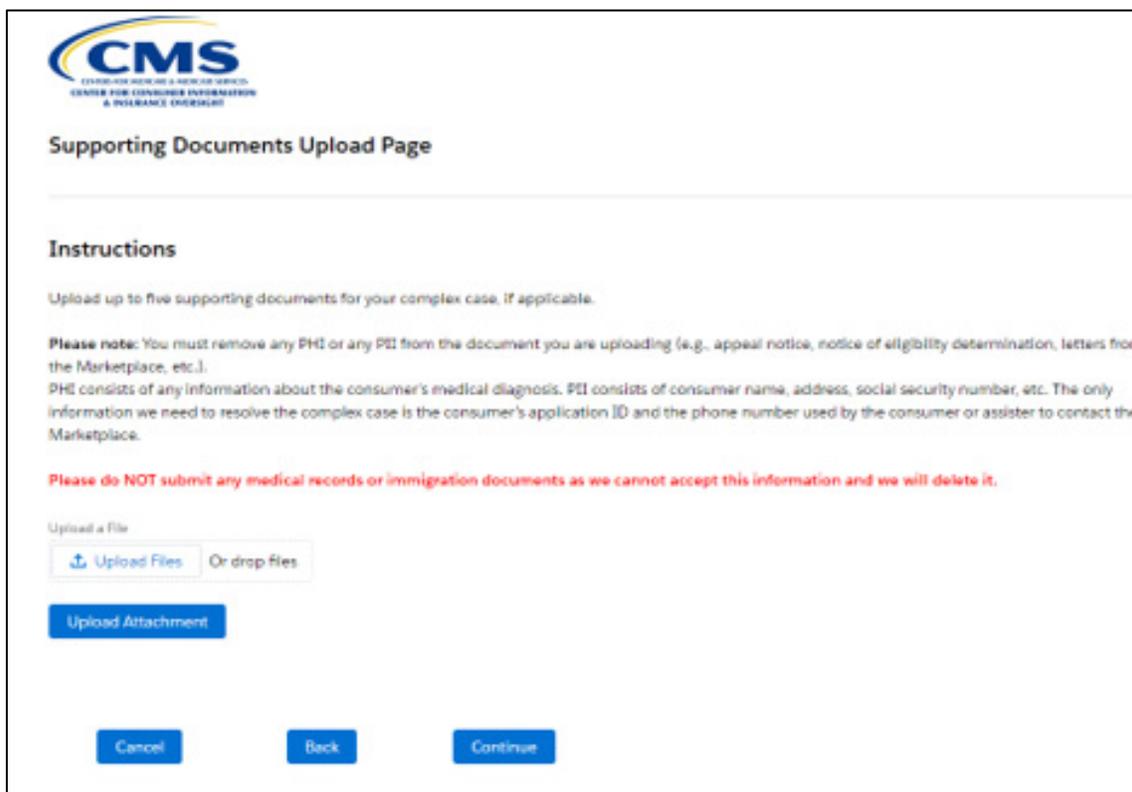


Figure 12: Supporting Documents Upload Page

To upload supporting documentation:

- Step 1.** Select the **Upload Files** button and select the file you want to upload or drop the file(s) in the Drop Files area.
- Step 2.** Select the **Upload Attachment** button. A popup window will appear when the upload is successful. If a document is uploaded by mistake, select the **Delete** option to remove it.
- Step 3.** Select the **checkbox** to attest that the documents you uploaded do not include any PHI or PII.
- Step 4.** Select the **Continue** button to proceed to the next page of the web form.



**Supporting Documents Upload Page** [User Guide](#)

**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

**Attachment Summary**  
 Select the **Action** link to view or delete the uploaded file.

Action	File Name	File Size
<a href="#">View</a>	Proof of Insurance.docx	12,857,421,875 KB
<a href="#">Delete</a>		

I attest that the document(s) I uploaded do not include any PHI/PII

Figure 13: Attachments Upload Options

## 7. Complex Case Summary Page

The “Complex Case Summary Page” contains all the information you entered on the web form. Review each section for completion. 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. Make the changes to the information as needed, then select the **Continue** button to return to the “Complex Case Summary Page.”

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





**Complex Case Summary Page**

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**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.

**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** Edit

Assister Organization Name: Org	
Assister Organization Type: Certified Application Counselor (CAC)	
Assister ID: FUCDOA1200001	
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	

**Welcome Page Information** Edit

Have you confirmed with the consumer that their phone number on the Marketplace application is correct? 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? No
Have you attempted to resolve this issue at the Marketplace level?

**Consumer Information** 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** Edit

Complex Case Summary: Complex Case Summary
Summary: <input checked="" type="checkbox"/> Affirm that the complex case summary I entered does not include any PHI/PII.
Consumer's desired results: Desired Results
Summary: <input checked="" type="checkbox"/> Affirm 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 14: Complex Case Summary Page



## 8. Confirmation Page

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

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.

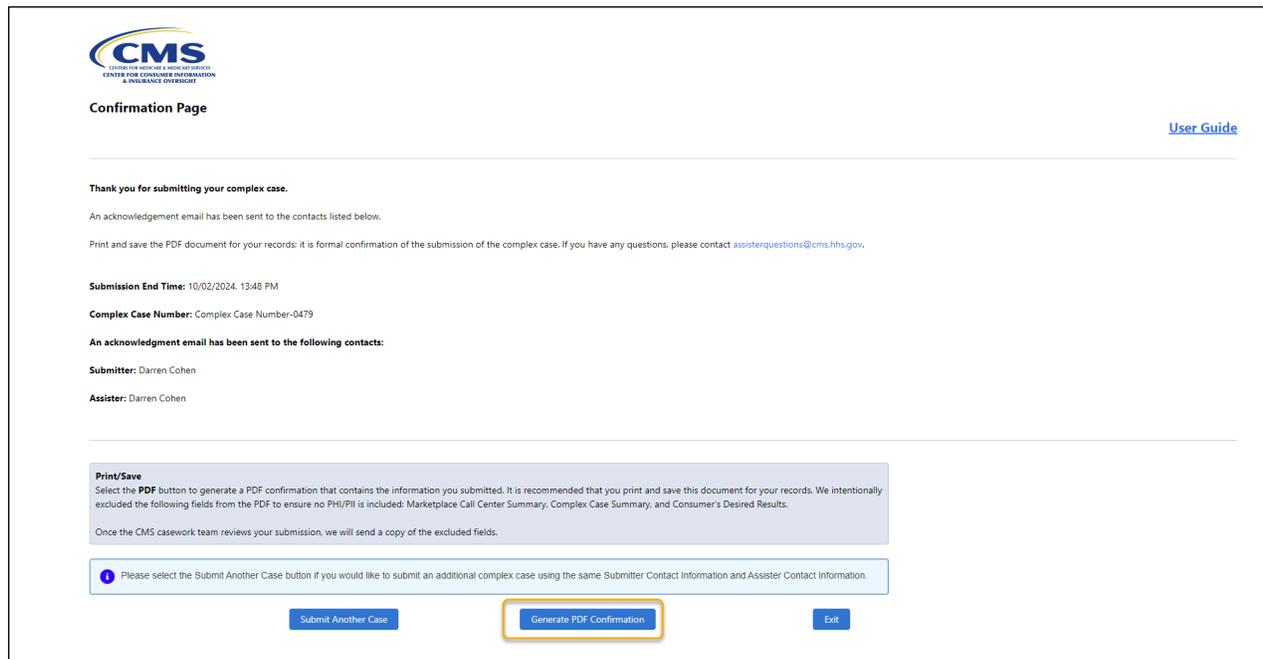


Figure 15: Confirmation Page – Generate PDF Confirmation Button

## 9. Submit Additional Complex Cases

On the “Confirmation Page” screen, there is an option to submit another case. If you have another case with the same submitter contact information and assister contact information, select the **Submit Another Case** button. The web form will navigate back to the “Screening Questions” page to create another case.



## Confirmation Page

[User Guide](#)

### 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](mailto:assisterquestions@cms.hhs.gov).

**Submission End Time:** 10/22/2024, 2:33 PM

**Complex Case Number:** Complex Case Number-0505

**An acknowledgment email has been sent to the following contacts:**

**Submitter:** [Redacted]

**Assister:** [Redacted]

### 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.

**i** Please select the Submit Another Case button if you would like to submit an additional complex case using the same Submitter Contact Information and Assister Contact Information.

Submit Another Case

Generate PDF Confirmation

Exit

Figure 16: Confirmation Page – Submit Another Case Button

If you have any questions, contact [Assisterquestions@cms.hhs.gov](mailto:Assisterquestions@cms.hhs.gov).