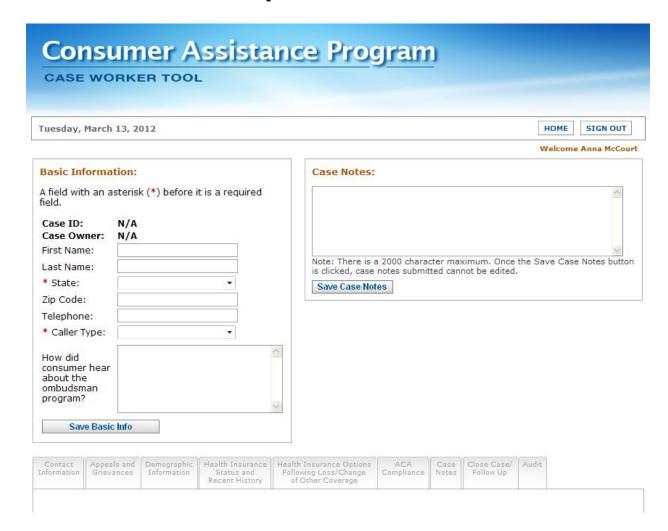
Appendix 1

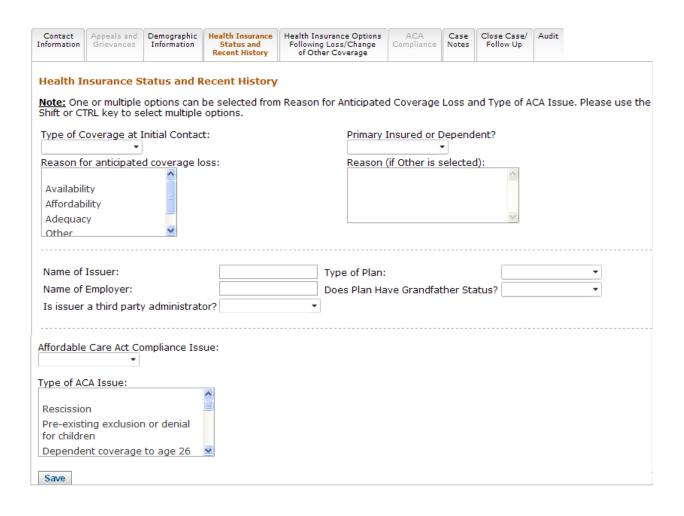
Screenshots of CCIIO-Developed Database

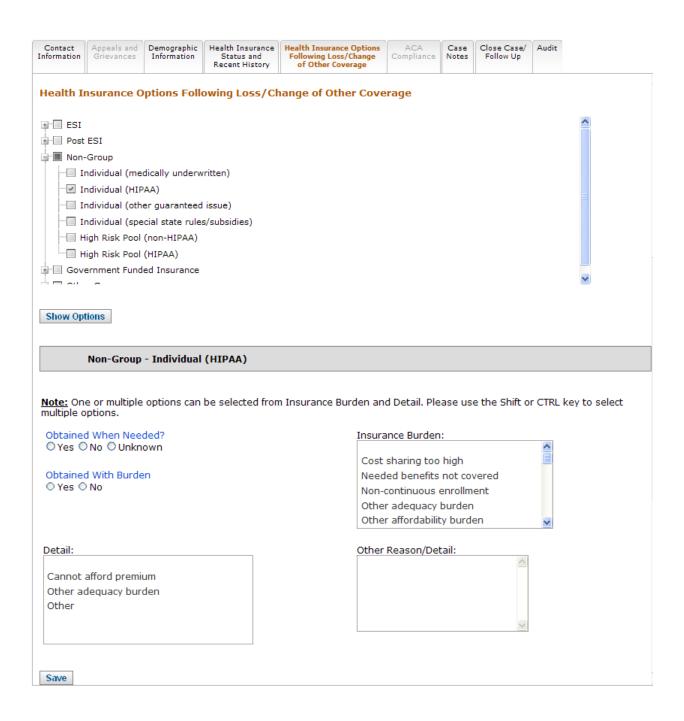


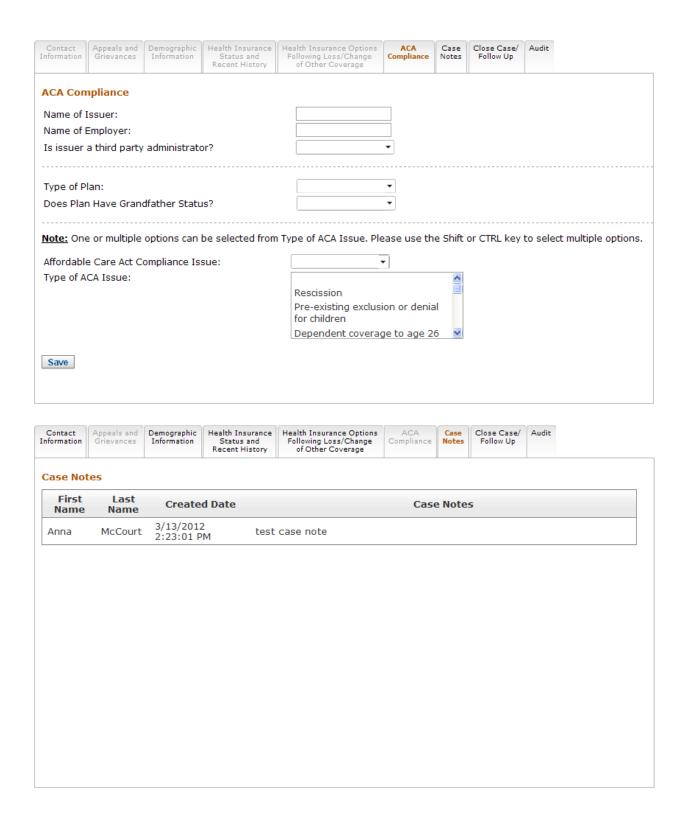
Contact Information	Appeals and Grievances	Demographic Information	Health Insurance Status and Recent History	Health Insurance Options Following Loss/Change of Other Coverage	ACA Compliance	Case Notes	Close Case/ Follow Up	Audit		
Contact 1	Informatio	n								
Complain	ant?		•	Evening Ph	Evening Phone:					
Address:				E-mail Addr	ess:					
City:										
Source of	Communicat	tion:			•					
English Pr	oficiency:				-					
Additional	Contact:									
Additional	Contact Pho	one Number:								
Contact R	elationship:				•					
Consent F	orm Require	ed?		O Yes O	No O Unkn	own				
* Is this a	an Appeals C	omplaint?		No	•					
C										
Save										

Contact Information	Appeals and Grievances	Demographic Information	St	h Insurance atus and ent History	Followin	nsurance Options ng Loss/Change her Coverage	ACA Compliance	Case Notes	Close Case/ Follow Up	Audit	
Appeals Level: Timefram CAP actin represer				iternal appe	al):	[*			
	Employer:	y administrat	cor?			Type of Plan Does plan ha		her sta	itus?		*
Affordable Type of At Rescissio Pre-exist for childre	e Care Act Co CA issue:	ompliance Iss		lected fron	T R	ACA Issue an ype of Denial: leason for Der Medical neces Experimental, Rescission Incorrect clain Jenial Code:	ial: sity / investigatio		I. Please use	e the Shi	ift or CTRL key to
Diagnosis Diagnosis							ent Category ent Code:	······································			
Outcome of Final Level Recovered		nount(\$):				<u> </u>					

Contact Information	Appeals and Grievances	Demographic Information	Health Insurance Status and Recent History	Health Insurance Options Following Loss/Change of Other Coverage	ACA Compliance	Case Notes	Close Case/ Follow Up	Audit	
Demogra	aphic Infor	mation							
Age: Gender:				Race: Marital	Status:		*		
Employm	ent Status:			Spous	e's Employm	ent Stati	us:		<u> </u>
State wh	nere employe mployer:	er resides:		Size of Self-En		•			
Health Co	ondition:	ontions can	○ Yes ○ No	Income Source. Pleas	e use the Sk	nift or CT	RI keytos	elect multir	nle ontions
Income S	ource:	Wag	ges sion / Retirement	Income Level	(Monthly):	past yea	r:	erect multip	
Save									







Contact Information	Appeals and Grievances	Demographic Information	Health Insurance Status and Recent History	Health Insurance Following Loss/G of Other Cove	Change	ACA Compliance	Case Notes	Close Case/ Follow Up	Audit			
Close Ca	se/Follow	Up										
Agency Contacted for Enforcement:				• Oth	er Agen orcemen	cy Contacte t:	d for	•				
Disposition:				Disp	oosition:				•			
Insurance Problem Resolution Status: What Worked:					•	^						
What Didn't Work:						×						
Follow Up	o Insurance	Status:			•							
Recovered Benefits from Appeals: Other Recovered Benefits Amount(\$):				\ 								
Did ACA I	er is willing to Help Consum p Required?		er story:		•							
Keyword	c·											
Case Status:			Ор		<u>_</u>							
	sed Date:		N/A									
Case Mo	dified Date:		3/1	3/2012 2:44:19	PM							
Save												

Contact Information Appeals and Grievances Information Appeals and Recent History Aca Case Following Loss/Change of Other Coverage Aca Compliance Recent History

Audit

Created By: Anna McCourt Created On: 3/13/2012 2:17:36 PM

First Name	Last Name	Created Date	Audit Description
Anna	McCourt	3/13/2012 2:54:33 PM	Caller Type Changed: Uninsured Insured In Transition
Anna	McCourt	3/13/2012 2:54:33 PM	Case and Contact Updated
Anna	McCourt	3/13/2012 2:44:19 PM	Case and Contact Updated
Anna	McCourt	3/13/2012 2:43:26 PM	Caller Type Changed: Other Assistance Referred Uninsured
Anna	McCourt	3/13/2012 2:43:26 PM	Case and Contact Updated
Anna	McCourt	3/13/2012 2:41:18 PM	Caller Type Changed: Information Only Other Assistance Referred
Anna	McCourt	3/13/2012 2:41:18 PM	Case and Contact Updated
Anna	McCourt	3/13/2012 2:30:18 PM	Caller Type Changed: Uninsured Information Only
Anna	McCourt	3/13/2012 2:30:18 PM	Case and Contact Updated