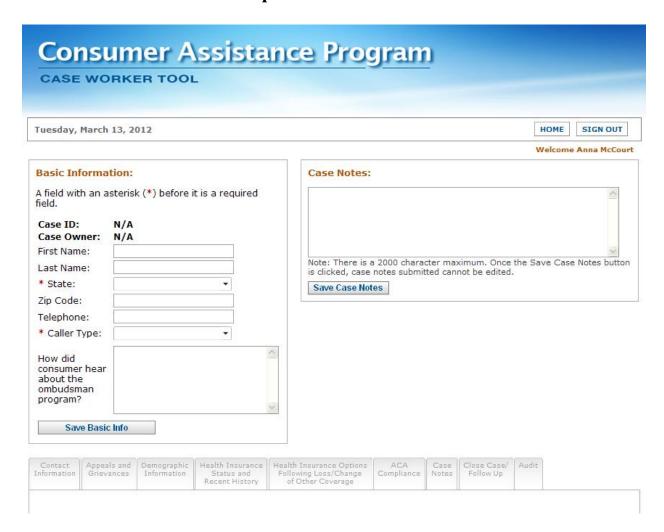
Appendix 1

OMB Control Number: 0938-1097 Expiration Date: XX/2019

Screenshots of CCIIO-Developed Database

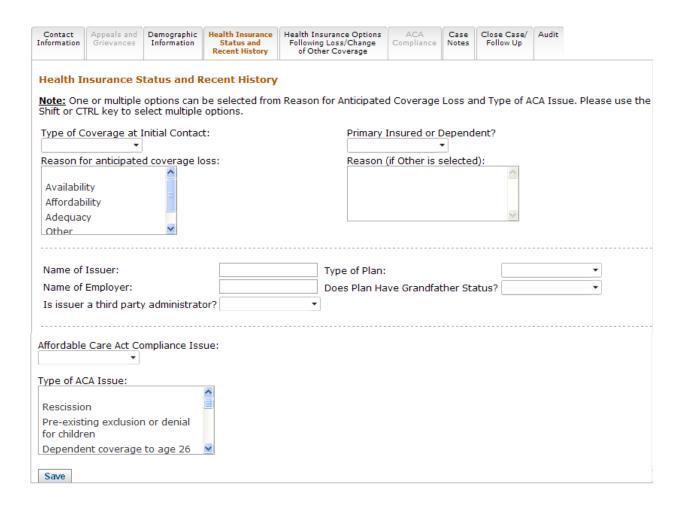


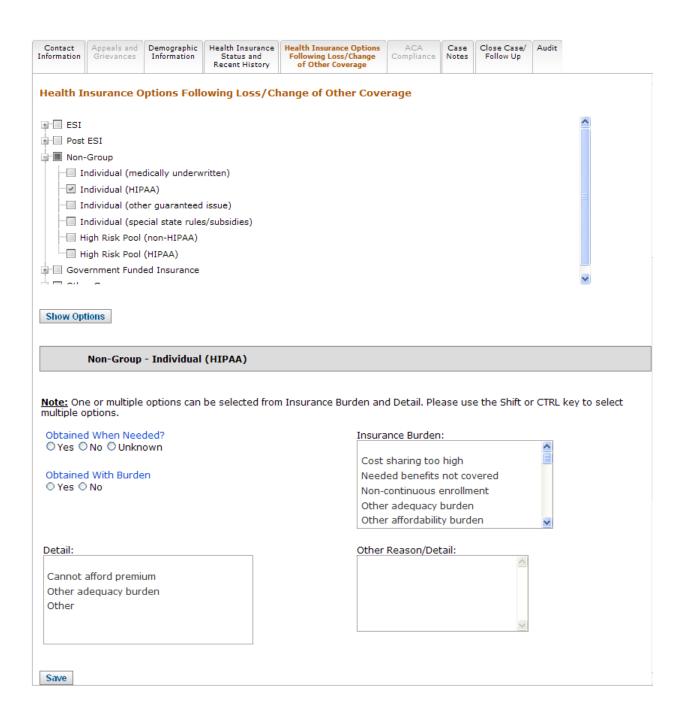
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1097. The time required to complete this information collection is estimated to average 13,3111per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

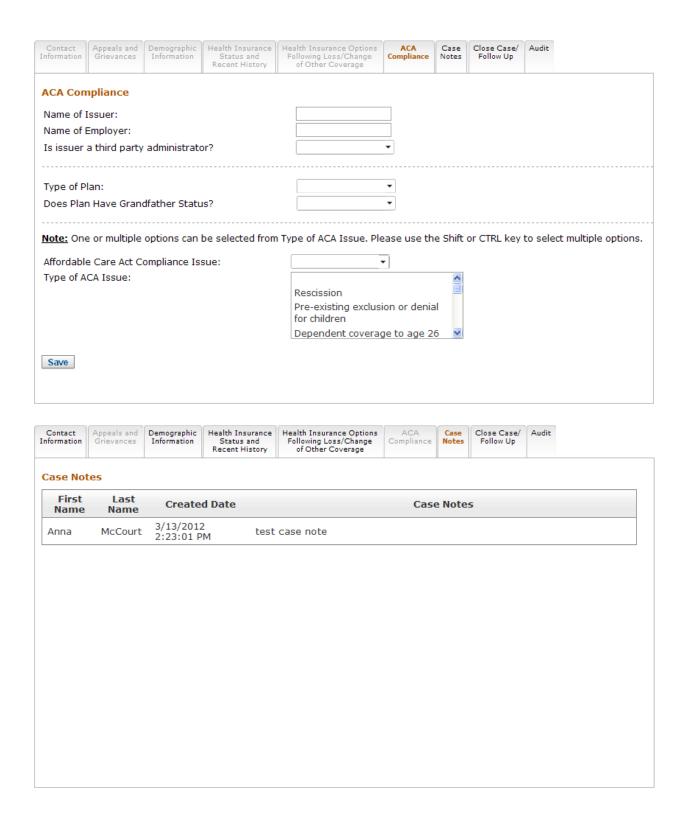
Contact Information	Appeals and Grievances	Demographic Information	Health Insurance Status and Recent History	Health Insurance Options Following Loss/Change of Other Coverage	ACA Compliance	Case Notes	Close Case/ Follow Up	Audit		
Contact 1	(nformatio	n								
Complain	ant?		•	Evening Ph	Evening Phone:					
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	n Appeals C	omplaint?		No	•					
C										
Save										

Contact Information	Appeals and Grievances	Demographic Information	St	th Insurance tatus and ent History	Followin	nsurance Options ng Loss/Change her Coverage	ACA Compliance	Case Notes	Close Case/ Follow Up	Audit	
Appeals and Grievances Level: Timeframe: CAP acting as authorized representative of the consumer?					Fee (external appeal): Type of coverage:						*
Name of	Issuer: Employer:	y administrat	tor?		-	Type of Plan: Does plan ha		her sta	tus?		*
Affordable Type of Affordable Rescissio Pre-exist for childre	e Care Act Co CA issue:	ompliance Iss		lected fron	T R	ACA Issue an type of Denial: leason for Der Medical neces Experimental / Rescission Incorrect claim tenial Code:	ial: sity / investigatio		I. Please use	e the Sh	ift or CTRL key to
Diagnosis Diagnosis Outcome (Code:						ent Category ent Code:	/: 			
Final Leve Recovered Save	l Filed: I Benefits An	nount(\$):				~					

Contact Information	Appeals and Grievances	Demographic Information	Health Insurance Status and Recent History	Followin	nsurance Options ng Loss/Change ther Coverage	ACA Compliance	Case Notes	Close Case/ Follow Up	Audit		
Demogra	aphic Infor	mation									
Age:					Race:						
Gender:				•	Marital Status:					•	
Ethnicity	:			•							
Employm	ent Status:			•	Spouse	e's Employme	ent Stat	us:		•	
State wh	nere employe	er resides:		•	Size of	Spouse's Er		•			
Size of E	mployer:			•	Self-Employed? ▼					•	
Health Condition: Type of condition:			○ Yes ○ No								
					<u>^</u>						
Note: One	or multiple	options can	be selected from	Income	Source. Pleas	e use the Sh	nift or C1	TRL key to s	elect mu	ltiple options.	
Income S	ource:			^	Income Level	(Monthly):					
			Wages Pension / Retirement SSI SSDI		Change in income in the past year: Income supports how many people?					•	
Veteran's	Veteran's Status: ▼										
Save											







Contact Appeals and Demog Information		Health Insurance Options Following Loss/Change of Other Coverage	ACA Compliance Notes	Close Case/ Follow Up	udit			
Close Case/Follow Up								
Agency Contacted for Enforcement:		Other Agen Enforcemen	cy Contacted for it:	•				
Disposition:		Disposition:			•			
Insurance Problem Resolution What Worked:	on Status:							
What Didn't Work:								
Follow Up Insurance Status:		•	<u></u>					
Recovered Benefits from App Other Recovered Benefits Ar	· ·							
Consumer is willing to share Did ACA Help Consumer? Follow-Up Required?	e his/her story:	•						
Keywords:								
Case Status:	Ope	Open ▼						
Case Closed Date:	N/A							
Case Modified Date:	3/13	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