

# Appendix 1

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

## Screenshots of CCIIO-Developed Database

**Consumer Assistance Program**  
CASE WORKER TOOL

Tuesday, March 13, 2012 HOME SIGN OUT

Welcome Anna McCourt

**Basic Information:**  
A field with an asterisk (\*) before it is a required field.

Case ID: N/A  
Case Owner: N/A

First Name:   
Last Name:   
\* State:   
Zip Code:   
Telephone:   
\* Caller Type:

How did consumer hear about the ombudsman program?

Save Basic Info

**Case Notes:**

Note: There is a 2000 character maximum. Once the Save Case Notes button is clicked, case notes submitted cannot be edited.

Save Case Notes

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

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 13,311 per 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.

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<b>Contact Information</b>	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
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**Contact Information**

Complainant?  Evening Phone:

Address:  E-mail Address:

City:

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Source of Communication:

English Proficiency:

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Additional Contact:

Additional Contact Phone Number:

Contact Relationship:

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Consent Form Required?  Yes  No  Unknown

\* Is this an Appeals Complaint?

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Contact Information	<b>Appeals and Grievances</b>	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
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**Appeals and Grievances**

Level:  Fee (external appeal):

Timeframe:  Type of coverage:

CAP acting as authorized representative of the consumer?

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Name of Issuer:  Type of Plan:

Name of Employer:  Does plan have grandfather status?

Is issuer a third party administrator?

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**Note:** One or multiple options can be selected from Type of ACA Issue and Reason for Denial. Please use the Shift or CTRL key to select multiple options.

Affordable Care Act Compliance Issue:

Type of Denial:

Type of ACA issue:

- Rescission
- Pre-existing exclusion or denial for children
- Dependent coverage to age 26

Reason for Denial:

- Medical necessity
- Experimental / investigational
- Rescission
- Incorrect claim

Denial Code:

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Diagnosis:  Treatment Category:

Diagnosis Code:  Treatment Code:

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Outcome of Appeal:

Final Level Filed:

Recovered Benefits Amount(\$):

[Save](#)

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Contact Information	Appeals and Grievances	<b>Demographic Information</b>	Health Insurance Status and Recent History	Health Insurance Options Following Loss/Change of Other Coverage	ACA Compliance	Case Notes	Close Case/ Follow Up	Audit
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**Demographic Information**

Age:  Race:

Gender:  Marital Status:

Ethnicity:

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Employment Status:  Spouse's Employment Status:

State where employer resides:  Size of Spouse's Employer:

Size of Employer:  Self-Employed?

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Health Condition:  Yes  No

Type of condition:

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**Note:** One or multiple options can be selected from Income Source. Please use the Shift or CTRL key to select multiple options.

Income Source: 

- Wages
- Pension / Retirement
- SSI
- SSDI

Income Level (Monthly):

Change in income in the past year:

Income supports how many people?

Veteran's Status:

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**Health Insurance Status and Recent History**

**Note:** One or multiple options can be selected from Reason for Anticipated Coverage Loss and Type of ACA Issue. Please use the Shift or CTRL key to select multiple options.

Type of Coverage at Initial Contact:

Primary Insured or Dependent?

Reason for anticipated coverage loss:

- Availability
- Affordability
- Adequacy
- Other

Reason (if Other is selected):

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Name of Issuer:  Type of Plan:

Name of Employer:  Does Plan Have Grandfather Status?

Is issuer a third party administrator?

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Affordable Care Act Compliance Issue:

Type of ACA Issue:

- Rescission
- Pre-existing exclusion or denial for children
- Dependent coverage to age 26

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Contact Information	Appeals and Grievances	Demographic Information	Health Insurance Status and Recent History	<b>Health Insurance Options Following Loss/Change of Other Coverage</b>	ACA Compliance	Case Notes	Close Case/ Follow Up	Audit
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### Health Insurance Options Following Loss/Change of Other Coverage

- ESI
- Post ESI
- Non-Group
  - Individual (medically underwritten)
  - Individual (HIPAA)
  - Individual (other guaranteed issue)
  - Individual (special state rules/subsidies)
  - High Risk Pool (non-HIPAA)
  - High Risk Pool (HIPAA)
- Government Funded Insurance

[Show Options](#)

**Non-Group - Individual (HIPAA)**

**Note:** One or multiple options can be selected from Insurance Burden and Detail. Please use the Shift or CTRL key to select multiple options.

**Obtained When Needed?**  
 Yes  No  Unknown

**Obtained With Burden**  
 Yes  No

**Insurance Burden:**

- Cost sharing too high
- Needed benefits not covered
- Non-continuous enrollment
- Other adequacy burden
- Other affordability burden

**Detail:**

- Cannot afford premium
- Other adequacy burden
- Other

**Other Reason/Detail:**

[Save](#)

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**ACA Compliance**

Name of Issuer:

Name of Employer:

Is issuer a third party administrator?

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Type of Plan:

Does Plan Have Grandfather Status?

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**Note:** One or multiple options can be selected from Type of ACA Issue. Please use the Shift or CTRL key to select multiple options.

Affordable Care Act Compliance Issue:

Type of ACA Issue:

Rescission

Pre-existing exclusion or denial for children

Dependent coverage to age 26

Contact Information	Appeals and Grievances	Demographic Information	Health Insurance Status and Recent History	Health Insurance Options Following Loss/Change of Other Coverage	ACA Compliance	<b>Case Notes</b>	Close Case/ Follow Up	Audit
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**Case Notes**

First Name	Last Name	Created Date	Case Notes
Anna	McCourt	3/13/2012 2:23:01 PM	test case note

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**Close Case/Follow Up**

Agency Contacted for Enforcement:  Other Agency Contacted for Enforcement:

Disposition:  Disposition:

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Insurance Problem Resolution Status:

What Worked:

What Didn't Work:

Follow Up Insurance Status:

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Recovered Benefits from Appeals: N/A

Other Recovered Benefits Amount(\$):

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Consumer is willing to share his/her story:

Did ACA Help Consumer?

Follow-Up Required?

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Keywords:

Case Status:

Case Closed Date: N/A

Case Modified Date: 3/13/2012 2:44:19 PM

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**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

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