

# Health Insurance Casework System for Issuers

**December 19, 2013**

**Qualified Health Plan (QHP)  
Series XIII**



[WWW.REGTAP.INFO](http://WWW.REGTAP.INFO)

# Agenda

- Session Guidelines
- Introduction
- Questions
- Health Insurance Casework System (HICS) Policy
- HICS Technical Guidance
- Submission of Inquiries
- Resources
- Closing Remarks

# Session Guidelines

- This is a 90-minute webinar session.
- This session is conducted to provide a live Q&A session for QHP Issuers.
- For questions regarding content, contact the CMS Help Desk by email at: [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) or by phone at: (855) 267-1515.
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520.

# Introduction

The QHP Series will provide Issuers with program and operational guidance for operating Marketplace and Premium Stabilization programs.

# Objectives

This QHP webinar will provide an opportunity for specified CMS Subject Matter Experts to discuss the policy and technical requirements of the Health Insurance Casework System (HICS) for QHP Issuers.

# Health Insurance Casework System for Issuers: Policy

# Regulatory Requirements

- 45 CFR 156.1010 outlines requirements for Qualified Health Plan (QHP) issuers in a Federally-facilitated Marketplace (FFM) with regard to the resolution of casework. (78 FR 54145)
- Issuers are expected to utilize appropriate technology and have the infrastructure in place to effectively manage and process casework.

# Casework

- HHS will notify issuers of casework issues from consumers, providers, and other stakeholders and expects issuers to work in close contact with HHS to facilitate satisfactory resolution of casework within the time periods specified in the regulation.
- Casework will be recorded in the Health Insurance Casework System (HICS), a user-friendly, web-application that QHP issuers are required to use.

# Health Insurance Casework System (HICS)

- Users are required to comply with all applicable laws and regulations associated with the use of a government system
- We suggest that each issuer have at least 2 registered HICS users
- Use of HICS does not change any complaint coordination requirements that a State or other government program expects of issuers

# Timelines and Standards

- All cases recorded in HICS as an Issue Level 1 are considered urgent and are required to be resolved the matter within 72 hours of receipt .
- All other HICS cases are considered Issue Level 2 and non-urgent; these cases are to be resolved within 15 calendar days of receipt of the case.

# Timelines and Standards (Continued)

- Regardless of the Issue Level, QHP issuers are required to notify complainants (verbally or in writing) about the resolution of the case within three business days after the case is resolved.
- Where applicable state laws and regulations establish more stringent timeframes for case resolution and State reporting, QHP issuers must comply with such stricter laws and regulations.

# Timelines and Standards (continued)

- Within seven business days after resolution of the case, the QHP issuer must record a narrative in HICS explaining how the case was resolved.
- For matters where the QHP issuer needs HHS assistance resolving an individual case, the issuer should contact the Lead Caseworker via email with the HICS case ID.
- Personally Identifiable Information (PII) or Personal Health Information (PHI) should not be sent in an unsecure email.

# Enforcement

- In the first final Program Integrity rule (78 FR ), CMS set forth bases for decertification and issuing civil money penalties (CMPs) (45 CFR 156.805 and 810)
- In that final rule, CMS set forth a 2014 good faith safe harbor such that it will not seek to impose CMPs or decertify a QHP if an issuer acted in good faith to comply with applicable laws and regulations

# Casework

- CMS believes that HICS will provide a streamlined, organized way for issuers to respond to casework and looks forward to working with issuers.
- Issuers should contact their Account Manager with specific, substantive questions.

# Health Insurance Casework System for Issuers: Technical Guidance

# Purpose

- HICS provides a mechanism for users to track, monitor and resolve casework.
- Sources include the Marketplace Call Center, and CMS.
- Provides the user the capability to search, resolve, and download casework files.

# Accessing HICS

- If you already have a CMS user ID, send a request that the HICS Issuer job code be added to your ID to [HICS\\_access@cms.hhs.gov](mailto:HICS_access@cms.hhs.gov). Please provide your name and CMS user ID in your request.
- If you do NOT have a CMS user ID, go to <http://www.cms.hhs.gov/InformationSecurity/Downloads/EUAaccessform.pdf> download a form, fill out sections 1-5, indicating you need HICS Issuer job code and provide your five digit numeric HIOS Issuer ID, and page 3 of the form and mail to  
Centers for Medicare & Medicaid Services (CMS)  
Center for Consumer Information & Insurance Oversight  
Room 739H  
Attn: Bonita Porter  
200 Independence Avenue, SW  
Washington, DC 20201

# Entering HICS

- Go to <https://hics.cms.gov>
- Enter your four character CMS ID and Password.
- The first time you enter you will be requested to enter additional information for the system. You will not be asked this information every time you enter the system.
- Changes to your information can be made by clicking the “User Resources” link at the top of the page.

# HICS Casework Tracking Start Page

**HICS**  
Health Insurance Casework System

Health Insurance Casework System  
Home

**Cases**  
Search Case  
Data Extracts  
Documentation

**Casework Tracking Start Page**

You will use this module to:

- Maintain Casework Tracking Information

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Go To: [HICS Home](#)

Top of Page  
Back

# How to Find your Casework

- Use the Search functionality.
- Two ways to search: By Case ID, or other criterion.
- Easiest way is to select your Issuer ID from the **Issuer** drop down, and select a **Case Status** of “Open”.

# Screenshot of HICS Search Page

**HICS** Health Insurance Casework System Health Insurance Casework System [Home](#)

## HICS Search

**Option 1**  
Case ID

**Option 2** [Reset Criteria](#)

Casework Office  CaseWorker

Issuer

Case Status

Received Date  
From (mm/dd/yyyy)  To (mm/dd/yyyy)

Resolution Date  
From (mm/dd/yyyy)  To (mm/dd/yyyy)

Category  Subcategory

First Name  Last Name

State

Type of Service

Issue Level  Consumer ID

Media Interest  Elected Official  CO-OP  Agent/Broker  
 SHOP  SWIFT  PCIP

# HICS Search Results

- The Case ID is selectable to enter the casework.
- Additional information provided for a quick review of the search results.

HICS		Health Insurance Casework System												
Health Insurance Casework System		Home												
HICS Search Results														
Case ID	New Case	Case Status	New Comment	Issue Level	Received Date	Caseworker Assigned	CMS Issue	Contact Name	Consumer Name	Issuer	Issuer State	Plan	Category	Last Update Date
<a href="#">E0000000001</a>	Yes	Open	No	1	9/13/2013	Martin Bonica	No	John Doe	John Doe	11111	NI	11111N0000000003	2.2	
<a href="#">E0000000003</a>	Yes	Open	No	2	9/13/2013	Martin Bonica	No	Mary Doe	Mary Doe	11111	NI	11111N0000000001	2.1	
<a href="#">E0000000002</a>	Yes	Open	Yes	2	9/13/2013	Barbra Varrhagen	No	Tal State cat 2.9	Tal State cat 2.9	22222	VA	22222VA0000000405	2.9	9/13/2013 3:17:13 PM

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# Working a Case

- Three buttons at the top of the screen allow you to move between the case information, attachments, and the resolution and notes for the case.
- The **Case Information** button provides the case details, the summary of the issue, category and subcategory, consumer information, and contact information.

# Resolving a Case

- Issuer notes should include the root cause of the issue, discuss what was done to resolve the issue, and document all contact made to the consumer.
- When the case is ready to be resolved, check the box to include the note in the Resolution Summary, enter the date of the Resolution Notification, and click “Resolve Case”.

# Downloading Casework Files

- From the Casework Tracking Start Page select “Data Extracts” from the left hand navigation.
- Copy the zip file password, then select the year and month desired to be downloaded.
- Select “Download”, then paste the password into the zip file prompt to view the casework in the download.

# Data Extract Screen

**HICS**  
Health Insurance Casework System

Health Insurance Casework System

[Home](#)

## Data Extract

The password for the Zip file will be: xxxxxxxxxxxx

Year: 2011 ▾      Month: Septemb ▾

# Documentation

- To view a user guide with step by step directions for navigating the HICS system, click the “Documentation” link on the HICS start page left hand navigation.
- Any questions regarding HICS?

# Questions?

To submit questions by phone:

- *dial '14' on your phone's keypad*
  - *dial '13' to withdraw your question*

To submit questions by webinar:

- *type your question in the text box under the 'Q&A' tab*

# Submission of Inquiries

## Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates, their functionality, and HIOS. **Call:** 855-CMS-1515  
**Email:** [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov)
- **NAIC** with questions about State requirements/SERFF.  
**Email:** [serffplanmgmt@naic.org](mailto:serffplanmgmt@naic.org)
- **REGTAP** with questions about policy that do not require an immediate answer; all other specific questions should go the Help Desk. To submit an inquiry, click the icon on your REGTAP dashboard or  
**Email:** [Registrar@REGTAP.info](mailto:Registrar@REGTAP.info)

# Webinar/User Group Dates

Information on future sessions in 2014 is forthcoming

# Resources

Resource	Resource Link
Centers for Medicare & Medicaid Services (CMS)	<a href="http://www.cms.gov/">http://www.cms.gov/</a>
CMS Regulations and Guidance	<a href="http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp">http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp</a>
Data Templates	<a href="http://www.serff.com/plan_management_data_templates.htm">http://www.serff.com/plan_management_data_templates.htm</a>
HealthCare website	<a href="http://www.healthcare.gov/">http://www.healthcare.gov/</a>
National Conference of State Legislatures	<a href="http://www.ncsl.org">http://www.ncsl.org</a>
Registration for Technical Assistance Portal (REGTAP)	<a href="https://REGTAP.info">https://REGTAP.info</a>
U.S. Department of Health & Human Services	<a href="http://www.hhs.gov/">http://www.hhs.gov/</a>

# Commonly Used Acronyms

Acronym	Definition
<b>AV</b>	Actuarial Value
<b>BHP</b>	Basic Health Programs
<b>ECP</b>	Essential Community Provider
<b>EHB</b>	Essential Health Benefits
<b>EIDM</b>	Enterprise Identity Management
<b>FFM</b>	Federally-facilitated Marketplace
<b>HIOS</b>	Health Insurance Oversight System
<b>MSP</b>	Multi-State Plans

# Commonly Used Acronyms (continued)

Acronym	Definition
<b>NAIC</b>	National Association of Insurance Commissioners
<b>NCQA</b>	National Committee for Quality Assurance
<b>QHP</b>	Qualified Health Plan
<b>SBM</b>	State Based Marketplace
<b>SERFF</b>	System for Electronic Rate and Form Filing
<b>SPM</b>	State Partnership Marketplace
<b>USP</b>	United States Pharmacopedia

# Closing Remarks