



# **HICS User Guide for Issuers**

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## **Managing Casework in HICS**

**Prepared by:**

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## Revision History

Version	Date	Revision Owner	Description of Changes
<b>9.0</b>	10/26/2023	Cognosante	<ul style="list-style-type: none"> <li>▶ Updated Section 5.8, Using Data Extracts to Download Case Data</li> <li>▶ Updated Section 5.9, Viewing Reports</li> <li>▶ Added Section 5.9.1, Viewing the Feedback Report</li> <li>▶ Added Section 5.9.2, Viewing the Issuer Aging Report</li> <li>▶ Updated Exhibit 35, Select Report Page</li> <li>▶ Added Exhibit 36, Feedback Report Criteria Selection Page</li> </ul>
<b>8.0</b>	08/16/2023	Cognosante	<ul style="list-style-type: none"> <li>▶ Full Annual Review</li> <li>▶ Changed the title of the document from HICS User Guide for Issuer Users to HICS User Guide for Issuers</li> <li>▶ Restructured Section 5.0, Managing Casework in HICS</li> <li>▶ Updated Section 5.2, Uploading Casework</li> <li>▶ Updated Section 5.3, Searching for Cases</li> <li>▶ Updated Section 5.4, Viewing Case History</li> <li>▶ Updated Section 5.5, Resolving (Closing) Cases</li> <li>▶ Updated Section 5.6, Uploading and Viewing Attachments</li> <li>▶ Updated Section 5.7, Creating a Plan Request</li> <li>▶ Updated Exhibit 10, HICS Access Request Form</li> <li>▶ Updated Exhibit 11, User Access Request Successfully Submitted Page</li> <li>▶ Updated Exhibit 24, Casework Upload Page</li> <li>▶ Updated Exhibit 25, HICS Search Page</li> <li>▶ Updated Exhibit 27, Add/Edit Case Page – Case History Tab</li> <li>▶ Updated Exhibit 28, Add/Edit Case Page – Resolution Tab</li> <li>▶ Updated Exhibit 29, Add/Edit Case Page – Attachments Tab</li> <li>▶ Updated Exhibit 30, Add/Edit Case Page – Plan Request Tab</li> <li>▶ Updated Exhibit 32, Data Extract Criteria Selection – Monthly</li> <li>▶ Updated Exhibit 33, Data Extract Criteria Selection – Open</li> <li>▶ Updated Exhibit 37, Category 2, Plan and Issuer Concerns Subcategories</li> </ul>
<b>7.0</b>	06/14/2023	Cognosante	<ul style="list-style-type: none"> <li>▶ Updated Section 2.2, HICS User Onboarding</li> <li>▶ Updated Section 4.2.2, Filtering and Sorting Onboarding Requests</li> <li>▶ Updated Section 4.2.3, Approving a User's Onboarding Request</li> <li>▶ Updated Section, 4.2.4, Rejecting a User's Onboarding Request</li> </ul>

Version	Date	Revision Owner	Description of Changes
<b>6.0</b>	06/05/2023	Cognosante	<ul style="list-style-type: none"> <li>▶ Added Section 2.0, HICS Onboarding</li> <li>▶ Added Section 3.0, Becoming a HICS Issuer Approver</li> <li>▶ Added Section 4.0, HICS Issuer Approver Panel</li> <li>▶ Full Annual Review</li> </ul>
<b>5.0</b>	06/07/2022	Cognosante	<ul style="list-style-type: none"> <li>▶ Changed the title of the document from HICS Quick Reference Guide for Issuers to HICS User Guide for Issuers</li> <li>▶ Added subcategories 25 and 26 to Table 2 in Appendix A</li> <li>▶ Full Annual Review</li> <li>▶ Placed document into a new template</li> </ul>
<b>4.0</b>	10/15/2020	Cognosante	<ul style="list-style-type: none"> <li>▶ Added Section 1.2.6, Plan Request</li> <li>▶ Updated Exhibit 7, Case Information Page Attachments Tab</li> <li>▶ Added Exhibit 8, Plan Request Tab</li> <li>▶ Updated Exhibit 9, Case Information Page Resolution Tab</li> </ul>
<b>3.0</b>	08/13/2020	Cognosante	Added ISO numbering to the header
<b>2.0</b>	04/22/2020	Cognosante	Updated Exhibits 1 through 14
<b>1.0</b>	09/06/2019	Cognosante	Baseline

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## 1.0 Introduction

### 1.1 Purpose and Scope

The Health Insurance Casework System (HICS) provides access to unresolved and resolved cases that originate from the Health Insurance Marketplace Call Center and other sources. HICS enables the user to add, edit, search, and resolve cases, and download case files and reports. In addition to the procedural information required for issuer users to manage casework in HICS, the HICS User Guide for Issuers includes:

- ▶ Instructions on HICS onboarding.
- ▶ Information on becoming a HICS Issuer Approver.
- ▶ Procedures for using the HICS Issuer Approver Panel.

**NOTE:** For a complete list of related terms and definitions, access the [ERR1095A Acronyms and Definitions Glossary](#), located on the ER&R/1095-A SharePoint site.

## 2.0 HICS Onboarding

### 2.1 Introduction to HICS Onboarding

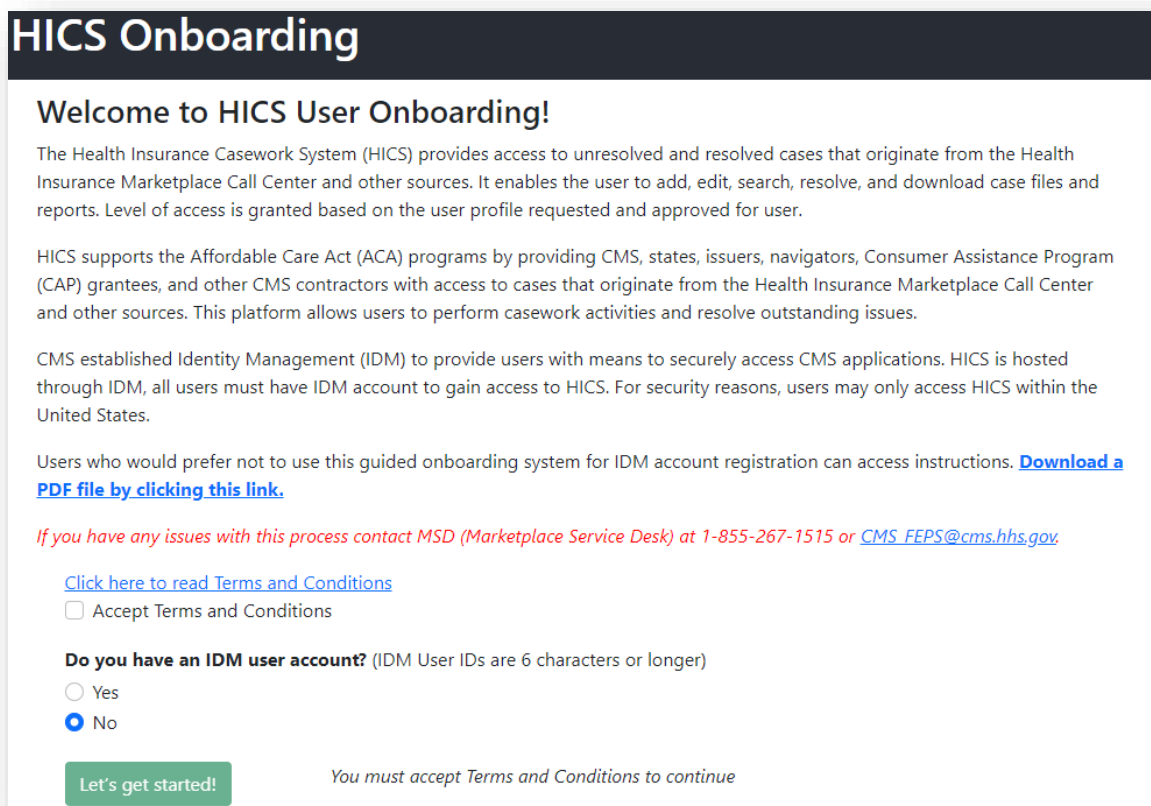
New HICS issuer users can use the information in this section to create a new IDM account (if required) and request the HICS\_ISSUER role, which will give an issuer user access to their organization's data.

- ▶ The HICS Issuer Approver or Administrator may return the onboarding request for revisions if there are any changes needed with the onboarding request.
- ▶ HICS onboarding requests that are not acted on in 60 days will expire.
- ▶ Users who do not wish to use the automated prompts can open a PDF of the instructions on the Welcome to HICS User Onboarding page.

### 2.2 HICS User Onboarding

1. Go to the HICS onboarding page at <https://hics.cms.gov/onboarding>.
2. Select **Click here to read Terms and Conditions** (Exhibit 1).

#### Exhibit 1: Welcome to HICS User Onboarding



**HICS Onboarding**

### Welcome to HICS User Onboarding!

The Health Insurance Casework System (HICS) provides access to unresolved and resolved cases that originate from the Health Insurance Marketplace Call Center and other sources. It enables the user to add, edit, search, resolve, and download case files and reports. Level of access is granted based on the user profile requested and approved for user.

HICS supports the Affordable Care Act (ACA) programs by providing CMS, states, issuers, navigators, Consumer Assistance Program (CAP) grantees, and other CMS contractors with access to cases that originate from the Health Insurance Marketplace Call Center and other sources. This platform allows users to perform casework activities and resolve outstanding issues.

CMS established Identity Management (IDM) to provide users with means to securely access CMS applications. HICS is hosted through IDM, all users must have IDM account to gain access to HICS. For security reasons, users may only access HICS within the United States.

Users who would prefer not to use this guided onboarding system for IDM account registration can access instructions. [Download a PDF file by clicking this link.](#)

*If you have any issues with this process contact MSD (Marketplace Service Desk) at 1-855-267-1515 or [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov).*

[Click here to read Terms and Conditions](#)

☐ Accept Terms and Conditions

**Do you have an IDM user account?** (IDM User IDs are 6 characters or longer)

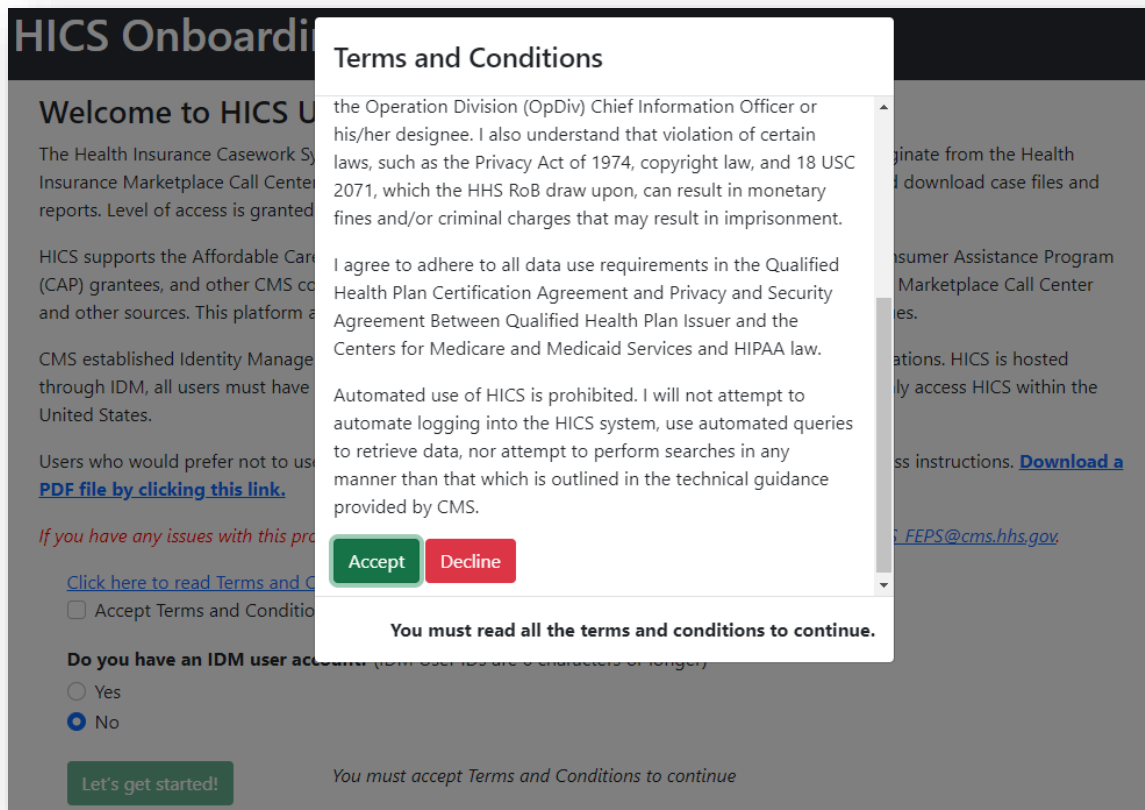
☐ Yes

☒ No

[Let's get started!](#) *You must accept Terms and Conditions to continue*

3. Read the Terms and Conditions and click **Accept** to continue (Exhibit 2).

## Exhibit 2: Terms and Conditions



**HICS Onboarding**

### Welcome to HICS User Onboarding

The Health Insurance Casework System (HICS) is a web-based application that provides a secure environment for the Health Insurance Marketplace Call Center to manage and process reports. Level of access is granted based on the user's role.

HICS supports the Affordable Care Act (ACA) grantees, and other CMS contracts and other sources. This platform is used to manage and process reports.

CMS established Identity Management (IDM) through IDM, all users must have a valid email address and be a resident of the United States.

Users who would prefer not to use HICS can download the HICS User Onboarding PDF file by clicking this link.

If you have any issues with this process, please contact the HICS Support team at [FEPS@cms.hhs.gov](mailto:FEPS@cms.hhs.gov).

[Click here to read Terms and Conditions](#)

☐ Accept Terms and Conditions

**Do you have an IDM user account?** (IDM user IDs are 6 characters or longer)

☐ Yes

☒ No

[Let's get started!](#)

*You must accept Terms and Conditions to continue*

### Terms and Conditions

I, the undersigned, am the Operation Division (OpDiv) Chief Information Officer or his/her designee. I also understand that violation of certain laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS RoB draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment.

I agree to adhere to all data use requirements in the Qualified Health Plan Certification Agreement and Privacy and Security Agreement Between Qualified Health Plan Issuer and the Centers for Medicare and Medicaid Services and HIPAA law.

Automated use of HICS is prohibited. I will not attempt to automate logging into the HICS system, use automated queries to retrieve data, nor attempt to perform searches in any manner than that which is outlined in the technical guidance provided by CMS.

[Accept](#) [Decline](#)

**You must read all the terms and conditions to continue.**

4. For users who already have an IDM user account, skip to Step 5. For users who do not have an IDM user account:
  - a. On the Welcome to HICS User Onboarding page (Exhibit 1), select **No**.
  - b. Click the **Let's get started** button.
  - c. Follow the instructions listed on HICS Onboarding, Step One (Exhibit 3), to create an IDM user account.

**NOTE:** Begin by reading the Note above Step 1 on Exhibit 3.
  - d. Once logged into IDM, enter the new IDM credentials into the IDM User ID and IDM Password fields at the bottom of Exhibit 3.
  - e. Click **Next** to display the HICS Onboarding, Step Two page (Exhibit 4).
  - f. Skip to Step 6.



### Exhibit 3: HICS Onboarding, Step One

# HICS Onboarding

1. IDM Account

2. HICS User Role

3. HICS Access

## Step One: IDM Account

If you have an IDM account skip to step 2. Do not create a second IDM account.

*Contact MSD (Marketplace Service Desk) if you need assistance accessing an old account at [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov).*

**Note:** Read the instructions, then select the "IDM Registration" button to load the IDM Registration page.

- Create an IDM Account by:
  - Select the "New User Registration" button on the IDM Login Page.
  - Complete the IDM account creation process.
  - When prompted, select the "Return" link which will take you to the IDM login.
  - Set up your desired method of multifactor authentication.
- Sign into IDM with your IDM User ID (6 characters or longer) and Password
  - Set up your desired method of multifactor authentication and select Finish.
- Once logged into IDM, enter your new IDM User ID (6 characters or longer) and Password below and select "Next" button to proceed to Step 2: HICS User Role.

IDM Registration

IDM User ID

Enter IDM User ID here

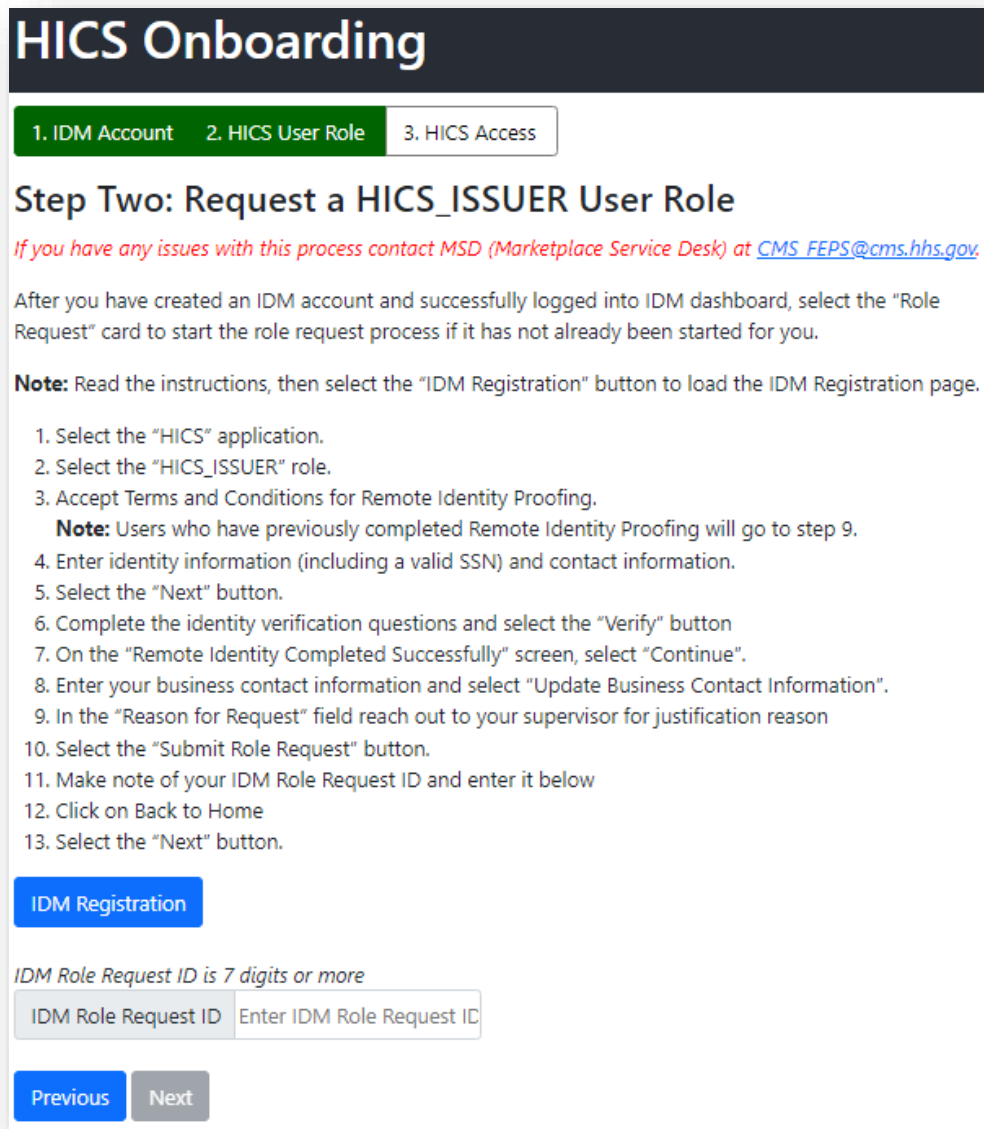
IDM Password

Enter IDM Password here

Previous

Next

## Exhibit 4: HICS Onboarding, Step Two



**HICS Onboarding**

1. IDM Account   2. HICS User Role   3. HICS Access

### Step Two: Request a HICS\_ISSUER User Role

*If you have any issues with this process contact MSD (Marketplace Service Desk) at [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov).*

After you have created an IDM account and successfully logged into IDM dashboard, select the "Role Request" card to start the role request process if it has not already been started for you.

**Note:** Read the instructions, then select the "IDM Registration" button to load the IDM Registration page.

1. Select the "HICS" application.
2. Select the "HICS\_ISSUER" role.
3. Accept Terms and Conditions for Remote Identity Proofing.  
**Note:** Users who have previously completed Remote Identity Proofing will go to step 9.
4. Enter identity information (including a valid SSN) and contact information.
5. Select the "Next" button.
6. Complete the identity verification questions and select the "Verify" button
7. On the "Remote Identity Completed Successfully" screen, select "Continue".
8. Enter your business contact information and select "Update Business Contact Information".
9. In the "Reason for Request" field reach out to your supervisor for justification reason
10. Select the "Submit Role Request" button.
11. Make note of your IDM Role Request ID and enter it below
12. Click on Back to Home
13. Select the "Next" button.

**IDM Registration**

IDM Role Request ID is 7 digits or more

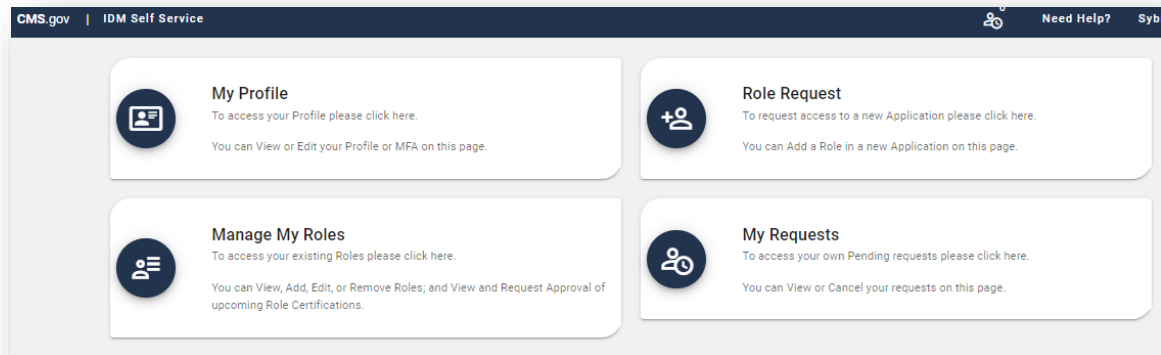
IDM Role Request ID   Enter IDM Role Request ID

**Previous**   **Next**

5. For users who already have an IDM user account:
  - a. Select **Yes** on the Welcome to HICS User Onboarding page (Exhibit 1) to display the IDM User ID and IDM Password fields.
  - b. Enter the appropriate IDM User ID and IDM Password.
  - c. Click **Let's get started**.
  - d. Click **Next** to display the HICS Onboarding, Step Two page (Exhibit 4).
6. After reading the steps listed on the HICS Onboarding, Step Two (Exhibit 4) page, click on the **IDM Registration** button to load the IDM Registration page.
7. Enter the IDM User ID and IDM Password.
8. Click the **Agree to our Terms & Conditions** checkbox.

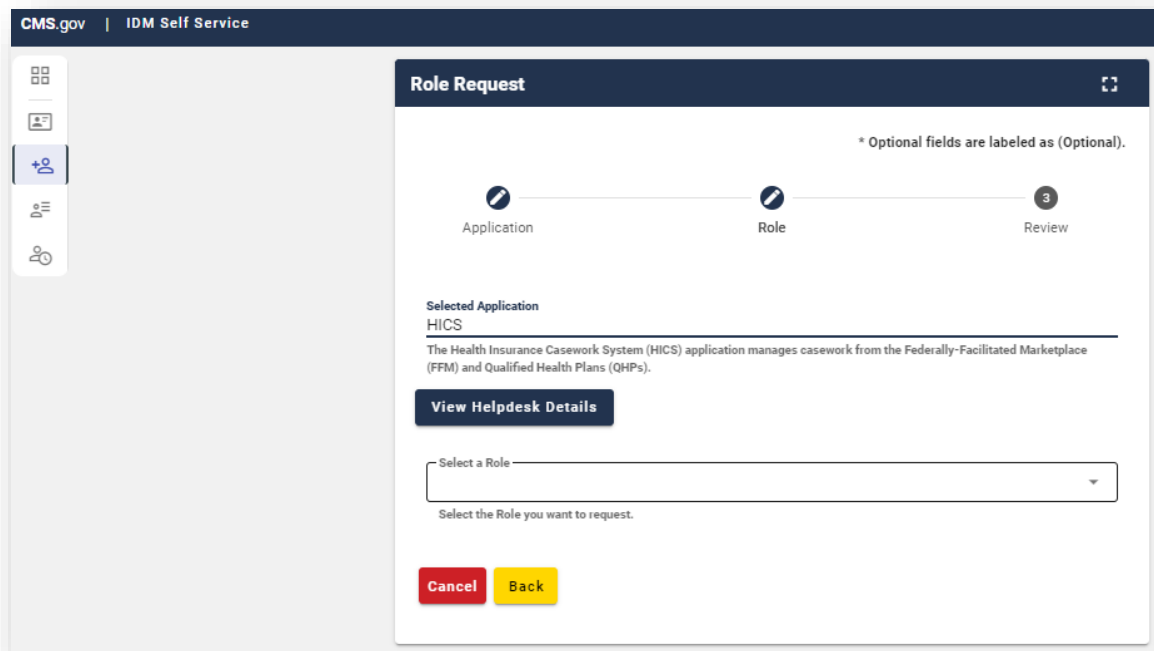
9. Click **Sign In**.
10. Enter the information required for identity authentication.  
**NOTE:** The UI that appears and the information that is entered will depend on the method of multifactor authentication that the user selected when creating the IDM account.
11. After successful completion of identity authentication, the IDM Home screen (Exhibit 5) will display.
12. Select **Role Request** to start the role request process.

#### Exhibit 5: IDM Home Screen



13. Select **HICS** from the Select an Application drop-down (Exhibit 6).

#### Exhibit 6: HICS Role Request Select a Role Page



14. Select **HICS\_ISSUER** from the Select a Role drop-down (Exhibit 6).

15. If the user has not yet completed Remote Identity Proofing, complete Steps 3–8 on the HICS Onboarding, Step Two page (Exhibit 4).
16. Enter a reason for the HICS onboarding request in the Reason for Request field on the HICS Role Request Review page (Exhibit 7).

#### Exhibit 7: HICS Role Request Review Page

**Role Request**

Application      Role      Review

**Review**

Application: HICS

Application Description: The Health Insurance Casework System (HICS) application manages casework from the Federally-Facilitated Marketplace (FFM) and Qualified Health Plans (QHPs).

Role: HICS\_ISSUER

Role Description: HICS\_ISSUER User is responsible for casework for issuers

Reason for Request  
To access the data of the issuer I work with.

Enter a reason for request using 1 to 600 alpha numeric and special characters, except less than (<), greater than (>) or parentheses (). 45 / 600

Cancel Back Submit Role Request

17. Click on the **Submit Role Request** button.
18. On the Role Request page (Exhibit 8), make a note of the Request ID.  
**NOTE:** HICS requires all users to enter their IDM Request ID each time they submit an onboarding request.

#### Exhibit 8: Role Request ID

**Role Request**

Your request for the HICS\_ISSUER role in the HICS application was successfully submitted. The following Request ID has been generated.

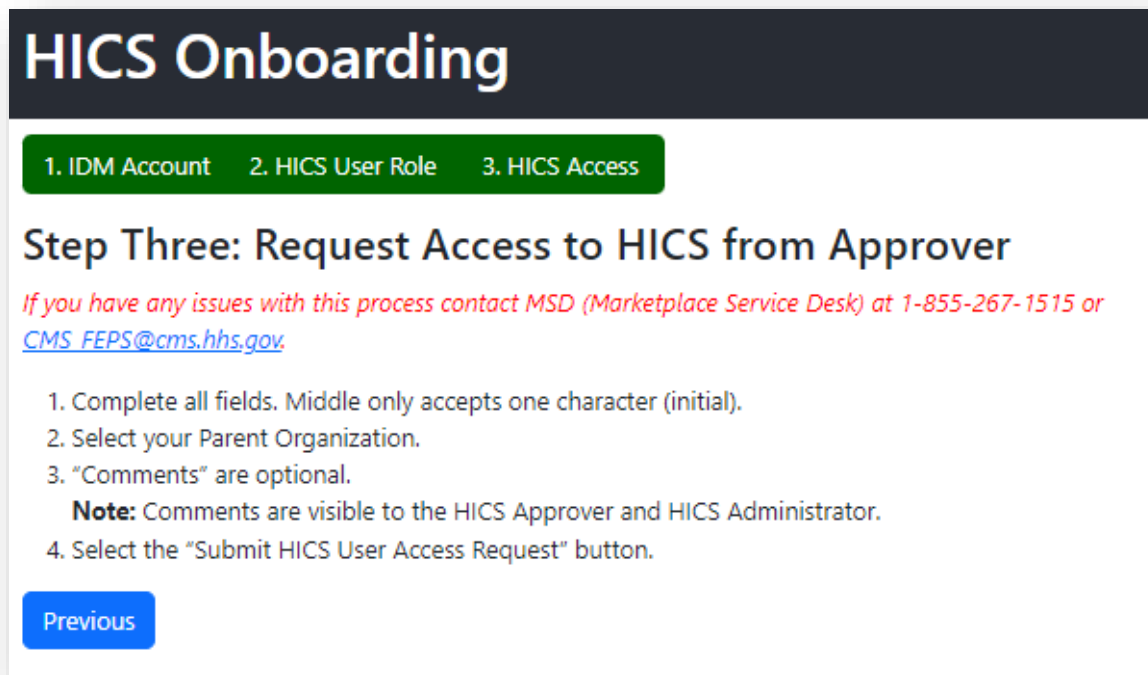
Request ID	Attribute	Value
3550268	N/A	N/A

Back to Home

19. Click on **Back to Home** to return to the IDM Home screen (Exhibit 5).
20. Enter the **Request ID** on the HICS Onboarding, Step Two page (Exhibit 4).
21. Click **Next** to display the HICS Onboarding, Step Three page (Exhibit 9).

**NOTE:** Users who are onboarding onto HICS will see the HICS Access Request Form (Exhibit 10).

#### Exhibit 9: HICS Onboarding, Step Three



The screenshot shows the 'HICS Onboarding' interface. At the top, there's a dark header with the title 'HICS Onboarding'. Below it, a green progress bar indicates three steps: '1. IDM Account', '2. HICS User Role', and '3. HICS Access', with the third step being the active one. The main heading is 'Step Three: Request Access to HICS from Approver'. Below this, a red text line provides contact information: 'If you have any issues with this process contact MSD (Marketplace Service Desk) at 1-855-267-1515 or [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov).' A list of four instructions follows: 1. Complete all fields. Middle only accepts one character (initial). 2. Select your Parent Organization. 3. 'Comments' are optional. 4. Select the 'Submit HICS User Access Request' button. A 'Previous' button is located at the bottom left.

## HICS Onboarding

1. IDM Account 2. HICS User Role 3. HICS Access

### Step Three: Request Access to HICS from Approver

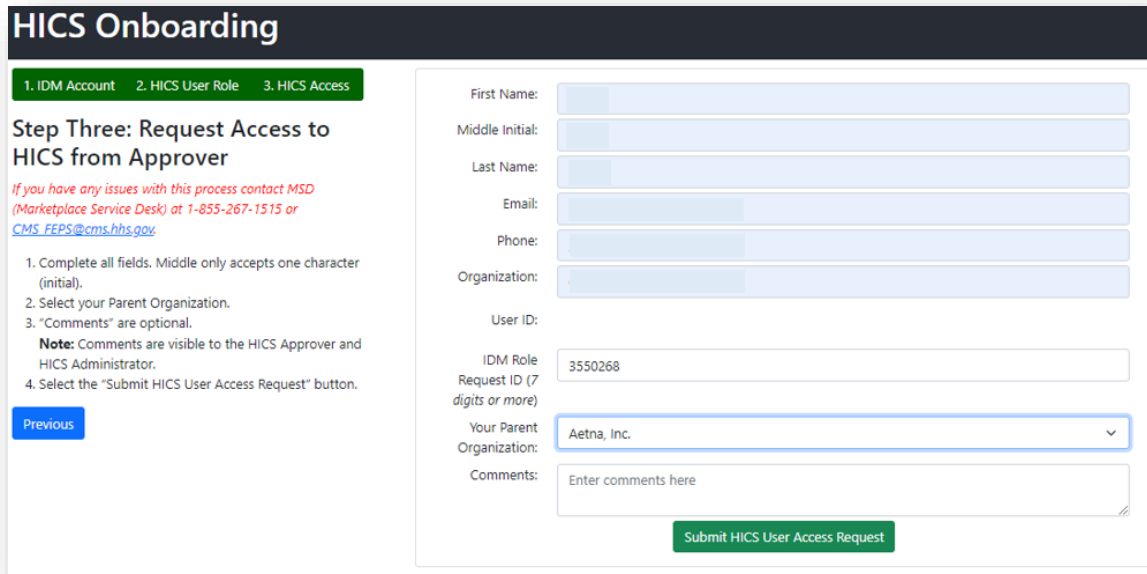
*If you have any issues with this process contact MSD (Marketplace Service Desk) at 1-855-267-1515 or [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov).*

1. Complete all fields. Middle only accepts one character (initial).
2. Select your Parent Organization.
3. "Comments" are optional.  
**Note:** Comments are visible to the HICS Approver and HICS Administrator.
4. Select the "Submit HICS User Access Request" button.

Previous

22. Complete all fields in the HICS Access Request Form (Exhibit 10).  
**NOTE:** The Comments field is optional.

## Exhibit 10: HICS Access Request Form



**HICS Onboarding**

1. IDM Account 2. HICS User Role 3. HICS Access

### Step Three: Request Access to HICS from Approver

*If you have any issues with this process contact MSD (Marketplace Service Desk) at 1-855-267-1515 or [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov)*

- Complete all fields. Middle only accepts one character (initial).
- Select your Parent Organization.
- "Comments" are optional.
- Select the "Submit HICS User Access Request" button.

**Note:** Comments are visible to the HICS Approver and HICS Administrator.

[Previous](#)

First Name:

Middle Initial:

Last Name:

Email:

Phone:

Organization:

User ID:

IDM Role Request ID (7 digits or more):

Your Parent Organization:  ▼

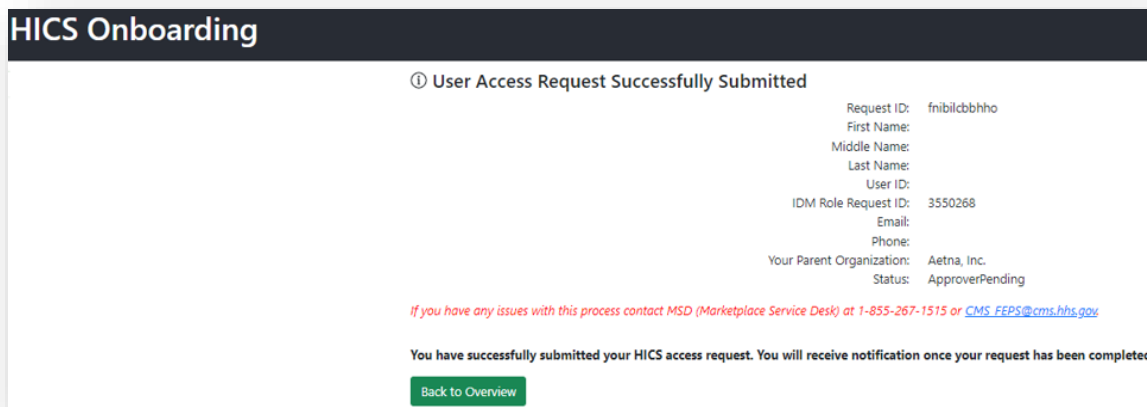
Comments:

[Submit HICS User Access Request](#)

23. Select the Submit HICS User Access Request button. The User Access Request Successfully Submitted page will appear (Exhibit 11).

**NOTE:** New HICS users will receive an email confirming access to HICS once the HICS Issuer Approver and HICS Administrator approve the onboarding request.

## Exhibit 11: User Access Request Successfully Submitted Page



**HICS Onboarding**

① User Access Request Successfully Submitted

Request ID: fnibilcbbhho

First Name:

Middle Name:

Last Name:

User ID:

IDM Role Request ID: 3550268

Email:

Phone:

Your Parent Organization: Aetna, Inc.

Status: ApproverPending

*If you have any issues with this process contact MSD (Marketplace Service Desk) at 1-855-267-1515 or [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov)*

You have successfully submitted your HICS access request. You will receive notification once your request has been completed.

[Back to Overview](#)

## 2.3 Additional Support

For technical support, contact the Marketplace Service Desk (MSD) by email at [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) or by phone at **(855) 267-1515**, Monday through Friday from 8:00 a.m. to 8:00 p.m. ET. The MSD can assist with IDM troubleshooting and will escalate advanced onboarding

issues to the HICS Support team. For issues related to the HICS\_ISSUER role request in IDM, provide the Request ID if possible.

### 3.0 Becoming a HICS Issuer Approver

Each issuer needs to designate at least one Issuer Approver to grant approval for HICS users to be added to the platform and to remove HICS access for those who no longer need access. Each issuer is allowed up to two Issuer Approvers. The Issuer Approver approves onboarding requests for issuer users, serves as the primary point of contact for the HICS team, and notifies the HICS team when users need to be removed from the system.

HICS users who wish to become HICS Issuer Approvers can send an email to the CMS HICS Access team at [HICS\\_Access@cms.hhs.gov](mailto:HICS_Access@cms.hhs.gov) to identify themselves as a prospective Issuer Approver with the authority to approve users' access to HICS for specific HIOS ID(s).



## 4.0 Using the HICS Issuer Approver Panel

### 4.1 Introduction

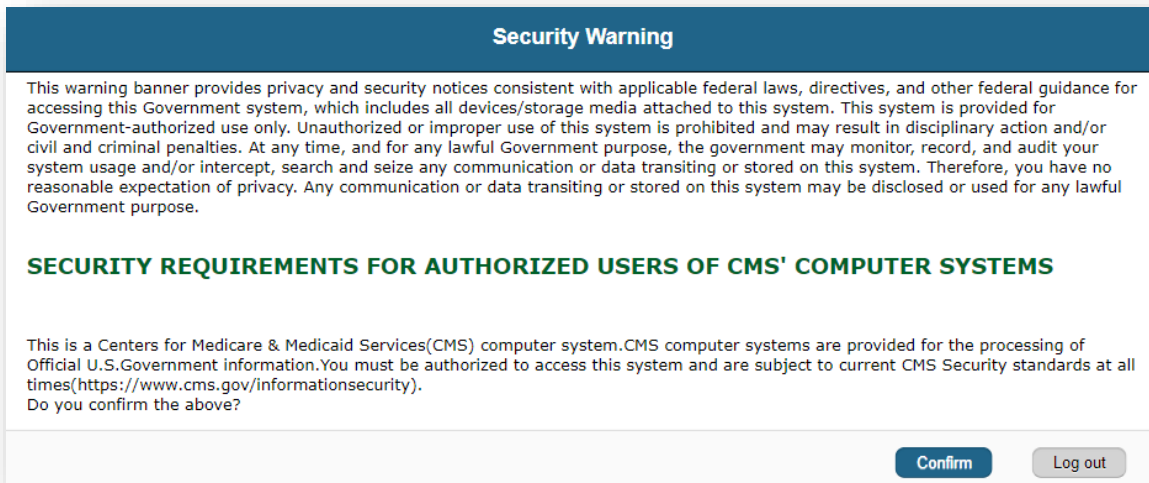
After a user receives confirmation that they have been granted the HICS Issuer Approver permission, they can access the HICS Issuer Approver Panel. The Issuer Approver Panel is the interface that allows HICS Issuer Approvers to approve or deny their organization's onboarding requests.

### 4.2 Accessing HICS to Onboard HICS Users

Use the following steps to access HICS as an issuer:

1. Access the website at: <https://hics.cms.gov/>.
2. Enter the appropriate Username and Password, click the *Agree to our Terms & Conditions* checkbox, and click *Sign In*.
3. A popup security warning window (Exhibit 12) will appear warning users that this system is for government-authorized use only. Users must read, agree, and click *Confirm* to continue to login.

#### Exhibit 12: Security Warning and Confirmation Page



The image shows a 'Security Warning' dialog box. It has a blue header with the text 'Security Warning'. Below the header, there is a paragraph of text explaining that the system is for government-authorized use only and that unauthorized use is prohibited. This is followed by a green section header: 'SECURITY REQUIREMENTS FOR AUTHORIZED USERS OF CMS' COMPUTER SYSTEMS'. Below this, another paragraph states that this is a CMS computer system for processing official U.S. Government information and that users must be authorized. At the bottom, it asks 'Do you confirm the above?' and provides two buttons: 'Confirm' (in blue) and 'Log out' (in grey).

**Security Warning**

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. 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. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

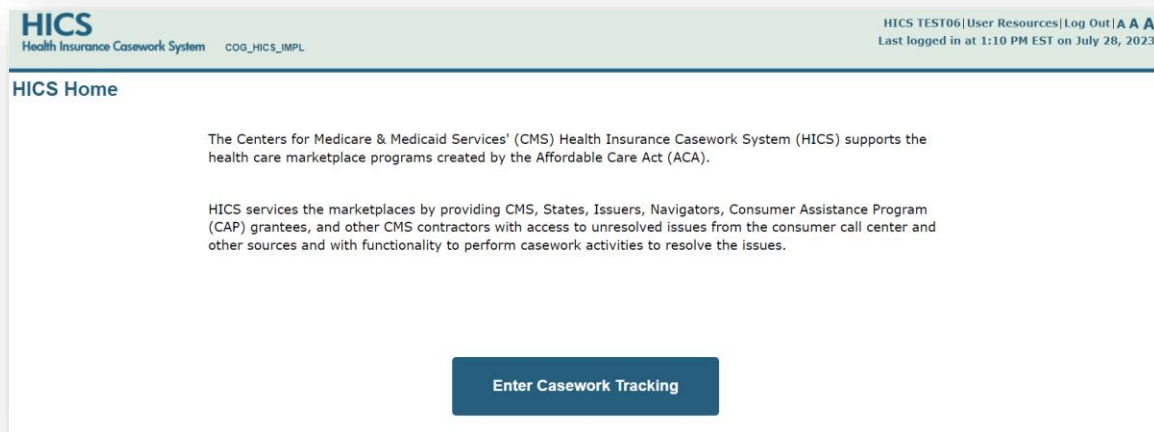
**SECURITY REQUIREMENTS FOR AUTHORIZED USERS OF CMS' COMPUTER SYSTEMS**

This is a Centers for Medicare & Medicaid Services(CMS) computer system.CMS computer systems are provided for the processing of Official U.S.Government information.You must be authorized to access this system and are subject to current CMS Security standards at all times(<https://www.cms.gov/informationsecurity>).  
Do you confirm the above?

**Confirm** **Log out**

4. The HICS Home page will display (Exhibit 13). Click *Enter Casework Tracking*.

## Exhibit 13: HICS Home Page



5. The Casework Tracking Start Page (Exhibit 14) will display.

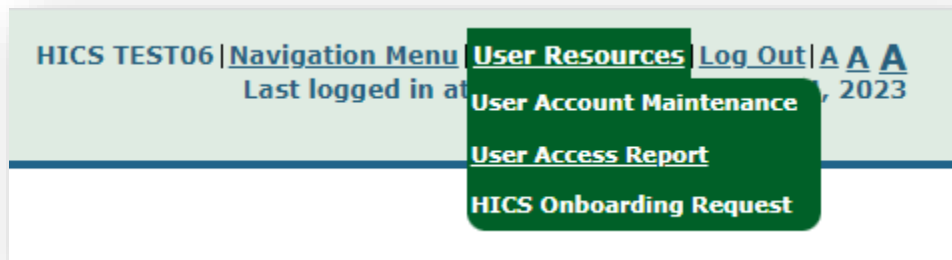
## Exhibit 14: Casework Tracking Start Page



### 4.2.1 Onboarding HICS Users

1. On the upper right corner of the Casework Tracking Start Page, expand *User Resources* (Exhibit 15).

## Exhibit 15: User Resources Menu



2. Select *HICS Onboarding Request* to display the HICS Onboarding page, which features a list of HICS Onboarding Requests (Exhibit 16).

## Exhibit 16: HICS Onboarding Page

**HICS**  
Health Insurance Casework System

COG\_HICS\_IMPL

### HICS Onboarding

Status:

Filter:

Requests per page:

Number of Requests : 7

Request ID	Name	User ID	Parent Organization	Status	Last Updated	Request Date	Expires In
<a href="#">fnhzmvwvrgnr</a>	Sybil Wood	sw_tw_23	Anthem, Inc.	Approver Pending	2/24/2023	2/24/2023	53 Days
<a href="#">admin-onboardxss1</a>	Braylee Tran	username-xss1	Anthem, Inc.	Approver Pending	3/1/2023	3/1/2023	58 Days
<a href="#">naorg-alsifj3</a>	Cohen Terry	username-sjdfajfl2s3	Anthem, Inc.	Approver Pending	3/1/2023	3/1/2023	58 Days
<a href="#">admin-onboardreject2</a>	Elina Delaney	username-reject2	Anthem, Inc.	Approver Pending	3/1/2023	3/1/2023	58 Days
<a href="#">admin-onboardreject1</a>	Paloma Kerr	username-reject1	Anthem, Inc.	Approver Pending	3/1/2023	3/1/2023	58 Days
<a href="#">onapp-cjasdfj2</a>	Clarissa Mathis	username-cjasdfj2	Anthem, Inc.	Approver Pending	3/1/2023	3/1/2023	58 Days
<a href="#">sjdfj223cjajsdwcjaiwqm7</a>	Joel Cleveland	approverpendindnotexpired	Anthem, Inc.	Approver Pending	3/2/2023	3/2/2023	59 Days

### 4.2.2 Filtering and Sorting Onboarding Requests

The HICS Onboarding Requests page has multiple sorting and filtering options.

- Status: The Status drop-down defaults to Approver Pending and gives the option to choose between different onboarding request statuses.
  - All Statuses – Displays all onboarding requests.
  - Administrator Pending – Displays onboarding requests that the HICS Issuer Approver has approved that are awaiting action from the HICS Administrator.
  - Approver Pending – Displays onboarding requests pending action by the HICS Issuer Approver. This is the default selection.
  - Onboarded – Displays onboarding requests that have been successfully completed.
  - User Pending – Displays onboarding requests that the HICS Issuer Approver or HICS Administrator returned to the user for corrections.
- Filter: The Filter box allows users to filter down to desired parameters. For example, if a user enters User, the filter will eliminate any entries that do not include the word User.
- Sorting: The HICS Issuer Approver can sort onboarding requests by clicking the up and down arrows at the top of the columns on the list.
  - Request ID – The unique identifier that the HICS User receives when completing a HICS access request. This field is sorted alphabetically.
  - Name – The user's name. This field is sorted alphabetically.
  - User ID – The user's IDM User ID. This field is sorted alphabetically.

- d. Status – The status of the onboarding request. The possible values are Administrator Pending, Approver Pending, Onboarded, and User Pending. This field is sorted alphabetically.
- e. Last Updated – The last date the onboarding request was changed. This field is sorted ascending or descending by date.
- f. Request Date – The date that the onboarding request was submitted. This field is sorted ascending or descending by date.
- g. Expires In – The number of days until the request expires. Onboarding requests expire after 60 days from the request date.

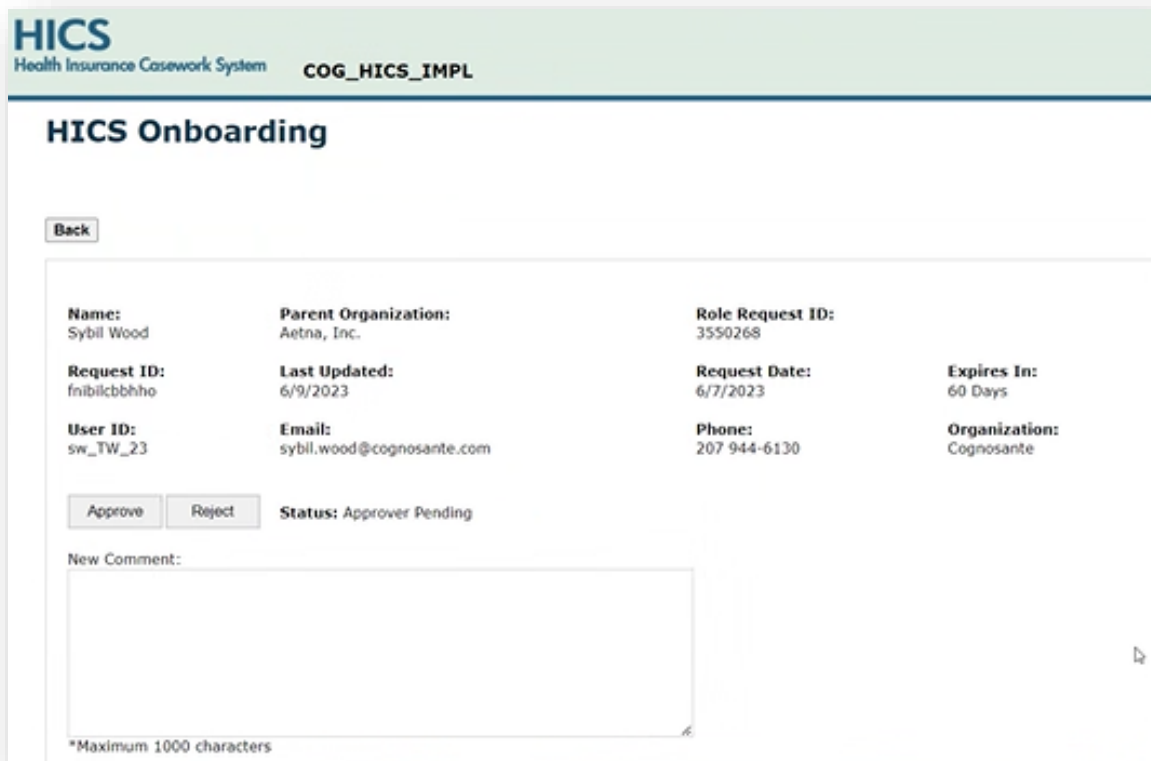
### 4.2.3 Approving a User's Onboarding Request

The HICS Issuer Approver may modify the HIOS ID assignments for the user before approving the user's request.

To approve the user's onboarding request:

1. On the HICS Onboarding page, click the **Request ID** of the request that will be approved to display the HICS Onboarding Request Detail page (Exhibit 17).
2. To approve the user's onboarding request, click the **Approve** button.

#### Exhibit 17: HICS Onboarding Request Detail Page



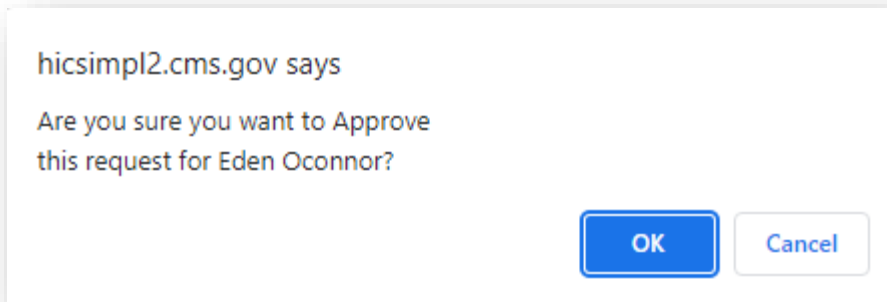
The screenshot shows the 'HICS Onboarding' page. At the top, there is a header with 'HICS Health Insurance Casework System' and 'COG\_HICS\_IMPL'. Below the header, the page title 'HICS Onboarding' is displayed. A 'Back' button is located at the top left. The main content area contains a table of request details:

<b>Name:</b> Sybil Wood	<b>Parent Organization:</b> Aetna, Inc.	<b>Role Request ID:</b> 3550268	
<b>Request ID:</b> fnibikbbhhq	<b>Last Updated:</b> 6/9/2023	<b>Request Date:</b> 6/7/2023	<b>Expires In:</b> 60 Days
<b>User ID:</b> sw_TW_23	<b>Email:</b> sybil.wood@cognosante.com	<b>Phone:</b> 207 944-6130	<b>Organization:</b> Cognosante

Below the table, there are 'Approve' and 'Reject' buttons, and a 'Status: Approver Pending' label. A 'New Comment:' text area is also present, with a note '\*Maximum 1000 characters' at the bottom.

3. When the onboarding approval confirmation displays (Exhibit 18), click **OK**.

## Exhibit 18: HICS Onboarding Approval Confirmation



**NOTE:** After the HICS Issuer Approver approves the access request, the HICS Onboarding Approval Detail page displays (Exhibit 19) and the request moves to the HICS Administrator's queue for final approval. When the HICS Administrator approves the request, they will also approve the IDM HICS User Role request. The new HICS User will receive a confirmation email for each approval.

## Exhibit 19: HICS Onboarding Approval Detail Page

The screenshot shows the "HICS Onboarding" page. At the top, there's a header with the HICS logo and "Health Insurance Casework System" and "COG\_HICS\_IMPL". Below the header, there's a "Back" button. The main content area displays a table of information:

<b>Name:</b> Sybil Wood	<b>Parent Organization:</b> Aetna, Inc.	<b>Role Request ID:</b> 3550268
<b>Request ID:</b> fnibirmfaurn	<b>Last Updated:</b> 6/9/2023	<b>Request Date:</b> 6/9/2023
<b>User ID:</b> sw_TW_23	<b>Email:</b> sybil.wood@cognosante.com	<b>Expires In:</b> 60 Days
	<b>Phone:</b> 207 944-6100	<b>Organization:</b> Cognosante

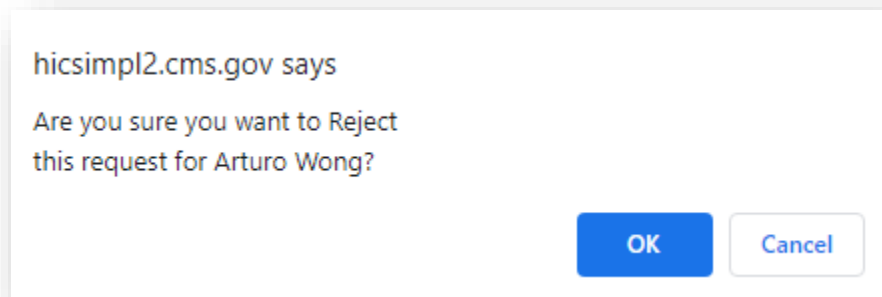
At the bottom, a status message reads: "Status: Approval Confirmation Successful, Admin will be notified for next actions."

### 4.2.4 Rejecting a User's Onboarding Request

To reject the user's onboarding request:

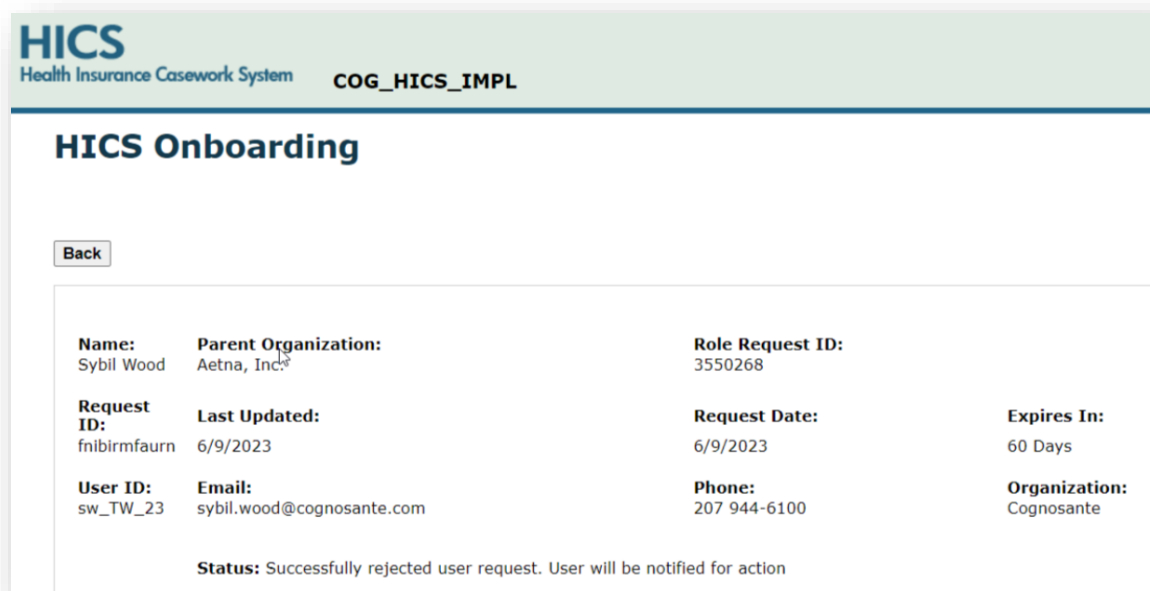
1. Click the **Request ID** of the request that will be rejected.  
**NOTE:** When the Issuer Approver rejects a request, they must add comments about the rejection. The Issuer Approver's comments will show up on the notification that is sent to the requester, giving the requester the opportunity to modify the request (if required) and resubmit.
2. After entering comments about the rejection, click the **Reject** button.
3. When the rejection confirmation displays (Exhibit 20), click **OK**.

## Exhibit 20: HICS Onboarding Rejection Confirmation



**NOTE:** After the HICS Issuer Approver rejects the access request, the HICS Onboarding Rejection Detail page (Exhibit 21) displays. When the HICS Administrator rejects the request, HICS will send a notification email to the user and Issuer Approver.

## Exhibit 21: HICS Onboarding Rejection Detail Page



The screenshot shows the HICS Onboarding Rejection Detail Page. At the top, there is a green header bar with the HICS logo and the text "Health Insurance Casework System" and "COG\_HICS\_IMPL". Below the header, the page title "HICS Onboarding" is displayed. A "Back" button is located on the left. The main content area contains a table with the following information:

<b>Name:</b> Sybil Wood	<b>Parent Organization:</b> Aetna, Inc.	<b>Role Request ID:</b> 3550268	
<b>Request ID:</b> fnibirmfaurn	<b>Last Updated:</b> 6/9/2023	<b>Request Date:</b> 6/9/2023	<b>Expires In:</b> 60 Days
<b>User ID:</b> sw_TW_23	<b>Email:</b> sybil.wood@cognosante.com	<b>Phone:</b> 207 944-6100	<b>Organization:</b> Cognosante

**Status:** Successfully rejected user request. User will be notified for action

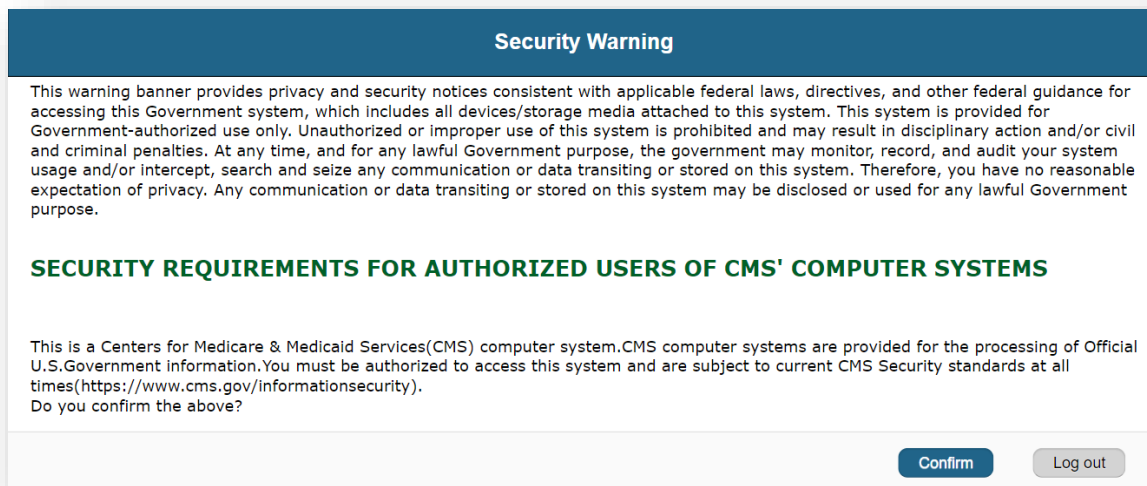
## 5.0 Managing Casework in HICS

### 5.1 Accessing HICS

Use the following steps to access HICS:

1. Access the website at: <https://hics.cms.gov>.
2. Enter the appropriate Username and Password.
3. Click the *Agree to our Terms & Conditions* checkbox.
4. Click *Sign In*.
5. A popup security warning window (Exhibit 22) will appear warning users that this system is for government-authorized use only. Users must read, agree, and click **Confirm** to continue to login.

#### Exhibit 22: Security Warning and Confirmation Page



The image shows a security warning window with a blue header titled "Security Warning". The main text explains that the system is for government-authorized use only and that unauthorized use is prohibited. It also states that the government may monitor, record, and audit system usage. Below this text is a green heading: "SECURITY REQUIREMENTS FOR AUTHORIZED USERS OF CMS' COMPUTER SYSTEMS". Underneath, it says "This is a Centers for Medicare & Medicaid Services(CMS) computer system. CMS computer systems are provided for the processing of Official U.S. Government information. You must be authorized to access this system and are subject to current CMS Security standards at all times(https://www.cms.gov/informationsecurity)." and asks "Do you confirm the above?". At the bottom right, there are two buttons: "Confirm" (in blue) and "Log out" (in grey).

**Security Warning**

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. 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. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

**SECURITY REQUIREMENTS FOR AUTHORIZED USERS OF CMS' COMPUTER SYSTEMS**

This is a Centers for Medicare & Medicaid Services(CMS) computer system. CMS computer systems are provided for the processing of Official U.S. Government information. You must be authorized to access this system and are subject to current CMS Security standards at all times(<https://www.cms.gov/informationsecurity>).

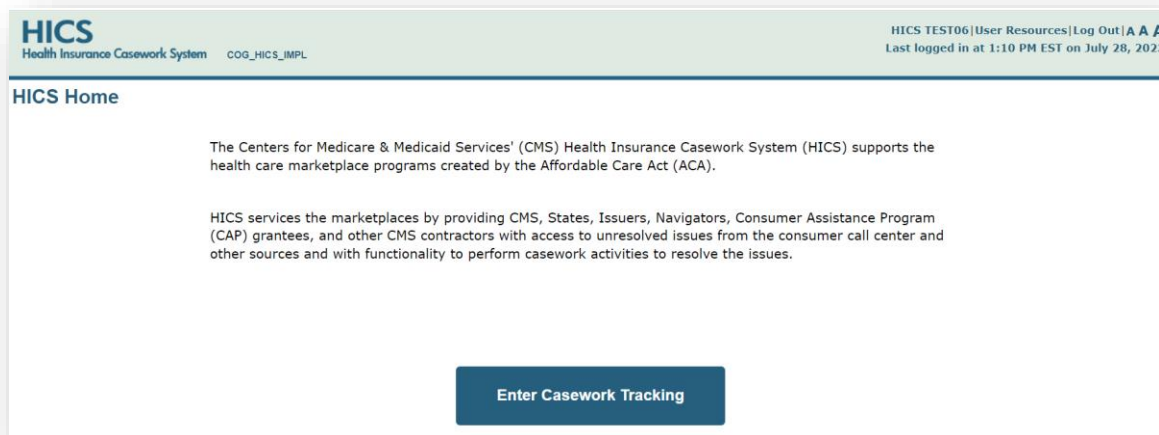
Do you confirm the above?

**Confirm** **Log out**

6. The HICS Home page will display (Exhibit 23). Click *Enter Casework Tracking*.



## Exhibit 23: HICS Home Page



**NOTE:** Once these steps are completed, the Casework Tracking Start Page will display (Exhibit 24).

## Exhibit 24: Casework Tracking Start Page



## 5.2 Uploading Casework

The Casework Upload function enables users to upload casework files. Every item included in the bulleted list on the Casework Upload Page must be true for the upload to be successful. For example, the uploaded files must be tab-delimited text files with a .txt extension, not have any column headers, and follow the order of the table shown on Exhibit 25. Also, cases listed in the uploaded file must not be closed. Although the table on the Casework Upload Page lists the required field names vertically, the uploaded text file must list each case (and applicable casework notes, comments, etc.) horizontally. Each case in the file must have a row, not a column.



1. Complete the process in **Section 5.1, Accessing HICS**, to navigate to the Casework Tracking Start Page (Exhibit 24).
2. Select **Casework Upload** from the left menu. The Casework Upload Page will display (Exhibit 25).

### Exhibit 25: Casework Upload Page

#### Casework Upload

Please note the following:

- ASCII Tab-delimited Text File is the required file format.
- Do NOT include a header record.
- Filename extension should be ".TXT"
- Uploads will NOT be accepted for any cases that are already closed.
- Upload the data according to the Upload File Record Layout provided below. Only the listed data (Field Name) will be uploaded.
- Casework Note entered becomes the Resolution Summary if the case is resolved.

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
Case ID	CHAR REQUIRED	11	Case ID assigned by HICS. The Case ID must already exist in HICS.	E1234567890
Casework Notes	CHAR REQUIRED	4,000	Summary description regarding the case and its resolution. Only include new notes. Any notes already entered in HICS should not be included in the upload. Please note: if the user is closing the case the Casework Note becomes the Resolution Summary.	Casework notes
Resolve Case	CHAR REQUIRED	1	Enter "Y" if the case should be resolved. Enter "N" if the case should remain open.	Y
Comments	CHAR OPTIONAL	4,000	If desired, provide any notes that the plan should see when performing their plan resolution. Otherwise, leave this field blank.	Comments
Pending XOSC Help Desk	CHAR REQUIRED	1	Enter "Y" if the case has been sent to the XOSC Help Desk. Enter "N" if the case has not been sent to the XOSC Help Desk.	Y
Date Case Referred to XOSC Help Desk	CHAR CONDITIONAL	10	If "Y" was entered for Pending XOSC Help Desk, then enter the date the case was referred (MM/DD/YYYY). If "N" was entered for Pending XOSC Help Desk, then leave this field blank	01/01/2014
Date of Resolution Notification	CHAR OPTIONAL	10	Enter the date of resolution notification (MM/DD/YYYY).	01/05/2014
Does the Issuer Agree with the Issue Level?	CHAR REQUIRED	1	Enter "Y" if the user agrees with the Issue Level. Enter "N" if the user disagrees with the Issue Level.	Y
Issue Level Disagreement Text	CHAR OPTIONAL	1000	This field is optional if the user selects "N" to the field above. Enter the reason the user disagrees with the Issue Level.	Reason
Outcome of Resolution	NUM CONDITIONAL	1	If "Y" was entered for Resolve Case, then the Outcome of Resolution field is required. Enter the number associated with the Outcome of Resolution per below. 1. Issuer has adjusted its record, whole or in part, in accord with the request/directive 2. Issuer is not permitted to make requested changes(s) according to CMS/issuer policy 3. Issuer was unable to contact the consumer/provider 4. Other 5. Issuer did not cancel/terminate as requested, consumer had paid claims 6. Issuer did not cancel/terminate as requested, consumer paid premiums 7. Issuer did not cancel/terminate as requested, consumer contacted the Issuer	4
Outcome of Resolution Other Text	CHAR CONDITIONAL	100	If "4" was entered for the Outcome of Resolution, then the Other Outcome of Resolution field is required.	Other Text

3. Use the information on the Casework Upload Page to create the case file.
4. Click **Choose File** to select the file for upload.
5. Click **Upload**.

## 5.3 Searching for Cases

The Search Case function allows the user to search for a case by either case ID(s) or by specific case information.

1. Complete the process in **Section 5.1, Accessing HICS**, to navigate to the Casework Tracking Start Page (Exhibit 24).
2. Click **Search Case** in the left menu. The HICS Search page will display (Exhibit 26).

## Exhibit 26: HICS Search Page

### HICS Search

**Option 1**

To view multiple cases, use comma(s) to separate Case IDs.

Case ID

**Option 2**

Casework Office  Active Caseworkers ☒ Caseworker

Filter Issuer by State

Sort Issuer By

Filter Issuer by Parent Organization

Issuer

Case Status

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

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

Issuer Assignment Date From (mm/dd/yyyy)  To (mm/dd/yyyy)

Category  Subcategory

First Name  Last Name

State

Type of Service

Issue Level  Consumer ID

**Issue Flags (Check all that applies)**

☐ Media Interest ☐ Congressional ☐ MHPAEA

☐ Agent/Broker ☐ SHOP

☐ SWIFT ☐ White House Correspondence

Case Pending XOSC Helpdesk

Application ID

Phone/Alt Phone

3. On the HICS Search page, enter the Case ID(s) (Option 1) or other search criteria (Option 2).
  - a. If searching for a case(s) using Option 1, enter the case number(s) in the Case ID field.  
**NOTE:** Separate multiple Case IDs with a comma.

- b. If searching for a case(s) using Option 2, complete the intended data search field(s).  
**NOTE:** The Case Status drop-down menu is set to Open by default. Select **Both** to review all cases associated with the search parameters.
4. Click **Search** under the option selected. The HICS Search Results page will display cases matching the parameters entered (Exhibit 27).  
**NOTE:** There is a 300-case limit for search results.

### Exhibit 27: HICS Search Results Page

**HICS**  
Health Insurance Casework System

HEATHER TONES | Navigation Menu | User Resources | Log Out | A A A  
Last logged in at 6:02 PM EST on August 14, 2023

COG\_HICS\_IMPL

### HICS Search Results

Cases Per Page: 15

Number of Cases : 445  
Your search criteria resulted in more than 300 cases. Only the first 300 cases that match your criteria are displayed. To narrow your search, please pick additional criteria.

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	New Information
<a href="#">E2109190916</a>	No	Open	No	1	1/6/2021	Heather Uones	No	John Hones	John Hones	32753	MO	32753MO095001506	2.16	11/8/2022 6:25:23 PM	No
<a href="#">E2109197820</a>	No	Open	No	1	1/8/2021	Heather Tones	No	Christine Gones	Christine Gones	88380	VA	88380VA072003301	2.16	11/10/2022 2:14:40 PM	Yes
<a href="#">E2109382616</a>	No	Open	No	1	3/18/2021	Amy Jones	No	Heather Gones	Heather Gones	63411	GA	11512NC006002806	2.17		No
<a href="#">E2109391817</a>	Yes	Open	No	1	3/23/2021	Linda Rones	No	Amy Vones	Amy Vones	63411	GA	33602TX046069706	2.3		Yes
<a href="#">E2109394481</a>	No	Open	No	1	3/25/2021	Paul Nones	No	Michael Rones	Michael Rones	63411	GA		2.3	7/19/2023 1:20:49 PM	No
<a href="#">E2109394492</a>	No	Open	No	1	3/25/2021	Paul Nones	No	Thomas Hones	Thomas Hones	63411	GA	16842FL012003306	2.3		No
<a href="#">E2109394497</a>	No	Open	No	1	3/25/2021	Amy Jones	No	Thomas Hones	Thomas Hones	63411	GA		2.21		No
<a href="#">E2109394515</a>	No	Open	No	1	3/25/2021	Amy Jones	No	Elizabeth Nones	Elizabeth Nones	63411	GA		2.21		No
<a href="#">E2109396625</a>	No	Open	No	1	3/26/2021	Paul Nones	No	Thomas Gones	Thomas Gones	63411	GA		2.21		No
<a href="#">E2109397822</a>	No	Open	No	1	3/26/2021	Amy Jones	No	Karen Lones	Karen Lones	63411	GA	11512NC031000305	2.16		No
<a href="#">E2109397844</a>	No	Open	No	1	3/26/2021	Amy Jones	No	Amy Bones	Amy Bones	63411	GA	11512NC006003006	2.16		No
<a href="#">E2309824833</a>	Yes	Open	No	1	8/12/2023	Amy Jones	No	Karen Lones	Karen Lones	63411	GA		2.16		Yes
<a href="#">E2109194029</a>	Yes	Open	Yes	2	1/7/2021	Heather Uones	No	Thomas Cones	Thomas Cones	32753	MO	32753MO095001701	2.16	1/14/2021 5:58:41 PM	Yes
<a href="#">E2109194038</a>	No	Open	No	2	1/7/2021	Heather Uones	No	Robert Sones	Robert Sones	32753	MO	32753MO095001501	2.17	1/15/2021 6:20:54 PM	No
<a href="#">E2109194041</a>	No	Open	No	2	1/7/2021	Heather Uones	No	Thomas Mones	Thomas Mones	32753	MO	32753MO095001506	2.16	1/20/2021 7:20:48 PM	No

Next Last Page  
Back Download to Excel

Go To [Casework Tracking Start Page](#)

5. Select a Case ID link in the Search Results page to view details about a specific case.

## 5.4 Viewing Case History

The Case History function enables users to view the history of caseworker, issuer, issue level, and category/subcategory assignments as well as the case narrative.

**NOTE:** For cases with a Plan Request, the Case History tab will also display ER&R review requests.

1. Complete the process in **Section 5.1, Accessing HICS**, to navigate to the Casework Tracking Start Page (Exhibit 24).
2. Use the Search Case function in **Section 5.3, Searching for Cases**, to search for a case.
3. Select a Case ID link on the Search Results page. The Add/Edit Case page will display with the Case Information tab highlighted.
4. Select the **Case History** tab. The Add/Edit Case page will display with the Case History tab highlighted (Exhibit 28).

## Exhibit 28: Add/Edit Case Page – Case History Tab

**HICS**  
Health Insurance Casework System

COG\_HICS\_IMPL

Go To [Casework Tracking Start Page](#) [Search Case Page](#)

## Add/Edit Case

**Case ID: E2307427918**

Application ID: | Preferred Language:

Case Information

**Case History**

Resolution

\* Required fields are marked with an asterisk.

Back

Save

Save and Send Email to Caseworker

Clone Case

**Caseworker Assignments**

#	Assigned To	Assigned By	Assigned On
1	automation-victoria Hics User	System System User	6/12/2023 6:48:50 PM

**Issuer Assignments**

#	Assigned To	Assigned By	Assigned On
1	OTHER	System System User	6/12/2023 6:48:50 PM

**Issue Level Assignments**

#	Assigned To	Assigned By	Assigned On
1	Issue Level 2	System System User	6/12/2023 6:48:50 PM

**Category/Subcategory Assignments**

#	Category/Subcategory	Subcategory Other Text	Assigned By	Assigned On
1	Category 1 Subcategory 9		System System User	6/12/2023 6:48:50 PM

## 5.5 Resolving (Closing) Cases

The Resolution function enables users to enter comments, casework notes, and resolution summaries and resolve cases.

**NOTE:** The ability to resolve a case depends on the case category and subcategory.

1. Complete the process in **Section 5.1, Accessing HICS**, to navigate to the Casework Tracking Start Page (Exhibit 24).
2. Use the Search Case function in **Section 5.3, Searching for Cases**, to search for a case.

3. Select a Case ID link on the HICS Search Results page. The Add/Edit Case page will display with the Case Information tab highlighted.
4. Select the **Resolution** tab. The Add/Edit Case page will display with the Resolution tab highlighted (Exhibit 29).

### Exhibit 29: Add/Edit Case Page – Resolution Tab

## Add/Edit Case

Case ID: E2109192193

Application ID: 3669660224 | Preferred Language: English

Case Information
Case History
**Resolution**
Attachments
Plan Request

\* Required fields are marked with an asterisk.

Back
Save
Save and Send Email to Caseworker
Clone Case

### Comments

New Comment:

From:	Date:	Comment:
System-generated Comment System	1/7/2021 2:53:35 PM	THIS IS A COMMENT 7B78B2DB-C6D7-4B03-A419-BCD8CEC7F0C9

### Casework

New Casework Note:

Include In Resolution Summary:

From:	Date:	Casework Note:	Include In Resolution Summary:
John Rones Issuer	1/7/2021 2:53:35 PM	THIS IS A CASEWORK TEXT B9809048-856C-4E8F-967C-C259DD300DE9	<input checked="" type="checkbox"/>

Date of Resolution Notification (mm/dd/yyyy)

Case Pending XOSC Help Desk

Date Case Referred

Reserved

SEP Decision Made

SEP Reason

Does the Issuer agree with the Issue Level?

Reason for Disagreement

Outcome of Resolution

Other Outcome of Resolution

5. On the Resolution page, in the Comments section, enter any applicable information in the New Comment field.  
**NOTE:** All users can see the comments entered in this section.
6. In the Casework section, enter casework notes in the New Casework Note field. Casework notes entered in this section have limited visibility depending on a user's access level. CMS users will see

all internal casework notes.

**NOTE:** To mitigate system time outs and avoid losing work, click **Save** after entering each note. Proofread comments and casework notes before clicking **Save**, as information cannot be modified or edited after it is saved.

7. HICS shares the resolution summary with the Marketplace Call Center for cases that originated at the call center. Include all relative comments in the resolution summary to convey a complete description of the research that led to the resolution outcome.
8. For final resolution notes, check the ***Include in Resolution Summary*** box next to the applicable note in the Casework section.
9. Select an outcome from the Outcome of Resolution drop-down menu.
10. Click the ***Resolve Case*** button.  
**NOTE:** If required data is missing or there is an error, a red error message will display.
11. If it is necessary to correct errors, click the ***Resolve Case*** button after entering the required information.

**NOTE:** After the data is accepted, a Case Resolved message will display at the top of the page.

## 5.6 Uploading and Viewing Attachments

The Attachments function enables users to attach and view documents relevant to specific cases.

1. Complete the process in **Section 5.1, Accessing HICS**, to navigate to the Casework Tracking Start Page (Exhibit 24).
2. Use the Search Case function in **Section 5.3, Searching for Cases**, to search for a case.
3. Select a Case ID link on the HICS Search Results page. The Add/Edit Case page will display with the Case Information tab highlighted.
4. Select the ***Attachments*** tab. The files already uploaded for the case will display (Exhibit 30).

## Exhibit 30: Add/Edit Case Page – Attachments Tab

**HICS**  
Health Insurance Casework System

COG\_HICS\_IMPL

Go To [Casework Tracking Start Page](#) [Search Case Page](#)

# Add/Edit Case

Case ID: E2109194293

Application ID: 3662189576 | Preferred Language: English

Case Information

Case History

Resolution

**Attachments**

Plan Request

\* Required fields are marked with an asterisk.

Back

Save

Save and Send Email to Caseworker

Clone Case

## Attachments

#	File Name	Description	Delete	Download
1	E2109194293.pdf	Resolution Letter Upload for E2109194293	<div>Delete</div>	<div>Download</div>

Select file for upload: 

Choose File

 No file chosen

Description of Attachment:

Upload

Back

Save

Save and Send Email to Caseworker

Resolve Case

- To view an attachment, click the **Download** button next to the file.
- To add an attachment, click **Choose File** and select the file to upload.  
**NOTE:** .txt, .doc, .zip, .xlsm, .docx, .xlsx, .pdf, and .gif are the supported file types.
- Provide a description of the attachment in the field provided.
- Click **Upload** to attach the file to the case.

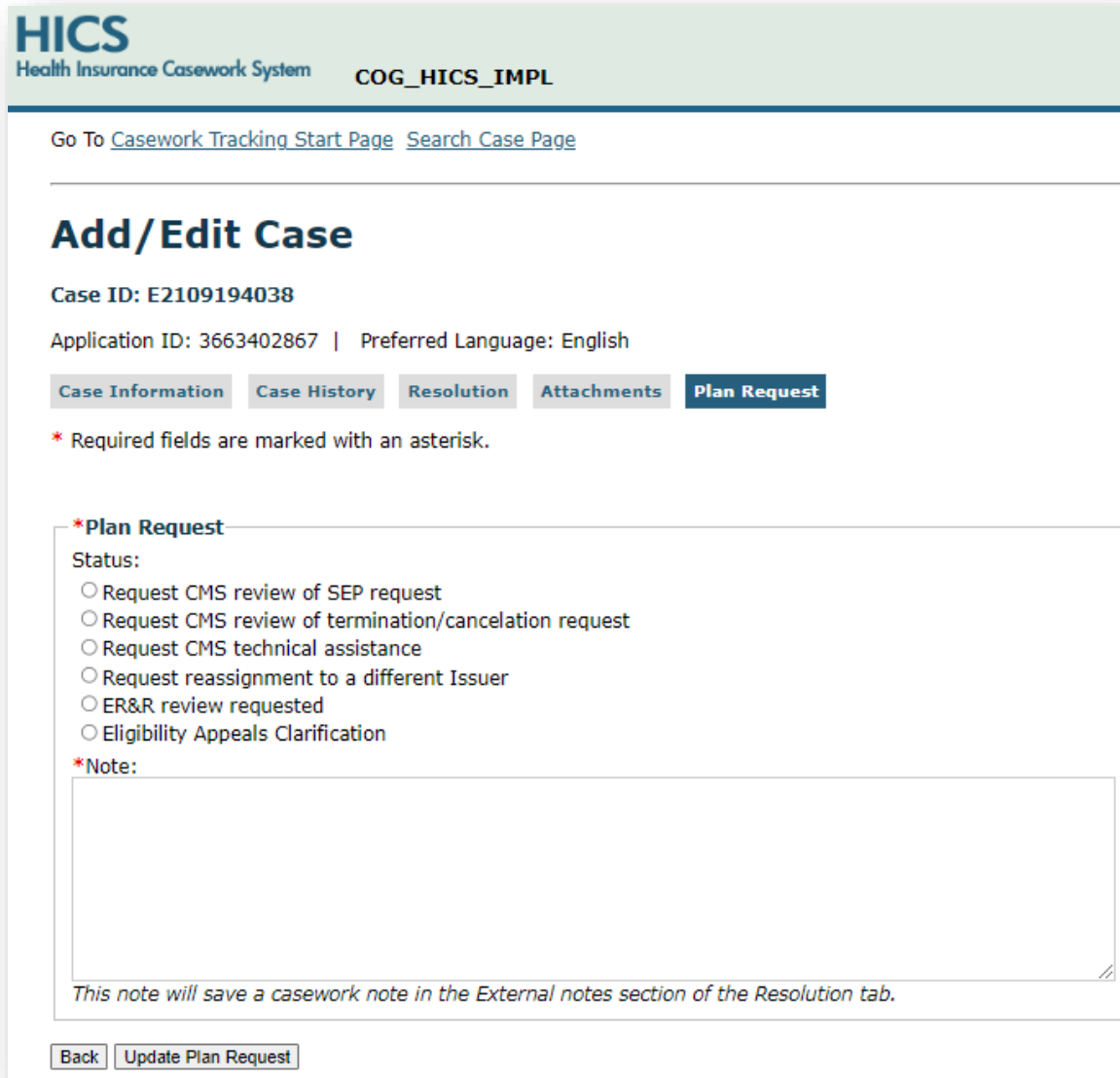
## 5.7 Creating a Plan Request

The Plan Request function allows issuer users to select a request for CMS and contractors from a pre-populated list of requests. When an issuer user creates a Plan Request for a case, an email is sent to the caseworker and a predefined contractor's email address depending on the request selected.

- Complete the process in **Section 5.1, Accessing HICS**, to navigate to the Casework Tracking Start Page (Exhibit 24).

2. Use the Search Case function in **Section 5.3, Searching for Cases**, to search for a case.
3. Select a Case ID link on the HICS Search Results page. The Add/Edit Case page will display with the Case Information tab highlighted.
4. Click the **Plan Request** tab. The Add/Edit Case page will display with the Plan Request tab highlighted (Exhibit 31).

**Exhibit 31: Add/Edit Case Page – Plan Request Tab**



The screenshot shows the HICS Health Insurance Casework System interface. At the top, the HICS logo and 'COG\_HICS\_IMPL' are displayed. Below the header, there are links to 'Casework Tracking Start Page' and 'Search Case Page'. The main heading is 'Add/Edit Case'. Below this, the 'Case ID: E2109194038' and 'Application ID: 3663402867 | Preferred Language: English' are shown. A series of tabs are present: 'Case Information', 'Case History', 'Resolution', 'Attachments', and 'Plan Request' (which is highlighted). A note states: '\* Required fields are marked with an asterisk.' The 'Plan Request' section contains a 'Status:' label followed by a list of radio button options: 'Request CMS review of SEP request', 'Request CMS review of termination/cancelation request', 'Request CMS technical assistance', 'Request reassignment to a different Issuer', 'ER&R review requested', and 'Eligibility Appeals Clarification'. Below this is a '\*Note:' label and a large text area for notes. A footer note states: 'This note will save a casework note in the External notes section of the Resolution tab.' At the bottom, there are 'Back' and 'Update Plan Request' buttons.

HICS  
Health Insurance Casework System COG\_HICS\_IMPL

Go To [Casework Tracking Start Page](#) [Search Case Page](#)

## Add/Edit Case

Case ID: E2109194038  
Application ID: 3663402867 | Preferred Language: English

[Case Information](#) [Case History](#) [Resolution](#) [Attachments](#) **[Plan Request](#)**

\* Required fields are marked with an asterisk.

**\*Plan Request**

Status:

- ☐ Request CMS review of SEP request
- ☐ Request CMS review of termination/cancelation request
- ☐ Request CMS technical assistance
- ☐ Request reassignment to a different Issuer
- ☐ ER&R review requested
- ☐ Eligibility Appeals Clarification

\*Note:

*This note will save a casework note in the External notes section of the Resolution tab.*

[Back](#) [Update Plan Request](#)

5. Select a request from the list in the Plan Request section.
6. In the Note section, type the reason for the Plan Request and the action needed from CMS or the contractor.  
**NOTE:** This note is a required field and will be automatically saved in the Comments section in the Resolution tab.
7. Click **Save**.

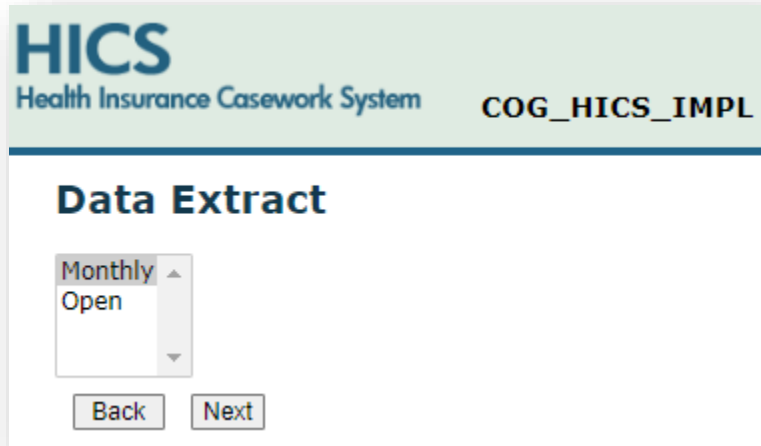


## 5.8 Using Data Extracts to Download Case Data

The Data Extract function enables users with appropriate permissions to download distinct types of HICS case data.

1. Complete the process in **Section 5.1, Accessing HICS**, to navigate to the Casework Tracking Start page (Exhibit 24).
2. Select **Data Extracts** from the left menu. The Data Extract page will appear (Exhibit 32).

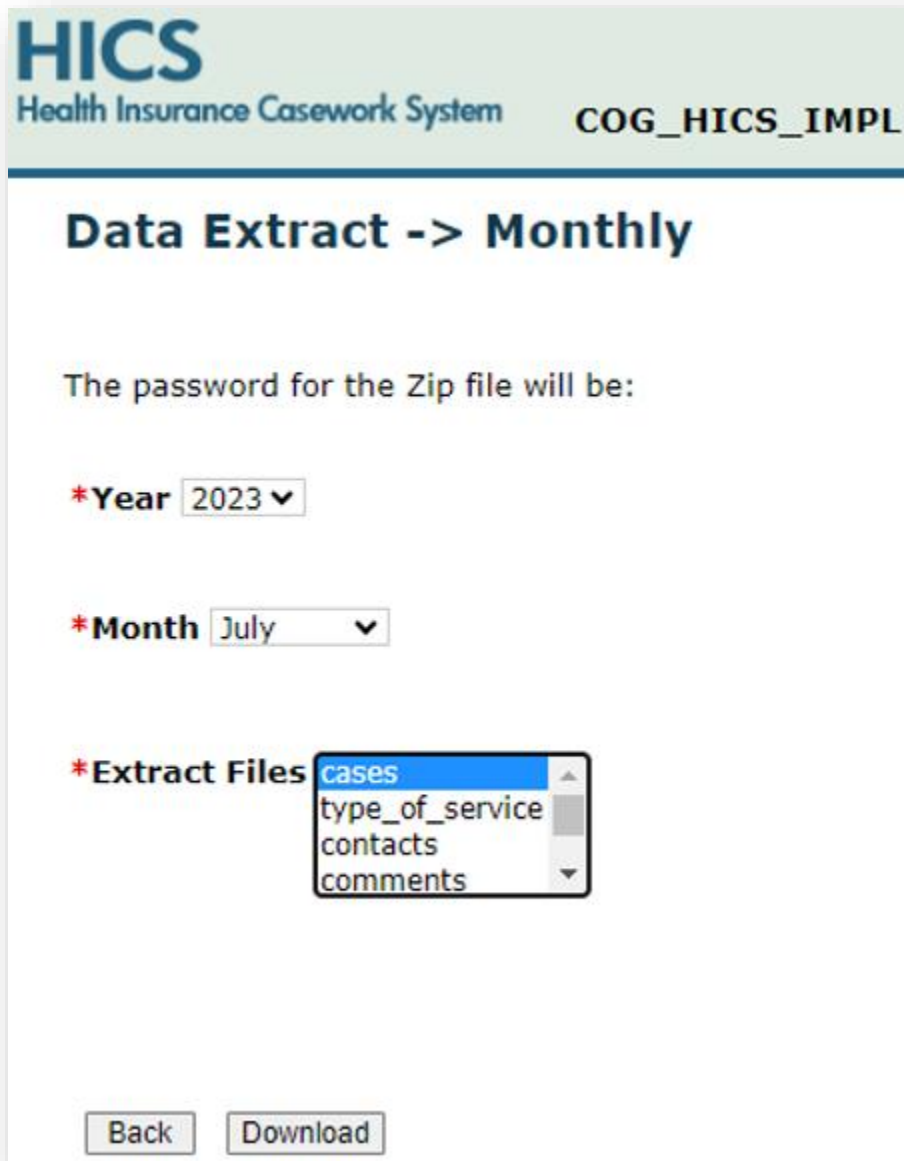
### Exhibit 32: Data Extract Page



The screenshot shows the 'Data Extract' page in the HICS system. The header includes the HICS logo and the text 'Health Insurance Casework System' and 'COG\_HICS\_IMPL'. The main heading is 'Data Extract'. Below this is a dropdown menu currently set to 'Monthly', with 'Open' listed as another option. At the bottom of the page are two buttons: 'Back' and 'Next'.

3. Select an extract type.
4. Click **Next**.
  - a. Exhibit 33 displays the criteria selection for the Monthly data extract.
  - b. Exhibit 34 displays the criteria selection for the Open data extract.

### Exhibit 33: Data Extract Criteria Selection – Monthly



**HICS**  
Health Insurance Casework System      COG\_HICS\_IMPL

---

## Data Extract -> Monthly

The password for the Zip file will be:

\*Year

\*Month

\*Extract Files   
type\_of\_service  
contacts  
comments

### Exhibit 34: Data Extract Criteria Selection – Open



**HICS**  
Health Insurance Casework System      COG\_HICS\_IMPL

## Data Extract -> Open

The password for the Zip file will be:

\***Category**

- 1 Marketplace/Medicaid/CHIP Eligibility
- 2 Plan and Issuer Concerns
- 3 Legal and Administrative
- 4 1095 Issues

\***Extract Files**

- cases
- type\_of\_service
- contacts
- comments

5. Make filter selections as necessary to generate the desired extract.  
**NOTE:** To make multiple consecutive selections from the lists displayed when a user selects **Open** from the Data Extract page, click the first selection, hold <SHIFT>, and click the final selection. To make multiple nonconsecutive selections, hold <CTRL> and click the desired selections.
6. Take note of the password at the top of the Data Extract page.  
**NOTE:** The user will need to enter this password to open the data extract file saved on their system.
7. Click **Download**.
8. Open the Downloads folder.
9. Right click on the file downloaded in Step 7.
10. Extract the files.
11. In the Password field, enter the password for the Zip file.
12. Click **OK**.

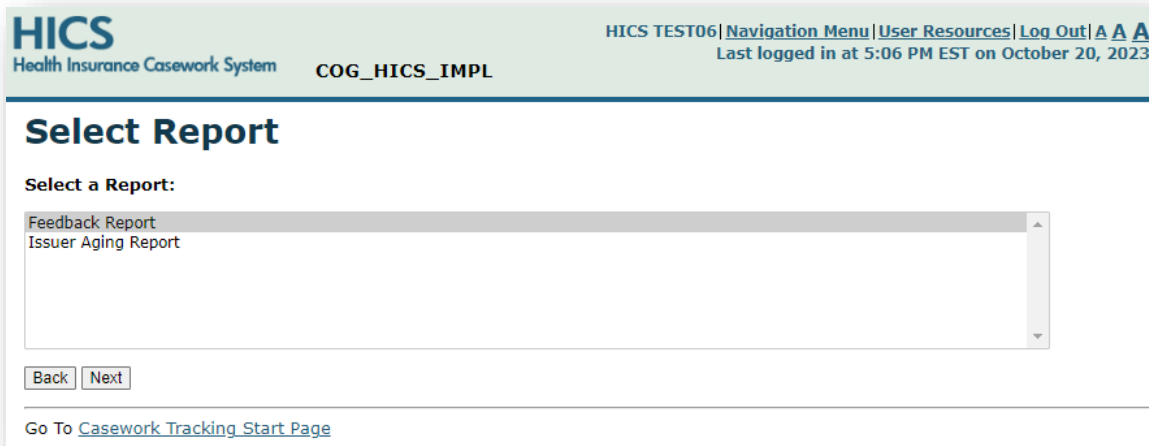
## 5.9 Viewing Reports

The Reports function enables issuer users to view the Feedback Report and Issuer Aging Report.

### 5.9.1 Viewing the Feedback Report

1. Complete the process in **Section 5.1, Accessing HICS**, to navigate to the Casework Tracking Start Page (Exhibit 24).
2. Select **Reports** from the left menu. The Select Report page will display (Exhibit 35).

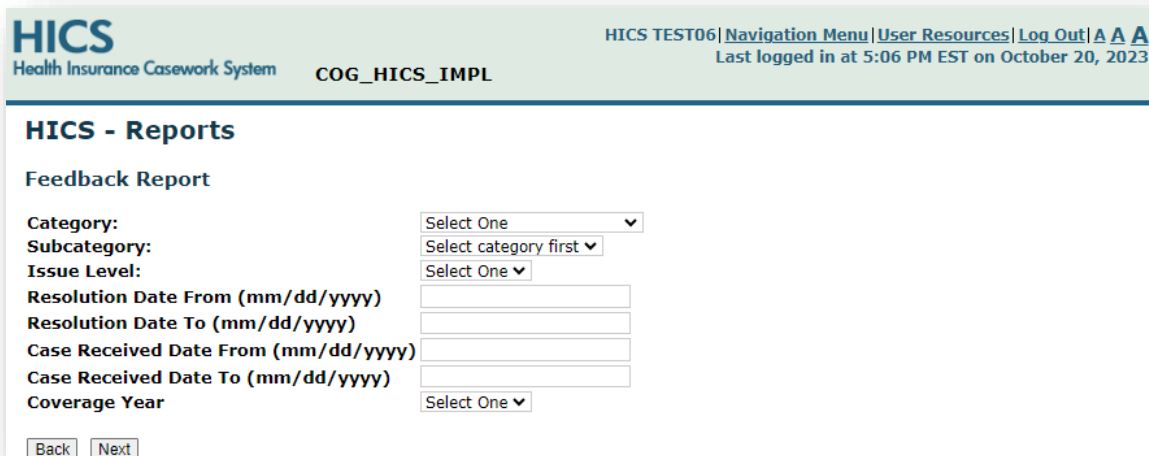
#### Exhibit 35: Select Report Page



The screenshot shows the HICS Health Insurance Casework System interface. The header includes the HICS logo, the text "Health Insurance Casework System", and the user identifier "COG\_HICS\_IMPL". On the right, it says "HICS TEST06 | Navigation Menu | User Resources | Log Out | A A A" and "Last logged in at 5:06 PM EST on October 20, 2023". The main heading is "Select Report". Below it, under "Select a Report:", there is a list box containing "Feedback Report" and "Issuer Aging Report". At the bottom left are "Back" and "Next" buttons. At the bottom right is a link: "Go To [Casework Tracking Start Page](#)".

3. Select **Feedback Report**.
4. Click **Next**. The Feedback Report Criteria Selection Page (Exhibit 36) will display.

#### Exhibit 36: Feedback Report Criteria Selection Page



The screenshot shows the HICS Health Insurance Casework System interface. The header is the same as Exhibit 35. The main heading is "HICS - Reports". Below it is the subheading "Feedback Report". The form contains the following fields and controls:

- Category:** A dropdown menu with "Select One" and a downward arrow.
- Subcategory:** A dropdown menu with "Select category first" and a downward arrow.
- Issue Level:** A dropdown menu with "Select One" and a downward arrow.
- Resolution Date From (mm/dd/yyyy):** A text input field.
- Resolution Date To (mm/dd/yyyy):** A text input field.
- Case Received Date From (mm/dd/yyyy):** A text input field.
- Case Received Date To (mm/dd/yyyy):** A text input field.
- Coverage Year:** A dropdown menu with "Select One" and a downward arrow.

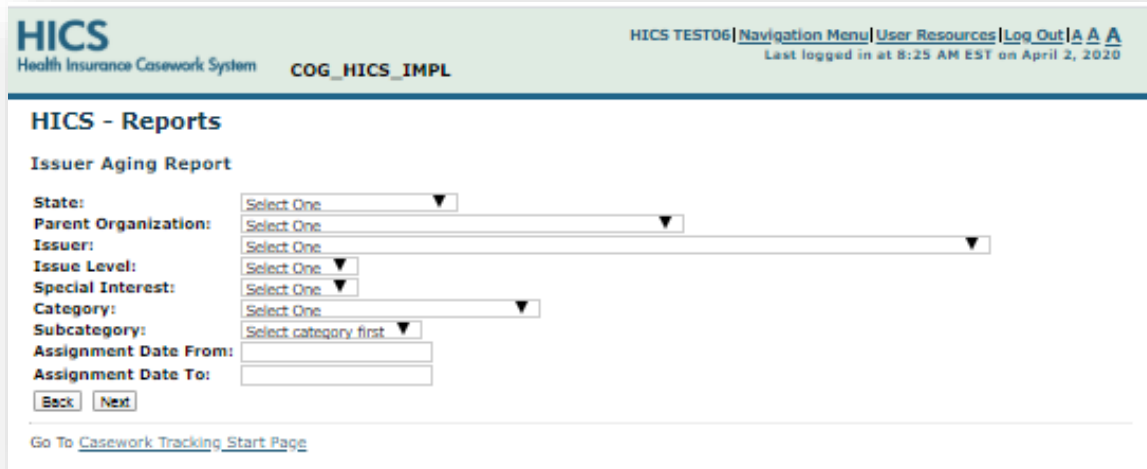
At the bottom left are "Back" and "Next" buttons.

5. Select the criteria to view in the report.
6. Click **Next** to view the Feedback Report.

## 5.9.2 Viewing the Issuer Aging Report

1. Complete the process in **Section 5.1, Accessing HICS**, to navigate to the Casework Tracking Start Page (Exhibit 24).
2. Select **Reports** from the left menu. The Select Report page will display (Exhibit 35).
3. Select **Issuer Aging Report**.
4. Click **Next**. The Issuer Aging Report Criteria Selection Page will display (Exhibit 37).

### Exhibit 37: Issuer Aging Report Criteria Selection Page



The screenshot shows the HICS - Reports Issuer Aging Report Criteria Selection Page. The page has a header with the HICS logo, "Health Insurance Casework System", and "COG\_HICS\_IMPL". The right side of the header contains links for "HICS TEST06", "Navigation Menu", "User Resources", "Log Out", and "A A A", along with the text "Last logged in at 8:25 AM EST on April 2, 2020". The main content area is titled "HICS - Reports" and "Issuer Aging Report". It contains several dropdown menus for selection: "State:" (Select One), "Parent Organization:" (Select One), "Issuer:" (Select One), "Issue Level:" (Select One), "Special Interest:" (Select One), "Category:" (Select One), and "Subcategory:" (Select category first). There are also two text input fields for "Assignment Date From:" and "Assignment Date To:". At the bottom left, there are "Back" and "Next" buttons. At the bottom right, there is a link "Go To Casework Tracking Start Page".

5. Select the criteria to view in the report.
6. Click **Next**.
7. Review the report (Exhibit 38), clicking links as desired to view more detail.

## Exhibit 38: Issuer Aging Report

**HICS**  
Health Insurance Casework System

HICS TEST06 | [Navigation Menu](#) | [User Resources](#) | [Log Out](#) | [A](#) [A](#) [A](#)  
Last logged in at 9:26 AM EST on April 2, 2020

**COG\_HICS\_IMPL**

**HICS - Reports**

**Issuer Aging Report**

**State:** All  
**Parent Org:** All  
**Issuer:** All  
**Issue Level:** All  
**Special Interest:** All  
**Category:** All  
**Subcategory:** All  
**Assignment Date From:** None  
**Assignment Date To:** None

Issuer	0-5 Days	5-10 Days	10-20 Days	20-30 Days	30+ Days	Total
(11512) Blue Cross and Blue Shield of NC	1	0	0	0	511	512
(16842) Blue Cross and Blue Shield of Florida	1	2	6	12	535	556
(21663) Celtic Insurance Company	0	0	0	5	520	525
(32753) Healthy Alliance Life Co(Anthem BCBS)	0	0	0	0	60	60
(33602) Blue Cross Blue Shield of Texas	0	0	0	0	340	340
(36096) Blue Cross Blue Shield of Illinois	0	0	0	0	324	324
(45786) Molina Healthcare of Texas Inc.	0	0	0	0	190	190
(62141) Celtic Insurance Company	0	0	0	0	58	58
(82120) Humana Insurance Company	0	0	0	0	9	9
(99248) Cigna Health and Life Insurance Company	0	0	0	0	104	104

[Back](#)
[Next](#)

Case age is calculated based on Assignment Date in calendar days

Go To [Casework Tracking Start Page](#)

**NOTE:** Case age is calculated based on Issuer Assignment Date in calendar days.

## Appendix A. HICS Categories and Subcategories

Exhibit 39 lists the subcategories in Category 2, Plan and Issuer Concerns.

### Exhibit 39: Category 2, Plan and Issuer Concerns Subcategories

Subcategory	Description
1	Issuer Enrollment/Disenrollment
2	Claims Processing, Denials, Benefit Appeals
3	Quality of Care/Provider Fraud Allegations
4	Provider-Originated Issues
5	Coordination of Benefits
6	Premium Payment
7	Cost-Sharing
8	Rate Review
9	MLR Rebates (Retired)
10	Issuer Customer Service
11	Marketing Complaints
12	Agent/Broker-Initiated Compensation Issues
13	Access to Services/Benefits
15	Special Enrollment Period (Issuer Action Required)
16	Reinstatement/Re-enrollment Request
17	Cancellation/Termination Request
18	Medicare Overlap Issues (Retired)
19	Consumer Believes APTC not Awarded Properly
20	Auto Re-enrollment or Renewal
21	Eligibility Appeals Related (OHI Use Only)
22	Alternative Format Request Issue
23	Alleged Unauthorized Enrollment
24	Enrollment Blocker
25	Provider Network, Directory, Continuity of Care
26	Retroactive Termination or Cancellation Request
27	Unauthorized Plan Switch
914	Other