

# Helping Consumers with Casework

## Tips for In-Person Enrollment Assistors

*Note: This fact sheet doesn't provide information on appeals.*

### The consumer is having issues with eligibility or plan selection

See this section for help when the consumer is having any type of issue with Marketplace eligibility or enrollment, like issues with their application or selecting a plan.

### Steps to help the consumer:

1. Tell the consumer to **call the Marketplace Call Center** at 1-800-318-2596. TTY users should call 1-855-889-4325. Call Center Representatives can help consumers with issues they're having, like resetting their password or walking them through how to select a plan. If the consumer is having enrollment issues, they can also **call their insurance company**.
2. If the Marketplace Call Center doesn't resolve the issue, the Call Center Representative will enter the issue as "casework:"
  - Casework is a way that Centers for Medicare & Medicaid Services (CMS) staff can conduct extra troubleshooting on a specific case. Casework isn't the same as an appeal. Appeals are a formal process for requesting reconsideration of an eligibility determination (eligibility appeal) or an insurance company's decision not to pay a claim (claim appeal).
  - Once an issue enters the casework process, the issue is considered a case and is assigned to a caseworker in one of 10 CMS regional offices. Each regional office has a small group of trained caseworkers.
  - Once a case is assigned, the caseworker and/or insurance company involved with the case may contact the consumer to help resolve the issue.
  - The caseworker won't be able to make any changes to the consumer's application or eligibility determination. Instead, a caseworker can provide the consumer with additional ideas for troubleshooting and can also tell CMS if they believe systems issues are occurring.
  - The consumer may need to call the Marketplace Call Center again at the end of this process if the issue isn't resolved.



## The consumer is having coverage issues

See this section for help when the consumer is having issues with coverage after they've selected and enrolled in a Marketplace plan, like issues with paying their premiums or claims, or questions about drug coverage and network providers.

### Steps to help the consumer:

1. Tell the consumer to **call their insurance company**. The consumer can call the Marketplace Call Center to get the phone number of their insurance company, but the Call Center doesn't help them with coverage issues. The consumer can also get their insurance company's phone number by looking at their insurance card or plan materials.
2. If the insurance company doesn't resolve the issue, tell the consumer to **call their state's Department of Insurance**. To get the phone number of the state's Department of Insurance, visit <https://eapps.naic.org/cis/fileComplaintMap.do>.
3. If the insurance company or state's Department of Insurance doesn't resolve the issue, the consumer has a few options for next steps:
  - Contact a Consumer Assistance Program (CAP), if their state has one. To get the phone number or more information, visit <https://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>.
  - Request that their plan or insurance company conduct an internal appeal – a full and fair review of its decision if there's an adverse benefit determination. If the plan or insurance company still denies payment or the service, the consumer can request an external review – where a third party decision-maker decides whether the plan or insurance company should pay. For more information on the appeals process, visit <https://www.healthcare.gov/how-do-i-appeal-a-health-insurance-companys-decision/>.