Utilization of Issue Level Field in the Health Insurance Casework System (HICS)



Center for Consumer Information and Insurance Oversight (CCIIO)

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Issue Level Background

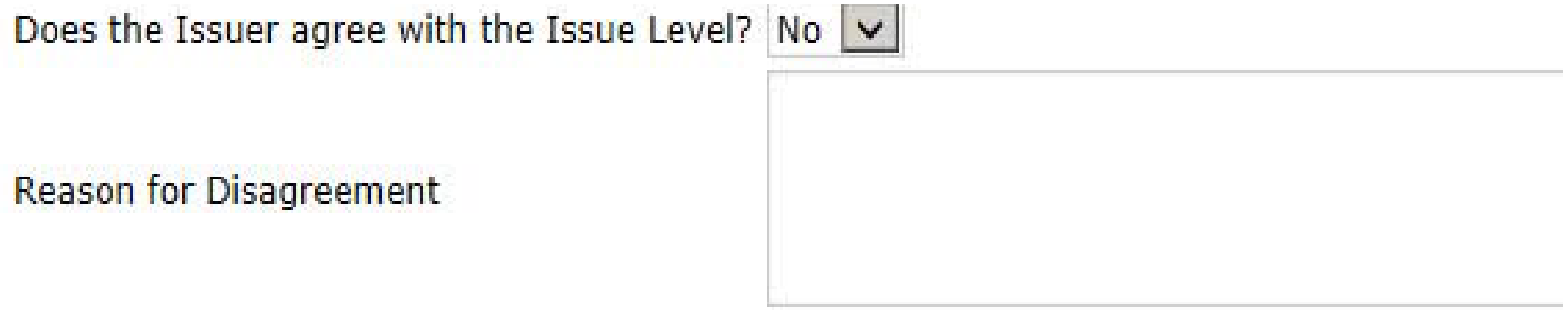
- **Health Insurance Casework System (HICS) cases are to be assigned an Issue Level**
- **Level 1 "Urgent" Cases**
  - Are to be resolved within 72 hours after it has been made available to an issuer.
  - Typically involve an immediate need for health services.
  - Under limited circumstances, can include other situations (e.g. matters brought repeatedly to the Centers for Medicare & Medicaid Services (CMS)
- **Level 2 "Non-Urgent" Cases**
  - Are to be resolved within 15 calendar days after it has been made available to an issuer.
- **Stricter state standards, trump the above timeframes, when applicable**
- **For more details, refer to 45 C.F.R. §156.1010 and the March 13, 2014 memo on casework guidance**

Issue Level Capture

- **So far, CMS largely has not categorized most issuer cases by Issue Level**
  - Most issuer cases have been recorded with Level 2 by default.
- **Starting this summer, CMS will begin categorizing more HICS cases as Level 1 when appropriate**
  - Steps have been initiated to train intake staff on appropriately assigning Issue Levels.
  - Still, there may be situations where the Issuer may disagree with the Level 1 designation.

Issue Level Disagreements

- **Issuers have the ability in HICS to note when they disagree with the Issue Level on the Resolution Screen**



- **CMS will use issuer feedback to identify improvement opportunities to better classify cases**
- **CMS will also consider the cases the issuer has disagreed with the Issue Level when assessing plan performance**