

Clarification of Periodic Data Matching Notice versus Data Matching Issue Notice for Non-ESC MEC Medicaid/CHIP

Spring 2016

Key Takeaways:

- The Marketplace checks to identify consumers who are dually-enrolled in Medicaid or the Children's Health Insurance Program (CHIP) and a Marketplace plan with APTC or CSRs both at the time a consumer applies for Marketplace coverage with APTC, and periodically throughout the coverage year.
- If a Marketplace confirms Medicaid or CHIP enrollment through a periodic data matching (PDM) process, or a consumer who has APTC reports enrollment in Medicaid or CHIP during the coverage year, the Marketplace must accept the state's decision as a valid eligibility determination and the consumer's eligibility for APTC must be updated to reflect that he or she has other [Minimum Essential Coverage](#) (MEC)*.
- If the Marketplace finds that a consumer is enrolled in Medicaid or CHIP when he or she applies for Marketplace coverage, the consumer will receive a Data Matching Issue (DMI) notice.
- If the Marketplace finds that the consumer is enrolled in Medicaid or CHIP when the Marketplace checks during the coverage year, the consumer will receive a Periodic Data Matching (PDM) notice.
- The notices for both issues have implications for eligibility for financial assistance, and consumers may need to take different steps depending on their situation and the notice(s) they receive.

- Both types of notices may require consumers to take action. However, the action for a DMI notice may be different than the action required for a PDM notice.

Periodic Data Matching is a process the Marketplace uses periodically during the coverage year to identify and notify consumers who are enrolled in Marketplace coverage with APTC/CSRs *and* may be simultaneously enrolled in Medicaid or CHIP that qualifies as minimum essential coverage. Consumers who receive a PDM notice and are enrolled in Medicaid or CHIP should immediately end their Marketplace coverage with APTC**. If consumers believe they are not enrolled in Medicaid or CHIP, they should contact their state Medicaid agency to confirm their enrollment status. If their state Medicaid agency confirms that they are not enrolled, no further action is needed with the Marketplace. (Note: A consumer may have already taken action to end Medicaid or CHIP coverage after having been identified by the Marketplace as being dually-enrolled, but before receiving a PDM notice in the mail. In this case, no further action is needed.)

Summary of PDM Notice Details

- *Who's impacted:* Consumers who are enrolled in Marketplace coverage with APTC or CSRs and may simultaneously be enrolled in Medicaid or CHIP.
- *Notice subject line:* "Warning: People in your household may no longer be eligible for financial help for their Marketplace coverage."
 - "You're getting this notice because our records show that the people listed below may be enrolled in BOTH a Marketplace health plan with premium tax credits AND [State Medicaid Program Name] (Medicaid) or [State CHIP Program Name] (the Children's Health Insurance Program, or CHIP)." Note: Some states have different names for their Medicaid and CHIP programs and notices will display these program names. Consumers may reference their state Medicaid or CHIP program name when calling about the PDM notice.
- *Timeframe for sending notice to consumers:* The Marketplace mailed notices to the household contact for consumers who may have been simultaneously enrolled in both Marketplace coverage with APTC or CSRs and Medicaid or CHIP in mid-May 2016.
- Additional rounds of PDM and notifying of consumers will occur in late Summer 2016; updates will be provided when more information is available.

Data Matching Issues (DMIs) occur when consumers complete a Marketplace application and the Marketplace cannot immediately verify information provided by the consumers or it finds that electronic data conflict with information provided by the applicants. For example, a DMI is generated if the Marketplace finds that a consumer who is otherwise eligible for APTC is

enrolled in Medicaid or CHIP. When a DMI is generated in this situation, the Marketplace requests that a consumer submit documentation within 90 days to prove that he or she is not enrolled in Medicaid or CHIP. During the 90 days, a consumer will be able to enroll (or remain enrolled) in Marketplace coverage with APTC/CSRs, if otherwise eligible. If consumers do not submit sufficient documentation to resolve their DMI within the timeframe, the Marketplace will end their APTC/CSRs and they will remain enrolled in coverage through the Marketplace without financial assistance.

Summary of DMI Notice Details

- *Who's impacted:* Consumers who are applying for Marketplace coverage with APTC/CSRs and are found by the Marketplace to be enrolled in Medicaid, CHIP or other public non-Employer Sponsored Coverage MEC.
- *Notice subject line:* "ACT NOW: You must submit the requested documents immediately or you may risk losing your Marketplace health coverage and/or the help you're getting to pay for your Marketplace health coverage."
- *Timeframe for sending notice to consumers:* Consumers will receive their eligibility determination notice by mail or email (based on their notification preferences) after they apply for coverage or update their application. When DMIs are generated, subsequent reminders are communicated at various times by mail, email, or phone calls.

How Assistors Can Help:

Assistors can help consumers understand the notice(s) they received and their next steps, based on their status. See the table below for more information.

Potential Consumer Notice Scenarios

Consumer status	Next steps for consumers receiving ONLY Periodic Data Matching (PDM) Notice	Next steps for consumers receiving PDM Notice AND Data Matching Issue (DMI) Notice for MEC Medicaid/CHIP
Enrolled in Marketplace coverage with APTC/CSRs as well as Medicaid/CHIP	Consumers must end Marketplace coverage with APTC/CSRs if they are also eligible for or enrolled in MEC Medicaid or CHIP. <i>Note:</i> Consumers should do this immediately.	Consumers must end Marketplace coverage with APTC/CSRs if they are also eligible for or enrolled in MEC Medicaid or CHIP. <i>Note:</i> If the consumer doesn't end his/her Marketplace coverage with APTC/CSRs by

Consumer status	Next steps for consumers receiving ONLY Periodic Data Matching (PDM) Notice	Next steps for consumers receiving PDM Notice AND Data Matching Issue (DMI) Notice for MEC Medicaid/CHIP
		the timeframe in the DMI notice, the Marketplace will end his/her APTC/CSRs and redetermine eligibility for remaining application members, as applicable, using information from available trusted electronic data sources.
<p>Enrolled in Marketplace coverage with APTC/CSRs, but believe they are not enrolled in or eligible for Medicaid/CHIP or believe that their Medicaid/CHIP coverage recently ended</p>	<p>Consumers should confirm status of Medicaid/CHIP enrollment or eligibility with state Medicaid/CHIP agency.</p> <ul style="list-style-type: none"> ▪ If the Medicaid/CHIP agency confirms they are not enrolled in Medicaid or CHIP: No further action needed ▪ If the Medicaid/CHIP agency confirms they are enrolled in or eligible for Medicaid or CHIP: End Marketplace coverage with APTC/CSRs immediately <p><i>Note:</i> Consumers should do this immediately.</p> <p>To contact a state Medicaid or CHIP office:</p> <ul style="list-style-type: none"> ▪ Medicaid: Visit https://www.healthcare.gov/medicaid-chip/ scroll down to “Apply for Medicaid and CHIP 2 Ways” and select your state from the drop-down menu. 	<p>Consumers should submit documentation that proves the consumer is not enrolled in Medicaid or CHIP within the timeframe stated in the DMI notice.</p> <p>Documentation may include:</p> <ul style="list-style-type: none"> ▪ Letter from health insurer including coverage termination date ▪ Statement of health benefits from state Medicaid/CHIP agency ▪ Letter from Medicaid or CHIP <p>Consumers who submit documentation will receive a notice from the Marketplace on whether their documentation was sufficient to resolve their DMI.</p> <p><i>Note:</i> If the consumer doesn't submit sufficient documentation within the timeframe, the Marketplace will end APTC/CSRs being used to cover the dually-enrolled</p>

Consumer status	Next steps for consumers receiving ONLY Periodic Data Matching (PDM) Notice	Next steps for consumers receiving PDM Notice AND Data Matching Issue (DMI) Notice for MEC Medicaid/CHIP
	<ul style="list-style-type: none"> ▪ CHIP: Visit https://www.insurekidsnow.gov/, or call 1-877-543-7669. 	<p>consumer and redetermine eligibility for remaining application members, as applicable, using information from available trusted electronic data sources.</p>
<p>Enrolled in Medicaid/CHIP, but not enrolled in or not sure if enrolled in Marketplace coverage with APTC/CSRs</p>	<p>Consumers should confirm enrollment status of Marketplace coverage with APTC/CSRs with the Marketplace Call Center.</p> <ul style="list-style-type: none"> ▪ If the Marketplace Call Center confirms they are not enrolled in Marketplace coverage with APTC/CSRs: No further action needed ▪ If the Marketplace Call Center confirms they are enrolled in Marketplace coverage with APTC/CSRs: End Marketplace coverage with APTC/CSRs immediately <p><i>Note:</i> Consumers should do this immediately.</p>	<p>Consumers should confirm enrollment status of Marketplace coverage with APTC/CSRs with the Marketplace Call Center.</p> <ul style="list-style-type: none"> ▪ If the Marketplace Call Center confirms they are not enrolled in Marketplace coverage with APTC/CSRs: No further action needed ▪ Confirmed enrolled in Marketplace coverage with APTC/CSRs: End Marketplace coverage with APTC/CSRs immediately <p><i>Note:</i> Marketplace coverage with APTC/CSRs will end automatically.</p>

Resources

- Presentation on how the Marketplace conducts Periodic Data Matching: <https://marketplace.cms.gov/technical-assistance-resources/pdm-identifying-notifying-consumers-in-marketplace.pdf>
- Presentation on the Process for Ending Coverage in a QHP through the Marketplace with APTC and CSRs: <https://marketplace.cms.gov/technical-assistance-resources/ending-coverage-in-a-qhp.pdf>

- Consumer instructions on Cancelling a Marketplace plan when you get Medicaid or CHIP: <https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/>
- To learn more about how to resolve a data matching issue: <https://marketplace.cms.gov/technical-assistance-resources/resolve-data-match-issues.pdf>
- To help determine which documents to send, see the list of documents to resolve a no minimal essential coverage (MEC) from another public entity: <https://www.healthcare.gov/verify-information/>

*Most Medicaid or CHIP coverage qualifies as “minimum essential coverage”. Some forms of Medicaid cover limited benefits (like Medicaid that only covers emergency care, family planning or pregnancy-related services) and aren’t considered qualifying coverage. (For more information on which Medicaid programs are considered MEC, visit: <https://www.healthcare.gov/medicaid-limited-benefits/>). If a consumer is enrolled in a Medicaid program that offers limited benefits (isn’t considered qualifying coverage), they may still be eligible for advance payments of the premium tax credit on their Marketplace plan.

**If a consumer still wants a Marketplace plan after being determined eligible for Medicaid or CHIP, they have to pay full price for the Marketplace plan premium, and full cost sharing for covered services under the plan. For more information, please visit: <https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/>.

