

Periodic Data Matching (PDM)



Identifying and Notifying Consumers
Enrolled in Marketplace Coverage
with APTC or CSRs
and Medicaid or CHIP

May 2016

*Note: This presentation is geared toward assisters
(which includes navigators, non-navigator
personnel, agents, and brokers)*

Periodic Data Matching

This presentation will cover:

- Why Periodic Data Matching (PDM) is important for consumers
- How assisters can help consumers enrolled in Marketplace coverage resolve PDM issues
- Where assisters can find additional resources

Periodic Data Matching: Background

- Marketplaces must:
 - Periodically examine available data sources to determine whether consumers who are enrolled in Marketplace coverage with APTC or CSRs have been determined eligible for Medicaid or CHIP (45 CFR 155.330(d))*
 - Notify these consumers, and if the consumer doesn't respond to the notice, end APTC/CSRs (45 CFR 155.330(e))
- PDM identifies consumers enrolled in BOTH Federally-facilitated Marketplace (Marketplace) coverage with APTC or income-based CSRs AND minimum essential coverage (MEC) Medicaid or CHIP
 - *Most Medicaid or CHIP is considered MEC; some forms of Medicaid (like Medicaid that only covers emergency care, family planning or pregnancy-related services) are not considered MEC*
- IMPORTANT: In the Spring 2016 round of PDM, the Marketplace will not take action to end consumers' APTC/CSRs as a result of PDM. Consumers will need to take action to end their Marketplace coverage with APTC/CSRs if they have been determined eligible for or found to be enrolled in Medicaid or CHIP .

**Current functionality checks whether a consumer enrolled in Marketplace coverage with APTC/CSRs is enrolled in Medicaid or CHIP.*

Periodic Data Matching: Notifying Dually-Enrolled Consumers

The Marketplace is mailing paper notices* to the household contact for consumers who may be dually-enrolled, that include:

- Names of consumers who were found to be dually-enrolled;
- A warning that individuals who are found to be enrolled in Medicaid or CHIP are not eligible for financial assistance through the Marketplace;
- Instructions on how to end Marketplace coverage with APTC (for consumers enrolled in Medicaid or CHIP);
- A note that no action is needed at the Marketplace for consumers who aren't enrolled in Medicaid or CHIP; and
- Where to find contact information for the state Medicaid or CHIP agency to confirm if they are enrolled or if they have any questions about Medicaid and/or CHIP.

Not all dually-enrolled consumers in states with Marketplaces using the federal eligibility and enrollment platform will receive notices in this round of PDM: GA, ME, NH, NJ, and WY.

If consumer has been determined eligible for or is enrolled in MEC Medicaid or CHIP, he or she is NOT eligible to receive APTC or income-based CSRs to help pay for a Marketplace plan. Assistors in all states should encourage consumers to end Marketplace coverage with APTC/CSRs once they have been determined eligible for Medicaid or CHIP. If the consumer still wants a Marketplace plan without financial assistance after they've been determined eligible for MEC Medicaid or CHIP, they'll have to pay full price for their share of the Marketplace plan.

*Only paper notices have been sent, via mail. PDM notices will not be posted electronically to consumers' accounts.

Periodic Data Matching: Sample Notice

05/16/2016

Application date: 11/16/2015
Application ID: 557890321

Dear Mary:

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 ACCESS Florida (Medicaid) or Florida KidCare (the Children's Health Insurance Program, or CHIP):

- John Doe
- Jane Doe
- Jimmy Doe

IMPORTANT: You should IMMEDIATELY end Marketplace coverage with premium tax credits for each person listed above who's also enrolled in Medicaid or CHIP. See "Next Steps" below.

Why these people are no longer eligible for help paying for Marketplace coverage

When the Marketplace identifies that someone is enrolled in coverage through Medicaid or CHIP, they are ineligible for advance payments of the premium tax credit for themselves, and for cost-sharing reductions, if applicable. An individual listed above may choose to have a Marketplace plan without financial help.

Why PDM & Noticing is Important for Consumers

- When consumers are identified as enrolled in Medicaid or CHIP through a periodic data matching (PDM) process, or a consumer with 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 and income-based must be updated to reflect that he or she has other MEC.
- Consumers who are identified as enrolled in Medicaid or CHIP through PDM should return to their application and either end their Marketplace coverage altogether, or end their Marketplace coverage with APTC.
- Consumers enrolled in Medicaid or CHIP who still want a Marketplace plan will have to pay full price for their coverage without APTC and income-based CSRs.

What Assisters Should Know - How to Help

Consumers who receive the notice may contact assisters:

- For help understanding the notice
- For help ending Marketplace coverage with APTC/CSRs
 - See “Other Resources” slide for instructions on ending FFM coverage with APTC/CSRs
- If they don't think they're enrolled in Medicaid or CHIP
 - No further action needed with the Marketplace, but consumers may wish to contact their state Medicaid or CHIP agency to confirm that they're not enrolled. Instructions on how to find contact information for consumers' state Medicaid or CHIP agencies is available in the notice.

What Assisters Should Know - How to Help (continued...)

- If they want more information about Medicaid or CHIP OR whether their benefits qualify as MEC OR if they aren't sure if they have been determined eligible for or if they're enrolled in or Medicaid or CHIP
 - Consumers may contact their state Medicaid or CHIP agency to confirm that they haven't been determined eligible for or are not enrolled in MEC Medicaid or CHIP. Instructions on how to find contact information for consumers' state Medicaid or CHIP agencies is available in the notice.
 - No further action is needed with the Marketplace for consumers who have not been determined eligible for and are not enrolled in MEC Medicaid or CHIP.
- If they're enrolled in MEC Medicaid or CHIP but believe they are actually eligible to remain enrolled in Marketplace coverage with APTC/CSRs
 - Example: The consumer has experienced a family size or household income change that may make him or her ineligible for Medicaid/CHIP.
 - The consumer should contact his or her state Medicaid/CHIP agency to inform them of the change and receive a redetermination of eligibility for Medicaid/CHIP. If found no longer eligible for Medicaid/CHIP, his or her Medicaid/CHIP coverage will end. The consumer can remain in his or her Marketplace coverage with APTC/CSRs, if otherwise eligible. Remember: Consumers should report life changes to the Marketplace within 30 days of the life event to ensure they are receiving the correct coverage and/or amount of financial assistance to help pay for their Marketplace plan.

Periodic Data Matching: Estimated Timeline*

- **May 2016:** Notices sent to consumers who may be dually-enrolled, as identified through periodic data matching
- **Late Summer/Fall 2016:** Additional periodic data matching and notifying of consumers

**All dates subject to change*

Other Resources

- Paper on “Clarification of Periodic Data Matching Notice versus Data Matching Issue Notice for non-ESC MEC Medicaid/CHIP”: <https://marketplace.cms.gov/technical-assistance-resources/clarification-of-pdm-notice-versus-data-matching-notice.pdf>
- PPT presentation on “Consumer Options to Terminate Plans and Report Changes”: <https://marketplace.cms.gov/technical-assistance-resources/consumer-options-select-different-plans.pdf>
- HealthCare.gov instructions on ending Marketplace coverage when a consumer gets Medicaid or CHIP: <https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/>
- HealthCare.gov general instructions on ending Marketplace coverage: <https://www.healthcare.gov/reporting-changes/cancel-plan/>
- Sample notices: In English - <https://marketplace.cms.gov/applications-and-forms/pdm-round-2-notice.pdf> and In Spanish - <https://marketplace.cms.gov/applications-and-forms/pdm-round-2-notice-spanish.pdf>
- Information on states’ Medicaid and CHIP programs: <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/>, scroll down to “Apply for Medicaid and CHIP 2 Ways” and select your state from the drop-down menu.