

Death Periodic Data Matching (PDM) – External Frequently Asked Questions (FAQ)

Q1. What is Death PDM?

A1: Consistent with Health Insurance Exchange regulations in 45 CFR 155.330(d)(1)(i), “Death PDM” is the process by which Health Insurance Exchanges (also referred to as the Exchange or Marketplace) periodically examine available data sources to identify qualified health plan (QHP) enrollees who have become deceased. The Exchange (for purposes of this document, this generally refers to Health Insurance Exchanges that use the federal eligibility and enrollment platform) notifies these enrollees (or their estates) that they have been found to be deceased and will have their coverage terminated by the Exchange retroactively, effective back to the date of the consumer’s death.

Q2: Why will Death PDM notices be sent to enrollees or their estates?

A2: Enrollees who the Exchange identifies as deceased are no longer eligible to receive Exchange plan coverage or financial help related to that coverage. Financial help includes advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR), which help pay for Exchange plan premiums and covered services.

Q3: Who will receive a Death PDM notice?

A3: The Exchange will conduct a data match against Social Security Administration databases to determine whether QHP enrollees are also deceased. In order to limit consumer confusion initially, the Exchange will only send notices to enrollees (or their estate) with single-member applications for the initial phase of the Death PDM process. In the future, the Exchange will take action to remove deceased enrollees from applications with multiple members enrolled.

Q4. What is the Death PDM notice process for enrollees or their estates?

A4. The Death PDM notice process is a series of two notices that enrollees (or their estates) identified as deceased will receive. All enrollees (or their estates) identified will receive an initial warning notice and will have 30 days from the date the notice is sent to respond to the notice. That is, they must report that the person identified in the notice is not deceased, if that is the case, or that the date of death is incorrect. For enrollees (or their estates) who do not respond to the initial notice, the Exchange will terminate plan coverage after the 30-day window expires, retroactively effective to the date of death, and enrollees (or their estates) will receive a final notice that indicates that coverage is no longer active.

Enrollees who contact the Exchange and report that they are not deceased will also receive a notice confirming that their attestation was received and information on additional steps that they may need to take, such as contacting the Social Security Administration to correct their information or providing additional information to the Exchange.

At this time, the Exchange will only send Death PDM notices to enrollees (or their estates) with single-member applications. Notices for enrollees (or their estates) with multi-member applications in which a deceased enrollee has been identified will occur at a future time. Finally,

due to the sensitivity of death data and to protect impacted enrollees as well as the Exchange from fraudulent activity, notices will only be sent via United States (US) Postal mail to the enrollee's most recent address listed in the Exchange. Notices will not be posted to the enrollee's online account.

Q5: How is an enrollee identified as deceased?

A5: The Social Security Administration collects and maintains death data, including names, Social Security Numbers (SSNs), dates of birth and dates of death, for all US citizens with an SSN. The Exchange will conduct a data match against the Social Security Administration's death database to determine whether QHP enrollees are deceased.

Q6: When will enrollees' coverage be terminated?

A6: Enrollees' coverage will be terminated at least 30 days after the Death PDM initial warning notice is sent. The coverage end date will be effective back to the enrollee's date of death. Enrollees who contact the Exchange to attest that they have been incorrectly identified as deceased will not have their coverage terminated.

Q7: What steps should enrollees take if they are identified as deceased in error?

A7: In their Death PDM notice, enrollees will receive instructions on what steps to take to report to the Exchange that they are not deceased. Enrollees identified as deceased in error can contact the Social Security Administration for more information on what steps to take to correct their data—either by visiting [SocialSecurity.gov](https://www.SocialSecurity.gov); going to a local Social Security Administration office, or calling the Social Security Administration directly at 1-800-772-1213 (TTY: 1-800-325-0778).

Q8: Can an enrollee appeal if their Exchange coverage is incorrectly terminated?

A8: Yes, if an enrollee believes that the Exchange erroneously ended their Exchange plan coverage, he or she may submit an appeal to the Department of Health & Human Services (HHS) appeals entity, which is referred to as the Marketplace Appeals Center. Enrollees will receive instructions on how to appeal the Exchange's determination in the final Death PDM notice, which outlines the action that the Exchange will be taking, specifically, ending Exchange plan coverage. Enrollees can visit [HealthCare.gov/marketplace-appeals/](https://www.HealthCare.gov/marketplace-appeals/) for more information on appeals.

Q9: How can an enrollee's family member report the death of an Exchange enrollee to end his or her coverage?

A9: Enrollees are required to report life changes, such as the death of the QHP enrollee, to the Exchange. Family members can report the death of an Exchange enrollee by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).