

Medicare, Medicaid, and Children's Health Insurance Program Periodic Data Matching

July 2019



Disclaimer

The information provided in this presentation is intended only as a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them.

This document generally is not intended for use in the State-based Marketplaces that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agents and Brokers Resources webpage (<http://go.cms.gov/CCIIOAB>) and Marketplace.CMS.gov to learn more.

Unless indicated otherwise, the general references to “Marketplace” in the presentation only includes Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform.

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Agenda

This presentation will review how to help consumers who are dually enrolled in Marketplace coverage with advance payments of the premium tax credit (APTC) and minimum essential coverage (MEC) Medicare, Medicaid, or the Children's Health Insurance Program (CHIP).

- Upcoming improvements to Medicare periodic data matching (PDM)
- How you can help consumers enrolled in both Marketplace coverage and Medicare/Medicaid/CHIP resolve their PDM issues
- Where you can find additional resources about PDM

PDM: Background

If consumers have been determined eligible for or are enrolled in Medicare, Medicaid, or CHIP that counts as qualifying health coverage (also called minimum essential coverage, or MEC),* they are NOT eligible to receive APTC or income-based cost-sharing reductions (CSRs) to help pay for a Marketplace qualified health plan (QHP) premium and covered services.**

**Most Medicaid or CHIP counts as qualifying coverage; some forms of Medicaid cover limited benefits (like Medicaid that only covers emergency care, family planning, or pregnancy-related services) and are not considered qualifying coverage.*

***Generally, a consumer who is eligible for income-based CSRs will also be eligible for APTC. However, not all consumers who are eligible for APTC will be eligible for income-based CSRs, which are only available to consumers with household incomes between 100% and 250% of the federal poverty level (FPL), whereas consumers with household incomes between 100% and 400% of FPL may be eligible for APTC. If a consumer still wants a Marketplace plan after having been determined eligible for MEC Medicaid or CHIP, he or she will have to pay full cost for his or her share of the Marketplace plan premium and covered services, if otherwise eligible.*

PDM: Background (Continued)

- The Marketplace **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 or enrolled in Medicare, Medicaid, CHIP, or a basic health program (45 CFR 155.330(d))*; and
 - Notify these consumers, and if the consumer does not respond to the notice, end APTC/CSRs (45 CFR 155.330(e)).
- Medicaid/CHIP PDM identifies consumers enrolled in **both** Marketplace coverage with APTC or income-based CSRs **and** Medicaid or CHIP.
- Medicare PDM identifies consumers enrolled in **both** Marketplace coverage with APTC or income-based CSRs **and** Medicare Part A or Part C, otherwise known as Medicare Advantage.

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

Medicare PDM

What's New This Year

- Prior to 2019, Medicare PDM was a semi-manual process that was resource intensive and the Marketplace did not have the functionality to automatically end APTC/CSR, per regulation at 45 CFR 155.330(d).
- In 2019, the Marketplace now automatically ends APTC/CSR for enrollees who are dually enrolled in Medicare and the Marketplace.
- Additionally, the Marketplace will also end QHP coverage for dual enrollees who permit the Marketplace to act on their behalf and end their coverage if they are found to be dually enrolled in Medicare and the Marketplace at a later date (i.e., via Medicare PDM).

What's New This Year (Continued)

In order to end QHP coverage, the Marketplace will leverage the attestation question on the Marketplace application where consumers can agree or disagree to the following statement:

If anyone on your application enrolls in coverage through a Marketplace plan, but is later found to have other qualifying health coverage (including Medicare, Medicaid, and/or CHIP), you have the option to allow the Marketplace to end their Marketplace coverage if you select "I agree to this statement" below.

If you select "I disagree to this statement," anyone in this situation will stay enrolled in Marketplace coverage and will pay full cost for their Marketplace plan since they'll no longer be eligible for advance payments of the premium tax credit or extra savings.



I agree to this statement.



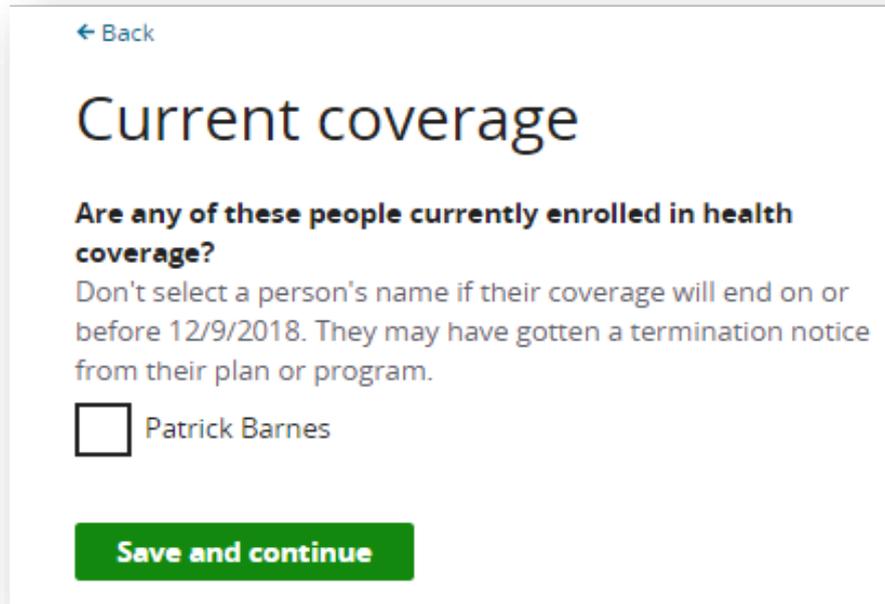
I disagree to this statement.

What's New This Year (Continued)

- The Marketplace will continue to notify enrollees receiving APTC/CSRs of their dual enrollment in Medicare and the Marketplace.
- However, beginning in winter 2019, dual enrollees now have 30 days to return to the Marketplace and either:
 - End APTC/CSR; or
 - End QHP coverage.
- Consumers also have the option to either:
 - Resubmit their application if they believe they are not enrolled in Medicare; or
 - Consumer(s) who return to their application and resubmit it with an attestation that they do not have Medicare will likely receive a Medicare data matching issue (DMI) and will have 90 days to resolve. After the 90-day window elapses, the Marketplace will then take action to end APTC/CSRs or QHP coverage, depending on consumer preference, if the consumer does not confirm that he or she is not eligible for MEC Medicare.
 - Change their termination attestation response from agree to disagree.
 - For consumer(s) who previously granted but now revoke permission for the Marketplace to end QHP coverage on their behalf, the Marketplace will proceed to end APTC/CSR after the 30-day period elapses.

Resubmitting an Application if Not Enrolled in Medicare

- Consumers who wish to contest the results of Medicare PDM should **not** select their name on the current coverage question and select save and continue.
- They should continue through the rest of the application and resubmit their application.
- Consumers may generate a Medicare DMI in their Eligibility Determination Notice (EDN) and, if so, they should follow instructions in the EDN for resolving that DMI.



← Back

Current coverage

Are any of these people currently enrolled in health coverage?

Don't select a person's name if their coverage will end on or before 12/9/2018. They may have gotten a termination notice from their plan or program.

Patrick Barnes

Save and continue

Consumer Ends APTC Through Attestation

Consumers who wish to end APTC right away should select their name on the current coverage question and then select which type of coverage on the next page.

Current coverage

Are any of these people currently enrolled in health coverage?

Don't select a person's name if their coverage will end on or before 12/17/2018. They may have gotten a termination notice from their plan or program.

Patrick Barnes

Save and continue

Consumer Ends APTC Through Attestation (Continued)

The consumer selects Medicare coverage and continues through the application.

Patrick's coverage

What type of coverage does Patrick have?

- Marketplace Coverage
Select if Patrick has coverage through HealthCare.gov or a state-based Marketplace.
- Medicaid
Don't check this box if one of these applies to Patrick's coverage:
1) Their coverage pays for only limited benefits, like family planning services, emergency services, outpatient hospital services, or treatment of tuberculosis
2) Their Medicaid coverage doesn't pay for inpatient hospital services.
- Delaware Healthy Children Program (CHIP)
- Medicare
- TRICARE
Don't select if Patrick has Direct Care or Line of Duty
- Veterans Affairs (VA) Health Care Program
- Peace Corps
- Other full benefit coverage
- Other limited benefit coverage

Save and continue

What's New This Year (Continued)

- Consumers will receive specific instructions in their notices based on their current Medicare enrollment status (i.e., Part A only, Part A and B, Part C (Medicare Advantage) and whether they elected to end QHP coverage altogether, or only APTC/CSRs).
- After the 30-day period elapses, for those dual enrollees who have not taken action, the Marketplace will either:
 - End QHP coverage for dual enrollees who permitted the Marketplace to act on their behalf and end their QHP coverage via the attestation listed on a prior slide; or
 - End APTC/CSRs for those dual enrollees who did not permit the Marketplace to act on their behalf and end their QHP coverage (i.e., those who selected “I disagree” to the statement on a prior slide).
- Consumers will also receive instructions on how to appeal the Marketplace’s decision about eligibility for health coverage, including eligibility for APTC/CSRs.

Why Medicare PDM and Noticing is Important for Consumers

- Consumers may be inadvertently paying for duplicate coverage if they are enrolled in both MEC Medicare and Marketplace coverage.
- When they file their federal income tax return, consumers may have to pay back all or some of the APTC paid on their behalf for months they had both Marketplace coverage with APTC and MEC Medicare.
- Consumers who are identified as enrolled in MEC Medicare **and** a Marketplace plan through Medicare PDM should return to their Marketplace application and end their financial assistance, or if they choose, their Marketplace plan enrollment entirely.

Next Steps for Consumers Enrolled in Both Medicare Parts A and B or Medicare Part C

If consumers have Medicare Part A (Hospital Insurance) AND Medicare Part B (Medical Insurance) OR Medicare Part C (Medicare Advantage), they should return to the Marketplace to end their Marketplace coverage with APTC/CSRs.

- Having Marketplace coverage may duplicate the benefits they already get through Medicare.
- Consumers should visit [HealthCare.gov](https://www.healthcare.gov) to log into their Marketplace account, select their most recent application, and follow the steps under “Marketplace & Medicare coverage” to end their coverage.
- These consumers may choose to remain enrolled in their Marketplace plan at full cost (without APTC/CSRs).

Next Steps for Consumers Enrolled in Both Medicare Parts A and B or Medicare Part C and Paying the Part B Late Enrollment Penalty

- **If consumers have premium-free Medicare Part A and B and are paying the Medicare Part B late enrollment penalty**, they should visit their local Social Security Office to request a reduction of the Part B late enrollment penalty.
- They should be sure to keep a copy of their PDM notice and bring a copy to their local Social Security office when making their request.
- For more information, contact Social Security directly at 1-800-772-1213 (TTY: 1-800-325-0778), or visit www.socialsecurity.gov or a local Social Security office.

Next Steps for Consumers Enrolled in Premium-Free Medicare Part A but Not Enrolled in Medicare Part B

- These consumers should visit their local Social Security office to request enrollment in Medicare Part B without a late enrollment penalty.
- They should be sure to keep a copy of their PDM notice and bring a copy to their local Social Security office when making their request for this relief.
- For more information, contact Social Security directly at 1-800-772-1213 (TTY: 1-800-325-0778), or visit www.socialsecurity.gov or a local Social Security office.
- **After they become enrolled in Part B, these consumers should terminate their QHP with APTC/CSR after their Part B coverage starts to make sure they do not have a gap in coverage.**
- These consumers may choose to remain enrolled in their Marketplace plan at full cost (without APTC/CSRs).

Considerations for Consumers Who Pay a Premium For Medicare Part A

If consumers pay a premium for Medicare Part A (because they are not entitled to premium-free Medicare Part A), they should compare their benefits and total premiums under Medicare coverage (Medicare Part A, Medicare Part B, and, if applicable, Medicare Part C, or Medicare Part D (Prescription Drug coverage)) with their Marketplace plan to see which one best meets their needs and fits their budget.

- Because they pay a premium for Medicare Part A, they have the option to stop all Medicare coverage and continue their Marketplace coverage with APTC, if otherwise eligible.
- However, they may have to pay back all or some of the APTC paid on their behalf for the months they were also enrolled in Medicare Part A, when they file their federal income tax return.
- Consumers should contact their local State Health Insurance Assistance Program (SHIP) to learn more about Medicare and how the Medicare Savings Programs can help with premiums. They can find their local SHIP by calling 1-877-839-2675 or by going to shiptacenter.org.

Next Steps for Consumers Who Want to Resubmit their Application Because They Are Not Enrolled in Medicare Part A

- These consumers should confirm they are not enrolled in Medicare Part A by contacting Medicare at 1-800-633-4227 (TTY: 1-877-486-2048), the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778), or by visiting www.socialsecurity.gov or their local Social Security office.
- After confirming they are not enrolled in Medicare Part A, they should return to the Marketplace and report a life change, as shown in prior slides, to let the Marketplace know they are not enrolled in Medicare.

Next Steps for Consumers Who Disagreed With Allowing the Marketplace to End QHP Coverage

- Consumers who are enrolled in Medicare Part A (or Part C) and still want to keep their Marketplace plan at full cost should return to the Marketplace, select “Report a life change,” and update their agreement that currently allows the Marketplace to end coverage for anyone found to be enrolled in Medicare Part A (i.e., change their response from “I agree to I disagree”).
- Consumers should be sure to complete and resubmit the application after making changes.

Other Medicare PDM Resources

Resource	Link
HealthCare.gov instructions on ending Marketplace coverage	https://www.healthcare.gov/reporting-changes/cancel-plan/
HealthCare.gov information on Medicare and the Marketplace	https://www.healthcare.gov/medicare/medicare-and-the-marketplace/
HealthCare.gov information on changing from Marketplace to Medicare coverage	https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare
Frequently asked questions about Medicare PDM	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Medicare-PDM-FAQ.pdf
Slide deck about Medicare and the Marketplace	https://marketplace.cms.gov/technical-assistance-resources/medicare-and-marketplace.pdf
Sample notices	https://marketplace.cms.gov/applications-and-forms/notices.html
List of Medicare programs that are Minimum Essential Coverage	https://www.irs.gov/affordable-care-act/individuals-and-families/aca-individual-shared-responsibility-provision-minimum-essential-coverage
State Health Insurance Assistance Program (SHIP) contact information	https://www.shiptacenter.org/
Medicare Savings Programs Information	https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs

Medicaid/CHIP Periodic Data Matching

Medicaid/CHIP PDM: Overview

- The Marketplace is ending APTC/CSRs for consumers found to be enrolled in Marketplace coverage with APTC/CSRs **and** Medicaid or CHIP, who did not respond by the date specified in an initial warning notice.
- The household contact for dually enrolled consumers is sent an **initial warning notice**, requesting that they take action by the date listed in the notice to end Marketplace coverage with APTC/CSRs, or update their application to tell the Marketplace that they are not enrolled in Medicaid or CHIP.
- **A final notice** is sent to the household contact for consumers who did not respond by the date specified in the initial warning notice, to inform affected consumers that the Marketplace has ended any APTC/CSRs being paid on their behalf. Their Marketplace coverage will continue without financial help, and eligibility for APTC/CSRs has been redetermined for anyone else on the Marketplace plan, if applicable. The final notice provides the date that these changes become effective. An updated EDN is also sent for all consumers in the household.
- All notices are mailed/posted to consumers' online Marketplace accounts, depending on what the consumer selected as his or her communication preference.

What You Should Know: How to Help

Consumers who receive the Medicaid/CHIP PDM final notice may contact you:

- For help understanding the notice
- For help ending Marketplace coverage (see the “Other Medicaid/CHIP Resources” slide for instructions on ending Marketplace coverage when a consumer gets Medicaid or CHIP)
- If they do not think they are enrolled in Medicaid or CHIP; are not sure they have been determined eligible for or they are enrolled in Medicaid or CHIP; **or** are not sure if their Medicaid/CHIP counts as qualifying health coverage
 - Consumers may wish to contact their state Medicaid/CHIP agency to confirm their eligibility/enrollment status (instructions in notice).
 - Consumers can then take action based on their Medicaid/CHIP eligibility/enrollment status (e.g., ending Marketplace coverage; appealing the Marketplace’s decision).
- If they disagree with the Marketplace’s decision, information about appeals is in the notice.

Other Medicaid/CHIP PDM Resources

Resource	Link
Sample Initial Warning Notice	English: https://marketplace.cms.gov/applications-and-forms/medicaid-chip-initial-warning.pdf Spanish: https://marketplace.cms.gov/applications-and-forms/medicaid-chip-initial-warning-spanish.pdf
Sample Final Notice	English: https://marketplace.cms.gov/applications-and-forms/pdm-ending-financial-help.pdf Spanish: https://marketplace.cms.gov/applications-and-forms/pdm-ending-financial-help-spanish.pdf
Medicaid/CHIP PDM User Interface Guide	https://www.healthcare.gov/downloads/marketplace-medicaid-chip-guide.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/
List of Medicaid programs that are not considered qualifying coverage	https://www.healthcare.gov/medicaid-limited-benefits/

Acronym Definitions

Acronym	Definition
APTC	Advance Payments of the Premium Tax Credit
CHIP	Children's Health Insurance Program
CSR	Cost-Sharing Reduction
DMI	Data Matching Issue
EDN	Eligibility Determination Notice
FFM	Federally-facilitated Marketplace
FPL	Federal Poverty Level
MEC	Minimum Essential Coverage
PDM	Periodic Data Matching
QHP	Qualified Health Plan
SHIP	State Health Insurance Assistance Program

Additional Resources

For additional information about the Marketplace Agent and Broker Program, please visit <http://go.cms.gov/CCIIOAB>