CENTERS FOR MEDICARE & MEDICAID SERVICES

Summer 2016 Periodic Data Matching (PDM) for Consumers with Medicare: An Overview for Agents and Brokers

Identifying and Notifying Consumers Who Are Dually Enrolled in Federally-facilitated Marketplace (FFM) Coverage with Financial Assistance and Minimum Essential Coverage (MEC) Medicare

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Centers for Medicare & Medicaid Services (CMS)
Center for Consumer Information & Insurance Oversight (CCIIO)

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 (SBMs), but some of the material in it might be relevant if you are in a state with an SBM that is using 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.

Medicare PDM

This presentation will cover:

- Why Medicare PDM is important for consumers
- How you can help consumers enrolled in Marketplace coverage resolve Medicare PDM issues
- Where you can find additional resources about Medicare PDM

Medicare PDM: Background

- Marketplaces must:
  - Periodically examine available data sources to determine whether consumers who are enrolled in Marketplace coverage with financial assistance (i.e., advance payments of the premium tax credit [APTC] or income-based cost sharing reductions [CSR]) have been determined eligible for Medicare (45 CFR 155.330(d))
  - Notify these consumers, and if the consumer doesn't respond to the notice, end APTC/CSR (45 CFR 155.330(e))
- Medicare PDM identifies consumers who are enrolled in both:
  - FFM (Marketplace) coverage with financial assistance, and
  - Medicare that qualifies as MEC (MEC Medicare).
    - Note: Medicare Parts A and C are considered MEC. Medicare Parts B or D alone are not considered MEC.

IMPORTANT: In this first round of Medicare PDM, the Marketplace will not take action to end consumers' financial assistance as a result of Medicare PDM. Consumers are responsible to follow the instructions in their Medicare PDM notice and take appropriate action if they have been determined eligible for or are enrolled in MEC Medicare.

Medicare PDM: Notifying Dually Enrolled Consumers

- The Marketplace is mailing paper Medicare PDM notices* to the household contact for consumers aged 65 and older who may be dually enrolled in MEC Medicare *and* a Marketplace plan with financial assistance.
- If a consumer has been determined eligible for or is enrolled in MEC Medicare, he or she is *not* eligible to receive financial assistance to help pay for a Marketplace plan premium or other covered services. Consumers should be encouraged to follow instructions listed on their Medicare PDM notice.
  - If a consumer still wants a Marketplace plan without financial assistance after he or she has been determined eligible for MEC Medicare, he or she will have to pay full price for his or her share of the Marketplace plan premium and covered services.

Medicare PDM Notices will Include:

- Names of consumers who were found to be dually-enrolled
- A warning that individuals who are found to be enrolled in MEC Medicare are not eligible for financial assistance to help pay for Marketplace coverage
- Instructions on how to end Marketplace coverage with APTC (for consumers enrolled in MEC Medicare)
- Where to find Medicare contact information to confirm if they are enrolled or if they have any questions about Medicare

* *Note:* Paper Medicare PDM notices will be sent via the United States Postal Service, and will *not* be posted electronically to consumers' Marketplace accounts.

Medicare PDM: Sample Notice

09/01/2016

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

Dear Mary:

You're getting this notice because our records show that the people listed below are enrolled in both Medicare and a Marketplace health plan with advance payments of the premium tax credit. If you have Medicare Part A (Hospital Insurance) (including if you receive benefits through a Medicare Advantage plan, also called Medicare Part C), you aren't eligible to receive advance payments of the premium tax credit or cost-sharing reductions to help pay for Marketplace plan premiums and covered services. If this is the case for you, you may have to pay back some or all of the advance premium tax credits you received during the months you also had Medicare Part A or Medicare Advantage.

Our records show that the following people are enrolled in both Medicare and a Marketplace plan with advance premium tax credits:

- Mary Smith
- Robert Smith

What should I do next?

You can contact Medicare to confirm if you (or the people listed above) have Medicare coverage or what type of Medicare coverage you have. You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you (or the people listed above) have Medicare, the action you need to take will depend on your Medicare coverage:

Why Medicare PDM and Noticing Is Important for Consumers

Consumers who are identified as enrolled in MEC Medicare *and* a Marketplace plan with financial assistance through Medicare PDM should return to their Marketplace application and either:

1. End their Marketplace coverage altogether, or
2. End their Marketplace coverage with financial assistance.

Next Steps for Consumers Who Have Premium-free Medicare Part A and Part B

If consumers have premium-free Medicare Part A (Hospital Insurance) and Part B (Medical Insurance), they should end their Marketplace coverage with APTC.

- Although consumers can keep both their Marketplace coverage without APTC and Medicare Parts A and B, Marketplace coverage duplicates benefits they already have through Medicare.
- And because they are not eligible to receive APTC, ending their Marketplace coverage with APTC now will help them avoid having to pay back some or all of the APTC received during months they also had Medicare when they file their federal income tax return.

Next Steps for Consumers Who Have Premium-free Medicare Part A but Not Part B

- **If consumers have premium-free Medicare Part A but do not have Part B,** they should end any APTC that they may be receiving for a Marketplace plan immediately.
- They may have to pay back some or all of the APTC for the months they had both Marketplace coverage with APTC and Medicare Part A.
- Consumers may want to stay in their Marketplace plan temporarily without APTC or CSR, depending on when they turned 65.

Note: If consumers don't enroll in Medicare Part B when they are first eligible – which is during the three months prior to their 65 birthdays, the month of their 65 birthdays, and the three months after their 65 birthdays, they can only enroll during the general enrollment period (January – March), and they may have to pay a late enrollment penalty for as long as they have Medicare Part B. It's important to enroll in Medicare Part B early, as the penalty increases the longer consumers wait to enroll. To learn more about the penalty and enrolling in Part B, consumers should call 1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048.

Next Steps for Consumers Who Have Premium-free Medicare Part A but Not Part B (Continued)

- If consumers' 65 birthdays were was **less than** three months ago, many people will want to enroll in Medicare Part B now and end Marketplace coverage.
  - If consumers want to enroll in Medicare Part B and end Marketplace coverage, they should contact the Marketplace at least 15 days before the date they want their Marketplace coverage to end.
  - Usually, consumers' Marketplace coverage should end the day before their Medicare Part B coverage starts. To enroll in Part B, direct consumers to contact the Social Security Administration at 1-800-772-1213 or visit their local Social Security office. TTY users should call 1-800-325-0778.
- If consumers' 65 birthdays were more than three months ago, many people will want to enroll in Medicare Part B during the next general enrollment period (January – March 2017; coverage starts July 1) and then end their Marketplace coverage.
  - If consumers want to enroll in Medicare Part B and end Marketplace coverage, they should contact the Marketplace at least 15 days before their Medicare Part B coverage starts to end their Marketplace coverage.
  - Usually consumers' Marketplace coverage should end the day before their Medicare Part B coverage starts.

Next Steps for Consumers Who Have Medicare Part B and Pay a Premium for Medicare Part A

If consumers have Medicare Part B and pay a premium for Medicare Part A, they should compare plans to see what best meets their needs and fits their budget.

- Since they have to pay a premium for Medicare Part A, they can end their Medicare coverage and keep their Marketplace plan with APTC. However, they may have to pay back APTC for the months they had Marketplace coverage with APTC *and* Medicare Part A.
- Direct consumers to contact their local State Health Insurance Assistance Program (SHIP) (www.SHIPTACenter.org) to learn more and get help making this decision.

Next Steps for Consumers Who Have Medicare Advantage (Part C)

If consumers have premium-free Medicare Part A and are receiving those benefits through a Medicare Advantage plan (Part C), they should end their Marketplace coverage with APTC.

- Having Marketplace coverage duplicates benefits they already have through their Medicare Advantage plan.
- Since they are not eligible to receive APTC, ending their Marketplace coverage with APTC now will help them avoid having to pay back some or all of the APTC received during months they had Marketplace coverage with APTC *and* Medicare when they file their federal income tax return.

Next Steps for Consumers Who Have Medicare Advantage (Part C) (Continued)

If consumers pay a premium for Medicare Part A and are receiving those benefits through a Medicare Advantage plan (Part C), they should compare their Medicare Advantage plan and their Marketplace plan to see what best meets their needs and fits their budget.

- Since they have to pay a premium for Medicare Part A, they can end their Medicare coverage (by no longer paying their Part A premium) and keep their Marketplace plan with APTC. However, they may have to pay back all or some of the APTC for the months they had Marketplace coverage with APTC *and* Medicare Part A.
- Direct consumers to contact their local SHIP (www.SHIPTACenter.org) to learn more and get help making this decision.

What You Should Know and How to Help

- Consumers who receive the notice may contact you:
  - For help understanding the Medicare PDM notice,
  - For help ending Marketplace coverage with financial assistance, and
    - See the "Other Resources" slide for instructions on ending Marketplace coverage with financial assistance.
  - For help determining which parts of Medicare they are enrolled in.
- If they do not think they are enrolled in Medicare, consumers may wish to contact Medicare to confirm that they are not enrolled. Instructions on how to contact Medicare is available in the notice.
- If they are receiving the notice, but are no longer enrolled in Marketplace coverage with financial assistance, they should contact the Marketplace to confirm their Marketplace coverage has been terminated.

What Issuers Should Know and How to Help

If consumers contact issuers upon receiving a Medicare PDM notice…	…issuers should refer consumers to…
and want to end their Marketplace coverage with APTC	the Marketplace to end their financial assistance and/or coverage
because they are not sure if they are enrolled in Medicare	Medicare

You can direct consumers to change their Marketplace coverage by:

- Visiting www.HealthCare.gov/medicare/changing-from-marketplace-to-medicare/ and following the instructions for "Changing from the Marketplace to Medicare."

OR

- Calling the Marketplace Call Center at **1-800-318-2596 (TTY: 1-855-889-4325)** and telling the call center representative that they want to end a Marketplace plan with financial assistance for someone who's enrolled in Medicare.

Note: If consumers end their Marketplace coverage and do not have Medicare Part B, they may have a gap in coverage for non-hospital medical services until their Medicare Part B coverage begins. It is important to contact the Marketplace to end their Marketplace coverage at least 15 days before their Medicare Part B coverage starts. Usually, consumers should end Marketplace coverage the day before their Medicare Part B coverage starts.

Changing from Marketplace to Medicare

- If a consumer is the only member of his or her household enrolled on the consumer's Marketplace plan, he or she should visit the Marketplace at least 15 days before the date he or she wants Marketplace coverage to end.
- If a consumer is enrolled in the same Marketplace plan with other members of his or her household, in most cases, the consumer's coverage will end immediately when he or she requests termination of coverage for only some people on his or her application.
  - In some cases, coverage will not end immediately, including when the people staying on the Marketplace plan qualify for a special enrollment period.
- If Marketplace coverage does not end immediately for the person being removed from the plan:
  - **If the request to remove the person is made on or before the 15th of the month:** Coverage ends on the last day of the current month.
  - **If the request to remove the person is made after the 15th of the month:** Coverage ends on the last day of the next following month.

Medicare PDM: Estimated Timeline*

Fall 2016: Notices sent to consumers aged 65 and older who may be dually enrolled in MEC Medicare *and* Marketplace coverage with financial assistance, as identified through periodic data matching.

**All dates subject to change*

Other Resources

- HealthCare.gov instructions on ending Marketplace coverage:
  www.healthcare.gov/reporting-changes/cancel-plan/
- HealthCare.gov information on Medicare and the Marketplace:
  www.healthcare.gov/medicare/medicare-and-the-marketplace/
- HealthCare.gov information on changing from Marketplace to Medicare coverage:
  www.healthcare.gov/medicare/changing-from-marketplace-to-medicare/
- Video about Medicare and the Marketplace:
  www.youtube.com/watch?v=SYeY2MdCpfw
- Sample notices:
  - English: https://marketplace.cms.gov/applications-and-forms/medicare-pdm-notice.pdf
  - Spanish: https://marketplace.cms.gov/applications-and-forms/medicare-pdm-notice-spanish.pdf
- List of Medicare programs that are MEC:
  www.irs.gov/affordable-care-act/individuals-and-families/aca-individual-shared-responsibility-provision-minimum-essential-coverage

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Agent and Broker Resources

Registration and Training Is Now Live

- Plan year 2017 FFM agent and broker registration and training is **now available** on the CMS Enterprise Portal at https://portal.cms.gov.
- Training is offered by CMS on the Marketplace Learning Management System (MLMS)* as well as through the CMS-approved vendors:
  - America's Health Insurance Plans, Inc. (AHIP) : for more information go to https://www.ahipexchangetraining.com/file.php/1/public/About.html
  - National Association of Health Underwriters (NAHU) : for more information go to http://www.nahu.org/education/ffmtraining/index.cfm
- Check out the Kick-off message from Kevin Counihan, CMS' Chief Executive Officer of the Marketplace and Director of CCIIO, on the Agents and Brokers Resources webpage (http://go.cms.gov/CCIIOAB).

*Pop-up windows are required for the MLMS training

Registration and Training Resources

If you have questions related to plan year 2017 registration and training, CMS has released a number of additional resources on the Agents and Brokers Resources webpage (http://go.cms.gov/CCIIOAB) to explain the process and requirements as well as answer common questions. These resource include:

- Webinar Slides: "Plan Year 2017 FFM Registration and Refresher Training for Agents and Brokers Returning to the FFMs" and "Plan Year 2017 FFM Registration and Training for Agents and Brokers New to the FFMs"
- Resources:
  - Quick Reference Guide: Plan Year 2017 FFM Registration for Agents and Brokers
  - What's New for Agents and Brokers for Plan Year 2017 FFM Registration
  - Myths and Facts about FFM Plan Year 2017 Registration for Agents and Brokers
  - Quick Reference Guide: Plan Year 2017 Computer Configuration Requirements
  - Marketplace Learning Management System (MLMS) Frequently Asked Questions (FAQs)
- Video: How to Add an Agent, Broker, or Web-broker Corporate Entity's NPN to the FFM Registration Completion List

Resources Available to Agents and Brokers

- CMS makes a wide variety of resources available online, including on the Agents and Brokers Resources webpage (http://go.cms.gov/CCIIOAB) which is the primary outlet for CMS information for agents and brokers.
- HealthCare.gov and Marketplace.CMS.gov also offer a wealth of information you can use to help consumers enroll in qualified health plans and manage their health care.
- CMS uses emails to provide agents and brokers up-to-the-minute information on time-sensitive issues, and on policy and process updates. You can establish an account at the CMS Enterprise Portal (https://portal.cms.gov/) to receive emails by selecting the "Get Email Updates" link in the right panel of the webpage.
- CMS publishes the "News for Agents and Brokers" newsletter on a monthly basis.
- CMS also releases current news and updates via its Twitter handles: @CMSGov and @HealthCareGov.

Agent and Broker Resources: Definition of Acronyms

Acronym	Definition
APTC	Advance Payments of the Premium Tax Credit
CCIIO	Center for Consumer Information & Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-sharing Reduction
FFM	Federally-facilitated Marketplace
MEC	Minimum Essential Coverage
MLMS	Marketplace Learning Management System
PDM	Periodic Data Matching
SBM	State-based Marketplace
SHIP	State Health Insurance Assistance Program

Questions?

For questions/comments about agent/broker participation in the FFM: FFMProducer-AssisterHelpDesk@cms.hhs.gov

For questions/comments on the MLMS: MLMSHelpDesk@CMS.HHS.gov

For questions/comments about the FFM application and enrollment:
1-800-318-2596 (TTY: 1-855-889-4325) available 7 days a week, 24 hours a day

For questions/comments about the FF-SHOP:
1-800-706-7893 (TTY: 711) available M-F 9:00 AM -7:00 PM ET

For questions/comments about web-broker participation in the FFM:
Webbroker@cms.hhs.gov