



Fast Facts

Overview

Since 2009, CMS has required states to conduct interstate matching via the Public Assistance Reporting Information System (PARIS) to confirm that beneficiaries are not enrolled in Medicaid programs across multiple states. Similarly, ACA Exchanges are required to conduct periodic data matching (PDM) or utilize an integrated eligibility system with Medicaid to verify that Exchange consumers are not enrolled in Medicaid or Children's Health Insurance Program (CHIP) coverage. During the COVID-19 public health emergency (PHE), CMS **paused PDM** in the Federal Exchange and states were prohibited by law from disenrolling people from Medicaid.

In February 2023, states began reassessing individuals' eligibility for Medicaid. CMS found that a **significant amount of duplicate enrollment** occurred in 2024. CMS identified approximately **1.2 million** Americans enrolled in Medicaid/CHIP across multiple states each month and **1.6 million** potentially enrolled in both Medicaid/CHIP and a subsidized ACA Exchange plan. This duplicate enrollment may have resulted in an estimated **\$14 billion in waste annually**. CMS is working with **state Medicaid agencies** and **state-based Exchange partners** to ensure that PARIS matching and PDM, respectively, are occurring correctly and efficiently and that taxpayer dollars are preserved.

Duplicate enrollment can lead to **unnecessary spending** and put added strain on an already burdened healthcare system. CMS is taking action to safeguard taxpayer funds and enhance the public's confidence in these vital programs.

Efforts to Eliminate Duplicate Enrollment

Working Families Tax Cuts Act

CMS is developing enhanced fraud and waste prevention measures under the Working Families Tax Cuts Act to strengthen program integrity.

State Partnerships

CMS is partnering with states to systematically identify and address duplicate enrollments across Medicaid programs and CHIP.

Exchange Partnerships

CMS is working with ACA Exchanges to refine their data matching efforts and conduct at least biannual reviews to reduce duplicate enrollments.



Financial Impact

These comprehensive efforts aim to save taxpayers approximately \$14 billion annually while ensuring individuals receive coverage through the appropriate program without disruption.

Stakeholder Impact



State and Exchange Implementation

States and State-based ACA Exchanges will receive lists of potentially duplicate enrollees in Medicaid or CHIP and subsidized Exchange coverage to review eligibility, enabling systematic resolution of duplicate cases.



Consumer Action

Individuals identified as potentially dually enrolled may need to take action to ensure they are enrolled only in the program they are eligible for.