




Medicaid/CHIP Periodic Data Matching (Medicaid/CHIP PDM)

An abstract blue background featuring a grid of binary code (0s and 1s) and various geometric shapes, including circles and rectangles, some of which are highlighted with white outlines.

*Identifying, Notifying and
Reducing the Number of
Consumers
Enrolled in Marketplace
Coverage
with APTC or CSR
and Medicaid or CHIP*

August 5, 2016

*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.

Medicaid/CHIP Periodic Data Matching

This presentation will cover:

- What's new for Medicaid/Children's Health Insurance Program (CHIP) Periodic Data Matching (Medicaid/CHIP PDM)
- Why Medicaid/CHIP PDM is important for consumers
- How agents and brokers can help consumers enrolled in Marketplace coverage resolve Medicaid/CHIP PDM issues
- Where agents and brokers can find additional resources

Medicaid/CHIP

Periodic Data Matching: Background

- If consumers have been determined eligible for or are enrolled in minimum essential coverage (MEC)* Medicaid or CHIP, they are NOT eligible to receive advance payments of the premium tax credit (APTC) or income-based cost-sharing reductions (CSR) to help pay for a Marketplace plan.**
- Marketplaces **must**:
 - Periodically examine available data sources to determine whether consumers who are enrolled in Marketplace coverage with APTC or CSR 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/CSR (45 CFR 155.330(e))
- Medicaid/CHIP PDM identifies consumers enrolled in BOTH Marketplace coverage with APTC or income-based CSR AND MEC Medicaid or CHIP

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

***Note: Generally, a consumer who is eligible for income-based CSR will also be eligible for APTC. However, not all consumers who are eligible for APTC will be eligible for income-based CSR. 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.*

****Current functionality checks whether a consumer enrolled in Marketplace coverage with APTC/CSR is enrolled in Medicaid or CHIP. References to the Marketplace refer throughout to the Federally-facilitated Marketplace and State-based Marketplaces using the federal platform.*

Medicaid/CHIP Periodic Data Matching: New Functionality

- This summer,* the Marketplace will implement new functionality that will allow it to end APTC/CSR when a consumer is found to be enrolled in Marketplace coverage with APTC/CSR *and* MEC Medicaid or CHIP, and doesn't take necessary action by a specified date.
- Consumers found to be dually-enrolled in Marketplace coverage with APTC/CSR *and* Medicaid or CHIP will be notified as follows:
 - An **initial warning notice** will request that consumers take immediate action to end Marketplace coverage with APTC/CSR, or update their application to tell the Marketplace that they're not enrolled in Medicaid or CHIP, by the date listed in the notice.
 - Consumers who do not respond to the initial warning notice by the date listed, will receive a final notice.
 - A **final notice** will inform consumers who did not respond to the initial warning notice that the Marketplace will end any APTC/CSR being paid on their behalf, and that Marketplace coverage for these consumers will continue without financial help. It also notes that APTC/CSR, if applicable, will be recalculated, for anyone else on the Marketplace plan, and provides the date that these changes become effective. Consumers will also receive an updated Eligibility Determination Notice (EDN).
- All notices will be available in consumers' online Marketplace accounts.

**Due to technical limitations, dually-enrolled consumers in the following Marketplace states will not receive notices in the Summer 2016 round of Medicaid/CHIP PDM: Georgia, New Hampshire, New Jersey, and Wyoming.*

Medicaid/CHIP Periodic Data Matching: New Functionality (Continued)

- The consumer will only lose APTC/CSR and receive the final notice if he or she **did not** respond as instructed to the initial warning notice by the date indicated in the notice.
- If consumers still want a Marketplace plan after the Marketplace ends APTC/CSR being paid on their behalf, they'll have to pay full price for their share of the Marketplace plan premium and covered services.

Consumers who do not want to remain enrolled in their Marketplace plan at full cost should end their Marketplace coverage as soon as possible.

Medicaid/CHIP Periodic Data Matching: Initial Warning Notice

- An **initial warning notice** will be sent to the household contact for each affected consumer.
- The notice will contain the names of consumers who were found to be dually-enrolled in Medicaid or CHIP and links to online instructions for next steps, including how to:
 - 1) End Marketplace coverage with APTC/CSR (for consumers enrolled in or determined eligible for Medicaid or CHIP); and
 - 2) Update Marketplace application information (for consumers not enrolled in or eligible for Medicaid or CHIP)
- The notice will also tell the consumer the date by which they must respond to the notice to avoid losing APTC/CSR.
 - The consumer must respond within 30 days from the date of the notice.

Medicaid/CHIP Periodic Data Matching: Initial Warning Notice Sample

July 12, 2016

Application date: December 5, 2015
Application ID: 123456789

Dear Mary:

Warning: People in your household may lose 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 (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.

If anyone listed above doesn't take action by August 11, 2016, the Marketplace will end any advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) that were used to cover that consumer. When the Marketplace ends the APTC and CSRs, Marketplace coverage for this person will continue without financial help and the person will need to end their Marketplace coverage if they no longer wish to be enrolled in that coverage. For anyone on the plan who isn't listed above, their Marketplace coverage will continue and the Marketplace will recalculate their eligibility for advance payments of the premium tax credit and cost-sharing reductions.

Responding to the Initial Warning Notice

Consumers should respond to the initial warning notice by the date listed on the notice. The action consumers should take depends on their situation:

If the consumer(s) listed in the notice ...	Then he or she should ...*
Agrees with the notice: He or she is enrolled in Medicaid or CHIP	End his or her Marketplace coverage with APTC/CSR. Detailed instructions on how to end coverage can be found here: https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/ .
Disagrees with the notice: Knows that he or she isn't enrolled in Medicaid or CHIP	Update his or her Marketplace application to tell the Marketplace that the consumer is not enrolled in Medicaid or CHIP.

**Refer to the “Medicaid/CHIP PDM User Interface User Guide” on the “Resources” page for detailed instructions.*

Responding to the Initial Warning Notice

- Consumers who receive the initial warning notice and are NOT enrolled in Medicaid or CHIP should respond to the notice by updating their application to tell the Marketplace that they are not enrolled in Medicaid or CHIP.
- When these consumers submit their updated application, their EDN may say that they need to send in proof that they are no longer enrolled in Medicaid or CHIP.
 - When the consumer is updating his or her application, the Marketplace checks, in real time, whether he or she is enrolled in Medicaid and CHIP. If the Marketplace finds that the consumer is enrolled in Medicaid or CHIP, he or she will get a Medicaid/CHIP data matching issue or “DMI” and will have 90 days to upload or send proof that he or she is not enrolled in Medicaid or CHIP. Examples of proof include:
 - Letter from health insurer including coverage termination date
 - Statement of health benefits
 - Letter from Medicaid or CHIP
 - If the consumer fails to provide adequate proof within the timeframe, the Marketplace will end APTC/CSR for the consumer with the DMI, and he or she will remain enrolled in Marketplace coverage at full cost.*

*The Marketplace will send DMI notices/reminders to consumers with open DMIs in accordance with the regular DMI process. For more information about the DMI resolution process, visit: www.healthcare.gov/verify-information/send-more-info/.

Medicaid/CHIP Periodic Data Matching: Final Notice

- If consumers do not take appropriate action by the date listed in the initial warning notice, the Marketplace will send a final notice to the household contact of affected consumers to inform him or her that the Marketplace will end their financial help, and alert him or her of the date on which Marketplace coverage without financial assistance will become effective, and how to appeal the Marketplace's decision.
- The dually-enrolled consumers will remain enrolled in Marketplace coverage at full cost.

IMPORTANT: If consumers don't want to pay full cost for this coverage, they'll need to end their Marketplace coverage **as soon as possible**.

- For any other household members on the application who were not found to be dually-enrolled, Marketplace coverage will continue and the Marketplace will recalculate their eligibility for APTC/CSR, if applicable.
- The Marketplace will also send an updated EDN to inform the household of the change in financial help.

Medicaid/CHIP Periodic Data Matching: Final Notice Sample

August 16, 2016

Application date: December 5, 2015

Application ID: 123456789

Dear Mary:

IMPORTANT: People in your household are still enrolled in a Marketplace plan but will no longer receive financial help for their coverage.

You're getting this notice because the people listed below will no longer get advance payments of the premium tax credit and income-based cost-sharing reductions, if applicable, to help pay for their coverage through a Marketplace health plan. They will still have a Marketplace health plan, but financial help will not be paid for their share of the Marketplace plan premium.

- John Doe
- Jane Doe
- Jimmy Doe

This change will be effective on October 1, 2016. **If you don't want to pay full cost for their share of the Marketplace plan premium and covered services, you'll need to end their coverage immediately. See "Next steps" below.**

For anyone on the Marketplace plan who isn't listed above, their Marketplace plan will continue and their eligibility for advance payments of the premium tax credit and cost-sharing reductions, if applicable, is redetermined. Your tax household is eligible for a tax credit of \$0 each month, which is \$0 for the year. Contact your plan to find out your share of the total premium amount, after this tax credit.

Why Medicaid/CHIP PDM & Noticing Is Important for Consumers

- When consumers are identified as enrolled in Medicaid or CHIP through a 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 CSR must be updated to reflect that he or she has other MEC.
- Consumers identified as dually-enrolled through Medicaid/CHIP PDM should either end their Marketplace coverage with APTC/CSR or update their application to tell the Marketplace that they're not enrolled in Medicaid or CHIP.*

**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 price for his or her share of the Marketplace plan premium and covered services, without APTC or income-based CSR.*

Why Medicaid/CHIP PDM & Noticing Is Important for Consumers (Continued)

- If affected consumers do not take action by the date on the initial warning notice (within 30 days from the date of the notice), the Marketplace will end any APTC/CSR being paid on their behalf for their share of a Marketplace plan premium and covered services, and redetermine eligibility for APTC/CSR for remaining consumers on the application, as appropriate.

Reminder: Once the Marketplace ends any APTC/CSR being paid on dually-enrolled consumers' behalf for their share of a Marketplace plan premium and covered services, those consumers will need to end their Marketplace coverage if they don't want to remain enrolled in that plan at full cost.

What Agents and Brokers Should Know: How to Help

Consumers who receive the Medicaid/CHIP PDM notices may contact agents and brokers:

- For help understanding the notices
- For help responding to the notices, by either ending Marketplace coverage with APTC/CSR, or updating their application to tell the Marketplace they're not enrolled in Medicaid or CHIP.
 - See the “Other Resources” slide for instructions; in particular, recommend reviewing the notices and the *Medicaid/CHIP PDM User Interface User Guide*.
- If they don't think they're enrolled in Medicaid or CHIP
 - Consumers should contact their state Medicaid or CHIP agency to confirm that they're not enrolled in or eligible for Medicaid or CHIP, and update their Marketplace application accordingly to show they're not enrolled in Medicaid or CHIP. Instructions on how to find contact information for consumers' state Medicaid or CHIP agencies are available in the notices.

What Agents and Brokers Should Know: How to Help (Continued)

If consumers 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 Medicaid or CHIP.

- Consumers may contact their state Medicaid or CHIP agency for answers to these questions.
 - Instructions on how to find contact information for consumers' state Medicaid or CHIP agencies are available in the notices.
- Consumers who have not been determined eligible for and are not enrolled in MEC Medicaid or CHIP should update their Marketplace application to tell the Marketplace that they're not enrolled in Medicaid or CHIP.

What Agents and Brokers Should Know: How to Help (Continued)

If consumers are enrolled in MEC Medicaid or CHIP, but believe they are actually eligible to remain enrolled in Marketplace coverage with APTC/CSR (e.g., a consumer has experienced a family size or household income change that may make him or her ineligible for Medicaid/CHIP), they should:

- Contact their state Medicaid/CHIP agency to inform the agency of the change in income or other information.
 - These consumers will not be eligible for a Marketplace plan with APTC/CSR unless they are no longer eligible for Medicaid or CHIP, and are otherwise eligible for Marketplace coverage with financial assistance.

Medicaid/CHIP Periodic Data Matching: Estimated Timeline*

- **August 2016:** Initial warning notices sent to consumers who may be dually-enrolled, as identified through Medicaid/CHIP PDM.
- **Fall 2016:** Marketplace ends APTC/CSR for consumers who did not take action in the specified timeframe in response to the initial warning notice, and final notices are sent to these consumers to inform them of the change in their financial assistance. An updated EDN is also sent to these consumers.
- **Fall 2016:** Marketplace coverage without financial assistance becomes effective.

**All dates subject to change*

Other Resources

- Sample Initial Warning Notice: <https://marketplace.cms.gov/applications-and-forms/pdm-initial-warning.pdf>
- Sample Final Notice: <https://marketplace.cms.gov/applications-and-forms/pdm-ending-financial-help.pdf>
- Medicaid PDM User Interface User Guide: 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/>
- Medicaid/CHIP PDM notices vs. a data matching issue (DMI) notice: Forthcoming
- List of Medicaid programs that aren't considered MEC: <https://www.healthcare.gov/medicaid-limited-benefits/>

Summer 2016 PDM for Consumers with Medicaid or CHIP MEC



*Agent and
Broker
Resources*

Agent and Broker Resources

- *Additional resources can be found on CMS' Agents and Brokers Resources webpage at: <http://go.cms.gov/CCIIOAB>.*
- *The FFM Agent and Broker Registration Completion List can be found at <https://Data.HealthCare.gov> and via <http://go.cms.gov/CCIIOAB>.*
- *Additional information agents and brokers can use to educate consumers can be found at: HealthCare.gov.*
- *For more information about technical assistance training and support, please visit: <http://www.regtap.info>.*
- *If you would like to see which QHPs are available in the FFM in your state, you may view the QHP landscape file available at: <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>*

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 the Center for Consumer Information & Insurance Oversight (CCIIO), on the Agents and Brokers Resources webpage (<http://go.cms.gov/CCIIOAB>).
- 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.

*Pop-up windows are required for the MLMS training

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](https://twitter.com/CMSGov) and [@HealthCareGov](https://twitter.com/HealthCareGov).



Agent and Broker Resources:

Definition of Acronyms

Acronym	Definition
APTC	Advance Payments of the Premium Tax Credit
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-sharing Reduction
DMI	Data Matching Issue
EDN	Eligibility Determination Notice
FAQ	Frequently Asked Question
FFM	Federally-facilitated Marketplace
MEC	Minimum Essential Coverage
MLMS	Marketplace Learning Management System
PDM	Periodic Data Matching

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