

Data Matching Issues versus Periodic Data Matching: How the Marketplace helps prevent dual enrollment in Marketplace insurance affordability programs and Medicaid or CHIP¹

Updated 2018

Key Takeaways:

- If consumers are eligible for minimum essential coverage (MEC)¹ Medicaid or the Children's Health Insurance Program (CHIP), they are not eligible for advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) to help pay for a Marketplace plan premium and covered services.
- Consumers are sent a data matching issue (DMI) notice if they apply for Marketplace insurance with APTC/CSRs while they are enrolled in Medicaid or CHIP.
- During the coverage year, the Marketplace periodically checks whether consumers are dually-enrolled in Marketplace insurance with APTC/CSRs and Medicaid or CHIP. Dually-enrolled consumers receive a Medicaid/CHIP Periodic Data Matching (PDM) initial warning notice.

¹ Most Medicaid or CHIP coverage qualifies as MEC. Some forms of Medicaid cover limited benefits (like Medicaid that only covers emergency care, family planning or pregnancy-related services) and aren't considered qualifying coverage. (For more information on which Medicaid programs are considered MEC, visit: <https://www.healthcare.gov/medicaid-limited-benefits/>). If a consumer is enrolled in a Medicaid program that offers limited benefits and is not considered qualifying coverage, they may still be eligible for APTC on their Marketplace plan.

- If a consumer doesn't take appropriate action, such as ending his/her Marketplace insurance with APTC/CSRs by the date provided in the initial warning notice, the Marketplace will end APTC/CSRs being paid on his/her behalf and redetermine eligibility for remaining application members, as applicable, using information from available trusted electronic data sources.
- Both DMI and Medicaid/CHIP PDM notices may affect consumers' eligibility for financial assistance and may require consumers to take action, depending on the type of notice.

Data Matching Issues

DMIs occur when consumers complete a Marketplace application and the Marketplace cannot immediately verify consumer information, or trusted data source information conflicts with consumer attestations. For example, the Marketplace generates a DMI if a consumer who is otherwise eligible for APTC is enrolled in Medicaid or CHIP. When a DMI is generated in this situation, the Marketplace requests that consumers submit documentation within 90 days to prove they are not enrolled in Medicaid or CHIP. Documentation may include:

- Letter from health insurer including coverage termination date;
- Statement of health benefits from state Medicaid or CHIP agency; or,
- Letter from Medicaid or CHIP

Consumers who submit documentation will be sent a notice from the Marketplace on whether their documentation was sufficient to resolve their DMI. During the 90 days, eligible consumers can enroll (or remain enrolled) in Marketplace insurance with APTC/CSRs. If consumers do not submit sufficient documentation to resolve their DMI within 90 days, the Marketplace will end their APTC/CSRs, and they will remain enrolled in coverage through the Marketplace without financial assistance.

DMI Notice FAQ

Who receives a DMI notice?

The Marketplace sends DMI notices to consumers applying for Marketplace insurance with APTC/CSRs if it finds that they are dually-enrolled in Medicaid, CHIP, or other public MEC that is not employer-sponsored coverage. (Other DMI notices are generated in other circumstances, but dual enrollment in multiple public coverage programs is the focus of this information.)

When does the Marketplace send DMI notices to consumers?

Depending on their notification preferences, consumers receive their eligibility notice by mail or in their Marketplace Account after they apply for coverage or update their application. When

DMIs are generated, subsequent reminders are communicated at various times by mail, email, or phone calls.

How can consumers identify a DMI notice?

The DMI notice subject line may include: “ACT NOW: You must submit the requested documents immediately or you may risk losing your Marketplace health coverage and/or the help you’re getting to pay for your Marketplace health coverage.”

Periodic Data Matching

The Marketplace uses the Medicaid/CHIP PDM process throughout the coverage year to identify, notify, and reduce the number of consumers who may be dually-enrolled in both Marketplace insurance with APTC/CSRs and Medicaid or CHIP that qualifies as MEC. Consumers who receive a Medicaid/CHIP PDM initial warning notice and are enrolled in Medicaid or CHIP should immediately end their Marketplace insurance with APTC/CSRs². If consumers believe they are not enrolled in Medicaid or CHIP, they should contact their state Medicaid agency to confirm their enrollment status. If their state Medicaid agency confirms they *are* enrolled, they should end their Marketplace coverage with APTC/CSRs immediately. If their state Medicaid agency confirms that they *are not* enrolled and are not eligible for Medicaid or CHIP, they should update their Marketplace application to let the Marketplace know they are not enrolled in Medicaid or CHIP. Consumers may need to mail or upload documents from the state showing the denial of Medicaid/CHIP.

Note: Some consumers may have already ended Medicaid or CHIP coverage after the Marketplace identified them as dually-enrolled but before receiving an initial warning notice. For example, this might occur if a consumer who is enrolled in Medicaid or CHIP experiences an increase in household income that makes him or her ineligible for Medicaid or CHIP. In this case, they should update their Marketplace application to let the Marketplace know they are not enrolled in Medicaid or CHIP.

At least 30 days after the initial warning notice is sent, a final notice will be sent to the household contact for applications with affected consumers who did not respond to the initial warning notice by the specified date. This notice will let affected consumers know that they are still enrolled in a Marketplace plan but will no longer receive financial help for it.

For anyone else on the application who is still enrolled in a Marketplace plan, their coverage will continue and eligibility for APTC/CSRs will be redetermined, if applicable. Affected consumers who do not want to pay full cost for their share of the Marketplace plan premium and covered

² If a consumer still wants a Marketplace plan after being determined eligible for MEC Medicaid or CHIP, they must pay full price for the Marketplace plan premium, and full cost sharing for covered services under the plan. If they choose to keep their full-cost Marketplace coverage, they should tell their state Medicaid or CHIP agency that they’re still enrolled in Marketplace coverage. If they choose to stay enrolled in Marketplace coverage without financial help, they may no longer be eligible for CHIP. For more information, please visit: <https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/>.

services should end their Marketplace coverage immediately. The final notice includes instructions for next steps, such as ending Marketplace coverage, confirming whether or not someone is enrolled in Medicaid/CHIP, and appealing the Marketplace's decision; it also includes the date that the changes to financial assistance become effective. The Marketplace will also send an updated Eligibility Notice.

Medicaid/CHIP PDM Notice FAQ

Who is sent a Medicaid/CHIP PDM notice?

The Marketplace sends Medicaid/CHIP PDM notices during the coverage year to the household contact of consumers who are simultaneously enrolled in both Marketplace insurance with APTC/CSRs and Medicaid or CHIP coverage.

How often is Medicaid/CHIP PDM conducted?

The Marketplace conducts Medicaid/CHIP PDM at least once during the coverage year and sends notices accordingly. The future schedule of Medicaid/CHIP PDM will be determined based on various factors, including evaluations of previous rounds of Medicaid/CHIP PDM.

How can consumers identify Medicaid/CHIP PDM notices?

The subject of the initial warning notice reads "Warning: Members of your household may lose financial help for their Marketplace coverage." The notice lists the dually-enrolled consumers, and provides instructions to either end their Marketplace coverage with APTC/CSRs, or update their Marketplace application to tell the Marketplace that they're not enrolled in Medicaid or CHIP. The notice informs consumers who choose to remain in full-cost Marketplace coverage that they should notify their state Medicaid or CHIP agency of their Marketplace enrollment. The notice also provides instructions for consumers who want more information about Medicaid or CHIP, who aren't sure if their Medicaid or CHIP coverage counts as qualifying coverage, or who aren't sure whether they're enrolled in or have been determined eligible for Medicaid or CHIP.

The subject of the final notice reads "*IMPORTANT: Members of your household are still enrolled in a Marketplace plan but will no longer get financial help for it.*" The notice lists the dually-enrolled consumers who did not take action by the date in the initial warning notice, tells them the date that Marketplace coverage without financial assistance becomes effective, and alerts the impacted consumers that they should end Marketplace coverage immediately if they don't want to pay full cost for their share of the Marketplace plan premium and covered services. The notice informs consumers who choose to remain in full-cost Marketplace coverage that they should notify their state Medicaid or CHIP agency of their Marketplace enrollment. The notice also provides instructions for consumers who want more information about Medicaid or CHIP, who aren't sure if their Medicaid or CHIP coverage counts as qualifying coverage, OR who aren't sure whether they're enrolled in or eligible for Medicaid or CHIP, and tells the consumer to refer to their final EDN for information on how to submit an appeal to the Marketplace if a

consumer believes their financial assistance was ended incorrectly.
Copies of both notices are available in English and Spanish.

Resources

- To learn how the Marketplace conducts Medicaid/CHIP PDM: <https://marketplace.cms.gov/technical-assistance-resources/pdm-identifying-notifying-consumers-in-marketplace.PDF>.
- For more information about the steps consumers should take during Medicaid/CHIP PDM depending on their situation: www.healthcare.gov/downloads/marketplace-medicaid-chip-guide.pdf. You can share this guide with consumers as well.
- To learn about the process for ending coverage in a qualified health plan (QHP) with APTC/CSRs through the Marketplace: <https://marketplace.cms.gov/technical-assistance-resources/ending-coverage-in-a-qhp.pdf>.
- To learn how to cancel a Marketplace plan, visit: <https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/>.
- To learn how to resolve a DMI, visit: <https://marketplace.cms.gov/technical-assistance-resources/helping-consumers-resolve-dmi-.pdf>.
- To help determine which documents to send, consumers can find a list of documents to verify or add information on their application, such as income, citizenship, or immigration status at: <https://www.healthcare.gov/verify-information/>.

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