



Agents and Brokers Guide to Assisting Consumers with Periodic Data Matching

This resource provides an overview of how to help consumers who are dually enrolled in Marketplace coverage through a qualified health plan (QHP) with financial help (advance payments of the premium tax credit (APTC) and/or cost-sharing reductions (CSRs)) and minimum essential coverage (MEC) Medicare, Medicaid, or the Children’s Health Insurance Program (CHIP) or who may have someone who died on their application and needs help removing that deceased individual. You can use this tip sheet for general information related to Medicare, Medicaid, and CHIP periodic data matching (PDM), Death PDM, helping consumers resolve their PDM issues, and locating additional PDM resources.

Summary

- » If consumers have been determined eligible for or are enrolled in Medicare, Medicaid, or CHIP that counts as qualifying health coverage (or MEC), **they are NOT eligible to receive APTC or CSRs** to help pay for a QHP.
- » If consumers have become deceased during a plan year, **they are NOT eligible to continue receiving QHP coverage**.
- » The Marketplace will notify these consumers and, if the consumer does not respond to the initial warning notice within 30 days, end APTC/CSRs.
- » There are three types of PDM:
 1. **Medicaid/CHIP PDM** identifies consumers enrolled in both Marketplace coverage with APTC or income-based CSRs and Medicaid or CHIP that is considered MEC.¹
 2. **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.
 3. **Death PDM** identifies QHP enrollees who have become deceased during a plan year.



Note: Consumers will also receive instructions on how to appeal the Marketplace’s decision about eligibility for health coverage, including eligibility for APTC/CSRs.

1. Medicaid/CHIP PDM

- » Consumers found to be enrolled in Marketplace coverage with APTC/CSRs and Medicaid/CHIP that is considered MEC are sent an [initial warning notice](#), requesting that they take action by a specified date to end APTC/CSRs or their Marketplace coverage, if they so choose, or update their application to tell the Marketplace that they are not enrolled in MEC Medicaid or CHIP.
- » A [final notice](#) is sent to consumers who do not respond to the initial warning notice, stating that the Marketplace ended any APTC/CSRs being paid on their behalf. Marketplace coverage will continue without financial help, and eligibility for APTC/CSRs is redetermined for anyone else on the Marketplace plan. The effective date for these changes along with an updated Eligibility Determination Notice (EDN) is provided.
- » Consumers who receive the Medicaid/CHIP PDM initial warning or final notices may contact you for help understanding the notice.

¹ Not all Medicaid or CHIP coverage is considered MEC. Find out which Medicaid or CHIP programs are considered MEC by visiting this site: <https://www.healthcare.gov/medicaid-limited-benefits/>



- See the [Taking action when you have Marketplace Coverage and Medicaid/CHIP Guide](#), [Cancelling Coverage with Medicaid or CHIP](#), and [General Coverage Cancellation](#) resources for more information and detailed instructions for ending your consumer’s Marketplace coverage.
- If consumers think they are not enrolled in Medicaid/CHIP, are not sure they have been determined eligible for or are enrolled in Medicaid/CHIP, or are not sure if their Medicaid/CHIP counts as MEC ²:
 - They may wish to contact their state Medicaid/CHIP agency (SMA) to confirm their eligibility/enrollment status (instructions in initial warning and final PDM notices).
 - They can then take action based on their Medicaid/CHIP eligibility/enrollment status (e.g., ending Marketplace coverage, appealing the Marketplace’s decision).



Note: Almost all PDM notices are mailed or posted to consumers’ online Marketplace accounts, depending on what the consumer selected as his or her communication preference. If consumers disagree with the Marketplace’s decision, please refer them back to the notice they received from the Marketplace for information about appeals. Note that Death PDM warning notices are the exception. Death PDM notices are currently sent via U.S. Postal Mail only and are not posted to the consumer’s online Marketplace Account.

2. Medicare PDM

- » Enrollees receiving APTC/CSRs will receive an initial warning [notice](#) from the Marketplace informing them of their dual enrollment in Medicare and the Marketplace, how Marketplace coverage duplicates their Medicare coverage and should consider ending their QHP coverage, and the consequences of dual enrollment, including potential for a future tax liability, at which point they will have 30 days to return to the Marketplace and either:
 - End APTC/CSR; or/and
 - End QHP coverage, if they so choose.
 - Resubmit their application if they believe they are not enrolled in Medicare.
 - Consumers who wish to contest the results of Medicare PDM should **not** select their name on the “Current coverage” question in the Marketplace application. This may generate a Medicare DMI in their EDN and, if so, they should follow instructions in the EDN for resolving that DMI.
 - Change their termination attestation response from “agree” to “disagree”.
 - For consumers who previously granted but now revoke written 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 but keep QHP coverage.
- » Consumers will receive specific instructions in their notices based on their current Medicare enrollment status.
- » 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 provided written consent and permitted the Marketplace to act on their behalf, or
 - End APTC/CSRs for those dual enrollees who did not permit the Marketplace to act on their behalf.

² Not all Medicaid or CHIP coverage is considered MEC. Find out which Medicaid or CHIP programs are considered MEC by visiting this site: <https://www.healthcare.gov/medicaid-limited-benefits/>



3. Death PDM

- » The Marketplace conducts a data match against Social Security Administration (SSA) databases to determine whether QHP enrollees are also deceased. Currently, the Marketplace sends notices to enrollees (or their estate) with single-member applications.
- » The Death PDM notice process is a series of two notices that enrollees (or their estates) identified as deceased will receive:
 - Those identified will receive an [initial warning notice](#) and will have 30 days to respond, indicating that the person identified is not deceased or that the date of death is incorrect.
 - For those who do not respond to the initial notice, the Marketplace will end plan coverage after the 30-day window expires, retroactively effective to the date of death, and a [final notice](#) will indicate that coverage is no longer active.
- » Enrollees will receive instructions on how to report that they are not deceased. Those identified as deceased in error can contact the SSA for more information on what steps to take—either by visiting [SocialSecurity.gov](https://www.ssa.gov), going to a local SSA office, or calling SSA directly at 1-800-772-1213 (TTY: 1-800- 325-0778).

Looking for additional guidance? Contact one of our [Agent and Broker Help Desks](#) for assistance.