

Medicare Periodic Data Matching (PDM) Updates



Identifying and Notifying
Consumers Who Are Dually
Enrolled in FFE Coverage and
Minimum Essential Coverage (MEC)
Medicare

December 2018

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Disclaimer

The information provided in this presentation is intended 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 policy and operations current as of the date it was presented. Links to certain source documents have been provided for 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.

Medicare Periodic Data Matching (PDM)

This presentation will cover:

- Upcoming improvements to Medicare PDM
- How you can help consumers enrolled in both Marketplace coverage and Medicare resolve their Medicare PDM issues
- Where you can find additional resources about Medicare PDM

Why Medicare PDM & Noticing is Important for Consumers

- Consumers are not eligible to receive APTC/CSRs if enrolled in both MEC Medicare and an Exchange qualified health plan (QHP). Consumers may be inadvertently paying for duplicate coverage if they are enrolled in both programs.
- Consumers may have to pay back all or some of the APTC paid on their behalf for months they had both Marketplace coverage with APTC and MEC Medicare, when they file their federal income tax return.
- Consumers who are identified as enrolled in MEC Medicare *and* a Marketplace plan through Medicare PDM should return to their Marketplace application and end their financial assistance, or if they choose, their Marketplace plan enrollment entirely.

What's New This Year

- Prior to 2019, Medicare PDM was a semi-manual process that was resource intensive and the Federally-facilitated Exchange (FFE) did not have the functionality to automatically end APTC/CSR, per regulation at 45 CFR 155.330(d).
- Beginning in winter 2019, the FFE will have the functionality in place to automatically end APTC/CSR for Exchange enrollees that are dually enrolled in Medicare and the Marketplace.
- Additionally, the FFE will also end QHP coverage for dual enrollees who permit the FFE to act on their behalf and end their coverage if they are found to be dually enrolled in Medicare and the Exchange at a later date (i.e., via Medicare PDM).

What's New This Year (Continued)

- In order to end QHP coverage, the FFE will leverage the newly added attestation question to the FFE application where consumers can agree or disagree to the following statement:

If anyone on your application enrolls in coverage through a Marketplace plan, but is later found to have other qualifying health coverage (including Medicare, Medicaid, and/or CHIP), you have the option to allow the Marketplace to end their Marketplace coverage if you select “I agree to this statement” below.

If you select “I disagree to this statement,” anyone in this situation will stay enrolled in Marketplace coverage and will pay full cost for their Marketplace plan since they’ll no longer be eligible for advance payments of the premium tax credit or extra savings.



I agree to this statement.



I disagree to this statement.

What's New This Year (Continued)

- The Exchange will continue to notify enrollees receiving APTC/CSRs of their dual enrollment in Medicare and the Exchange.
- However, beginning in winter 2019, dual enrollees will now have 30 days to return to the Exchange and either:
 - End APTC/CSR; or
 - End QHP coverage.
- Consumers will also have the option to either:
 - Resubmit their application if they believe they are not enrolled in Medicare; or
 - Consumer(s) who return to their application and resubmit it with an attestation that they do not have Medicare will likely receive a Medicare data matching issue (DMI) and will have 90 days to resolve. After the 90 day window elapses, the FFE will then take action to end APTC/CSRs or QHP coverage, depending on consumer preference, if the consumer does not confirm that s/he is not eligible for MEC Medicare.
 - Change their termination attestation response from agree to disagree.
 - For consumer(s) who previously granted but now revoke permission for the FFE to end QHP coverage on their behalf, the FFE will proceed to end APTC/CSR after the 30 days elapses.

Resubmitting an Application if Not Enrolled in Medicare

- Consumers that wish to contest the results of Medicare PDM should **not** select their name on the current coverage question and select save and continue.
- They should continue through the rest of the application and resubmit their application.
- The consumer may generate a Medicare DMI in their Eligibility Determination Notice (EDN) and, if so, they should follow instructions in the EDN for resolving that DMI.

[← Back](#)

Current coverage

Are any of these people currently enrolled in health coverage?

Don't select a person's name if their coverage will end on or before 12/9/2018. They may have gotten a termination notice from their plan or program.

☐ Patrick Barnes

Save and continue

Consumer Ends APTC through Attestation

- Consumers that wish to end APTC right away should select their name on the current coverage question and then select which type of coverage on the next page.

Current coverage

Are any of these people currently enrolled in health coverage?

Don't select a person's name if their coverage will end on or before 12/17/2018. They may have gotten a termination notice from their plan or program.



Patrick Barnes

Save and continue

Consumer Ends APTC through Attestation (Continued)

- Consumer selects Medicare coverage and continues through the application:

Patrick's coverage

What type of coverage does Patrick have?

- ☐ Marketplace Coverage
Select if Patrick has coverage through HealthCare.gov or a state-based Marketplace.
- ☐ Medicaid
Don't check this box if one of these applies to Patrick's coverage:
1) Their coverage pays for only limited benefits, like family planning services, emergency services, outpatient hospital services, or treatment of tuberculosis
2) Their Medicaid coverage doesn't pay for inpatient hospital services.
- ☐ Delaware Healthy Children Program (CHIP)
- ☒ Medicare
- ☐ TRICARE
Don't select if Patrick has Direct Care or Line of Duty
- ☐ Veterans Affairs (VA) Health Care Program
- ☐ Peace Corps
- ☐ Other full benefit coverage
- ☐ Other limited benefit coverage

Save and continue

What's New This Year (Continued)

- Consumers will receive specific instructions in their notices based on their current Medicare enrollment status (i.e., Part A only, Part A and B, Part C (Medicare Advantage) and whether they elected to end QHP coverage altogether, or only APTC/CSRs).
- After the 30 day period elapses, for those dual enrollees who have not taken action, the FFE will either:
 - End QHP coverage for all dual enrollees who permitted the FFE to act on their behalf and end their QHP coverage via the attestation listed on a prior slide; or
 - End APTC/CSRs for those dual enrollees that did not permit the FFE to act on their behalf and end their QHP coverage (i.e., those that selected “I disagree” to the statement on a prior slide).
- Consumers will also receive instructions on how to appeal the FFE’s decision about eligibility for health coverage, including eligibility for APTC/CSRs.

Next Steps for Consumers Enrolled in Both Medicare Parts A and B or Medicare Part C

- If consumers have Medicare Part A (Hospital Insurance) AND Medicare Part B (Medical Insurance) OR Medicare Part C (Medicare Advantage) they should return to the Marketplace to end their Marketplace coverage with APTC/CSRs.
 - Having Marketplace coverage may duplicate the benefits they already get through Medicare.
 - Consumers should visit [Healthcare.gov](https://www.healthcare.gov) to log into their Marketplace account, select their most recent application, and follow the steps under “Marketplace & Medicare coverage” to end their coverage.
 - These consumers may choose to remain enrolled in their Marketplace plan at full cost (without APTC/CSRs).

Next Steps for Consumers Enrolled in Both Medicare Parts A and B or Medicare Part C and Paying the Part B Late Enrollment Penalty

- **If consumers have premium-free Medicare Part A and B and are paying the Medicare Part B late enrollment penalty, they should visit their local Social Security Office to request a reduction of the Part B late enrollment penalty.**
- They should be sure to keep a copy of their PDM notice and bring a copy to their local Social Security office when making their request.
- For more information, contact Social Security directly at 1-800-772-1213 (TTY: 1-800-325-0778), or visit www.socialsecurity.gov or a local Social Security office.

Next Steps for Consumers Enrolled in Premium-Free Medicare Part A but Not Enrolled in Medicare Part B

- These consumers should visit their local Social Security office to request enrollment in Medicare Part B without a late enrollment penalty.
- They should be sure to keep a copy of their PDM notice and bring a copy to their local Social Security office when making their request for this relief.
- For more information, contact Social Security directly at 1-800-772-1213 (TTY: 1-800-325-0778), or visit www.socialsecurity.gov or a local Social Security office.
- **After they become enrolled in Part B, these consumers should terminate their QHP with APTC/CSR after their Part B coverage starts to make sure they don't have a gap in coverage.**
- These consumers may choose to remain enrolled in their Marketplace plan at full cost (without APTC/CSRs).

Considerations for Consumers Who Pay a Premium For Medicare Part A

- **If consumers pay a premium for Medicare Part A** (because they aren't entitled to premium-free Medicare Part A) they should compare their benefits and total premiums under Medicare coverage (Medicare Part A, Medicare Part B, and, if applicable, Medicare Part C, or Medicare Part D (Prescription Drug coverage)) with their Marketplace plan to see which one best meets their needs and fits their budget.
 - Because they pay a premium for Medicare Part A, they have the option to stop all Medicare coverage and continue their Marketplace coverage with APTC, if otherwise eligible.
 - However, they may have to pay back all or some of the APTC paid on their behalf for the months they were also enrolled in Medicare Part A, when they file their federal income tax return.
 - Consumers should contact their local State Health Insurance Assistance Program (SHIP) to learn more about Medicare and how the Medicare Savings Programs can help with premiums. They can find their local SHIP by calling 1-877-839-2675 or by going to shiptacenter.org.

Next Steps for Consumers Who Want to Resubmit their Application Because They Are Not Enrolled in Medicare Part A

- These consumers should confirm they aren't enrolled in Medicare Part A by contacting Medicare at 1-800-633-4227 (TTY: 1-877-486-2048), the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778), or by visiting www.socialsecurity.gov or their local Social Security office.
- After confirming they aren't enrolled in Medicare Part A, they should return to the Marketplace and report a life change, as shown in prior slides, to let the Marketplace know they're not enrolled in Medicare.

Next Steps for Consumers Who Disagreed With Allowing the Marketplace to End QHP Coverage

- For consumers enrolled in Medicare Part A (or Part C) who still want to keep their Marketplace plan at full cost, they should return to the Marketplace, select “Report a life change,” and update their agreement that currently allows the Marketplace to end coverage for anyone found to be enrolled in Medicare Part A (i.e., change their response from “I agree to I disagree”).
- Consumers should be sure to complete and resubmit the application after making changes.

Other Resources

- HealthCare.gov instructions on ending Marketplace coverage:
<https://www.healthcare.gov/reporting-changes/cancel-plan/>
- HealthCare.gov information on Medicare and the Marketplace:
<https://www.healthcare.gov/medicare/medicare-and-the-marketplace/>
- HealthCare.gov information on changing from Marketplace to Medicare coverage:
<https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare/>
- Slide deck about Medicare and the Marketplace:
<https://marketplace.cms.gov/technical-assistance-resources/training-materials/medicare-and-marketplace.pptx>
- Sample notices:
<https://marketplace.cms.gov/applications-and-forms/notices.html>
- List of Medicare programs that are Minimum Essential Coverage:
<https://www.irs.gov/affordable-care-act/individuals-and-families/aca-individual-shared-responsibility-provision-minimum-essential-coverage>
- State Health Insurance Assistance Program (SHIP) contact information:
<https://www.shiptacenter.org/>
- Medicare Savings Programs Information:
<https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs>