Medicare Periodic Data Matching (PDM)

Center for Consumer Information and Insurance Oversight (CCIIO)

Identifying and Notifying Consumers Who Are Dually Enrolled in FFM Coverage and MEC Medicare

May 22, 2017

https://www.regtap.info/FFENR.php

The information provided in this presentation is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This material summarizes current policy and operations as of the date it was uploaded to REGTAP. Links to certain source documents may have been provided for your reference. We encourage persons taking course to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them.

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.
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 policy and operations current 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 presentation will cover:

• Why Medicare PDM is important for consumers

• 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
Medicare PDM: Background

• Marketplaces must:
  – Periodically examine available data sources to determine whether consumers who are enrolled in Marketplace coverage with financial assistance (i.e., advance payments of the premium tax credit (APTC) or income-based cost sharing reductions (CSRs)) have been determined eligible for or enrolled in Medicare (45 CFR 155.330(d))
  – Notify these consumers, and if the consumer doesn’t respond to the notice, end APTC/CSRs (45 CFR 155.330(e))

• Medicare PDM identifies consumers who are enrolled in both:
  – Federally-facilitated Marketplace (Marketplace) coverage, and
  – Medicare that qualifies as minimum essential coverage (MEC Medicare). (**Note:** Medicare Parts A and C are considered MEC. Medicare Parts B or D alone are not considered MEC.)

**IMPORTANT:** In this round of Medicare PDM, the Marketplace will not take action to end consumers’ financial assistance or Marketplace QHP enrollment as a result of Medicare PDM. Consumers are responsible to follow the instructions in their Medicare PDM notice and take appropriate action if they have been determined eligible for or are enrolled in MEC Medicare.
Medicare PDM: Notifying Dually-Enrolled Consumers

- The Marketplace is mailing paper Medicare PDM notices* to the household contact for consumers who may be dually-enrolled in MEC Medicare and a Marketplace plan.
- If a consumer of any age has been determined eligible for or is enrolled in MEC Medicare, he or she is generally not eligible to receive financial assistance to help pay for a Marketplace plan premium or for covered services. Consumers should be encouraged to follow instructions listed on their Medicare PDM notice.

**Medicare PDM Notices will Include:**

- Names of consumers who were found to be dually-enrolled
- A recommendation that individuals who are found to be enrolled in MEC Medicare and a Marketplace plan should end their Marketplace coverage
- Instructions on how to end Marketplace coverage or Marketplace financial assistance (for consumers enrolled in MEC Medicare)
- Where to find contact information to confirm if they are enrolled or if they have any questions about Medicare

Murray Lamb
123 Blacksheep Lane
Charlottesville, VA 22901

05/22/107

Application date: 11/15/2016
Application ID: 999888777

Dear Murray:

Our records show that these people are enrolled in both Medicare and a Marketplace health plan:
  • Murray Lamb
  • Anna Lamb

IMPORTANT: If you have Medicare Part A (Hospital Insurance) or are in Medicare Part C (Medicare Advantage)¹, you don’t need Marketplace coverage. Insurance companies are not supposed to enroll you in Marketplace coverage if they know that their Marketplace plan because it duplicates the benefits you already get through Medicare.

Marketplace coverage doesn’t end automatically when you enroll in Medicare. You should return to the Marketplace to end your Marketplace coverage to avoid duplicating benefits you’re already getting through Medicare.

It’s important to end your Marketplace coverage once you’re eligible for premium-free Medicare Part A or choose to pay for premium Medicare Part A (including if you enroll in Medicare Part C). If you don’t, you may have to pay back all or some of the advance payments of the premium tax credit (APTC) paid on your behalf when you file your federal income tax return.

What should I do next?
Why Medicare PDM & Noticing is Important for Consumers

• 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 Marketplace coverage or Marketplace financial assistance.

• 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.
Next Steps for Consumers Who Have Premium-free Medicare Part A but not Part B

• If consumers have premium-free Medicare Part A (Hospital Insurance) but don’t have Medicare Part B (Medical Insurance), they should return to the Marketplace to end their Marketplace coverage or Marketplace financial assistance.
  – Having Marketplace coverage generally duplicates their Medicare Part A coverage, and in most cases, their Medicare Part B Premiums will be less than their Marketplace plan premiums (without APTC).
  – Consumers are encouraged to enroll in Medicare Part B as soon as possible.
  – 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 were eligible for or enrolled in premium-free Medicare Part A, when they file their federal income tax return.
Consumers who receive this notice may have a special opportunity to sign up for Medicare Part B.

- They will have until September 30, 2017 to visit their local Social Security office to request enrollment in Medicare Part B.
- They will need to show their Medicare PDM notice to their local Social Security office when they make the request.
Next Steps for Consumers Who Have Medicare Part A AND Medicare Part B OR Medicare Part C

• If consumers have Medicare Part A AND Medicare Part B OR Medicare Part C they should return to the Marketplace to end their Marketplace coverage or Marketplace financial assistance immediately.
  – Having Marketplace coverage generally duplicates the benefits they already get through Medicare.
  – 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 Medicare Part A or Part C, when they file their federal income tax return.
Next Steps for Consumers Who Have Premium-free Medicare Part A AND Part B with a Late Enrollment Penalty

• Consumers who receive this notice may be eligible to request that the penalty be reduced or removed.
  – The consumer must be currently or previously dually enrolled in Marketplace coverage (with or without APTC) and Medicare Parts A and B.
  – They have until September 30, 2017 to visit their local Social Security office to request removal or reduction of their Medicare Part B penalty.
  – They will need to show their Medicare PDM notice to their local Social Security office when they make the request.
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) 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. They can find their local SHIP by calling 1-877-839-2675 or by going to shiptacenter.org.
What You Should Know and How to Help

Consumers who receive the notice may contact you:

- For help understanding the Medicare PDM notice.
- For help determining which parts of Medicare they are enrolled in.
- For help ending Marketplace coverage, see “Other Resources” slide for instructions.
- If they do not think they are enrolled in Medicare, consumers should contact Medicare to confirm that they’re not enrolled. Instructions on how to contact Medicare are available in the notice.
- If they are receiving the notice, but are no longer enrolled in Marketplace coverage, they should contact the Marketplace to confirm their Marketplace coverage has been terminated.
### What You Should Know and How to Help

If consumers contact you upon receiving a Medicare PDM notice...

| and want to end their Marketplace coverage or Marketplace financial assistance | the Marketplace |
| because they aren’t sure if they’re enrolled in Medicare                         | Medicare         |

**You can direct consumers to change their Marketplace coverage by:**

**OR**
- Calling the Marketplace Call Center at **1-800-318-2596 (TTY: 1-855-889-4325)** and telling the call center representative that they want to end a Marketplace or Marketplace financial assistance for someone who’s enrolled in Medicare.
Medicare PDM: Estimated Timeline*

• Fall 2016: Notices sent to consumers aged 65 and older who are identified as dually enrolled in MEC Medicare and Marketplace coverage with financial assistance, as identified through periodic data matching.

• Winter 2017: Notices sent to consumers aged 65 and older who are identified as dually enrolled in MEC Medicare and Marketplace coverage, as identified through periodic data matching.

• Spring 2017: Notices sent to all consumers (under and over 65) who are identified as dually enrolled in MEC Medicare and Marketplace coverage, as identified through periodic data matching.

*All dates subject to change
Help Paying for Medicare

If consumers have limited income and resources, they may qualify for help with paying their Medicare costs.

- **The Medicare Savings Programs** help pay for Medicare Part A and Part B costs. Consumers apply through their State Medicaid Offices.
  
  https://www.medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html

- **The Extra Help Program** helps pay for Medicare prescription drug coverage (Part D). Consumers with Medicaid, the Medicare Savings Programs, or Supplemental Security Income automatically receive Extra Help.
  

  Consumers not automatically receiving **Extra Help** can complete an application at:
  
  https://secure.ssa.gov/i1020/start
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:
- HealthCare.gov information on changing from Marketplace to Medicare coverage:
- Video about Medicare and the Marketplace:
  https://www.youtube.com/watch?v=SYeY2MdCpfw
- Sample notices:
- List of Medicare programs that are Minimum Essential Coverage:
- State Health Insurance Assistance Program (SHIP) contact information:
  https://www.shiptacenter.org/