

Medicare Periodic Data Matching (PDM)



Identifying and Notifying
Consumers Who Are Dually
Enrolled in FFM Coverage with
Financial Assistance *and* MEC
Medicare

August 2016

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 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.

Medicare Periodic Data Matching (PDM)

This presentation will cover:

- Why Medicare PDM is important for consumers
- How you can help consumers enrolled in Marketplace coverage resolve 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 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 with financial assistance, 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 first round of Medicare PDM, the Marketplace will not take action to end consumers' financial assistance 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 aged 65 and older who may be dually-enrolled in MEC Medicare *and* a Marketplace plan with financial assistance
- If a consumer has been determined eligible for or is enrolled in MEC Medicare, he or she is not eligible to receive financial assistance to help pay for a Marketplace plan premium or other covered services. Consumers should be encouraged to follow instructions listed on their Medicare PDM notice
 - If a consumer still wants a Marketplace plan without financial assistance after he or she has been determined eligible for MEC Medicare, he or she will have to pay full price for their share of the Marketplace plan premium and covered services

Medicare PDM Notices will Include:

- Names of consumers who were found to be dually-enrolled
- A warning that individuals who are found to be enrolled in MEC Medicare are not eligible for financial assistance to help pay for Marketplace coverage
- Instructions on how to end Marketplace coverage with APTC (for consumers enrolled in MEC Medicare)
- Where to find Medicare contact information to confirm if they are enrolled or if they have any questions about Medicare

* *Note:* Paper Medicare PDM notices will be sent via the United States Postal Service, and will not be posted electronically to consumers' Marketplace accounts.

Medicare PDM: Sample Notice

09/01/2016

Application date: 11/16/2015

Application ID: 557890321

Dear Mary:

You're getting this notice because our records show that the people listed below are enrolled in both Medicare and a Marketplace health plan with advance payments of the premium tax credit. If you have Medicare Part A (Hospital Insurance) (including if you receive benefits through a Medicare Advantage plan, also called Medicare Part C), you aren't eligible to receive advance payments of the premium tax credit or cost-sharing reductions to help pay for Marketplace plan premiums and covered services. If this is the case for you, you may have to pay back some or all of the advance premium tax credits you received during the months you also had Medicare Part A or Medicare Advantage.

Our records show that the following people are enrolled in both Medicare and a Marketplace plan with advance premium tax credits:

- Mary Smith
- Robert Smith

What should I do next?

You can contact Medicare to confirm if you (or the people listed above) have Medicare coverage or what type of Medicare coverage you have. You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you (or the people listed above) have Medicare, the action you need to take will depend on your Medicare coverage:

Why Medicare PDM & Noticing is Important for Consumers

- Consumers who are identified as enrolled in MEC Medicare *and* a Marketplace plan with financial assistance through Medicare PDM should return to their Marketplace application and either:
 - 1) End their Marketplace coverage altogether, or
 - 2) End their Marketplace coverage with financial assistance

Next Steps for Consumers Who Have Premium-free Medicare Part A and Part B

- **If consumers have premium-free Medicare Part A (Hospital Insurance) and Part B (Medical Insurance), they should end their Marketplace coverage with APTC.**
 - Although consumers can keep both their Marketplace coverage without APTC and Medicare Parts A and B, Marketplace coverage duplicates benefits they already have through Medicare.
 - And because they are not eligible to receive APTC, ending their Marketplace coverage with APTC now will help them avoid having to pay back some or all of the APTC received during months they also had 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 but don't have Part B, they should end any APTC that they may be receiving for a Marketplace plan immediately. They may have to pay back some or all of the APTC for the months they had both Marketplace coverage with APTC and Medicare Part A. Consumers may want to stay in their Marketplace plan temporarily without APTC or CSRs, depending on when they turned 65.**

Note: If consumers don't enroll in Medicare Part B when they are first eligible – which is during the three months prior to their 65th birthday, the month of their 65th birthday, and the three months after their 65th birthday, they can only enroll during the general enrollment period (January – March), and they may have to pay a late enrollment penalty for as long as they have Medicare Part B. It's important to enroll in Medicare Part B early, as the penalty increases the longer consumers wait to enroll. To learn more about the penalty and enrolling in Part B, consumers should call 1-800-MEDICARE (1-800-633-4227); TTY users should call 1-877-486-2048.

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

- If consumers' 65th birthdays were **less than** 3 months ago, many people will want to enroll in Medicare Part B now and end Marketplace coverage.
 - If consumers want to enroll in Medicare Part B and end Marketplace coverage, they should contact the Marketplace at least 15 days before the date they want their Marketplace coverage to end.
 - Usually, consumers' Marketplace coverage should end the day before their Medicare Part B coverage starts. To enroll in Part B, direct consumers to contact the Social Security Administration at 1-800-772-1213 or visit their local Social Security office. TTY users should call 1-800-325-0778.-
- If consumers' 65th birthdays were **more than** 3 months ago, many people will want to enroll in Medicare Part B during the next general enrollment period (January – March 2017; coverage starts July 1) and then end their Marketplace coverage.
 - If consumers want to enroll in Medicare Part B and end Marketplace coverage, they should contact the Marketplace at least 15 days before their Medicare Part B coverage starts to end their Marketplace coverage.
 - Usually consumers' Marketplace coverage should end the day before their Medicare Part B coverage starts.

Next Steps for Consumers Who Have Medicare Part B and Pay a Premium for Medicare Part A

- **If consumers have Medicare Part B and pay a premium for Medicare Part A, they should compare plans to see what best meets their needs and fits their budget.**
 - Since they have to pay a premium for Medicare Part A, they can end their Medicare coverage and keep their Marketplace plan with APTC. However, they may have to pay back APTC for the months they had Marketplace coverage with APTC *and* Medicare Part A.
 - Direct consumers to contact their local State Health Insurance Assistance Program (SHIP) (www.SHIPTACenter.org) to learn more and get help making this decision.

Next Steps for Consumers Who Have Medicare Advantage (Part C)

- **If consumers have premium-free Medicare Part A and are receiving those benefits through a Medicare Advantage plan (Part C), they should end their Marketplace coverage with APTC.**
 - Having Marketplace coverage duplicates benefits they already have through their Medicare Advantage plan.
 - Since they are not eligible to receive APTC, ending their Marketplace coverage with APTC now will help them avoid having to pay back some or all of the received during months ad Medicare, when they file their federal income tax return.

Next Steps for Consumers Who Have Medicare Advantage (Part C) Continued

- **If consumers pay a premium for Medicare Part A and are receiving those benefits through a Medicare Advantage plan (Part C), they should compare their Medicare Advantage plan and their Marketplace plan to see what best meets their needs and fits their budget.**
 - Since they have to pay a premium for Medicare Part A, they can end their Medicare coverage (by no longer paying their Part A premium) and keep their Marketplace plan with APTC. However, they may have to pay back all or some of the APTC for the months they had Marketplace coverage with APTC *and* Medicare Part A.
 - Direct consumers to contact their local SHIP (www.SHIPTACenter.org) to learn more and get help making this decision.

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 ending Marketplace coverage with financial assistance, see “Other Resources” slide for instructions on ending Marketplace coverage with financial assistance
- For help determining which parts of Medicare they are enrolled in
- If they do not think they are enrolled in Medicare, consumers may wish to contact Medicare to confirm that they’re not enrolled. Instructions on how to contact Medicare is available in the notice.
- If they are receiving the notice, but are no longer enrolled in Marketplace coverage with financial assistance, they should contact the Marketplace to confirm their Marketplace coverage has been terminated.

What Issuers Should Know and How to Help

If consumers contact issuers upon receiving a Medicare PDM notice...	...issuers should refer consumers to...
and want to end their Marketplace coverage with APTC	the Marketplace to end their financial assistance and/or coverage
because they aren't sure if they're enrolled in Medicare	Medicare

You can direct consumers to change their Marketplace coverage by:

- Visiting www.HealthCare.gov/medicare/changing-from-marketplace-to-medicare/ and following the instructions for “Changing from the Marketplace to Medicare.”

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 plan with financial assistance for someone who's enrolled in Medicare.

Note: If consumers end their Marketplace coverage and don't have Medicare Part B, they may have a gap in coverage for non-hospital medical services until their Medicare Part B coverage begins. It is important to contact the Marketplace to end their Marketplace coverage at least 15 days before their Medicare Part B coverage starts. Usually, consumers should end Marketplace coverage the day before their Medicare Part B coverage starts.

Changing from Marketplace to Medicare

- If a consumer is the only member of their household enrolled on their Marketplace plan, they should visit the Marketplace at least 15 days before the date they want their Marketplace coverage to end
- If a consumer is enrolled in the same Marketplace plan with other members of their household, in most cases, their coverage will end immediately when they request termination of their coverage for only some people on their application
 - In some cases, coverage won't end immediately, including when the people staying on the Marketplace plan qualify for a Special Enrollment Period
- If Marketplace coverage doesn't end immediately for the person being removed from the plan:
 - **If the request to remove the person is made on or before the 15th of the month:** Coverage ends on the last day of the current month
 - **If the request to remove the person is made after the 15th of the month:** Coverage ends on the last day of the next following month

Medicare PDM: Estimated Timeline*

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

**All dates subject to change*

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/>
- Video about Medicare and the Marketplace:
<https://www.youtube.com/watch?v=SYeY2MdCpfw>
- Sample notices:
English: <https://marketplace.cms.gov/applications-and-forms/medicare-pdm-notice.pdf>
Spanish: <https://marketplace.cms.gov/applications-and-forms/medicare-pdm-notice-spanish.pdf>
- 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>