

Centers for Medicare & Medicaid Services
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Contents

Welcome 1

MARKETPLACE UPDATES / ASSISTER FORUM SCHEDULED FOR FALL 2

MEDICAID/CHIP PERIODIC DATA MATCHING (MEDICAID/CHIP PDM) 2

Q&A..... 6

CLOSING 9

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Welcome

Good afternoon. Welcome to today's assister webinar. My name is Everett Smith, with the CMS Consumer Support Group. Before we start today's presentation, I'd like to go over a few technical details with you. All lines have been muted so that everyone can have a good learning experience. If you're listening through your computer speakers and have any audio issues, or if your slides don't appear to be advancing, please try to refresh the webinar. Press the refresh icon that looks like two arrows. It's the third icon in the row, near the volume bar. If you continue to have issues try to log out, and back in again. Sometimes that helps reset things. If you would like to ask a question during a presentation, please do so by typing them in the "ask a question tab" on your screen. Now I'll turn our webinar over to Miss Deborah Bryant. Deborah, please go ahead.

Thanks so much Everett. And thank you everyone for joining us today. As Everett mentioned my name is Deborah Bryant, and I'm the Director of the Division of Consumer Advocacy and Assister Support for the Marketplace. So as our weekly reminder we just want to make sure that everyone knows that this call is intended for technical assistance for assisters. And is not intended for press purposes and it is not on the record. If you are a member of the press, please email our press office at press@cms.hhs.gov.

Also, please remember that the information presented today is informal technical assistance. And is not intended as official CMS guidance. And our last reminder of the day is that our webinars are recorded and they are posted online. So please visit Marketplace.cms.gov to access past presentation materials

and written transcripts. And we will continue to update that list as materials become available. Our presentation today will provide an overview of the Medicaid and CHIP periodic data matching process for the Federal Marketplace. And before we get started with the presentation, I am going to turn it over to Michelle Koltov from our Consumer Support Group who'll provide an important Marketplace update and she'll also moderate the rest of today's call. Thanks for joining us.

MARKETPLACE UPDATES / ASSISTER FORUM SCHEDULED FOR FALL

Thanks Deborah. This past week your assister organization should have received a save the date for our first assister forum scheduled for September 26, 2016. The forum will provide training and education to assisters on program management standards and metric reporting for Navigators. The forum will also provide opportunities for assisters to learn strategies for enhancing their capacity to perform outreach, education, and enrollment activities for 2017 open enrollment period for the individual market and beyond. We are excited for this opportunity to offer training demonstrations and promote collaboration among assister organizations. Additional details are emailed to your organizations and are also available on the slide on your screen. And registration will open within a few weeks and we'll be sure to let you know when that happens.

So now let's get started with our main presentation today. We are joined by our colleague, Jessica Brill Ortiz from our Marketplace Eligibility and Enrollment Group. If you have any questions throughout her presentation, please feel free to submit them through the webinar chat. Jessica?

MEDICAID/CHIP PERIODIC DATA MATCHING (MEDICAID/CHIP PDM)

Thanks Michelle. So as you heard, today we'll be providing some information on Medicaid CHIP Periodic Data Matching, which we'll be referring to throughout this presentation as Medicaid CHIP PDM. And we wanted to give an update specifically on the work that is under way to identify, notify and reduce the number of consumers who are dually enrolled in Marketplace coverage with APTC or CSRs and minimum essential coverage Medicaid or CHIP.

So this presentation will cover an overview of what's new in this current round of Medicaid CHIP PDM. We'll talk about why it's important for consumers. Also address how assisters can help consumers who are enrolled in Marketplace coverage resolve their Medicaid or CHIP PDM issues. And then finally, closeout with where assisters can find additional resources.

So as you know, if consumers have been determined eligible for, or are enrolled in minimum essential coverage, Medicaid, or CHIP, they're not eligible to receive advance payments of the premium tax credit (APTC) or income-based cost-sharing reductions (CSRs) to help pay for a Marketplace plan and covered services. And connected to this, Marketplaces must periodically examine available data sources to determine whether consumers who are enrolled in Marketplace coverage with APTC or CSRs have been determined eligible for Medicaid or CHIP. And they must notify these consumers and if the consumer doesn't respond to the notification, the Marketplace must end their APTC or CSRs. So Medicaid CHIP periodic data matching identifies consumers who are enrolled in both Marketplace coverage with APTC or income based CSRs and also enrolled in minimum essential coverage, Medicaid, or CHIP.

So as I mentioned, there's some new functionality which is part of why we wanted to give you an update today. This summer, the Marketplace is implementing this new functionality. And it will be ending APTC or CSRs when a consumer is found to be dually enrolled and that consumer doesn't take necessary

action by a specified date. These dually enrolled consumers will be notified. Details you can see on this slide that we're on, which is slide 4. At first, there'll be an initial warning notice that will request that consumers take immediate action to end their Marketplace coverage with APTC or CSRs. Or update their application to tell the Marketplace that they're not enrolled in Medicaid or CHIP and do so by the date listed in that notice. Consumers who do not respond to the initial warning notice by that date listed in the notice will receive a final notice. And that final notice will inform them that the Marketplace will end any APTC or CSRs being paid on their behalf. And that Marketplace coverage for these consumers will continue without financial help. That notice also notes that APTC or CSRs, if applicable, will be recalculated for anyone else on the Marketplace plan and it provides the date that all of these changes become effective. And along with that final notice, and in addition to the final notice, consumers will be receiving an updated eligibility determination notice. Also, all notices will be available in consumer's online Marketplace accounts. And we do want to note here that due to technical limitations, dually enrolled consumers in Georgia, New Hampshire, New Jersey, and Wyoming will not receive notices in this current round of Medicaid CHIP PDM.

So as I said, the consumer will only lose APTC or CSRs and receive a final notice if he or she didn't respond as instructed to the initial warning notice by the date that's listed in that notice. So if a consumer still wants a Marketplace plan after the Marketplace has ended his or her APTC or CSRs, they'll have to pay full price for their share of the Marketplace plan premium and covered services. So it's worth repeating that consumers who do not want to remain enrolled in their Marketplace plan at full cost should end their Marketplace coverage as soon as possible.

So a bit more detail about that initial warning notice. It will be sent to the household contact for each affected consumer. And it will contain the names of consumers who are found to be dually enrolled in Medicaid or CHIP and it will also contain links to online instructions for next steps including, how to end Marketplace coverage with APTC or CSRs, and that's for consumers who are either enrolled in or have been determined eligible for Medicaid or CHIP. And instructions to update Marketplace application information and that would be for consumers who are not enrolled in and are not eligible for Medicaid or CHIP. The notice will also tell the consumer the date by which they must respond to the notice in order to avoid losing APTC or CSRs and just a note there that the consumer needs to respond within 30 days from the date of the notice.

So you can see a sample warning notice. And there is a resource slide at the end of this presentation that includes a link where you can actually go and look at the full notice. But we wanted to give you an idea at this point of what this looks like. So responding to the initial warning notice, as I said, they need to do so by the date listed in the notice. And we just want to be clear here that the action the consumers should take in response to that notice depends on their situation. So, if the consumer listed in the notice agrees with the notice, that is he or she is enrolled in Medicaid or CHIP, then that consumer should end his or her Marketplace coverage with APTC or CSRs. If the consumer listed in the notice disagrees with the notice, and knows for a fact that he or she is not enrolled in Medicaid or CHIP, then that consumer should update his or her Marketplace application to tell the Marketplace that they're not enrolled in Medicaid or CHIP. And a note here, that we recommend referring to the Medicaid CHIP PDM user interface user guide which is a new resource. It's available on the link on the last slide of this presentation. And it includes detailed instructions for consumers who need to be taking action.

So consumers who received the initial warning notice and are not enrolled in Medicaid or CHIP as I said, should respond to the notice by updating their application to tell the Marketplace just that, that they're

not enrolled in Medicaid or CHIP. And when they submit their updated application, their eligibility determination notice may say that they need to send in proof that they're no longer enrolled in Medicaid or CHIP. And that's because when the consumer updates his or her application, the Marketplace is checking in real-time whether or not that consumer is enrolled in Medicaid or CHIP. And as part of that check, if the Marketplace finds that the consumer is enrolled in Medicaid or CHIP, that consumer will get a Medicaid or CHIP data matching issue or DMI and will have 90 days to upload or send in proof that he or she is not enrolled in Medicaid or CHIP.

So we've listed here some examples of this kind of proof. It could be statement of health benefits, a letter from the health insurer that includes the termination date of the coverage, it could be a letter from Medicaid or CHIP. And if a consumer fails to provide appropriate or adequate proof within that timeframe, the Marketplace will end APTC or CSRs for the consumer with the DMI. And that consumer will remain enrolled in their Marketplace coverage at full cost. And if you're looking for information about the DMI process, and timing and reminders, and all of that information, it is available at link at the bottom of this slide.

So now a bit about the final notice. As I mentioned, if consumers don't take appropriate action by the date that's listed in the initial warning notice, the Marketplace will send a final notice to the household contact to inform him or her that the Marketplace will end their financial help, and alert them of the date on which that Marketplace coverage without financial assistance will be effective. The notice also includes information on how to appeal the Marketplace's decision. And the dually enrolled consumers at this point will remain enrolled in Marketplace coverage at full cost. So again, if consumers do not want to pay full cost for their Marketplace coverage, they'll need to end it as soon as possible.

For any other household members who are on the application who weren't found to be dually enrolled their Marketplace coverage will continue and the Marketplace will recalculate their eligibility for APTC or CSRs if applicable. And the Marketplace will send an updated EDN to inform the household of the changes in financial help.

Here is a sample piece of the final notice. This is just a sample. And again, there's a link to this notice in its entirety. It's available online and the link is on the last slide of this presentation.

So, we wanted to talk a little bit about why Medicaid CHIP PDM and the entire process is important for consumers. So when consumers are identified as enrolled in Medicaid or CHIP through PDM, or if a consumer with APTC reports enrollment in Medicaid or CHIP during the coverage year, the Marketplace has to accept the state's decision as a valid eligibility determination. And the consumer's eligibility for APTC and CSRs has to be updated to reflect that they have that other MEC. So consumers who are identified as dually enrolled through the PDM process, should either end their Marketplace coverage with APTC or CSRs or update their application to tell the Marketplace that they're not enrolled in Medicaid or CHIP. And just to recap, if affected consumers don't take action by the date on the initial warning notice, within about 30 days from the date of the notice, the Marketplace will end any APTC or CSRs being paid on their behalf for their share of a Marketplace plan premium and covered services and will re-determine eligibility for APTC or CSRs for any remaining consumers on the application as appropriate.

This is the section that we thought might be helpful to think through some of the things that assisters should know and how you might be able to help consumers who reach out to you. So we tried to think of some scenarios in which a consumer might reach out. So one, of course, is for help understanding the

notices. Another is for help responding to the notices. Again by either updating their application to tell the Marketplace they're not enrolled in Medicaid or CHIP, or by ending their Marketplace coverage with APTC or CSRs. So here I'd refer folks to the other resources slide, and in particular, the user guide that I mentioned that is linked there. That has detailed instructions.

A consumer might reach out to you if they don't think that they're enrolled in Medicaid or CHIP. In this case, consumers should contact their state Medicaid or CHIP agency to confirm that they're not enrolled in or eligible for Medicaid or CHIP and then update their Marketplace application accordingly. And instructions on how to find contact information for consumer's state Medicaid or CHIP agencies are available in the notices that they received.

Another reason a consumer might reach out to you is if he or she wants more information about Medicaid or CHIP or possibly whether their benefits qualify as minimum essential coverage or maybe if they aren't sure if they've been determined eligible for or whether or not they're enrolled in Medicaid or CHIP. So here again consumers can contact their state Medicaid or CHIP agency for answers to these questions. And a reminder that consumers who have not been determined eligible for and are not enrolled in Medicaid or CHIP should update their Marketplace application to tell the Marketplace that they're not enrolled in either of those programs.

Another scenario might be a consumer reaching out who's enrolled in Medicaid or CHIP but believes that he or she are actually eligible to remain enrolled in Marketplace coverage with APTC or CSRs. And an example of this might be a consumer who's had a change in their income or their family size and that change might make them ineligible for Medicaid or CHIP. So in this case as well, the consumer should contact his or her state Medicaid or CHIP agency in this case, to inform them of the change in income and other information. This consumer will not be eligible for a Marketplace plan with APTC or CSRs unless he or she is no longer eligible for Medicaid or CHIP, and of course, is otherwise eligible for Marketplace coverage with financial assistance.

Here's a timeline, an estimated timeline of the Medicaid CHIP PDM process with the note of course, that all dates are subject to change here. So this month, actually this week and next week, initial warning notices are going out to consumers who may be dually enrolled as identified through this PDM process. This fall, the Marketplace will be ending APTC CSRs for consumers who didn't take action in the specified time frame in response to that initial warning notice. And final notices will be sent to those consumers to inform them of the change in their financial assistance. And of course, the EDN will also be sent as well. And then later in the fall as well, is when Marketplace coverage without financial assistance, will become effective.

And this is the other resources page I keep promising. There are links here to the initial warning notice, both in English and in Spanish. The same for the final notice. The third section there is the link to the user guide. And then the final links that are listed include instructions on ending the Marketplace coverage and additional information that we thought might be helpful.

Great, so I think we'll leave that page up there in case folks want to look at some of the sample notices that are out there. And we'll turn to you for some questions now. So, thank you first Jessica for that presentation. And then we're also joined by some other colleagues Kelly Brown and Sarah Boehm who are also from the Marketplace Eligibility and Enrollment Group to help answer some questions.

Q&A

So first, what are the impacts on a consumer's eligibility for financial help when they're enrolled in both Medicaid or CHIP and a Marketplace plan with APTC or CSRs?

So if the Marketplace confirms Medicaid or CHIP enrollment through the PDM process or a consumer on his behalf of APTC is being paid, reports enrollment in Medicaid or CHIP during the coverage year, the Marketplace has to accept the state's decision as a valid eligibility determination. And the consumer's eligibility for APTC has to be updated to reflect that the consumer has other MEC. So as a result, consumers who are identified as being enrolled in Medicaid or CHIP through the PDM process should return to their application and either end their Marketplace coverage or end their APTC CSRs. Such that financial assistance is no longer being used to cover that consumer in the Marketplace. Generally, consumers who are enrolled in Medicaid or CHIP have free or lower cost coverage compared to Marketplace coverage. And in accordance with recent guidance from the IRS, if a Marketplace makes a determination or assessment that an individual is ineligible for Medicaid or CHIP and eligible for APTC when the individual enrolls in Marketplace coverage, the individual is treated as not eligible for Medicaid or CHIP for the purposes of the premium tax credit while he or she is enrolled in Marketplace coverage for that year. So as a result, tax filers may be eligible for the premium tax credit for the months in which consumers and their taxed household were enrolled in a Marketplace plan with APTC and Medicaid or CHIP.

Another question, what if the consumer does not believe that he or she is enrolled in Medicaid or CHIP after they got that initial notice that's being sent out in the next couple of weeks?

So in that case the consumer should contact his or her state Medicaid or CHIP agency as soon as possible to confirm his or her enrollment status. If that consumer finds out that they're not eligible for or enrolled in Medicaid or CHIP, he or she should return to the Marketplace to update his or her application information to confirm that they're not enrolled in Medicaid or CHIP. And as a recap, we mentioned this during the presentation, but as the consumer updates his or her application, the Marketplace will check again with the Medicaid or CHIP agency in real-time to confirm whether or not that consumer is enrolled in Medicaid or CHIP. And if the state Medicaid or CHIP agency tells us that the consumer is enrolled in Medicaid or CHIP, then a data matching issue will be generated and the consumer will be asked on their eligibility notice to send in documentation proving that they're not enrolled in Medicaid or CHIP. And this may include a Medicaid termination notice for instance. So the consumer will have a period of 90 days to send in that documentation or risk losing APTC or CSRs. And during that time, that consumer will remain eligible to enroll in a Marketplace with plan with APTC or CSR's if they are otherwise eligible to do so.

Okay, next question, What if a consumer takes no action after they received their initial warning notice? Is the Marketplace going to automatically end that consumer's financial assistance of their APTC or CSRs?

Yes, so starting this summer and fall, the new functionality will allow the Marketplace to take action on those consumers who don't respond to the initial warning notice. After the date on the notice, the Marketplace will be ending any APTC or CSRs being paid on behalf of those dually enrolled consumers for their share of a Marketplace plan premium and covered services. And for anyone in the same household who isn't listed in the final notice and is still enrolled in the Marketplace plan, their Marketplace coverage will continue, and the Marketplace will recalculate their eligibility for APTC or CSRs as applicable.

And as a reminder, the Marketplace will send a final notice and also an updated eligibility determination notice to inform affected consumers of the changes to their financial status. And we do want to note that for consumers who successfully responded to the initial warning notice by the date listed there, again either by ending their Marketplace coverage with APTC or CSRs or updating their application to tell the Marketplace that they're not enrolled in Medicaid or CHIP, for those folks, the Marketplace will not end APTC or CSRs on their behalf and they will not receive a final notice.

Okay, next question, what should a consumer do if they disagree with the decision of the Marketplace to end their APTC and CSRs?

A consumer can appeal the Marketplace's decision about his or her eligibility for health coverage including eligibility for APTC and CSRs within 90 days from the date of the notice. A consumer may appoint an authorized representative to help with the appeal or may participate on his or her own. In the case that a consumer requests an appeal, he or she may be able to maintain eligibility for coverage while that appeal is pending. Note, that the outcome of an appeal could change the eligibility of other household members on the consumers Marketplace account, even if they don't ask for an appeal. And information regarding a consumer's right to appeal and also instructions on how to do so, as we mentioned, are included in the final notice.

Okay, and now I'm going to turn it over to Kelly and Sarah and Jessica to kind of talk through some other questions that have come through and just some common themes and reminders.

Sure, hi everybody, this is Sarah Boehm from CCIIO. So, we have just been noticing some questions in the chat that we'll try and address, and themes that we're seeing. So that one of them is about, what happens with states that are not participating. So as Jessica mentioned, there's four states currently not participating in the Periodic Data Matching for this run, which is Georgia, New Hampshire, New Jersey, and Wyoming. So for those states, we will not be sending notices to consumers in those states. So they will not be getting the initial warning notices that are being sent out right now or the subsequent stop APTC notices. Basically it just means that Periodic Data Matching isn't being run in those states. So there's no impact for consumers in those states for this run.

Now, we do hope in the future that all states, and when we say all states, we mean all 38 Federally-facilitated Marketplace and states that use the Federally-facilitated Marketplace format and our applications, so all those states will be participating fully, but right now there's four, those four that I mentioned are not participating.

So another theme we want to just clarify, in terms of the timing for this, so we do have a kind of broad timeline on the deck but we do want to just give you verbally, because it's still tentative exactly how this timing will work. But the initial warning notice will happen, well actually just did happen for most people and got posted to most people's account in the last day or so. And then they'll get paper notices in the mail starting early next week. And then, if things go as planned, if anybody does not respond in the timeframe that we've identified on the notice which is 30 days from the date of the notice. If they don't respond, starting in mid-September to early October, we will send the notices telling people who didn't respond that we're going to be turning off their APTC on their behalf. And that they'll get a notice from us regarding that, as well as, an updated eligibility determination notice. So that means that the second notice that they'll get will explain the timing of when their financial help will end. So it'll actually end as of November 1. So starting November 1 they will not have any tax credits applied to financial help.

Okay. I am going to get closer to the microphone. I understand that people are having trouble hearing me. So that's the timing. I do want to say, that's all with a grain of salt because this is the first time we are doing this and the timeline is still getting nailed down. But that's just so you guys are aware of the timing.

Some other themes we're noticing are about tax penalties. So it may have been the case at some point that people were informed that there might be a tax liability for folks who are dually enrolled with Medicaid and CHIP and APTC. And we did get recent guidance from IRS, guidance that informed us that there isn't a tax liability for these consumers. And this is very specific to Medicaid and CHIP, not other programs, but if they're dually enrolled with Marketplace coverage with APTC and CSRs and Medicaid and CHIP, they will not face a tax liability, meaning that they won't have to pay back the credits they received during the time when they were enrolled in both programs.

Another theme we're noticing is, people are asking about how we actually do the Medicaid CHIP check. How do we know that the person is enrolled in Medicaid and CHIP?

What we do, is actually the same process we use for the application. We take a picture of everybody who is enrolled in Marketplace coverage with APTC and CSRs and we send that information to each of the states and say, are these people enrolled in Medicaid and CHIP in your state? And they tell us, "well they're not or they have that." So it is a point in time check. Now, when you're going through the application, this is a real time check. It's checking it right then. For Periodic Data Matching, it's slightly different. There's a little bit of a delay because we actually do the run and then we send the notices. This run is from data that is from basically June and July.

We have information that they were enrolled in Medicaid and CHIP. And that means, situations could've changed and by the time they get the notice, there's some portion of these people they may not currently be enrolled in Medicaid and CHIP.

Other folks asked questions about when our notices say that someone may be determined versus assessed eligible for Medicaid. So this is actually just about Medicaid eligibility and how it appears on our notices. When someone is in a Determination State, meaning we do all of the rules, to determine whether or not they're eligible for Medicaid as opposed to the State having kind of a Part 2 check, to check out other additional information. When we do all the rules for determining someone's Medicaid and give the final determination, that's the Determination state. When there is a State that tells us, "Ok, you do most of the rules, but then we have a few more things we want to check on our end after that," that's an Assessment State. Meaning we assess them eligible for Medicaid based on the information we have and then we send it on to the state to do the final determination. In Assessment States, the eligibility determination notice will say, that this person may be eligible for Medicaid or may be eligible for CHIP. Because we don't have all of the information. We've got them most of the way there, but the State needs to get a little more information. So, as this relates to PDM, it actually doesn't. What Periodic Data Matching does is it checks in real-time, whether someone is currently enrolled in Medicaid or CHIP. Whether they're an Assessment State or a Determination State doesn't matter, because we're only checking to see, has the State determined you actually enrolled in Medicaid or CHIP. So after that process they've already figured it out and they've decided whether you're enrolled or not.

Trying to look at other themes that we've noticed. One other thing that I might address, I know Jessica mentioned this, but there's some confusion often around types of Medicaid that someone can be

eligible for and what makes them considered to be dually enrolled. So we only look for people who are enrolled in what's considered MEC Medicaid which is Minimum Essential Coverage Medicaid. Which is another way of saying that people have full benefit Medicaid as opposed to people who have limited benefit Medicaid which are things like pregnancy coverage, or emergency Medicaid, or other programs that provide Medicaid but for limited purposes, health conditions, etc. And that, the limited benefit Medicaid known as Non-MEC Medicaid, does not make you ineligible for tax credits. If you're just enrolled in say, pregnancy Medicaid, you can be in the state if it is considered Non-MEC. And this is a state-by-state determination. States have a list actually, we have a list, a link to a list by state of which programs are considered MEC, and which are considered Non-MEC. So if you're not sure in your State, and you have a consumer come to you and say, "I don't know which kind of Medicaid I am enrolled in." We encourage them to contact the State to find out, but we also have this resource that they can look at the list by State of what programs are considered MEC versus NON-MEC.

Kelly and Jessica, do you have any other ones that you want to add?

One other one is some questions that come up often around whether people can terminate their coverage retroactively. And that is not true for the purposes of Periodic Data Matching. So that means that, if someone finds that they're enrolled in Medicaid and CHIP, as well as being enrolled Marketplace coverage with APTC and CSRs, and they want to retroactively terminate their APTC, they cannot do that. They can only do that prospectively. So that means they can only choose to end their coverage in the future with the Marketplace and their APTC.

CLOSING

Great. Thank you so much. It is really helpful to go through a lot of the questions and issues that folks are bringing up. We appreciate it. And thank you everyone on the phone and online for submitting your questions through the chat feature. Again, special thank you to our presenters Jessica, Kelly, Sarah for joining us today. A reminder, our next webinar will be in two weeks on Friday, August 19 at 2 PM. If you'd like to sign up for CMS weekly assister newsletter listerv and webinar invitation, please send a request via the assister listserv inbox (ASSISTERLISTSERV@cms.hhs.gov) and write "Add to listserv" in the subject line. Finally, thank you again for all of your hard work and hope you have a wonderful weekend.