

# Medicaid/CHIP Periodic Data Matching

This job aid provides information and guidance for Navigators and certified application counselors (collectively, assisters) on periodic data matching (PDM) for dual enrollment in Marketplace coverage with financial help and Medicaid or the Children’s Health Insurance Program (CHIP). This process is known as Medicaid/CHIP PDM.

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## Medicaid/CHIP PDM

If consumers are eligible for or enrolled in Medicaid or CHIP that qualifies as minimum essential coverage (MEC), they are not eligible for advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) to help pay for a Marketplace plan premium and covered services. However, if consumers are eligible for or enrolled in Medicaid or CHIP coverage that does *not* qualify as MEC, they may be eligible for APTC and CSRs to help pay for their Marketplace plan.<sup>i</sup> The Marketplace conducts Medicaid/CHIP PDM at least twice throughout the coverage year to determine whether consumers are dually enrolled in Marketplace coverage with APTC/CSRs and Medicaid or CHIP that qualifies as MEC.<sup>ii</sup> Consumers found to be dually enrolled receive a Medicaid/CHIP PDM initial warning notice. Notices are mailed and/or posted to the consumer’s account, depending on the primary contact’s preference. The Marketplace will send an initial warning notice to the household contact for each consumer dually enrolled in Marketplace coverage with APTC/CSRs and Medicaid or CHIP that qualifies as MEC. The initial warning notice lists the names of the dual enrollees and requests that they take immediate action to respond to the notice. The subject of the initial warning notice is “Warning: Members of your household may lose financial help for their Marketplace coverage.”

November 2022. This document is intended only as a summary of legal requirements and to provide operational information and does not itself create any legal rights or obligations. All legal requirements are fully stated in the applicable statutes and regulations. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This material was printed, published, or produced and disseminated at U.S. taxpayer expense.

- If consumers receive a Medicaid/CHIP PDM initial warning notice and agree they are enrolled in both Marketplace coverage with financial assistance and Medicaid/CHIP, they should immediately end Marketplace coverage with APTC/CSRs for dually enrolled consumers if they are Medicaid- or CHIP- eligible; or
- If consumers receive a Medicaid/CHIP PDM initial warning notice and believe they are not enrolled in Medicaid or CHIP, they should contact their state Medicaid agency to confirm their enrollment status.
  - If their state Medicaid agency confirms they **are** enrolled, they should end their Marketplace coverage with APTC/CSRs immediately.
  - If their state Medicaid agency confirms they **are not** enrolled and **are not** eligible for Medicaid or CHIP, they should update their Marketplace application to let the Marketplace know they are not enrolled in Medicaid or CHIP. The Marketplace will confirm with the state Medicaid or CHIP agency's active enrollment data to determine whether the consumer is enrolled in Medicaid or CHIP.

Some consumers may have already ended their Medicaid or CHIP coverage after the Marketplace identified them as dually enrolled but before receiving an initial warning notice. In this case, they should update their Marketplace application to indicate they are not enrolled in Medicaid or CHIP. As described above, the Marketplace will check their Medicaid or CHIP enrollment status with their state Medicaid or CHIP agency. Consumers may need to send the Marketplace documentation proving that they aren't enrolled in Medicaid or CHIP.

At least 30 days after sending an initial warning notice, the Marketplace will take action to end APTC/CSRs for dually enrolled consumers who did not respond to the initial warning notice. The Marketplace will then send a final notice to the household contact for impacted applications. The subject of the final notice is "Important: Members of your household are still enrolled in a Marketplace plan but will no longer get financial help for it." The notice informs the household contact of:

- The dually enrolled consumers who did not take action by the date listed in the initial warning notice.
- The date that APTC/CSRs will end for impacted dually enrolled consumers.
- The need to end Marketplace coverage for consumers who no longer wish to be enrolled in Marketplace coverage at full cost.
- The fact that APTC/CSRs will continue for unaffected household members as well as the unaffected household members' redetermined eligibility for APTC/CSRs, if applicable.

Along with the final notice, the Marketplace will also send a new eligibility determination notice

(EDN) for all consumers in the household to inform them of the change in financial help.

Consumers who choose to remain in full-cost Marketplace coverage should notify their state Medicaid or CHIP agency of their Marketplace enrollment. If a consumer is enrolled in a Medicaid program that is not considered MEC, they may enroll or remain enrolled in a Marketplace plan with APTC/CSRs, if otherwise eligible.

If a consumer disagrees with the Marketplace's decision to end APTC/CSRs for impacted consumers, they can submit an appeal. Information regarding a consumer's appeal rights and instructions on how to submit an appeal are included in the EDN. You can also refer to SOP 10 – Request a Marketplace Eligibility Appeal at [Marketplace.cms.gov/technical-assistance-resources/sop-section-10.pdf](https://marketplace.cms.gov/technical-assistance-resources/sop-section-10.pdf).

## Medicaid/CHIP PDM vs. Medicaid/CHIP DMI

Medicaid/CHIP PDM is different from a Medicaid/CHIP data matching issue (DMI). The Marketplace generates a Medicaid/CHIP DMI if, when verifying a consumer's Marketplace application, data provided to the Marketplace indicates that a consumer who attested to not being enrolled in Medicaid or CHIP is, in fact, enrolled. When there is a Medicaid/CHIP DMI, the Marketplace requests that consumers submit documents within 90 days to prove they are not enrolled in Medicaid or CHIP. During the 90-day window, a consumer can enroll (or remain enrolled) in Marketplace coverage with APTC/CSRs, if otherwise eligible. If consumers do not submit sufficient documentation to resolve their DMI within 90 days, the Marketplace will end their APTC/CSRs, and they will remain enrolled in coverage through the Marketplace at full cost. For more information on helping consumers resolve DMIs, refer to SOP 4 – Verify Identity and Resolve Potential Data Matching Issues at [Marketplace.cms.gov/technical-assistance-resources/sop-section-4.pdf](https://marketplace.cms.gov/technical-assistance-resources/sop-section-4.pdf).

## Additional Resources

- Sample Initial Warning Notice in English ([Marketplace.cms.gov/applications-and-forms/medicaid-chip-initial-warning.pdf](https://marketplace.cms.gov/applications-and-forms/medicaid-chip-initial-warning.pdf)) and Spanish ([Marketplace.cms.gov/applications-and-forms/medicaid-chip-initial-warning-spanish.pdf](https://marketplace.cms.gov/applications-and-forms/medicaid-chip-initial-warning-spanish.pdf))
- Sample Final Warning Notice in English ([Marketplace.cms.gov/applications-and-forms/pdm-ending-financial-help.pdf](https://marketplace.cms.gov/applications-and-forms/pdm-ending-financial-help.pdf)) and Spanish ([Marketplace.cms.gov/applications-and-forms/pdm-ending-financial-help-spanish.pdf](https://marketplace.cms.gov/applications-and-forms/pdm-ending-financial-help-spanish.pdf))
- Medicaid/CHIP PDM FAQs: [Marketplace.cms.gov/technical-assistance-resources/medicaid-chip-periodic-data-matching-faq.pdf](https://marketplace.cms.gov/technical-assistance-resources/medicaid-chip-periodic-data-matching-faq.pdf)

- HealthCare.gov:
  - Canceling a Marketplace plan when you get Medicaid or CHIP: [HealthCare.gov/medicaid-chip/cancelling-marketplace-plan](https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan)
  - How to cancel your Marketplace plan: [HealthCare.gov/how-to-cancel-a-marketplace-plan](https://www.healthcare.gov/how-to-cancel-a-marketplace-plan)
  - How to Resolve Income Data Matching Issues (DMIs): [Marketplace.cms.gov/technical-assistance-resources/resolve-income-data-matching-issues.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/resolve-income-data-matching-issues.pdf)
  - Find out if your Medicaid program counts as minimum essential coverage: [HealthCare.gov/medicaid-limited-benefits](https://www.healthcare.gov/medicaid-limited-benefits)

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<sup>i</sup> Most Medicaid or CHIP coverage qualifies as MEC. However, some forms of Medicaid that cover limited benefits aren't considered MEC, such as Medicaid coverage that only pays for family planning, emergency care, tuberculosis services, and outpatient hospital services. For more information on which Medicaid coverage is considered MEC, visit [HealthCare.gov/medicaid-limited-benefits](https://www.healthcare.gov/medicaid-limited-benefits) and select a state. If a consumer is enrolled in a Medicaid program that is not considered qualifying coverage, they may still be eligible for APTC and CSRs to help pay for their Marketplace plan.

<sup>ii</sup> [45 CFR § 155.330](https://www.ecfr.gov/current/title-45/chapter-I/subchapter-A/part-155/section-155.330)

