

Periodic Data Matching

What is Periodic Data Matching?

Periodic data matching (PDM) is a process for identifying and notifying consumers who are enrolled in Marketplace coverage with advance payments of the premium tax credit (APTC) or cost sharing reductions (CSR) in addition to minimum essential coverage (MEC), such as Medicare or Medicaid.

Note: Most Medicaid is considered MEC; however, some forms of Medicaid coverage (e.g., family planning) are not considered MEC.

If consumers have been determined eligible for, or are enrolled in Medicare or Medicaid, that coverage is considered qualifying health coverage (or MEC). Therefore, they are **not** eligible to receive APTC or CSR to help pay for a qualified health plan (QHP). If consumers die during a plan year, they are **not** eligible to continue receiving QHP coverage. If dually enrolled consumers do not end their coverage with APTC/CSR, the tax filer(s) will likely have to pay back all or some of the APTC/CSR received during the months the consumers were also eligible for Medicare or Medicaid.

Therefore, PDM verifies that consumers have not become eligible for Medicare or Medicaid that qualifies as MEC **or** that they died.

Types of PDM

There are three types of PDM:

- Medicaid PDM identifies consumers enrolled in both Marketplace coverage with APTC/CSR and Medicaid that is considered MEC.
- Medicare PDM identifies consumers enrolled in both Marketplace coverage with APTC/CSR and Medicare Part A or Part C, otherwise known as Medicare Advantage.



- Death PDM identifies enrollees who died during a plan year.

Requirements of Marketplaces

Marketplaces are federally required to:

- Periodically examine available trusted data sources (TDS) to determine whether consumers who are enrolled in Marketplace coverage with APTC or CSR have also been determined eligible for Medicare or Medicaid or have died (45 CFR 155.330(d)).
- Notify these consumers. If the consumers do not respond to the notice, the Marketplace must end APTC/CSR (45 CFR 155.330(e)).

Timeline

Periodically, BeWell will use PDM to validate enrolled consumers' data based on responses received from various data services (Federal Data Services Hub [FDSH]) and the state Medicaid eligibility system. If BeWell identifies updated information through PDM, BeWell will notify the consumers and give them at least 30 days to validate or provide updated information plus 5 days for mailing.

Consumers found to be dually enrolled in Marketplace coverage with APTC/CSR and Medicare or Medicaid or who died will be notified as follows:

- For a Medicare PDM or a Medicaid PDM: A notice will be sent to the Head of Household (HOH) requesting consumers take immediate action either to update their application and tell BeWell that they are not enrolled in Medicare or Medicaid or to end coverage with APTC/CSR. The notice informs them that BeWell will end any APTC/CSR being paid on their behalf if they are enrolled in one of these programs and that their Marketplace coverage will continue without financial help if they do not end it. It also states that APTC/CSR will be redetermined for anyone else on the plan, if applicable, and provides the date that these changes



become effective. The sent notice will provide a due date for consumers to respond.

- For a Death PDM: A notice will be sent to the HOH informing them that data from the Social Security Administration (SSA) has shown a member of the household has died. It indicates that immediate action is not necessary if the deceased is the only person on the application or if they are not the HOH. However, immediate action is needed if the deceased is the HOH because the remaining consumers on the application will lose their coverage. If they still need coverage, they must reapply immediately. If the consumer is not deceased the notification suggests contacting both BeWell and SSA to correct the data. While the notice provides time to supply the necessary information, a PDM time clock is not associated with the death PDM.
- All notices are mailed and posted to consumers' Marketplace accounts.
 - See Appendix B for sample notices.
- A warning message will appear on consumers' Eligibility Screen and indicates what updates are required when members access the application within the response period. It reads: "We learned new information from state or federal data sources that may change your eligibility. You should have received a letter with more information about this change. Please click the 'Review and Update Application' link on this page or contact us immediately."

Eligibility Application

[Back to Account Dashboard](#)

Year 2020 ▾ Eligibility RefID:

Please review the details in your **2020** application to make sure all of the information we have for **2020** is correct.

Eligibility Id	Received Date	Submitted Date	Status	Actions
		Jan 21, 2020	Submitted	Detail Review & Update Application

What is Year 2020 Application?
 This is your application for **2020**. Your Health Connector eligibility and plan renewal for **2020** will be based on the information in your **2020** application.

WARNING
 We've learned new information from state or federal data source that may change your eligibility. You should have received a letter about this change. Please click "Review & Update Application" or contact us immediately.

Year 2019 ▾

Do you need coverage for the rest of **2019**? If so, please click "Create Application" below to create a **2019** application.

[Create Application](#)

What is Year 2019 Application?

Figure 1: PDM Warning on Eligibility Screen



Consumer Received a Notice. Now What?

Medicare or Medicaid

If consumers agree with the notice and they **are** enrolled in Medicare or Medicaid, they should end their coverage with APTC/CSR. BeWell will end APTC/CSR.

If consumers know they are **not** enrolled in Medicare or Medicaid, they should update their application with BeWell by the date listed on their notice to indicate they are not enrolled in these programs. Once consumers update their application, the system will follow Request for Information (RFI) generation rules to generate RFI and redetermine their eligibility with the latest information.

If consumers do not provide adequate proof of their enrollment status by the date listed on the notice, BeWell will end their APTC/CSR, and they will remain enrolled in their coverage at full cost.

If consumers still want a Marketplace plan after BeWell ends their APTC/CSR, they will have to pay full price for their share of the plan premium and covered services. Consumers who do not want to remain enrolled in their Marketplace plan at full cost should end their Marketplace coverage as soon as possible.

Death

If the HOH is returned as deceased from SSA or marked deceased in the system, they will lose their coverage from the determination date of death. Other household members who are enrolled in the plan will also lose their coverage. The system will terminate their coverage the last day of the **next** month from when HOH is returned deceased or is marked deceased in the system. If other consumers still need coverage, they must apply for a new plan immediately. They can update their application under "Review & Update Application" or call the Customer Engagement Center (CEC) for assistance.



- Example: If the date of determination is 5/12/2024, then the last day of coverage will be the last day of the next month. For example, if the date of determinations is 05/12/2024, then 05/12/2024 + (at least 30) days = 6/16/2024. This means the last day of coverage will be 6/30/2024.

If the consumers are living, they should contact the CEC before the coverage change date listed in the notification. They will also have to contact the SSA to correct the data.

Note: When an HOH dies and this information was not received from SSA, a document proving the date of death of the HOH will need to be provided—no matter who reports the death—before processing can continue.

Documentation can be a death certificate, an obituary, or another official document. A new account will need to be created for the remaining members. The deceased HOH will still need to be on the new account for the remainder of the year for tax purposes but should not be listed as HOH.

How can Customer Service Representatives and Brokers Help?

Customer Service Representatives can assist consumers with:

- Updating their application;
- Enrolling them in updated coverage;
- Describing their plan options; and
- Referring them to a broker or enrollment counselor for additional assistance.



Appendix A: Frequently Asked Questions

How are applications selected?

Applications are prioritized for PDM selection based on the number of applications to process and the applications with the earliest timestamps or verification dates.

How does the BeWell system verify information on applications for a PDM?

The BeWell system retrieves data from various services and agencies, including, but not limited to, the Federal Renewal and Redetermination Verification (RRV) service for SSA, and Non-Employee Sponsored Insurance Minimum Essential Coverage (Non-ESI MEC) for Medicare. The system also receives data from Health Care Authority (HCA) about Medicaid eligibility.

How will I receive my notices?

All notices are sent based on the consumer's preferred contact method, either by mail or electronically. The notices are uploaded to the consumers' secure inbox in their BeWell account.

If I am found ineligible for APTC/CSR, will my coverage be automatically ended?

No. Consumers must end their coverage or pay the full price for a plan through BeWell.

Why did my monthly insurance premium increase?

The consumer may not have responded to the notice sent during the PDM process, or they may have been found to have other MEC coverage. Therefore, BeWell has ended their APTC/CSR.



How do I update the information on my application?

On their Eligibility Screen, consumers should select “Review & Update Application,” which is located under “Actions” in the fifth column of the table. Consumers can also call the CEC for assistance.

What happens after I update my application?

If the consumer confirms the information in the notice, their eligibility will be updated. If the consumer provides different information, BeWell will first verify the information provided then update their eligibility.

How long do I have to respond?

Once the notice is sent, BeWell gives consumers at least 30 days to validate or provide updated information.


Can I appeal the decision by BeWell?

Yes. Consumers can appeal decisions about eligibility for APTC/CSR and buying a Marketplace plan. Appeal requests must be made within 90 days of the date of the adverse eligibility determination and follow standard BeWell appeals procedures.

Appendix B: Sample PDM Notices

1. Medicaid PDM Notice

New Mexico Health Insurance Marketplace
7601 Jefferson St. NE, Suite 120
Albuquerque, NM 87109



Date: May 15, 2024

Reference ID:

Important information about your health insurance eligibility

Dear

We have received information from state or federal data sources about someone in your household. Because of this information, we expect a change in eligibility for them. They are currently enrolled in coverage through BeWell, New Mexico's Health Insurance Marketplace. Please review the information below and the next steps (if any) that you need to take.

Household Member	Member ID	Date of Change	Reason for Change
		September 01, 2024	• Medicaid

What happens next?


The household members above are now enrolled in Medicaid through the Health Care Authority (formerly the Human Services Department). This coverage meets the Minimum Essential Coverage (MEC) requirement. **Individuals cannot be enrolled in Medicaid and receive financial assistance (like premium tax credits) to help pay for coverage through BeWell. The financial assistance will end as of the coverage change date in the table above. If this information is incorrect, please contact us by this coverage end date.**

This means that the monthly premium cost will be higher for your insurance plan. If there are any changes to the premium, you will see the change in your next monthly bill.

Figure 2: Medicaid PDM Notice

2. Medicare PDM Notice

New Mexico Health Insurance Marketplace
7601 Jefferson St. NE, Suite 120
Albuquerque, NM 87109



Date: May 15, 2024

Reference ID:

Important information about your health insurance eligibility

Dear

We have received information from state or federal data sources about someone in your household. Because of this information, we expect a change in eligibility for them. They are currently enrolled in coverage through BeWell, New Mexico's Health Insurance Marketplace. Please review the information below and the next steps (if any) that you need to take.

Household Member	Member ID	Date of Change	Reason for Change
		September 01, 2024	• Medicare

What happens next?


The household members above are now eligible for or enrolled in Medicare Part A (Hospital Insurance). **Because of this change, they will no longer get financial assistance (like premium tax credits) to help pay for coverage through BeWell. This change will be effective the day of the coverage change date listed in the table above.**

Coverage through BeWell will not end automatically. Coverage will continue without financial assistance. This means that the monthly premium will be higher. You may also need to pay more out-of-pocket costs for health care. Any changes to your premium will be on your next monthly bill. If this information is incorrect or if you are required to pay a premium for your Medicare Part A, please contact us before the coverage change date in the table above.

Figure 3: Medicare PDM Notice

3. Death PDM Notice

New Mexico Health Insurance Marketplace
7601 Jefferson St. NE, Suite 120
Albuquerque, NM 87109



Date: May 10, 2024

Reference ID:

Important information about your health insurance eligibility

Dear

We have received information from state or federal data sources about someone in your household. Because of this information, we expect a change in eligibility for them. They are currently enrolled in coverage through BeWell, New Mexico's Health Insurance Marketplace. Please review the information below and the next steps (if any) that you need to take.

Household Member	Member ID	Date of Change	Reason for Change
		July 01, 2024	• Death
		July 01, 2024	• Death

What happens next?

Our records show that someone in your household is deceased. Review the table above to see when their coverage will end. You do not need to take action at this time if:

- This information is correct and
 - The deceased is the only member on this application or
 - The deceased is not the head of household.

We will send you another notice after the coverage ends to confirm that their coverage has ended.

Figure 4: Death PDM Notice