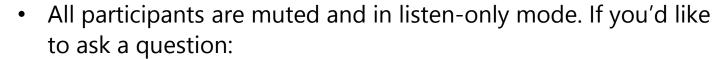


Preventing & Resolving Data Matching Issues

Webinar Logistics

- After the webinar, we'll circulate the slides, a video recording of this presentation, and other resources. We'll also post everything to the Beyond the Basics website.
- Automated captions have been enabled for this webinar. To view them, click on the "more" option with three dots at the bottom of your screen. There you should have the option to turn on closed captioning.



- Click on the Q&A icon at the bottom of your webinar screen and type your question into the box.
- We will be monitoring questions and will pause for Q&A during the presentation.
- We may not be able to answer every question asked, but we will have a record of all your questions and will use them as a guide for future resources and presentations.
- You can also email your questions during and after the webinar to <u>beyondthebasics@cbpp.org</u>







Fall Webinars

Auto-Renewal Process **Immigrant** on Eligibility Plan HealthCar Tying It All Households Part 1 Design Together e.gov and Income (Tues. (Tues. (Thurs. (Tues. (Tues. 9/12) 9/19) 10/12) 10/3) 10/24) Seminario The Plan **Immigrant Preventing** Premium Selection Eligibility para and Resolving Tax Strategies Part 2 asistentes **Data** Credit (Tues. (Tues. bilingües Matching 10/10) 10/17) (delivered (Thurs. **Issues (Thurs.** 9/14) in Spanish; 9/28) Thurs. 10/26)

Register and find recordings and materials from past webinars in the series at: https://www.healthreformbeyondthebasics.org/category/webinars/



Agenda

- Overview of Data Matching Issues (DMIs)
- Verification of Citizenship and Immigration Status
- Verification of Household Income
- Verification of Other Minimum Essential Coverage
- General Tips to Prevent and Resolve DMIs
- Identity Proofing for HealthCare.gov



Celebrating 10 Years of Coverage



Paula Campbell

Director of Health Equity + EP Response, Illinois Primary Health Care Association

Years in Role: Since the beginning of the ACA marketplace

"Over the past 10 years working directly with consumers as a CAC and working to provide guidance to CACs and Navigators throughout the state of Illinois through coalition work, as granted Navigator organization, and as a Primary Care Association Coordinator for outreach enrollment has been so rewarding. The work of assisters is vital to ensure everyone has access to coverage.

Understanding healthcare coverage is complex for everyone and even more so for our vulnerable populations. Becoming the trusted face and voice in a community to help individuals and families understand their healthcare coverage options then to navigate how to use their coverage is one of the most fulfilling roles a person can have. Our community's health is our community's future."





Overview of Data Matching Issues

Eligibility Must Be Verified

People seeking enrollment in marketplace plans attest to information regarding relevant eligibility factors:

- Some factors are determined based on the applicant's attestation
 - Ex: State residency
- Certain eligibility factors must be verified through electronic data matching or through documents applicants provide
 - Ex: Citizenship, immigration status, or income



Limitations to Electronic Data Matching

A Data Matching Issue (DMI) occurs when attestations can't be verified through data matching

Data may not be available through the federal data hub to verify attestations for some applicants, examples include:

- Applicants who haven't filed taxes in past years
- Individuals who became U.S. citizens after completing the naturalization process
- Recent graduates new to the workforce

Or data in the hub may not be "reasonably compatible" with an applicant's attestations in situations

- Changes in employment
- Changes in household composition



What Happens When There is a DMI

When a DMI occurs because information can't be verified through data matching:

- Eligibility determination notice explains that the applicant needs to provide more information to verify one or more attestations on the application
- Generally, applicants can temporarily enroll in a marketplace plan based on the attestations they provided, and in most cases they can receive the advance premium tax credit (APTC) and cost-sharing reductions (CSR) while they resolve the DMI
- Consumers have a 90- or 95-day period from the date of the eligibility determination to send in documents to resolve a DMI:
 - 95 days for DMIs related to citizenship and immigration status
 - 90 days for all other eligibility factors (with an automatic 60-day extension for incomerelated DMIs)



Notice of a Data Matching Issue: Eligibility Results

On-screen notice of DMI when application is submitted

Eligibility determination notice (EDN) will detail eligibility and next steps **Your eligibility is temporary:** By January 11, you must submit documents to confirm some information. See your eligibility notice for details and deadlines.

Application ID # XXXXXXXXXX Application date: [Date]	20				
Primary contact	Ma	rketpla	ace Elig	gibility	Notice
[Name 1]	Remember to update your application during the year with any change				
[Address]					
[City, State, ZIP]					
	i: \$XXXX/month	Estimated 2022		etermine eligibility f	or financial help
[City, State, ZIP]	i: \$XXX/month	Estimated 2022			for financial help

				l I	
ACTION: Next steps					
By [enrollment deadline], choose a Marketplace plan.			•	•	•
By [deadline to submit], submit documents to confirm citizenship. See Submitting Documents, attached.			•	•	•
By [deadline to submit], submit documents to confirm household income. See Submitting Documents, attached.				•	
By [deadline to submit], submit documents to confirm citizenship. See Submitting Documents, attached.	•	•	•	<u> </u>	1
By [deadline to submit], submit documents to confirm household income. See Submitting Documents, attached.		•			
Choose a Silver plan to get cost-sharing reductions.	•	•	•		

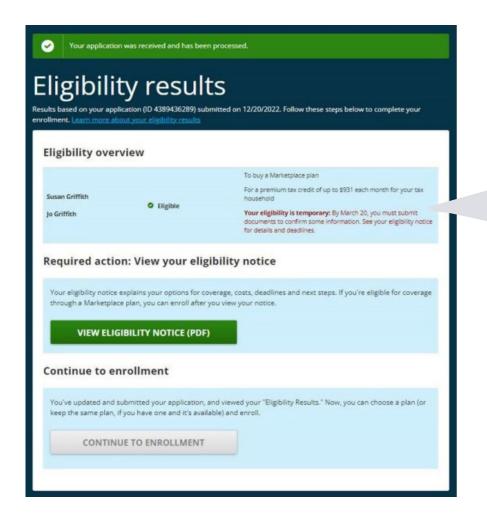
Learn more about how you could qualify for Medicaid. See Eligibility Guide

EDN shows which people have DMIs and the deadline to submit documents



Notice of a Data Matching Issue: Eligibility Results

On-screen notice of DMI when application is submitted:



Your eligibility is temporary: By [DATE] you must submit documents to confirm some information. See your eligibility notice for details and deadlines.



Notice of a Data Matching Issue: Eligibility Determination Notice

For sample notices, see marketplace.cms.gov/applica tions-and-forms/notices.html

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Eligibility determination notice (EDN) will show which people have DMIs and the deadlines to submit documents.

	,	Noven	nber 17, 2022
Application ID # ######### Application date: November 17, 2022	2023		
Primary contact	Marketplace Elig	gibility	Notice
[Name 1]	Remember to update your application of	during the year w	ith any changes.
[Address]			
Results			
Premium tax credit available for this household: \$XXX/me	onth Estimated 2023 income used to help: \$X)	determine eligibil XXXX/year	ity for financial
		[Name 1]	[Name 2]
Applied for coverage.		•	•
Eligible to enroll in a Marketplace plan until January 15,	2023.	•	•
Eligible to buy a Catastrophic plan, if available.			•
Eligible to use the premium tax credit to pay for a Marke month for this household.	etplace plan. Can use up to \$xxx/	•	•
Eligible for cost-sharing reductions: Will pay less for copa when you're enrolled in a Silver plan.	ayments, coinsurance, and deductibles	•	•
The Marketplace needs documents that confirm informa	ation in your application. (Details below.)	•	•
Likely not eligible for Medicaid because this month's hou	usehold income of \$XXXX is too high.	•	•
You were reviewed for CHIP but likely don't meet eligibil coverage status).	lity criteria (age, pregnancy and/or health	•	•
ACTION: Next steps			
By December 15, 2022, choose a Marketplace plan for co Guide, page 4.	overage to start January 1. See Eligibility	•	•
By February 20, 2023, submit documents to confirm citis Documents, attached.	zenship. See Submitting	•	•
By February 15, 2023, submit documents to confirm hou Submitting Documents, attached.	isehold income. See	•	
Choose a Silver plan to get cost-sharing reductions.		•	•
	ee Eligibility Guide, page 7.		

ACTION: Next steps		
By December 15, 2022, choose a Marketplace plan for coverage to start January 1. See Eligibility Guide, page 4.	•	•
By February 20, 2023, submit documents to confirm citizenship. See Submitting Documents, attached.	•	•
By February 15, 2023, submit documents to confirm household income. See Submitting Documents, attached.	•	

Multiple Notices Are Sent to Consumers With DMIs

Requests for documents:

- 90-day warning notice
- 60-day warning notice via email and text
- 30-day warning notice via email and text
- 15-day warning telephone call
- **X** If DMI is not resolved: Expiration notice sent

When documents are submitted:

- ✓ If sufficient, DMI is resolved and marketplace sends a notice
- X If insufficient, marketplace sends Insufficient Document Notice and warning phone call



Verification of Citizenship & Immigration Status

How the Marketplace Verifies Citizenship

"Naturalized" citizen is used to describe individuals born outside of the U.S. who become U.S. citizens after completing certain requirements and the "naturalization" process.
"Derived" citizen refers to U.S.

citizens who obtain citizenship through U.S. citizen parents.

Applicant provides Social Security number (SSN)

Applicant attests to being a U.S. citizen



HealthCare.gov verifies citizenship through a data match with Social Security Administration (SSA) records



If SSA can't substantiate citizenship, the applicant is asked if they are a naturalized or derived citizen and if so, is asked to provide:

- Information related to their Naturalization Certificate or Certificate of Citizenship
- HealthCare.gov then tries to verify citizenship through data match with Systematic Alien Verification for Entitlements (SAVE) program

Ves
No

Is Jane a naturalized or derived citizen?
Learn more about naturalized or derived citizenship.

Ves
No

No

Does Jane have one of these documents?
Optional.
Learn more about these documents.

Naturalization Certificate
Certificate of Citizenship

Is Jane a U.S. citizen or U.S. national?

<u>Learn more about being a U.S. citizen or U.S. national.</u>



Documents Used to Prove U.S. Citizenship

Submit any one of the following documents to verify citizenship

U.S. Passport



Certificate of Citizenship



Certificate of Naturalization



State-issued enhanced driver's license (EDL)

 Currently available in Michigan, Minnesota, New York, Vermont, and Washington



Document from a federally recognized Indian tribe that includes the individual's name, the name of the tribe, and shows membership, enrollment, or affiliation with the tribe

- A tribal enrollment card
- A Certificate of Degree of Indian Blood
- A tribal census document
- Documents on tribal letterhead signed by a tribal leader

NOTE: If a person does not have one of these documents, they will need two documents to prove citizenship.



If None of the Previous Documents Are Available

Submit ONE document from EACH column (total of TWO documents)

One of the following documents:

- U.S. public birth certificate
- Consular Report of Birth Abroad (FS-240, CRBA)
- Certification of Report of Birth (DS-1350)
- Certification of Birth Abroad (FS-545)
- U.S. Citizen Identification Card (I-197 or the prior version I-179)
- Northern Mariana Card (I-873)
- Final adoption decree showing the person's name and U.S. place of birth
- U.S. Civil Service Employment Record showing employment before June 1, 1976
- Military record showing a U.S. place of birth
- U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth
- U.S. life, health or other insurance record showing U.S. place of birth
- Religious record showing U.S. place of birth recorded in the U.S.
- School record showing the child's name and U.S. place of birth
- Federal or State census record showing U.S. citizenship or U.S. place of birth
- Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)

AND one of the following documents:

Document must have a photograph or other information, like name, age, race, height, weight, eye color, or address

- Driver's license issued by a State or Territory or ID card issued by the Federal, state, or local government
- School identification card
- U.S. military card or draft record or Military dependent's identification card
- U.S. Coast Guard Merchant Mariner card
- Voter Registration Card
- A clinic, doctor, hospital, or school record, including preschool or day care records (for children under 19 years old)
- 2 documents containing consistent information that proves your identity, like employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds, or titles



How the Marketplace Verifies Immigration Status

Does Jane have eligible immigration status? Not sure? See a list of eligible statuses.

Yes, Jane has eligible immigration status.

I would like to continue the application without answering this question. I understand that if I don't answer it, **Jane won't be eligible for full Medicaid or Marketplace coverage** and will be considered only for coverage of emergency services, including labor and delivery services.

Select the document type that corresponds with Jane's most current documentation and status.

Optional

- Permanent Resident Card (Green Card) or Reentry Permit I-551, Temporary I-551 stamp, I-327
- Machine Readable Immigrant Visa with temporary I-551 language
- Employment Authorization Card
- Arrival/Departure Record
- Refugee Travel Document
- Nonimmigrant Student or Exchange Visitor Status I-20. DS2019
- Notice of Action
- Other document or status
- Unexpired foreign passport

Applicants attest to having an "eligible immigration status"

Applicants select a document type and submits applicable document numbers

Marketplace verify status through SAVE tries to



Reasons Data Matching May Be Unsuccessful

Verification of Immigration Status

- Failure to provide document numbers, or wrong number provided
- Name, date of birth, or number provided on the application do not match SAVE records:



- Typos
- Name changes

Data matching limitations:

 SAVE may not be able to verify immigration status instantly for some applicants



Document Types & Needed Document Numbers

Document Type:	What to List for Document ID:
Permanent Resident Card (I-551)	✓ "Alien" registration number✓ Card number
Temporary I-551 stamp (on passport or I-94, I-94A)	✓ "Alien" registration number
Machine Readable Immigrant Visa (with temporary I-551 language)	✓ Alien registration number✓ Passport number✓ Country of issuance
Employment Authorization Card (I-766)	 ✓ "Alien" registration number ✓ Card number ✓ Expiration date ✓ Category code
Arrival/Departure Record (I-94/I-94A)	✓ I-94 number
Arrival/Departure Record in foreign passport (I-94)	 ✓ I-94 number ✓ Passport number ✓ Expiration date ✓ Country of issuance
Foreign passport	✓ Passport number✓ Expiration date✓ Country of issuance





Document Types & Needed Document Numbers

Document Type:	What to List for Document ID:
Reentry Permit (I-327)	✓ "Alien" registration number
Refugee Travel Document (I-571)	✓ "Alien" registration number
Certificate of Eligibility for Nonimmigrant Student Status (I-20)	✓ Student and Exchange Visitor Information System (SEVIS) ID
Certificate of Eligibility for Exchange Visitor Status (DS2019)	✓ SEVIS ID
Notice of Action (I-797)	 ✓ "Alien" registration number or an I- 94 number ✓ Description of the type or name of the document
Other documents	 ✓ "Alien" registration number or an I- 94 number ✓ Description of the type or name of the document





Examples of Document Types

Reference Guide: <u>Documents Used</u> to <u>Verify Immigration Status</u>

 Walks through examples of the different immigration document types that can be used in HealthCare.gov and notes where different document numbers are located



Permanent Resident Card ("Green card", I-551)

Alien Registration # (may be referred to as USCIS #)



Card Number



If DMI Related to Status Is Not Resolved

- If an applicant is unable to have their citizenship or immigration status verified within the 95day DMI window, their coverage will be terminated
- If they submit documents after coverage has been terminated and resolve the DMI, they are eligible for a special enrollment period (SEP) to reenroll in coverage
 - SEP will begin the day their DMI is resolved: Will have 60 days from that date to reenroll in coverage

Can choose to have coverage begin:

- Retroactively to the date of termination (will need to pay any retroactive premiums)
- Prospectively, after a plan is selected (in states that use HealthCare.gov, coverage is effective the first of the month following plan selection, regardless of date plan is selected)





Laura lives with her mother, Julieta and her daughter, Martina and they are all applying for health coverage on HealthCare.gov:

- Laura completed the naturalization process to become a U.S. citizen
- Julieta has been in the U.S. for eight months and is applying for asylum, she recently obtained authorization to work.
- Martina was born in North Carolina and has U.S. citizenship



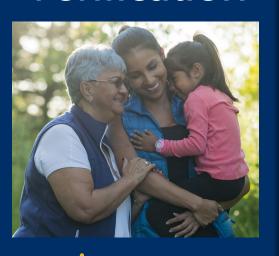


On the Application:

All family members provide SSNs on the application

- Laura and Martina attest to being U.S. citizens
 - Laura is asked if she is a naturalized or derived citizen and she answers "yes"
 - Laura does not have her Certificate of Naturalization, so she skips the questions asking for document numbers
 - No additional information is asked for Martina after her citizenship attestation
- Julieta attests to having an eligible immigration status
 - She provides her "A" number only





Data Matching Results

Applicant:	Data Match: SSA	Data Match: SAVE
Laura	No match	No match
Martina	Match	N/A
Julieta	No Match	No Match



Example: Immigration &

Citizenship Verification





- Laura and Julieta are instructed to provide documents to prove their status within 95 days
- All family members are approved to buy a Marketplace plan and are awarded advance premium tax credits (APTC)

Applicant:	Eligible for:	Next steps:
Laura	Marketplace plan with APTC	 Pick a plan and pay first month's premium Provide documentation to prove citizenship
Julieta	Marketplace plan with APTC	 Pick a plan and pay first month's premium Provide documentation to prove immigration status
Martina	Marketplace plan with APTC	Pick a plan and pay first month's premium Beyond the Basics Colebrating 10 Years of



Laura and Julieta get warning notices and emails explaining their coverage will end if sufficient documents are not submitted

Laura and Julieta submit documents, but they were not sufficient for Julieta:

 Julieta sent in a letter she received from DHS about her application, but it did not contain sufficient information.





 Julieta is confused about what to send in so she sends in a letter from DHS



x Julieta later gets a datamatching expiration notice explaining that her coverage will end because she did not provide documentation to prove her immigration status





How Julieta Can Regain Coverage

- Julieta can still regain coverage if she sends in necessary documents
- After resolving the DMI, she can re-enroll in a Marketplace plan prospectively or retroactively with a special enrollment period

May 1 May 3 May 20 June 1 Julieta's DMI is resolved Julieta is Julieta uploads her work no longer authorization card to her with the combination of the covered HealthCare.gov account State ID and the previously submitted Consular Report of Birth Abroad She is eligible for a special enrollment period: Can have coverage and APTC going forward (SEP available for 60 days to enroll in coverage)

OR can have coverage and APTC

retroactive to May 1

Verification of Household Income

Applicants Attest to Their Projected Income for 2024

- Applicants must project the source and amount of income for everyone in the household, even if only some family members are applying for coverage
- Attestations on the application are usually matched with IRS tax return data in the federal hub
 - The most recent tax data will be for the 2022 tax year
- **NEW for 2024:** If there is no income data available from the IRS, the marketplace must accept a person's income attestation. The marketplace will not require additional income verification for these individuals.



Reasons Data Matching May Not Verify Income

- Change in a job or hours of employment
- Receipt of unemployment that is significantly different than the wages it replaces
- Change in household (divorce, separation, marriage)
- Retirement (losing wages and gaining retirement or Social Security benefits)
- Irregular freelance or self-employment income
- One-time income, such as an IRA withdrawal or a death benefit (could be in previous tax year or future coverage year)

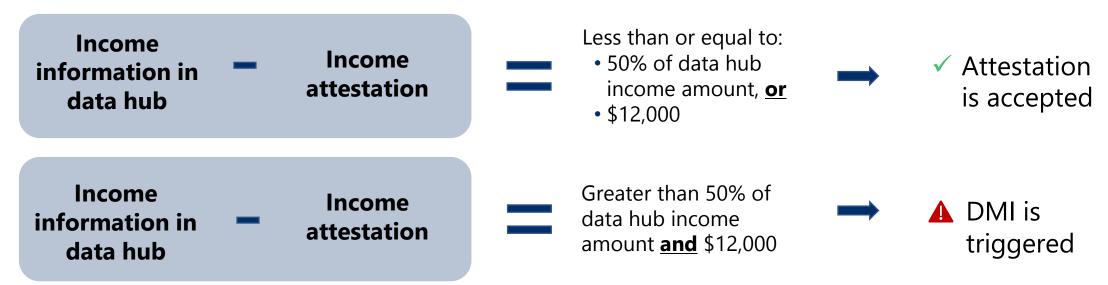




Verification of Income: General Rules

✓ Attestation is accepted if projected income is higher than the income in the data hub

If attestation is *lower* than the income in the data hub, apply the **50% or \$12,000 rule**:





Documents That Can Be Used to Verify Income



Acceptable forms of proof include...

A copy of a check paid to you as wages

 Most recent W-2 A recent pay stub

A letter from your employer

Most recent 1040 tax return* or state tax return

Beyond the Basics

2014-2024

If income listed on application

includes...

Wages (gross)



^{*}The federal tax return should include Schedule 1. For more information on documents to send to resolve a DMI, see www.healthcare.gov/help/how-do-i-resolve-an-inconsistency

Marketplace Guide for Income DMIs

Consumer Guide for Annual Household Income Data Matching

Issues: marketplace.cms.gov/outreachand-education/household-incomedata-matching-issues.pdf

Includes:

- A list of example documentation to help resolve an income DMI
- A worksheet to help collect the documents needed to verify household income

Cover page for income documents You're not required to submit this worksheet unless you're also submitting a self-employment chart (see page 15). However, the Marketplace may be able to verify your income and process your application faster if you include it when you submit your document copies. Use another sheet of paper to add rows. See instructions for completing this worksheet on page 16. My household information Household contact Worksheet with a self-employment chart You can include this when you send documents to verify each income source from self-employment in the year you need coverage. This income should also be counted in "My household's expected income" if you submit the "Cover page for household income documents" shown on page 14. Use another sheet of paper to add rows. To learn more, visit HealthCare.gov/self-employed/income. See instructions for completing this worksheet on page 16. My household information berson Total Household contact Other household members Eligibility notice "Application ID" State of application Phone Today's date My household's expected income during the year I want coverage Document you'll Gross income Multiply by how household Type of income send to verify often this person gets the income this income



What if Documents Aren't Available?

When proof of income isn't available, a signed statement is acceptable.

This statement should include household income information and an explanation for the income projection.

Primary Household Contact:	Lydia Green [DOB]
Other Household Members:	John Green [DOB and income] Beth Green [DOB and income]
Application ID:	#
State of Application:	Florida
Phone Number:	xxx-xxx-xxxx
Today's Date:	12/1/2023
Projected Annual Income for 2024 as Stated on Application:	\$21,000
Evaluation for income projection:	

Explanation for income projection:

My current job pays \$15/hour and I work 40 hours a week. I am planning to go to part-time starting in July. As a result, I anticipate my annual income for 2024 will drop to \$21,000.

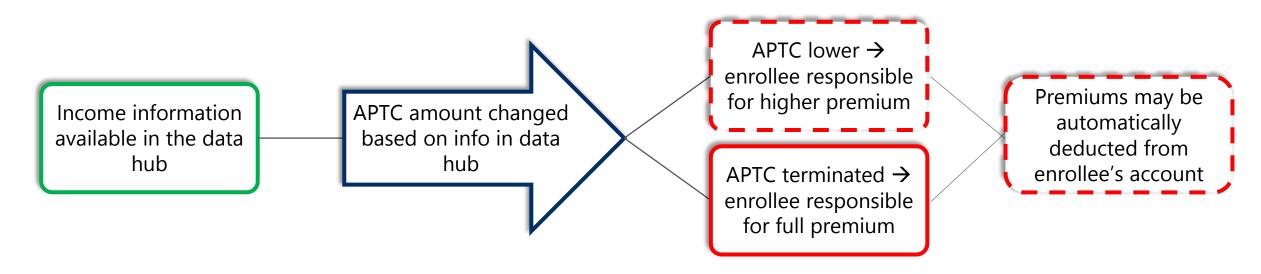


If Income DMIs Are Not Resolved

For more info on grace period rules, see *Health Reform:*Beyond the Basics Key Facts
on Premium Payments and
Grace Periods

New this year in all states: Marketplace enrollees will receive an <u>automatic</u> 60-day extension if they are unable to resolve an DMI related to income within the first 90 days.

If an income DMI remains unresolved at the end of the 60-day extension:

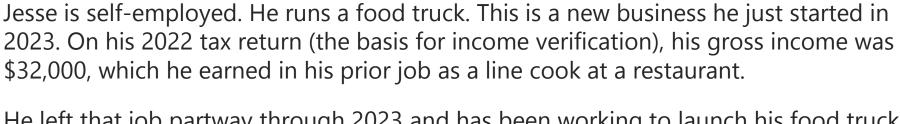


Tip: A consumer can still request additional time beyond the 90 + 60 days by calling the Marketplace Call Center (800-318-2596) and demonstrating that they've made a good faith effort to obtain the required documents during the 90 + 60 days.



Example: Household Income Goes Down, DMI ISN'T Triggered





He left that job partway through 2023 and has been working to launch his food truck business this year. His business is starting to take off, but he had to invest a lot in startup costs in 2023 to buy the truck and supplies and needs to factor in other business expenses like his food vendor license, advertising, and insurance on an ongoing basis.

When applying for 2024 coverage:

 Jesse attests to projected annual gross income of \$30,000, then subtracts his business expenses.

\$30,000 gross income - \$4,000 business expenses = \$26,000 net income

• He then subtracts his projected net income from his 2022 income.

\$32,000 (2022 MAGI) - \$26,000 (projected 2024 MAGI) = \$6,000 difference



The difference is less than \$12,000, <u>and</u> less than 50% of his 2022 income. This <u>does not</u> trigger a DMI. The marketplace accepts his attestation.

the Basics

Example: Household Income Goes Down, DMI IS Triggered





Now let's say that Jesse left his job as a restaurant manager to start his food truck business. He made \$55,000 at that job in 2022.

He still has the same projected gross income and business expenses in 2024.

 Jesse attests to projected annual gross income of \$30,000, then subtracts his business expenses.

\$30,000 gross income - \$4,000 business expenses = \$26,000

■ He then subtracts his new projected net income from his 2022 income.

\$55,000 (2022 MAGI) - \$26,000 (projected 2024 MAGI) = \$29,000 difference



The difference is <u>more</u> than \$12,000, <u>and more</u> than 50% of his 2022 income (\$27,500). This <u>does</u> trigger a DMI. Jesse needs to take action to resolve the DMI and keep APTC and CSR.

Example: Resolving an Income DMI





Jesse can submit:

Evidence of income

A ledger showing projected business income and expenses

Self-employment business name or type of work	Net income each month	Multiply by the number of months each year this person gets the income	Total
Jesse's Food Truck	\$2,500 gross income - \$333 expenses \$2,167 net income	12	\$26,000

—OR—

A **statement** explaining his sources of income, without documentation:

• I no longer have the job I had in 2022. I make about \$30,000 gross income from my new business, and have \$4,000 in annual expenses for licensing, insurance, and advertising. My projected modified adjusted gross income for 2024 is \$26,000.

Enrollees Can Restore APTC

A person can resolve the DMI and restore APTC by:

- Submitting documentation
- Correcting the projection in the application to align with the data in the hub, if the consumer realizes their income projection wasn't correct
- Filing an appeal
 - o **If the appeal is successful**, the enrollee can get retroactive APTC
 - o **If a person doesn't appeal or the appeal is unsuccessful**, PTC for the gap months may still be available on the tax return, as long as the person remained enrolled in a marketplace plan and paid the premium for those months



Example: Liv Fails to Resolve Their DMI





Liv attests to annual projected income of \$22,000 for 2024, but their income on their 2022 tax return was \$35,000. They enroll in a marketplace plan with APTC and CSR, and an income DMI is generated.

Liv is unstably housed and never got the reminder notices to submit documents to resolve their inconsistency.

Their APTC and CSR are reduced after 150 days (90 days plus the automatic 60-day extension).

Liv has three options:

- 1) Liv can submit documents now. If they remain covered and verify their income, they can restore their APTC and CSR.
- 2) Liv can appeal. If they lost coverage, they can submit a marketplace appeal to re-enroll in coverage. They just have to submit the information that was requested to resolve the DMI as part of the appeal. If they are successful, they can get their full APTC and CSR actively or prospectively.
- 3) Liv can stay in their plan and pay the full premium. If Liv stays in their plan and pays the premium, they can claim the PTC on their tax return for all months they were eligible. If they fail to pay the premium and their coverage lapses, they may need to wait for the next open enrollment period.



Verification of Other Minimum Essential Coverage

Minimum Essential Coverage (MEC) DMIs

For more information on documents to send to resolve an MEC DMI, see www.healthcare.gov/help/how-do-i-resolve-an-inconsistency

Electronic match with Medicaid agencies, Medicare, or Office of Personnel Management may show that the applicant is enrolled in or eligible for other MEC



In that case they will have to prove they are *not* eligible and/or enrolled in other MEC



The consumer can enroll in coverage with APTC based on their attestation but needs to submit documents to prove that they are not enrolled in other coverage



If not resolved in 90 days, the consumer loses APTC

Documentation to verify *lack* of other Minimum Essential Coverage

- Letter from an insurer with a termination date
- Medicaid/CHIP termination notice



Periodic Data Matching (PDM) Notices

During the coverage year, the marketplace will periodically check enrollment in Medicaid, CHIP, and Medicare

If a person enrolled with APTC is also found to be enrolled in public coverage, they will receive a periodic data matching (PDM) notice and have 30 days to respond

The **Medicaid/CHIP PDM** notice asks the enrollee to:

- If enrolled in Medicaid/CHIP, end their marketplace coverage, or
- If not enrolled in Medicaid/CHIP, update their marketplace application

If the consumer doesn't act, APTC will end and the consumer will be billed for the full premium

A **Medicare PDM** notice will either:

- Terminate APTC but leave the marketplace plan in effect at full cost, or
- Terminate both the plan and APTC if a person elected to do so on their application

! If the plan is terminated, other members of the person's family get a SEP to re-enroll in coverage

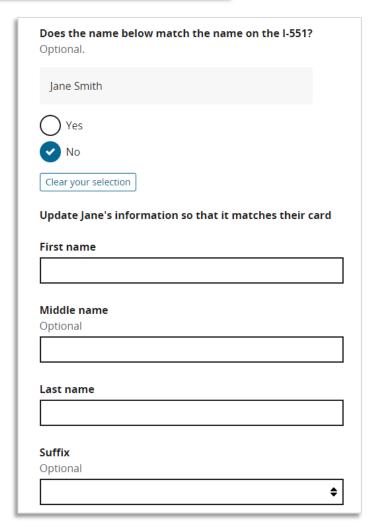


General Tips to Prevent & Resolve DMIs

Tips to Prevent DMIs

Provide complete information:

- Answer as many questions in the application as possible
- Double check that name, birth date, SSN and immigrant/citizenship document numbers have been provided accurately
- Double check attestations made and update as needed
- Provide SSNs for everyone in the household who has one, even if some members are not applying for coverage (only if the family feels comfortable doing so)
- If the name the applicant is using in the application does not match what is on his SSN card or immigrant/citizenship document, then use the option to provide that information





Tips to Resolve DMIs

Uploading documents to HealthCare.gov is faster than mail

- It must be a .pdf, .jpeg, .jpg, .gif, .xml, .png, .tiff, or .bmp
- It can't be bigger than 10 MB
- The file name can't include a colon, semicolon, asterisk, or any other special character. Special characters that can't be in the file name include: $/ \ : *?" < > |$
- Select "other" if the upload menu doesn't include the document type the consumer is uploading

If mailing documents, provide information needed to match to the application

- Keep a record of the date and what was mailed, including a certified mail receipt if possible
- Include the page in the notice that includes a bar code if available
 - If bar code isn't available, write the name, state, and application ID number on each document submitted
- Mail all documents together at one time

Identity Proofing for HealthCare.gov

Importance of ID Proofing

- ID proofing is <u>NOT</u> an eligibility requirement, but a person can't have full access to an online Marketplace account until ID proofing is complete
- This means a person can't complete many tasks online like:
 - Submitting an application
 - Selecting a plan, or
 - Reporting changes
 - Canceling enrollment





HealthCare.gov Process for ID Proofing

Online ID proofing:

The Healthcare.gov provider tries to provide customized questions based on available credit history (and other electronic data) for the person completing the application

Not everyone will have enough information to generate questions

Telephonic ID proofing:

Some people will be instructed to call Experian to complete ID proofing

They will be provided a unique reference code \rightarrow Must call Experian to proceed with ID proofing if asked to complete this step

Providing documents for ID proofing:

Consumers who can't complete the ID process online or over the phone can submit copies of certain documents to prove their identity

Important! They can continue with their application via phone while documents are being processed



Consumers Prove Identity by Mailing or Uploading

One of these:	Alternatively, two of these:
 Driver's license issued by state or territory School identification card Voter identification card U.S. military draft card or draft record Identification card issued by the federal, state, or local government U.S. passport or U.S. passport card Certificate of Naturalization (Form N-550 or N-570) or Certificate of U.S. Citizenship (Form N-560 or N-561) Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Employment Authorization Document that contains a photograph (Form I-766) Military dependent's identification card Native American tribal document U.S. Coast Guard Merchant Mariner card Foreign passport or identification card issued by a foreign embassy or consulate that contains a photograph 	 Birth certificate Social Security card Marriage certificate Divorce decree Employer identification card High school or college diploma (including high school equivalency diplomas) Property deed or title



People Unable to Complete Identity Proofing

For more info, see *Health Reform: Beyond the Basics*<u>Troubleshooting Failed Identity Verification on HealthCare.gov</u>

- HealthCare.gov gives people two attempts to complete the ID proofing process, if both attempts are unsuccessful, you will see this screen
- Upload documents immediately, if they're available
- Complete the family & household and income sections of the application
- Then call the marketplace call center to have them finish and submit the application
- After the call center pushes the application through, log back into the account and complete the enrollment process

Your identity wasn't verified.

You need to submit documents to prove your identity. You won't be able to submit your application for health coverage until your identity is verified.

Once you upload your documents, they'll be reviewed. The results of your identity verification will be emailed to you at ict7381@helpenroll.org.

UPLOAD DOCUMENTS

If you aren't able to upload your documents now, return to My Profile,



Q&A

Beyond the Basics Resources:

Reference Guide to Immigration Documents

<u>Troubleshooting Failed Identity Verification on HealthCare.gov</u>

Resources

HealthCare.gov Resources:

Tips on Sending Documents to Resolve a DMI

How to Resolve a DMI: Acceptable Document List

Consumer Guide for Annual Household Income DMIs (PDF)

Sample Notices: <u>marketplace.cms.gov/applications-and-forms/notices.html</u>





Shelby T. Gonzales, gonzales@cbpp.org

→ Threads: @shelbytg74

Jennifer Sullivan, jsullivan@cbpp.org

Contact

General inquiries: beyondthebasics@cbpp.org

This is a project of the Center on Budget and Policy Priorities www.cbpp.org





Upcoming Webinars

Auto-Renewal **Immigrant** Process on Plan Eligibility HealthCar Tying It All **Design** Households Part 1 Together e.gov (Tues. and Income (Tues. (Thurs. (Tues. 10/3) (Tues. 9/12) 9/19) 10/12) 10/24) The Preventing and Plan **Immigrant** Seminario Premium Resolving Data Selection Eligibility para Tax Matching Issues Strategies Part 2 asistentes Credit (Thurs. 9/28) (Tues. (Tues. bilingües 10/10) 10/17) (delivered (Thurs. 9/14) in Spanish; Thurs. 10/26)

Register and find recordings and materials from past webinars in the series at: https://www.healthreformbeyondthebasics.org/category/webinars/

