



Periodic Data Matching for Enrollers Quick Guide

Overview

This document explains how to help consumers asking about letters or CalHEERS Account Alerts stating that our records show they have a Covered CA enrolled household member that is deceased or has Medicare coverage.

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Periodic Data Matching (PDM) Definition

- Periodic Data Matching (PDM) is an automated process triggered on-demand based on configurable dates provided by CCA.
- The PDM process verifies data sources for updated consumers information to check if they are enrolled in Covered California, have Medicare eligibility/enrollment or Deceased status.

PDM Rules

- Per federal regulations, PDM is to be completed at least twice during the benefit year to check if a consumer enrolled in Covered California has Medicare eligibility/enrollment or deceased status.
- The verification is done through the PDM service which checks the Social Security Administration for Medicare eligibility, enrollment, and deceased status at the same time.



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- Consumers who enter the ROP process for deceased or Medicare inconsistencies won't be included in the PDM process until they have successfully completed the ROP process.
 - This includes providing proof within 95 days, after which the ROP batch process will occur if no proof is submitted within the specified timeline.
 - This will also apply to consumers who are already in the PDM process.

Who is selected:

Verification Type	Population	Exclusions
Deceased	All consumers with an E-Verified SSN who are enrolled in a Covered California health or dental plan with: <ul style="list-style-type: none"> • Confirm status or • Pending status 	Cases with a consumer in: <ul style="list-style-type: none"> • Carry Forward Status • QHP Hold • Case status is Inactive • Individuals with Active or Expired Deceased ROP date for the current benefit year.
Medicare	All consumers with an E-Verified SSN who are enrolled in a Covered California health plan with: <ul style="list-style-type: none"> • Confirm status • Pending status • Eligible or conditionally eligible for financial help. 	Cases with a consumer in: <ul style="list-style-type: none"> • Carry Forward Status • QHP Hold • Case status is Inactive • Individuals with Active or Expired Medicare ROP date for the current benefit year.

Restore Coverage or Financial Help Retroactively

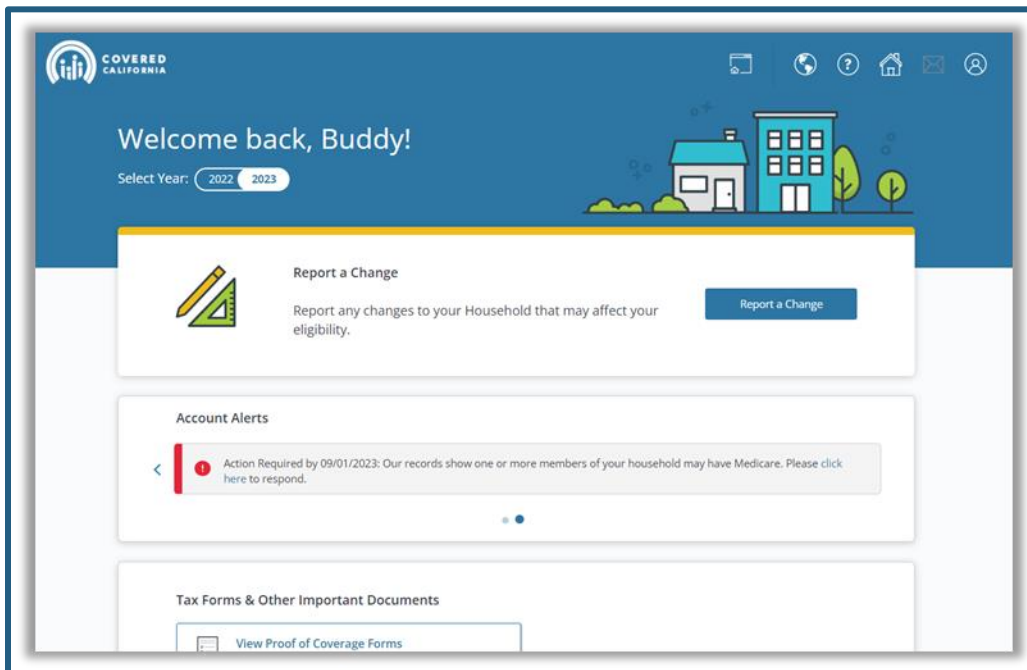
Consumers qualify to have their coverage or financial help restored retroactively after PDM discontinuance if we receive either one of the following 2 options. These 2 options apply to all PDM discontinuance reasons.

1. Acceptable proof received within 30 calendar days after the consumer's coverage end date or the date when their financial help ended.
2. Report a Change (RAC) that e-verifies (resolves their inconsistency) within 30 calendar days after the consumer's coverage end date or the date when their financial help ended.

Enrollers Assisting Consumers

If consumers are within the 30-day time frame after receiving their [PDM Letter \(NOD70A & B\)](#), follow the steps below:

- Consumers with an inconsistency have an alert on the consumer’s Account Home page.
 - Consumers are sent a letter (samples at the end of this document) with a due date to respond within 30 days.
1. On the consumer Home page, find the *Account Alerts*.
 2. Select the **Click Here** link in the *Account Alert*.



View all inconsistencies for each household member on the Check Your Information page

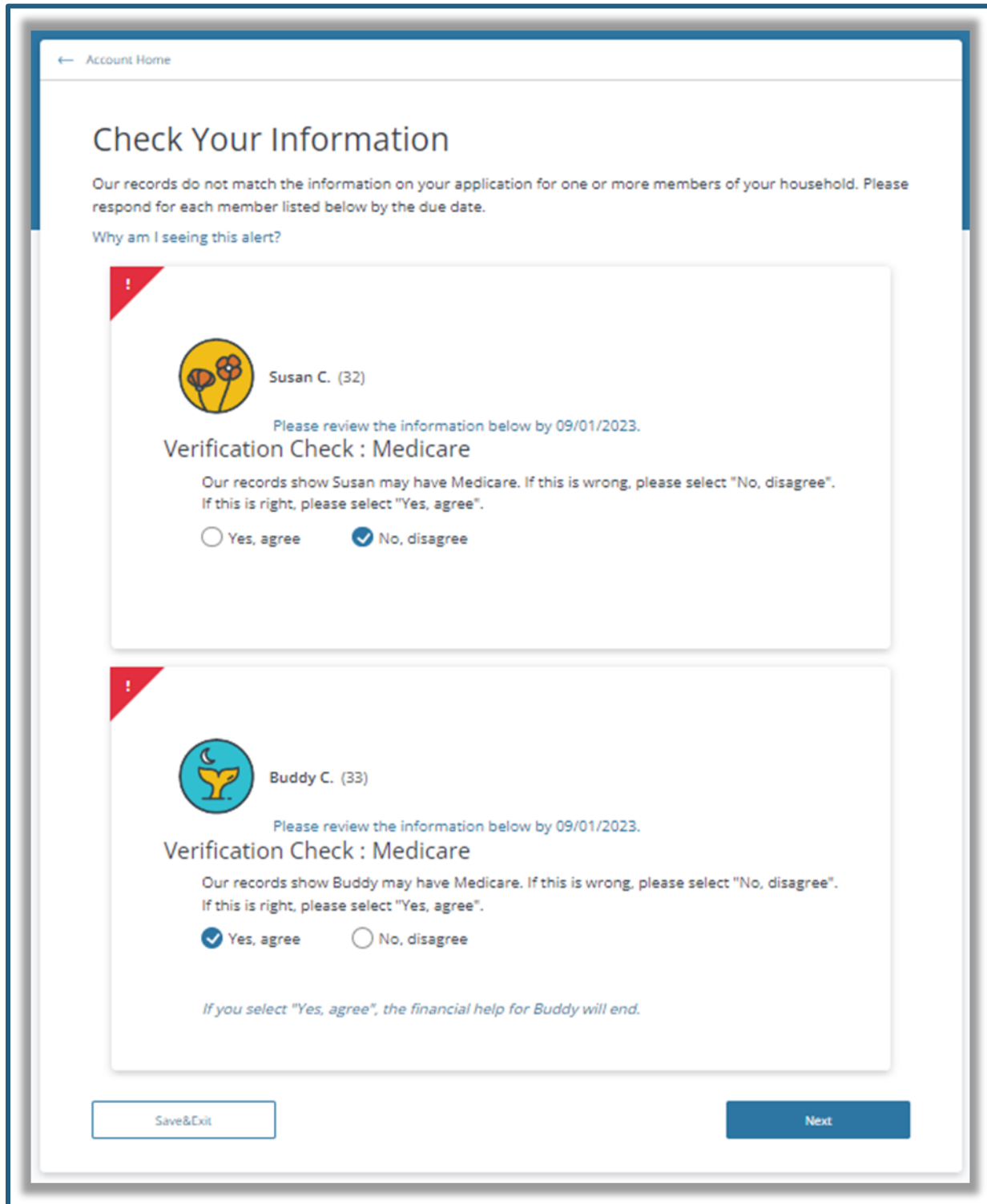
3. Choose the option that the consumer says is true. There are 2 options as stated in the table below:

#	Option	Action
#1	Yes, agree	<p>If the consumer agrees that our records are correct, we accept their attestation. Submitting their response results in an eligibility redetermination and enrollment update.</p> <ul style="list-style-type: none"> • Medicare: The consumer is no longer eligible for financial help, and they have the choice of either: <ul style="list-style-type: none"> ○ Prospectively terminating the enrollment, or ○ Updating the enrollment to be unsubsidized.



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#	Option	Action
		<ul style="list-style-type: none"> • Deceased: The consumer is no longer eligible for any Covered CA programs, and the enrollment is terminated on the day after the date of death or the first day of the current benefit year, whichever is later.
#2	No, disagree	<p>If the consumer disagrees with our records, we accept their attestation. Once a response is submitted, CalHEERS will:</p> <ul style="list-style-type: none"> • Pass the Verification Status they attested to, and • Run eligibility without changing the eligibility or enrollment, and • Generate an NOD01 Eligibility Redetermination letter with the relevant information (if anything changes, like financial help amount, new outstanding verifications, eligibility, or if they reported a change). <ul style="list-style-type: none"> ○ Note: An NOD01 will not generate after the redetermination if everything stays exactly the same.




← Account Home

Check Your Information

Our records do not match the information on your application for one or more members of your household. Please respond for each member listed below by the due date.

Why am I seeing this alert?


 Susan C. (32)

Please review the information below by 09/01/2023.

Verification Check : Medicare

Our records show Susan may have Medicare. If this is wrong, please select "No, disagree".
If this is right, please select "Yes, agree".

Yes, agree No, disagree

 Buddy C. (33)

Please review the information below by 09/01/2023.

Verification Check : Medicare

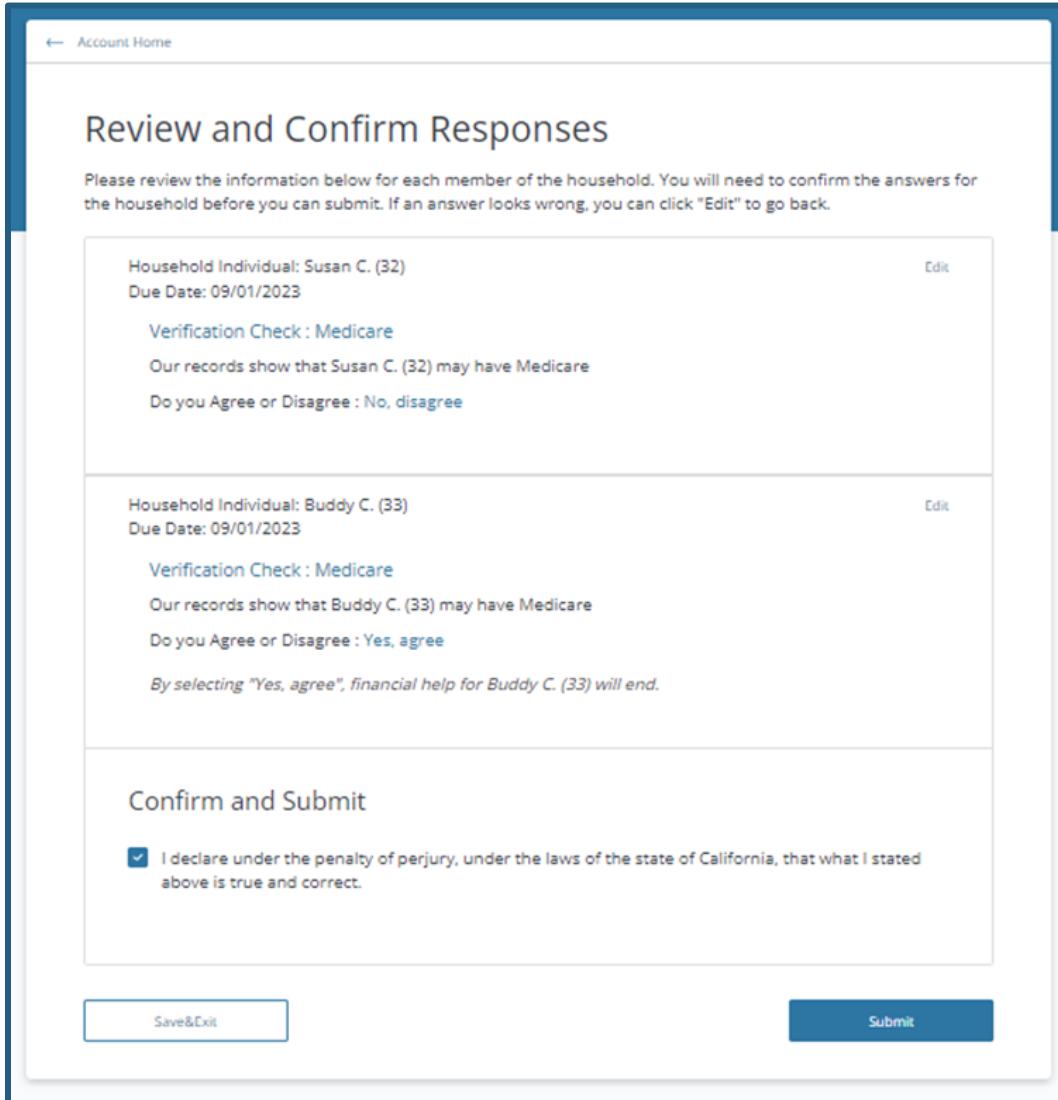
Our records show Buddy may have Medicare. If this is wrong, please select "No, disagree".
If this is right, please select "Yes, agree".

Yes, agree No, disagree

If you select "Yes, agree", the financial help for Buddy will end.

4. Click **Next**.
5. Confirm the *Review and Confirm Responses* page is correct.

- **Yes, agree** responses result in an outcome note before submitting it.



← Account Home

Review and Confirm Responses

Please review the information below for each member of the household. You will need to confirm the answers for the household before you can submit. If an answer looks wrong, you can click "Edit" to go back.

Household Individual: Susan C. (32) Edit
Due Date: 09/01/2023

Verification Check : Medicare
Our records show that Susan C. (32) may have Medicare
Do you Agree or Disagree : No, disagree

Household Individual: Buddy C. (33) Edit
Due Date: 09/01/2023

Verification Check : Medicare
Our records show that Buddy C. (33) may have Medicare
Do you Agree or Disagree : Yes, agree
By selecting "Yes, agree", financial help for Buddy C. (33) will end.

Confirm and Submit

I declare under the penalty of perjury, under the laws of the state of California, that what I stated above is true and correct.

6. Address the *Confirm and Submit* box.
7. Finish the response.

Note: After eligibility runs, the *Change Log Table* in the *Case Transaction History* page shows a Change Type of Periodic Verification Response. The following screenshot is an example where the consumer answered "No, disagree".



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Change Log Table							Transactions Per Page
Transaction ID	Change Type	User ID	Date/Time	Change Element	Old Value	New Value	
830837982	Periodic Verification Response	memodjfhdjeijdej	2024-08-15 08:58:06	Medicare/Deceased PDM response		No, disagree	

Steps for Non-Response Consumers to the PDM Letter

Consumers have 30 days to respond to the letter (NOD70A & B) they received.

- If the consumer **does not** respond to the letter within this time frame, the PDM batch will run, and consumers will automatically be discontinued from the appropriate program(s) based on their Medicare or Deceased inconsistency

Restore Coverage or Financial Help

Medicare or Deceased PDM consumers who qualify for restoration of coverage or financial help should be restored following the steps below:

Medicare PDM Restoration

For Medicare PDM consumers, financial help is removed, but consumers remain enrolled. If a consumer's advanced premium tax credit (APTC), or cost-sharing reduction (CSR) is discontinued. Enrollers can upload the appropriate attestation of not enrolled Medicare and contact the Agent Service Center for restoration of eligible financial assistance.

8. If the consumer submits a valid document WITHIN the 30 calendar days of the PDM coverage end date, they qualify for retroactive restoration. Example: Coverage end date would be 8/31. Consumer has 30 days which means until 9/30.
9. If the consumer submits a valid document AFTER the 30 calendar days of the PDM end date and has a valid special-enrollment period (SEP) qualifying life event (QLE) to re-enroll, they qualify for **prospective enrollment only**.

Deceased PDM Restoration

Consumers who were erroneously determined to be deceased may have their coverage restored.

- Submit a valid document WITHIN the 30 calendar days of the PDM end date, they qualify for retroactive restoration.
- Submitting a valid document AFTER the 30 calendar days of the Coverage end date that resulted from PDM action batch, and has a valid special-enrollment period (SEP) qualifying life event (QLE) to re-enroll, they qualify for prospective enrollment only.



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Medicare Periodic Data Matching Letter (NOD70A)

Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725



{PRIMARY_FIRST_NAME} {PRIMARY_LAST_NAME}
{ADDRESS_LINE1}
{ADDRESS_LINE2}
{CITY}, {STATE_CD} {ZIPCODE}

Information needed by {Due_Date}

{DOC_DATE}

Case Number: {CASE_ID}

Dear {PRIMARY_FIRST_NAME} {PRIMARY_LAST_NAME},

Covered California is required to check federal records several times each year to confirm your eligibility. Records show the following household member(s) are eligible for or enrolled in Medicare:

{Consumer_First_Name} {Consumer_Last_Name}
{Consumer_First_Name} {Consumer_Last_Name}

We need to know if this information is correct. Take action by {Due_Date}.

If you are:	You should:
Eligible for or enrolled in Medicare	Log in to your CoveredCA.com account. Go to "Account Alerts." Follow the directions to tell us you agree with this information. Make sure to update your Covered California enrollment by clicking on "Enrollment Dashboard."
Not eligible for or enrolled in Medicare	Log in to your CoveredCA.com account. Go to "Account Alerts." Follow the directions to tell us you disagree with this information and attest to not having Medicare. Your health or dental plans will stay the same.
Not sure if you are or are not eligible for Medicare	Call the Social Security Administration (SSA) at 1-800-772-1213 (TTY 1-800-325-0778). They can answer questions about your Medicare eligibility and enrollment. Once you know your Medicare eligibility, follow the steps above.

For more information, read the frequently asked questions on the next page. You may also visit CoveredCA.com/Medicare. Or call Covered California at {Service_Center_Phone} (TTY: 1-888-889-4500).

Thank you,

Covered California



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For help with Medicare contact:

- **The Centers for Medicare & Medicaid Services.** You can learn about and compare your Medicare choices. Call 1-800-MEDICARE or 1-800-633-4227 (TTY 1-877-486-2048). Visit their website at www.medicare.gov.
- **The Health Insurance Counseling & Advocacy Program (HICAP).** They offer free one-on-one Medicare counseling and help with Medicare questions. Call 1-800-434-0222 or visit their website at www.aging.ca.gov/HICAP/.
- **The Health Consumer Alliance.** They offer free legal help. Speak with an advocate about your health coverage options. Call 1-888-804-3536 or visit their website at www.healthconsumer.org.

Frequently Asked Questions

Q: What is Medicare?

A: Original Medicare is broken into three parts. Part A, hospital insurance, covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. Part B, medical insurance, covers outpatient services, medical supplies, and preventive services. Part D, prescription drug insurance, covers prescription drugs.

Note: Some people choose to buy a Medicare Advantage plan (Part C) instead of original Medicare. Medicare Advantage plans cover hospital and medical services, and usually also cover prescription drugs.

Q: Does Covered California offer Medicare plans?

A: No. Covered California does not offer Medicare Part A, B or D. Covered California also does not offer Medicare Advantage plans (Part C) or Supplemental Insurance (Medigap).

Q: Why does Covered California need to know if I have Medicare?


A: People who are eligible for *premium-free* Medicare Part A should enroll in Medicare and cancel their Covered California health plan and/or financial help. This is to avoid tax and Medicare penalties. If you are eligible for premium-free Medicare Part A, you are not eligible for financial help to lower the cost of a Covered California plan.

This notice is being sent to you in compliance with California Code of Regs. 10 CCR § 6406(i)




Periodic Data Matching for Enrollers Quick Guide

Deceased Periodic Data Matching Letter (NOD70B)



Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725



COVERED CALIFORNIA

Your destination for affordable healthcare, including Medi-Cal

To the estate of:
 {FIRST_NAME} {LAST_NAME}
 {ADDRESS_LINE1}
 {ADDRESS_LINE2}
 {CITY}, {STATE_CD} {ZIPCODE}

Information needed by {Due Date}

{DOC DATE} Case Number: {CASE ID}

To the estate of: {FIRST_NAME} {LAST_NAME}

Covered California is required to check federal records several times each year to confirm eligibility. Records show {First Name} {Last Name} is enrolled in a health or dental plan through Covered California and may be deceased (has died). We understand this information may be upsetting. We apologize for any discomfort this letter may cause.

Take action by {Due Date}
 We need to know if this information is correct. If we do not get a response, we may have to cancel their health and dental plans.

If the member listed above is:	You should:
Not Deceased	Log in to CoveredCA.com . Go to "Account Alerts." Follow the directions to tell us you disagree with this information and provide attestation. The member's health or dental plans will not change. Call the Social Security Administration (SSA) at 1-800-772-1213. Tell them this person was identified as deceased by mistake.
Deceased	Log in to CoveredCA.com . Go to "Account Alerts." Follow the directions to tell us you agree with this information. This will update the case and cancel any health or dental plans they are enrolled in. If their health plan should have ended on a different date, call Covered California for help.

Need help? Call Covered California at {Service Center Phone} (TTY: 1-888-889-4500).

Thank you,

Covered California

This notice is being sent to you in compliance with California Code of Regs, 10 CCR § 6496(i)