Part IV:
Preventing & Resolving Data-Matching Issues

Process in Healthcare.gov

October 10, 2019

Presented by the Center on Budget and Policy Priorities
Shelby Gonzales, Director of Immigration Policy
Tara Straw, Senior Policy Analyst
Part V: Plan Design
  • Tuesday, October 15 | 2 pm ET (11 am PT)

Part VI: Plan Selection Strategies
  • Thursday, October 17 | 2 pm ET (11 am PT)

Immigrant Eligibility for Health Coverage Programs
  • Tuesday, October 22 | 2 pm ET (11 am PT)

Working with Immigrants: What Consumer Enrollment Assistance Providers Need to Know Now
  • Tuesday, October 29 | 2 pm ET (11 am PT)

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Overview of Data-Matching Issues
Marketplace consumers attest to information regarding relevant eligibility factors:

- Some factors are generally 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

When Attestations Can’t Be Verified Through Data Matching → A Data-Matching Issue (DMI) Occurs

• Data may not be available through the federal data hub to verify attestations for some applicants
  → Applicants who haven’t filed taxes in past years
  → Naturalized citizens
  → Recent graduates new to the workforce

• Or information in the hub may not be “reasonably compatible” with an applicant’s attestations in situations
  → Changes in employment
  → Changes in household composition
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.
- 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 citizenship and immigration status
  - 90 days for all other eligibility factors
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

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**Eligibility Results**

Review the table below for the results of your application.

<table>
<thead>
<tr>
<th>Family member(s)</th>
<th>Results</th>
</tr>
</thead>
</table>
| May Leon         | • Eligible to purchase health coverage through the Marketplace, but more information is needed  
                  • Eligible for a tax credit ($355.00 each month, which is $4,260.00 for the year, for your tax household), but we need more information from you. This calculation is based on the yearly household income of $75,000.00. This is the amount that you provided on your Marketplace application or the amount that came from the most recent income data sources available. |

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**Next steps**

Important: You must send documents. This notice includes deadlines and details.

- Choose a plan and pay your first month's premium.
- By January 11, 2020, send documents to confirm:
  - your household income
- By January 11, 2020, send documents to confirm:
  - Keeley Forrester’s TRICARE coverage status
- You'll get information about when your coverage will begin and how to access services from the Alabama Department of Public Health.

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Multiple Notices Are Sent to Consumers With DMIs

Requests for documents:
• Warning Notices (written notices sent 90, 60 and 30 days before the DMI period ends)
• Emails and text message alerts
• 15-day warning telephone calls

Requests for additional documents:
• Insufficient Document Notice (written notice when documents are submitted but found insufficient)
• Telephone call

× If DMI is not resolved: Expiration notice sent
✓ If DMI is resolved: Notice sent

For sample notices, see marketplace.cms.gov/applications-and-forms/notices.html
Verification of Citizenship and Immigration Status
How the Marketplace Verifies Citizenship

• 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

“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.
Reasons Data Matching May Be Unsuccessful

Verification of Citizenship

• Failure to provide SSN or other document numbers, or wrong number provided

• Name, date of birth and SSN provided on the application do not match what is in SSA or SAVE records:
  → Typos
  → Name changes

• Data matching limitations:
  → SSA can’t verify citizenship for many citizens who were born outside of the U.S.
  → Some consumers may not have certificate numbers readily available

• Wrong attestation
### Documents That Can Be Used to Prove U.S. Citizenship

Submit any one of the following documents to verify citizenship:

<table>
<thead>
<tr>
<th>U.S. Passport</th>
<th>Certificate of Citizenship</th>
<th>Certificate of Naturalization</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="U.S. Passport" /></td>
<td><img src="image" alt="Certificate of Citizenship" /></td>
<td><img src="image" alt="Certificate of Naturalization" /></td>
</tr>
</tbody>
</table>

- **State-issued enhanced driver’s license (EDL)**
  - Currently available in Michigan, 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)

<table>
<thead>
<tr>
<th>One of the following documents:</th>
<th>AND one of the following documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. public birth certificate</td>
<td>Document must have a photograph or other information, like name, age, race, height, weight, eye color, or address</td>
</tr>
<tr>
<td>Consular Report of Birth Abroad (FS-240, CRBA)</td>
<td>Driver's license issued by a State or Territory or ID card issued by the Federal, state, or local government</td>
</tr>
<tr>
<td>Certification of Report of Birth (DS-1350)</td>
<td>School identification card</td>
</tr>
<tr>
<td>Certification of Birth Abroad (FS-545)</td>
<td>U.S. military card or draft record or Military dependent’s identification card</td>
</tr>
<tr>
<td>U.S. Citizen Identification Card (I-197 or the prior version I-179)</td>
<td>U.S. Coast Guard Merchant Mariner card</td>
</tr>
<tr>
<td>Northern Mariana Card (I-873)</td>
<td>Voter Registration Card</td>
</tr>
<tr>
<td>Final adoption decree showing the person’s name and U.S. place of birth</td>
<td>A clinic, doctor, hospital, or school record, including preschool or day care records (for children under 19 years old)</td>
</tr>
<tr>
<td>U.S. Civil Service Employment Record showing employment before June 1, 1976</td>
<td>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</td>
</tr>
<tr>
<td>Military record showing a U.S. place of birth</td>
<td></td>
</tr>
<tr>
<td>U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth</td>
<td></td>
</tr>
<tr>
<td>U.S. life, health or other insurance record showing U.S. place of birth</td>
<td></td>
</tr>
<tr>
<td>Religious record showing U.S. place of birth recorded in the U.S.</td>
<td></td>
</tr>
<tr>
<td>School record showing the child’s name and U.S. place of birth</td>
<td></td>
</tr>
<tr>
<td>Federal or State census record showing U.S. citizenship or U.S. place of birth</td>
<td></td>
</tr>
<tr>
<td>Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)</td>
<td></td>
</tr>
</tbody>
</table>
How the Marketplace Verifies Immigration Status

- Applicants attest to having an “eligible immigration status”
- Applicants select a document type and submits applicable document numbers
- Marketplace tries to verify status through SAVE
  → Healthcare.gov will attempt a second verification with SAVE that may help additional people resolve a data-matching issue
Reasons Data Matching May Be Unsuccessful

Verification of Immigration Status

- Failure to provide document numbers, or wrong number provided

- Name, date of birth and document numbers 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 and Needed Document Numbers

<table>
<thead>
<tr>
<th>Document Type:</th>
<th>What to List for Document ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Resident Card (I-551)</td>
<td>✓ “Alien” registration number &lt;br&gt; ✓ Card number</td>
</tr>
<tr>
<td>Temporary I-551 stamp (on passport or I-94, I-94A)</td>
<td>✓ “Alien” registration number</td>
</tr>
<tr>
<td>Machine Readable Immigrant Visa (with temporary I-551 language)</td>
<td>✓ “Alien” registration number &lt;br&gt; ✓ Passport number &lt;br&gt; ✓ Country of issuance</td>
</tr>
<tr>
<td>Employment Authorization Card (I-766)</td>
<td>✓ “Alien” registration number &lt;br&gt; ✓ Card number &lt;br&gt; ✓ Expiration date &lt;br&gt; ✓ Category code</td>
</tr>
<tr>
<td>Arrival/Departure Record (I-94/I-94A)</td>
<td>✓ I-94 number</td>
</tr>
<tr>
<td>Arrival/Departure Record in foreign passport (I-94)</td>
<td>✓ I-94 number &lt;br&gt; ✓ Passport number &lt;br&gt; ✓ Expiration date &lt;br&gt; ✓ Country of issuance</td>
</tr>
<tr>
<td>Foreign passport</td>
<td>✓ Passport number &lt;br&gt; ✓ Expiration date &lt;br&gt; ✓ Country of issuance</td>
</tr>
<tr>
<td>Document Type:</td>
<td>What to List for Document ID:</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Reentry Permit (I-327)</td>
<td>✓ “Alien” registration number</td>
</tr>
<tr>
<td>Refugee Travel Document (I-571)</td>
<td>✓ “Alien” registration number</td>
</tr>
<tr>
<td>Certificate of Eligibility for Nonimmigrant Student Status (I-20)</td>
<td>✓ Student and Exchange Visitor Information System (SEVIS) ID</td>
</tr>
<tr>
<td>Certificate of Eligibility for Exchange Visitor Status (DS2019)</td>
<td>✓ SEVIS ID</td>
</tr>
<tr>
<td>Notice of Action (I-797)</td>
<td>✓ “Alien” registration number or an I-94 number</td>
</tr>
<tr>
<td>Other documents</td>
<td>✓ “Alien” registration number or an I-94 number</td>
</tr>
<tr>
<td></td>
<td>✓ Description of the type or name of the document</td>
</tr>
</tbody>
</table>
Examples of Document Types

Reference Guide: Documents Used to Verify Immigration Status

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

→ Download at: www.healthreformbeyondthebasicss.org/reference-guide-to-immigration-documents
If Citizenship or Immigration Status DMI Is Not Resolved

- If an applicant is unable to prove their citizenship or immigration status within the 95-day 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 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.
Example: Immigration and Citizenship Verification

- Roberto and Monica are married and have two children, Miguel and Elena
- Monica was born in Germany and is a derived U.S. citizen
- Roberto has been a lawful permanent resident (LPR) for 7 years
- Miguel and Elena were born in the U.S.
Example: Immigration and Citizenship Verification

On the Application:

• All family members provide SSNs on the application

• Monica, Miguel and Elena attest to being U.S. citizens
  → Monica is asked if she is a naturalized or derived citizen and she answers “yes”
  → Monica does not have a Certificate of Citizenship, so she skips the questions asking for document numbers

• Roberto attests to having an eligible immigration status
  → He provides his “Alien” number but not his card number
## Data Matching Results

<table>
<thead>
<tr>
<th>Applicant:</th>
<th>Data Match: SSA</th>
<th>Data Match: SAVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monica</td>
<td>No match</td>
<td>No match</td>
</tr>
<tr>
<td>Roberto</td>
<td>N/A</td>
<td>No match</td>
</tr>
<tr>
<td>Miguel &amp; Elena</td>
<td>Match</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Eligibility Results

- Monica and Roberto 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)

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Eligible for:</th>
<th>Next steps:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monica</td>
<td>• Marketplace plan with APTC</td>
<td>• Pick a plan and pay first month’s premium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• <strong>Provide documentation to prove citizenship</strong></td>
</tr>
<tr>
<td>Roberto</td>
<td>• Marketplace plan with APTC</td>
<td>• Pick a plan and pay first month’s premium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• <strong>Provide documentation to prove immigration status</strong></td>
</tr>
<tr>
<td>Miguel &amp; Elena</td>
<td>• Marketplace plan with APTC</td>
<td>• Pick a plan and pay first month’s premium</td>
</tr>
</tbody>
</table>
Ruiz Family Gets a Warning Notice

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

- Monica and Roberto submitted documents, but they were not sufficient:
  - Monica sent in her Consular Report of Birth Abroad, but she also needs to send in a document that includes a photo or other identifying information.
  - Roberto sent in his foreign passport, which in some cases may be used to prove lawful permanent residence, but in his case the passport did not contain the necessary information.
Monica Gets an DMI Expiration Notice

- Roberto then sends in a copy of his LPR document ("Green Card")
- Monica does not have a document from the list of options provided on her eligibility notice so she does not send in additional documents
- She later gets a data-matching expiration notice explaining that her coverage will end because she did not provide documentation to prove her citizenship
How Monica Can Regain Coverage

- Monica 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:
- Monica is no longer covered.

May 3:
- Monica obtains a state ID with her picture.
- She uploads a copy to her Marketplace account.

May 14:
- Monica’s DMI is resolved with the combination of the 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 April 1.
Verification of Household Income
Applicants must provide information on the source and amount of income for each individual in the household.

Submit income information for everyone in the household with income, even if they’re not applying for coverage.

Attestations on the application are matched with data in the federal hub.
Reasons Data Matching May Not Verify Income

- Change in a job or hours of employment
- 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)
- No tax data available because didn’t file taxes in prior years
Verification of Income: General Rules

Threshold for Triggering a DMI: Attestation is different from the data hub by more than 25% \textit{and} at least $6,000

✓ **Attestation is Accepted**
- Income attestation is usually accepted if:
  - The attestation is \textit{higher than} the income in the data hub, regardless of income difference, or
  - The attestation is lower but doesn’t trigger the threshold

❗ **DMI is Triggered**
- Applicant is awarded subsidies based on income attestation but must provide documents to verify household income because:
  - There is no income information in the data hub, or
  - Attestation is 25\% \textit{and} $6,000 \textit{lower than} the data available in the hub, or
  - \textbf{NEW in 2019:} Attestation is above the poverty line but data sources suggest that income is below the poverty line (difference must be 25\% and $6,000 \textit{higher than} income in hub)
New in 2019: DMI for Some with Income Near Poverty Line

Income DMI will be triggered if:

• An applicant attests to projected income between 100-400% FPL (and is otherwise eligible for a PTC),

• But the data hub indicates income below 100% FPL, and

• Attested projected income is more than a reasonable threshold higher than income in the data hub
  → 25% more than income in the data hub and at least a difference of $6,000

Notes:
• In practice, this only impacts states that have not expanded Medicaid
• Will not apply to non-citizens who are lawfully present and ineligible for Medicaid due to immigration status since they are eligible for PTC below 100% FPL
Example: Prior Year Income Under the Poverty Line

- Walt lives in St. Louis, MO (a state that hasn’t expanded Medicaid)

- Since 2018, Walt has worked part-time (20 hours/week) as a bookkeeper earning $11/hour
  - His annual earnings: $11,440 (92% FPL)
  - This is just under the poverty line making him ineligible for PTC and ineligible for Medicaid

- He gets a raise to $13/hour starting January 1, 2020. He will also work more hours (25 hours/week).
  - He projects earning $16,900 in 2020 (135% FPL)

- His projected income exceeds his prior income by more than 25%, but there is less than a $6,000 difference → No income DMI is triggered
Example: Prior Year Income Under the Poverty Line

• Instead, since 2018, he has worked only 15 hours/week earning $11/hour
  → His annual earnings: $8,580 (69% FPL)
  → This is under the poverty line, making him ineligible for PTC and ineligible for Medicaid

• He gets a raise to $13/hour starting January 1, 2020. He will also work more hours (25 hours/week).
  → He projects earning $16,900 in 2020 (135% FPL)

• His projected income exceeds his prior income by more than 25% \textbf{and} $6,000 → Income DMI is triggered
### Documents That Can Be Used to Verify Income

<table>
<thead>
<tr>
<th>If income listed on application includes...</th>
<th>Acceptable forms of proof include...</th>
</tr>
</thead>
</table>
| Wages (gross income)                       | • Most recent 1040 tax return or state tax return  
  • Most recent W-2  
  • A recent pay stub  
  • A letter from your employer  
  • A copy of a check paid to you as wages  
  • Signed time sheets |
| Self-employment income                     | • Federal 1040 Schedule C/F  
  • Most recent 1099-MISC  
  • Bookkeeping records or a self-prepared ledger that shows income and deductible expenses  
  • Bank statements that show deposits and expenses from your business |
| Social Security                            | • Federal 1040 tax return or state tax return  
  • Form SSA-1099 Social Security benefits statement  
  • Any correspondence from the Social Security Administration that shows your benefit amount, including a Cost of Living Adjustment letter  
  • A bank statement that shows the monthly Social Security amount deposited into your bank account |
| Unemployment compensation                  | • Most recent 1040 tax return or state tax return  
  • Most recent 1099-G showing unemployment compensation  
  • An Unemployment Insurance Benefit Wage Statement that shows the weekly and total benefit you will receive |
| Retirement income                          | • Federal 1040 tax return or state tax return  
  • Most recent 1099 for Retirement/Pension source  
  • Retirement/Pension documents |
| Withdrawal of taxable savings               | • Bank or investment fund statement  
  • A statement of your intent to withdraw funds from an IRA or other retirement fund. Include the amount you expect to withdraw and when. Do not include non-taxable withdrawals, such as those from a bank savings account. |
| Rental income                              | • Federal 1040 tax return or state tax return  
  • A lease agreement that shows income from rental property.  
  • Most recent 1099-MISC |

For more information on documents to send to resolve a DMI, see [www.healthcare.gov/help/how-do-i-resolve-an-inconsistency](http://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency)
Guide for Annual Household Income DMIs

- Guide from the Marketplace to help consumers understand and resolve income DMIs
- Includes list of example documentation to help resolve an income DMI
- Includes worksheet to help collect the documents needed to verify household income

Example: Prior Year Income Under the Poverty Line

Walt’s projected income triggers a DMI. What happens now?

- Walt can still enroll in coverage with APTC and CSR, but he must submit documents to prove his attested income within 90 days

- To prove his new income, Walt can submit:
  - A letter from his employer with the increase in wages and hours
  - A paystub or check paid to him as wages showing the pay raise and increased hours once he gets the raise

- In January, Walt submits a paystub with his higher hourly wage and increased hours with a letter explaining his new hours and expected annual projection
  - His DMI is resolved February 1 and his APTC continues without interruption
What if Documents Aren’t Available?

- In some cases, such as when income is expected to change mid-year and proof isn’t available, a signed statement may be accepted
- This statement should include household information and explanation for income projection

| Primary Household Contact: | Kala Mehta |
| Other Household Members: | None |
| Application ID: | 1770370348 |
| State of Application: | Virginia |
| Phone Number: | 513-423-1229 |
| Today's Date: | 11/15/2019 |
| Projected Annual Income for 2020 as Stated on Application: | $21,000 |

Explanation for income projection:
I will be starting school in the fall and will be quitting my job in August. My current job pays $15/hour and I work 40 hours a week. By the time I quit at the end of August, I should make around $21,000. I expect to have no income from September through the end of the year.
Example: Household Income Goes Down

- Jaylen is self-employed and Mia works part-time at a bookstore.

- On the family’s 2018 tax return:
  - Jaylen reported self-employment income of $50,000.
  - Mia earned $25,000 at her job.
  - Total: $75,000.

- Jaylen lost his best customer in late 2019 and he expects his income will be only $25,000 in 2020 (after allowable deductions). Because of the loss of income, they expect to withdraw $5,000 from a retirement account.

- When applying for 2020 coverage:
  - The family attests to projected annual income of $55,000 for 2020 ($25,000 from Jaylen, $25,000 from Mia, and $5,000 from the retirement account).
  - The attestation is more than 25% and $6,000 below what their 2018 tax return shows. It triggers a DMI.
Example: Household Income Goes Down

• The family attests to projected annual income of $55,000 for 2020 → a DMI is triggered

• The Marketplace provides APTC based on the attestation and gives the family 90 days to submit documentation of their income

• If they fail to submit documentation, the Marketplace will use their 2018 tax return as the basis for determining their premium tax credit
Example: Household Income Goes Down

Documents family can submit:

- Ledger showing business income and expenses
- A statement explaining that:
  - Jaylen lost a client from 2018 and does not expect to replace the lost income with new business
  - They’ll take money out of a retirement account
- Plus Mia’s most recent pay stub

<table>
<thead>
<tr>
<th>Total projected income</th>
<th>Jaylen’s projected income (ledger plus explanation of lost client)</th>
<th>$28,000 - $3,000</th>
<th>$25,000 + $5,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>$55,000</td>
<td>Jaylen’s projected expenses (ledger)</td>
<td></td>
<td>Mia’s projected income (pay stubs)</td>
</tr>
<tr>
<td></td>
<td>Retirement account withdrawal (explanation)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If Income DMIs Are Not Resolved

- **If income information is available in the data hub**, the APTC will be changed based on the information in the hub:
  - If available information shows income under the poverty line or over 400 percent of the poverty line, subsidies are terminated

- **If income information is not available in the data hub**, subsidies are terminated

- If subsidies are reduced or terminated, the enrollee will be responsible for a higher share or the entire premium:
  - New premium amount may be withdrawn from consumer’s bank account if they have authorized automatic payments
  - If enrollee does not pay the full premium, grace period begins
  - Consider ending the plan rather than letting the grace period kick in to avoid owing the first month’s premium

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

• A person can resolve the DMI and restore APTC by:
  → Submitting documentation
  → 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, a PTC for the gap months may still be available on the tax return, as long as the person was enrolled in a marketplace plan and paid the premium for those months
John Fails to Resolve His DMI

- John has never filed taxes
- He attests to annual projected income of $22,000 for 2020
  - No tax information is available to verify his projection
- John moved shortly after he enrolled and never got the reminder notice to submit documents to resolve his inconsistency
- His subsidies were terminated after 90 days

**John can submit documents now.** If he verifies his income, he can restore his subsidy for future months. (But he must be enrolled — he’s not eligible for a SEP.)

**John can appeal.** If his appeal is successful, he can get retroactive APTC.

**If possible, John should pay the premium and maintain coverage.** If John stays in his plan and pays the premium, he can claim the PTC on his tax return for all months in which he was eligible. If he fails to pay the premium and his coverage lapses, he may need to wait for the next open enrollment period.
Verification of Other Minimum Essential Coverage
Minimum Essential Coverage DMIs

- Electronic match with Medicaid agencies, Medicare, Office of Personnel Management, or databases of employer-sponsored coverage may show that 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 MEC.
- Can enroll in coverage with APTC based on attestation but will need to submit documentation that they are not enrolled in other coverage.
  → For example: a letter from insurer showing coverage termination date, notice from Medicaid or CHIP agency, or other proof from the other source of coverage.
- If not resolved in 90 days, lose eligibility for APTC.

For more information on documents to send to resolve an MEC DMI, see [www.healthcare.gov/help/how-do-i-resolve-an-inconsistency](http://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency)
Periodic Data Matching

• Throughout the coverage year, the marketplace will periodically check enrollment in Medicaid, CHIP, and Medicare.

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

• The **Medicaid/CHIP PDM notice** asks the enrollee:
  → End their marketplace coverage if they **are** enrolled in Medicaid/CHIP, or
  → Update their marketplace application if they **aren’t** enrolled in Medicaid/CHIP.

  → If the consumer fails to act, APTC will be terminated, but the plan will stay in effect *at full cost*.

• A **Medicare PDM notice** will either:
  → Terminate APTC but leave the marketplace coverage in effect *at full cost*, or
  → Terminate both the QHP and APTC if a person elected to do so on their application

    ! If the QHP is terminated, other members of the individual’s family get a SEP to re-enroll in coverage.

Identity Proofing for Healthcare.gov
Importance of ID Proofing

Though ID proofing is NOT an eligibility requirement, 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
Online ID proofing:
- Experian 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 → 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 or paper while documents are being processed
## Consumers Can Prove Identity by Mailing or Uploading

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

- Use Healthcare.gov’s See Plans and Prices tool to browse plans online
- Complete the application using a paper form or over the telephone
- Select a plan through the call center
- Request paper notices
- Report changes and complete renewals through the call center
General Tips to Prevent and 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
  → 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 option to provide that information
Tips to Resolve DMIs

• Uploading documents to the marketplace 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. Here are a few examples of special characters that can’t be in the file name: / \ : * ? “ < > |
  → If the upload menu does not include the document type the consumer is trying to upload, the consumers can select “other”

• If mailing documents, provide information needed to match to application
  → Include the page in the notice that includes a bar code if available
  → If bar code is not available, write the name, state and application ID number on the each of the documents being submitted
  → Mail all documents together at one time
  → Keep record of date and what was mailed, including a certified mail receipt if possible
Resources

- Reference Guide: Documents Used to Verify Immigration Status

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)
Upcoming Webinars

Part V: Plan Design
• Tuesday, October 15 | 2 pm ET (11 am PT)

Part VI: Plan Selection Strategies
• Thursday, October 17 | 2 pm ET (11 am PT)

Immigrant Eligibility for Health Coverage Programs
• Tuesday, October 22 | 2 pm ET (11 am PT)

Working with Immigrants: What Consumer Enrollment Assistance Providers Need to Know Now
• Tuesday, October 29 | 2 pm ET (11 am PT)

Register for upcoming webinars at
www.healthreformbeyondthebasics.org/events
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For more information and resources, please visit:

www.healthreformbeyondthebasics.org

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