

Navigator and Member Help Desk Talking Points

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This document provides information about the Periodic Data Matching process for public program enrollees. It is intended for Member Help Desk staff, Navigators, and others who may need to assist enrollees who are undergoing PDM. It includes a section on PDM Helpful Information and Frequently Asked Enrollee Question.

PDM-Helpful Information

As a result of legislation passed in 2015, public program enrollees will have their METS cases reviewed using electronic data sources to ensure they are in the correct program. This will occur once per certification period (once per 12 months) and will occur during a scheduled PDM month.

- If the electronic information indicates the enrollee is not eligible for their current METS program, a discrepancy is raised. This process is automated and behind the scenes. It does not alter any eligibility on the case. The three potential discrepancy types are based on the electronic information received. They include:
 - Income
 - Death
 - Medicare (Minimum Essential Coverage)
- Enrollees who have a discrepancy raised, will be sent a Discrepancy Notice. This will be the initial point of contact for enrollees and will be the first time they begin contacting agencies with questions or to report information regarding their case.
- The Discrepancy Notice does NOT mention the term **Periodic Data Matching** (or **PDM**), so an enrollee will not use those terms when they call in. The full title of the notice is: Medical Assistance or MinnesotaCare Discrepancy Notice.
- The Discrepancy Notice will include which individuals in the household have discrepancies and their discrepancy type(s). It will also include an optional response form the enrollee can use to respond to the notice and resolve the discrepancy.
- An extension is available if the enrollee needs more time to gather information to resolve their discrepancy.
- If an enrollee does not resolve their discrepancy or request an extension by the due date, they will lose their eligibility for public programs beginning the next calendar month. If they have an income discrepancy only, they will receive an Unassisted Qualified Health Plan determination.
- Encourage the enrollee to write their Integrated Case number as well as “Discrepancy” on any documents they turn in so the agency can more easily identify them as PDM documents.

Enrollee Frequently Asked Questions

Why did I get a Discrepancy Notice?	Electronic data was received that indicated the enrollee may not be eligible for the public program they are currently enrolled in.
I got a Discrepancy Notice, what should I do?	The enrollee will need to review the information on their Discrepancy Notice and contact the appropriate agency before the due date.
How do I resolve my discrepancy?	The enrollee can contact the appropriate agency and either confirm or explain the discrepancy (by phone, in person, or in writing). <u>Verification IS NOT required to resolve a discrepancy.</u>
Do I have to do anything else, just call the agency on the letter?	If the enrollee’s METS case needs to be updated with any changes reported, verification may be requested. If they have changes to report, they can include verifications to expedite the process.

<p>How long do I have to resolve the discrepancy?</p>	<p>The enrollee has 30 days from the date on the notice to resolve their discrepancies, otherwise they may lose public program eligibility.</p>
<p>I need more time to resolve my discrepancy.</p>	<p>If the enrollee has not already lost coverage, they can request an extension by contacting the appropriate agency on the notice either by phone, in person or in writing.</p>
<p>My MA/MCRE is closed! What should I do?</p>	<p>Enrollees who do not respond to their Discrepancy Notice (or who provide information that makes them ineligible for public programs) will lose their coverage on the first day after their PDM month. In order to regain coverage, the enrollee must contact the appropriate agency to resolve their discrepancy and/or reapply.</p>
<p>I got a letter stating I qualified for an Unassisted Qualified Health Plan, what does that mean?</p>	<p>Enrollees who only have an income discrepancy and do not respond to their Discrepancy Notice, may be reassessed for uQHP. Even though they have lost public program eligibility, they are eligible to purchase a plan at full cost.</p>
<p>I don't want Unassisted Qualified Health Plan, what do I do now?</p>	<p>Enrollees should contact the appropriate agency to resolve their discrepancies and/or report any changes.</p>
<p>Can YOU (the Navigator) call the agency to report my information?</p>	<p>No. Only the enrollee or their authorized representative is able to contact the appropriate agency to resolve their discrepancy.</p>
<p>Aren't YOU (Member Help Desk) DHS? Can't you take my information and resolve my discrepancy?</p>	<p>No. Only the servicing agency, which is MinnesotaCare Operations or the County agency, can process their information and resolve their discrepancy.</p>