Periodic Data Matching (PDM)

Kyleen Harstedt
Periodic Data Matching Basics

• Result of state legislation passed in 2015
• Requires DHS to conduct Periodic Data Matching (PDM) where electronic data from Data Hub is used to “project” eligibility
• Purpose is to identify public program enrollees in who may no longer be eligible for their current program
• A case undergoes PDM once per 12 month Certification Period and it is assigned to avoid Renewal dates.

• Only Medical Assistance and MinnesotaCare Enrollees in METS will be subject to PDM.

• Existing METS cases have been assigned a PDM month. New applications will be automatically assigned a PDM month upon processing.
PDM & ROP Timeline for MA enrollee

- **3/2/19**: Consumer applies and is approved for MA
- **6/2/19 - 6/30/19**: ROP Process
- **9/5/19**: PDM Discrepancy Notices sent
- **10/8/19**: PDM Closure Notices Sent
- **10/31/19**: MA eligibility ends if consumer does not respond
- **10/31/19**: MA eligibility ends if consumer does not respond

**Timeline Key Dates**

- **5/1/19**
- **2/1/19**
- **3/1/19**
- **4/1/19**
- **5/1/19**
- **6/1/19**
- **7/1/19**
- **8/1/19**
- **9/1/19**
- **10/1/19**
- **11/1/19**
- **12/1/19**
Servicing Agency
123 Main Street
St. Paul, MN 55155

Mar 25, 2018 9:45 AM
Case Number: ABC123

JOHN J SMITH
500 MOCKINGBIRD LANE
ST. PAUL, MN 55155

Important: Action Needed
We have received information about you or members of your household that is different from what you reported. You must confirm or update the information on this notice within 30 days from the date on this notice. If you do not respond, health care coverage for some or all household members may end.
Contact the agency listed above or complete the enclosed form and send it to the agency listed above.
Income Discrepancy

Income information received from electronic sources indicates that the following people may no longer meet the income limit for their health care program. You must confirm the income information for your household.

[John Jacob Smith Jr]
[Jane Julie Smith]
[Joshua James Smith]
Medical Assistance or MinnesotaCare Discrepancy Response Form

Review the information below. You must tell us if this information is correct or if it is incorrect and needs to be changed.

If you know the information below is complete and correct:
- Call the agency listed on the first page of this notice to confirm the information;
- Enter your name below, and send this form to the agency listed on the first page of this notice.

If you know the information below is incomplete or incorrect:
- Call the agency listed on the first page of this notice to provide updated information,
- Enter your name below and provide updated information in the box below. Send this form to the agency listed on the first page of this notice.

Name of person completing this form:

You must respond within 30 days from the date on this notice. If you do not respond, health care coverage for some or all household members may end.

Medicare Information

The information below is complete and correct unless you enter a change in the box below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of assistance</th>
<th>Start date</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Jacobs Smith Jr</td>
<td>Medicare Part A</td>
<td>01/01/2017</td>
</tr>
<tr>
<td>[Jane Julie Smith]</td>
<td>Medicare Part A</td>
<td>01/01/2017</td>
</tr>
<tr>
<td>[Joshua James Smith]</td>
<td>Medicare Part A</td>
<td>01/01/2017</td>
</tr>
</tbody>
</table>

If the information above is not correct, clarify in the box below:
Servicing Agency
123 Main Street
St. Paul, MN 55155

Mar 25, 2018 9:45 AM
Case Number: ABC123

John J Smith
500 Mockingbird Lane
St. Paul, MN 55155

Medical Assistance or MinnesotaCare Closing Notice
for Unresolved Discrepancy

Important: Action Needed
We sent you a Discrepancy Notice asking you to confirm or update information about you or members of your household. You did not respond within 30 days, so the people listed on this form are no longer eligible for Medical Assistance or MinnesotaCare.

You may be able to continue your Medical Assistance or MinnesotaCare if you immediately contact the agency listed above or complete the Discrepancy Response Form that we sent you. You must do this before the date that coverage ends (listed below). If you complete the form, send it to the agency listed at the top of this page. If you would like to call the agency listed above and do not know the phone number, call the DHS Member Help Desk at 651-431-2670 or 800-657-3739 for assistance.

Health Care Results
John Jacob Smith Jr - MNsure ID Number: 12345678
You no longer qualify for Medical Assistance starting [date]. The last day you can receive coverage from Medical Assistance is [date].
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why did an enrollee receive a Discrepancy Notice?</td>
<td>Electronic data was received that indicated the enrollee may not be eligible for the public program they are currently enrolled in.</td>
</tr>
<tr>
<td>An enrollee received a Discrepancy Notice, what should they do?</td>
<td>The enrollee will need to review the information on their Discrepancy Notice and contact the agency listed on the notice before the due date. If the only public program eligibility on the case is MA, refer the enrollee to their county. If eligibility on the case is MinnesotaCare only, or a combination of MinnesotaCare and MA, refer them to MinnesotaCare Operations.</td>
</tr>
<tr>
<td>How can an enrollee resolve a discrepancy?</td>
<td>The enrollee can contact the agency listed on the notice and either confirm or explain the discrepancy (by phone, in person, or in writing). <strong>Verification IS NOT required to resolve a discrepancy.</strong></td>
</tr>
<tr>
<td>How long do enrollees have to resolve a discrepancy?</td>
<td>The enrollee has 30 days from the date on the notice to resolve their discrepancies, otherwise they may lose public program eligibility.</td>
</tr>
<tr>
<td>An enrollee’s MA/MCRE has now closed. What should they do?</td>
<td>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.</td>
</tr>
</tbody>
</table>
• Training and Resources:
  • PDM Online Training Course
  • Navigator Talking Points
  • Samples of PDM notices
Questions