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Center for Consumer Information and Insurance Oversight

Released July 14, 2025

The guidance referenced in this document is applicable to all Exchanges[1] and provides specific operational details for consumers in Exchanges using the federal eligibility and enrollment platform. This guidance replaces and revises the following guidance, "Medicaid/CHIP Periodic Data Matching (PDM) - External Frequently Asked Questions (FAQ)" published on August 12, 2024, which referenced regulations at 45 CFR 155.330.

This guidance serves as formal notice that CMS is restarting full Medicaid/CHIP PDM operations in 2025. Medicaid/CHIP PDM is an important program integrity effort run by Exchanges to ensure that consumers are in the correct form of coverage and prevent improper payments of the advance payments of the premium tax credit (APTC), and for cost-sharing reductions (CSRs). Full PDM operations include the removal of APTC and CSRs for consumers that are found to be dually enrolled in Exchange coverage (also known as "Marketplace coverage") with financial help and Medicaid or CHIP. The guidance includes comprehensive background and questions about PDM operations.

Medicaid/CHIP Periodic Data Matching (PDM) - External Frequently Asked Questions (FAQ)

Consumers who are determined eligible for, or are enrolled in, coverage through Medicaid or the Children's Health Insurance Program (CHIP), that counts as qualifying health coverage (also known as minimum essential coverage, or MEC), are ineligible for advance payments of the premium tax credit (APTC), and for cost-sharing reductions (CSRs) to help pay for the cost of their Exchange coverage premium and cost-sharing for covered services.

Consistent with federal regulation at 45 CFR 155.330, the Exchange generally must conduct periodic data matches with state Medicaid and CHIP agencies to determine whether consumers who are enrolled in Exchange coverage with APTC or CSRs are also enrolled in Medicaid or CHIP that counts as qualifying coverage (referred to as "dually enrolled consumers"). The Exchange sends an initial warning notice to the primary contact for each dually enrolled consumer, requesting that they take immediate action.

The notice includes the names of those consumers who have been identified as dually

[1] References to the Exchange refer throughout to the Federally-facilitated Exchanges and State-based Exchanges using the federal platform.

enrolled, and instructions to either inform the Exchange that they are not enrolled in Medicaid or CHIP, or to end APTC/CSRs, with the option to end Exchange coverage as well. The Exchange sends a final warning notice to consumers dually enrolled in Medicaid or CHIP and Exchange coverage with APTC/CSRs who do not take action, and (if they continue to take no action) it ends APTC/CSRs for them. When the Exchange ends APTC/CSRs, consumers remain enrolled in their Exchange coverage without APTC/CSRs and are responsible for paying the full cost for their share of the Exchange coverage premium and covered services. Consumers also have the option of ending their Exchange coverage.

Beginning with the 2025 plan year, the Exchange will also send a new notice, referred to as the "Resolution Notice." This notice will be sent to consumers once their Medicaid/CHIP PDM issue is resolved, because they (1) either ended their APTC/CSRs or their Exchange coverage, if they so choose; (2) no longer appear to be enrolled in Medicaid or CHIP based on our data sources; or (3) updated their application and attested that they do not have Medicaid or CHIP coverage.

General Questions about Medicaid/CHIP PDM

Q1: What is Medicaid/CHIP PDM?

A1: Consumers who are eligible for or enrolled in Medicaid or CHIP are not eligible for APTC/CSRs through the Exchange per 26 CFR 1.36B-2(a)(2). As described in Health Insurance Exchange regulations at 45 CFR 155.330(d)(1)(ii), Medicaid/CHIP PDM is the process in which the Exchange periodically examines available data sources to determine whether consumers who are enrolled in Exchange coverage with APTC/CSRs are also in Medicaid or CHIP that counts as qualifying coverage.[2] As described in 45 CFR 155.330(e), the Exchange notifies these consumers that they are not eligible for APTC/CSRs if they are dually enrolled and should immediately end their APTC/CSRs or terminate their Exchange coverage, if they so choose. If consumers choose to remain enrolled in full-cost Exchange coverage, they should notify their state Medicaid/CHIP agency of their Exchange enrollment. They may have difficulty using their Medicaid or CHIP coverage, since Medicaid and CHIP are subject to third party liability rules that generally mean that they are the "payer of last resort." They also may no longer be eligible for CHIP at renewal.

Q2: Why did CMS pause Medicaid/CHIP PDM operations?

A2: The Families First Coronavirus Response Act (FFCRA) as amended by the Consolidated Appropriations Act, 2023 (CAA, 2023), prohibited states from disenrolling most individuals from Medicaid as a condition of receiving a temporary increase in federal Medicaid matching funds during a period that generally aligned with the COVID-19 Public Health Emergency (PHE).

While the FFCRA's continuous enrollment condition was in place, CMS paused Medicaid/CHIP PDM in order to prevent consumers from inappropriately losing Exchange

[2] The state data that is accessed through the Medicaid/CHIP PDM check includes Medicaid and CHIP enrollment data, not data regarding eligibility.

financial help, and potentially coverage, during the pandemic.

These operational changes were made to prioritize maintaining coverage for consumers during the PHE.

Since 2023, CMS has worked extensively with states to improve the quality of state data. Starting in 2024, after the majority of states completed the process of unwinding from the FFCRA continuous enrollment condition and returned to regular eligibility and enrollment processes in Medicaid and CHIP, we conducted a modified, notice-only Medicaid/CHIP PDM process, as described in Q3 below. CMS is restarting full Medicaid/CHIP PDM in 2025. The work CMS did to improve the quality of state data will continue to increase PDM system accuracy for identifying dual enrollment in Medicaid or CHIP and Exchange coverage with APTC/CSRs, and will lead to better consumer experiences by limiting erroneous notices.

Q3: What is different about Medicaid/CHIP PDM in 2025 compared to 2024?

A3: As of early 2021, CMS ceased Medicaid/CHIP PDM operations in light of the FFCRA continuous enrollment condition, which in some cases limited states ability to maintain up-to-date and accurate enrollment information for Medicaid and CHIP. CMS continued the pause on Medicaid/CHIP PDM to mitigate consumer harm due to potentially inaccurate Medicaid and CHIP data as states worked to "unwind" from the FFCRA continuous enrollment condition, a process that included resuming routine renewals. The pause to Medicaid/CHIP PDM operations continued through 2023.

As of 2024, CMS was still concerned about the accuracy of Medicaid and CHIP enrollment data used in the PDM process as many states were in the process of "unwinding" from the FFCRA continuous enrollment condition and lacked current documentation about Medicaid/CHIP enrollment. CMS modified the typical Medicaid/CHIP PDM process in light of these concerns. For 2024, CMS conducted a notice only Medicaid/CHIP PDM process and for consumers who were identified as dually enrolled in Medicaid or CHIP and Marketplace coverage with APTC/CSRs.

In 2024, consumers identified as having Exchange coverage with APTC/CSRs and Medicaid or CHIP coverage received a single notice through U.S. Postal Mail notifying them of their dual enrollment. Dually enrolled consumers were asked to take action to either inform the Exchange that they are not enrolled in Medicaid or CHIP or to end APTC/CSRs with the option to end Exchange coverage as well. Unlike the typical Medicaid/CHIP PDM process, consumers did not receive subsequent notices related to their dual coverage in 2024, and CMS did not end APTC/CSRs for consumers who did not take action in response to the initial Medicaid/CHIP PDM warning notice.

In the 2025 plan year, the Exchange will also send a new notice, referred to as the "Resolution Notice." This notice will be sent to consumers once their Medicaid/CHIP PDM issue is resolved, because they (1) either ended their APTC/CSRs or their Exchange coverage, if they

so choose; (2) no longer appear to be enrolled in Medicaid or CHIP based on our data sources; or (3) updated their application and attested that they do not have Medicaid or CHIP coverage.

In 2025, CMS is resuming full Medicaid/CHIP PDM operations and will resume ending APTC/CSRs for consumers who do not take action to resolve their Medicaid/CHIP PDM issue within the 30-day PDM notice window.

Q4: What if a consumer isn't sure if they have Medicaid or CHIP coverage?
A4: If a consumer is not sure if they have Medicaid or CHIP coverage, they should contact their state Medicaid or CHIP agency to confirm. For Medicaid, consumers can visit HealthCare.gov/medicaid-chip/getting-medicaid-chip/ to find their state's contact information. For CHIP, consumers can visit InsureKidsNow.gov, or call 1-877-543-7669.

If a consumer is enrolled in both Medicaid or CHIP and Exchange coverage with APTC/CSRs, the consumer should visit HealthCare.gov/medicaid-chip/cancelling-marketplace-plan/ or contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) for instructions on how to end their APTC/CSRs or terminate their Exchange coverage, if they so choose. Consumers who are enrolled in full-cost Exchange coverage and Medicaid or CHIP should notify their state Medicaid or CHIP agency of their Exchange coverage. If they choose to keep full-cost Exchange coverage while they also have Medicaid or CHIP, they might have difficulty using their Medicaid or CHIP coverage, since Medicaid and CHIP are subject to third party liability rules that generally mean that they are the "payer of last resort." Those consumers who choose to remain enrolled in full-cost Exchange coverage may no longer be eligible for CHIP at renewal.

Q5: What if a consumer who receives the Medicaid/CHIP PDM initial warning notice believes they are not enrolled in, or not eligible for, Medicaid or CHIP?
A5: If a consumer receives a Medicaid/CHIP PDM notice but does not think that they are enrolled in Medicaid or CHIP, the consumer should contact their state Medicaid or CHIP agency as soon as possible to confirm their enrollment status. If the consumer learns from the state Medicaid or CHIP agency that they are not enrolled in Medicaid or CHIP, the consumer does not need to take any further action. The Marketplace will recheck whether the consumer is still enrolled in Medicaid or CHIP before taking any action to end their financial help. If the consumer learns from the state Medicaid or CHIP agency that they are enrolled in Medicaid or CHIP, they should end their APTC/CSRs or terminate their Exchange coverage immediately. Consumers who choose to remain in full-cost Exchange coverage and Medicaid or CHIP should notify their state Medicaid or CHIP agency of their Exchange enrollment. If they choose to keep full-cost Exchange coverage while they also have Medicaid or CHIP, they might have difficulty using their Medicaid or CHIP coverage, since Medicaid and CHIP are subject to third party liability rules that generally mean that they are the "payer of last resort." Those consumers who choose to remain enrolled in full-cost Exchange coverage may no longer be eligible for CHIP at renewal.

A consumer who is enrolled in Exchange coverage with APTC/CSRs and Medicaid or CHIP may believe they are eligible to remain enrolled in Exchange coverage with APTC/CSRs if they experience a change in circumstance, such as a change in household composition or income, that makes them no longer eligible for Medicaid or CHIP. The consumer should contact the state Medicaid or CHIP agency to inform them of these circumstances. If the State Medicaid or CHIP agency determines that the consumer is no longer eligible for Medicaid or CHIP, the consumer should update their Exchange application to state that they are not enrolled in Medicaid or CHIP; they can remain in their Exchange coverage with APTC/CSRs, if otherwise eligible.

Q6: Will consumers who receive a Medicaid/CHIP PDM notice and subsequently update their Exchange application potentially be notified of a Medicaid or CHIP data matching issue (DMI)?

A6: Yes, a consumer who updates their Exchange application after receiving a Medicaid/CHIP PDM notice will be notified of a Medicaid or CHIP data matching issue (DMI) if the Exchange finds that the consumer is eligible for APTC/CSRs, the consumer attests that they are not enrolled in other qualifying coverage, and Medicaid or CHIP enrollment data indicates that the individual is enrolled. CMS issued previous guidance[3] stating that, on Exchanges that use the federal platform, the Medicaid and CHIP DMI process was paused during plan year 2022 due to timing issues with enrollment and data availability from state Medicaid or CHIP agencies. The Medicaid and CHIP DMI process remains paused for consumers who do not receive a Medicaid/CHIP PDM notice until November 2025.

Q7: What should a consumer do if they are notified that they need to resolve a DMI?

A7: Consumers should follow the instructions outlined in the notice they receive and submit the requested document(s) as soon as possible.

Q8: How often is Medicaid/CHIP PDM conducted?

A8: Per the Exchange regulations at 45 CFR 155.330(d)(3)(i), starting with plan year 2021, all Exchanges are generally required to conduct Medicaid/CHIP PDM at least twice per year. The Exchange typically conducts Medicaid/CHIP PDM twice during the coverage year and sends notices accordingly, and CMS expects to do the same in 2025.

In 2024, in light of our experience needing to pause Medicaid/CHIP PDM operations from 2021 through 2023 due to limited data availability during the FFCRA continuous enrollment condition and subsequent "unwinding," CMS promulgated regulations specifying that the Secretary may suspend the requirement that Exchanges conduct Medicaid/CHIP PDM twice per year if there exists limited availability of the data needed to conduct PDM. In 2024, the Exchange conducted a single notice-only Medicaid/CHIP PDM.[4]

[3] https://www.cms.gov/files/document/faqs-marketplace-unwinding.pdf

[4] In 2024, following the 2021-2023 full pause to Medicaid/CHIP PDM processes, CMS promulgated regulations at

Q9: What types of Medicaid and CHIP coverage are considered qualifying coverage?
A9: Most Medicaid is considered qualifying coverage; some forms of Medicaid that cover limited benefits (like Medicaid that only covers emergency care or family planning) are not considered qualifying coverage. For more information on what Medicaid programs are considered qualifying coverage, visit: HealthCare.gov/medicaid-limited-benefits/. CHIP coverage is considered qualifying coverage. For PDM, only consumers enrolled in Medicaid or CHIP coverage that is considered MEC will be notified as outlined in Question 2 of this FAQ.

Q10: What functionality is being used between the Exchange and states to conduct Medicaid/CHIP PDM?
A10: Prior to 2021, Medicaid/CHIP PDM verified enrollment in Medicaid or CHIP coverage using the synchronous Non-employment-sponsored insurance (ESI) minimum essential coverage (MEC) Hub service to check whether a consumer who is enrolled in Exchange coverage with APTC/CSRs is also enrolled in Medicaid or CHIP coverage.

Starting in 2024, Medicaid/CHIP PDM incorporated the use of Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) data as a first step in the Medicaid/CHIP PDM process. Once TAF data on dual enrollment was gathered, this data set was then run through the Non-ESI MEC Hub service to confirm dual enrollment. The purpose of this additional step to check TAF data before running the Non-ESI MEC Hub service is to reduce the volume of Non-ESI MEC requests CMS sends to state Medicaid and CHIP agencies during the Medicaid/CHIP PDM process, thereby making the process more efficient.

Although TAF data typically lags by approximately two months, CMS has determined that its use will allow CMS to perform matching through the Non-ESI MEC Hub service more quickly, reduce administrative burden on states, and potentially allow CMS to run Medicaid/CHIP PDM more frequently in future years. Because the Non-ESI MEC Hub service is synchronous, it generally contains up-to-date and accurate state enrollment data, which reduces risk of CMS improperly noticing consumers who might appear as dually enrolled in TAF data but are subsequently determined to not be dually enrolled through the Non-ESI MEC Hub service.

In 2025, CMS will be using the same Medicaid/CHIP PDM verification process as in 2024. Since the Exchange utilizes existing functionality to conduct the data match, there should be no additional technological burden on the state Medicaid or CHIP agencies.

Q11: What work has CMS done to promote data integrity in the Medicaid/CHIP PDM process?
A11: CMS worked with states in the leadup to the Medicaid unwinding process to improve real-time data submitted to the Exchange and incorporated TAF as a new data source as of 2024, which is checked prior to confirming dual enrollment through the Non-ESI MEC Hub

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45 CFR § 155.330(d)(3)(iii) which grant the Secretary authority to "temporarily suspend the requirement that Exchanges conduct the PDM processes"..."during certain situations or circumstances that leads to the limited availability of data needed to conduct PDM or of documentation needed for an enrollee to notify the Exchange that the result of PDM is inaccurate."

service. This additional data source reduces administrative burden on states.

Q12: Other than the Medicaid/CHIP PDM notices, how else does the Exchange inform consumers that they should end their APTC/CSRs or terminate Exchange coverage if they are also enrolled in Medicaid or CHIP?

A12: The Exchange informs consumers as follows:

- When selecting Exchange coverage with APTC/CSRs, consumers must attest that they understand their responsibility to end their APTC/CSRs if they become eligible for other MEC (including Medicaid or CHIP).
- The Exchange Eligibility Determination Notice (EDN) that consumers receive after submitting their application for coverage includes clear language regarding consumer responsibility to actively end APTC/CSRs upon becoming eligible for other MEC.
- Information on HealthCare.gov at HealthCare.gov/how-to-cancel-a-marketplace-plan/

The Exchange plans, in a future Medicaid/CHIP PDM process, to provide dual enrollment information to health insurance issuers on the Exchange so that they may conduct outreach to impacted enrollees and encourage them to take the appropriate action.

Q13: How will consumers identify the Medicaid/CHIP PDM notices, and what do the notices say?

A13: The following notices are sent during the Medicaid/CHIP PDM process:

1. **Initial Warning Notice** - The subject of the initial warning notice reads ***"Act Now: Members of your household may lose Marketplace financial help."*** The notice lists the dually enrolled consumers and provides instructions to either end their APTC/CSRs, or their Exchange coverage if they so choose, or to update their Exchange application to indicate that they are not enrolled in Medicaid or CHIP. The notice informs consumers who choose to remain enrolled in full-cost Exchange coverage that they should notify their state Medicaid or CHIP agency of their Exchange enrollment. The notice also provides instructions for consumers who want more information about Medicaid or CHIP, who are not sure if their Medicaid or CHIP coverage counts as qualifying coverage, or who are not sure whether they are enrolled in, or have been determined eligible for, Medicaid or CHIP.
2. **Resolution Notice** – The subject of the resolution notice reads "***Important information about your Marketplace coverage and financial help.***" This notice is sent to consumers who take action during the 30-day Medicaid/CHIP PDM window following the initial warning notice. It lists the names of consumers who do not need to take further action at this time because they ended their APTC/CSRs or Exchange coverage, or because they no longer appear to be enrolled in Medicaid or CHIP. The notice also lists the names of consumers who need to submit more documentation to demonstrate they do not have Medicaid or CHIP and consumers who still need to end their APTC/CSRs.
3. **Final Warning Notice** - The subject of the final notice reads "***IMPORTANT: Members of your household are still enrolled in a Marketplace plan but will no longer get financial help for it.***" The notice lists the dually-enrolled consumers who did not take action by the deadline in the initial warning notice, tells them the date that they will lose their APTC/CSRs, and alerts dually enrolled consumers that they should end Exchange coverage immediately if they don't want to pay full cost for Exchange coverage. The

notice informs consumers who choose to remain in full-cost Exchange coverage that they should notify their state Medicaid or CHIP agency of their Exchange enrollment. The notice also provides instructions for consumers who want more information about Medicaid or CHIP, who aren't sure if their Medicaid or CHIP coverage counts as qualifying coverage, OR who aren't sure whether they're enrolled in or eligible for Medicaid or CHIP, and tells the consumer to refer to their final EDN for information on how to submit an appeal to the Exchange if a consumer believes their APTC/CSRs was ended incorrectly.

Q14: Can a consumer who is eligible for or enrolled in Medicaid or CHIP coverage keep their Exchange coverage?

A14: Yes, if otherwise eligible for Exchange coverage, a consumer may keep their Exchange coverage, but they will not be eligible for any APTC/CSRs to reduce the cost of their Exchange coverage and must pay the full cost. Consumers who choose to remain in full-cost Exchange coverage should notify their state Medicaid or CHIP agency of their Exchange enrollment. If they choose to keep full-cost Exchange coverage while they also have Medicaid or CHIP, they might have difficulty using their Medicaid or CHIP coverage, since Medicaid and CHIP are subject to third party liability rules that generally mean that they are the "payer of last resort." Those consumers who choose to remain enrolled in full-cost Exchange coverage may no longer be eligible for CHIP at renewal.

Q15: If a consumer is enrolled in Exchange coverage with APTC/CSRs and is eligible for Medicaid medically-needy coverage with a spend down, do they need to end their Exchange coverage with APTC/CSRs?

A15: Individuals who qualify for comprehensive medically-needy Medicaid coverage only after they meet a spend down amount are not considered to have qualifying coverage. Individuals who meet a state's comprehensive medically-needy income level without a spend down requirement will have comprehensive coverage that is recognized as qualifying coverage. In states that do not provide medically-needy coverage that is comprehensive, individuals enrolled in non-comprehensive medically-needy coverage are not considered to have qualifying coverage, regardless of whether they have to meet a spend down amount. Consumers who are enrolled in Exchange coverage with APTC/CSRs and Medicaid that does not count as qualifying coverage do not need to end their APTC/CSRs.

Q16: What obligation do consumers have to notify their state Medicaid or CHIP agency of changes in circumstances mid-year?

A16: Consumers enrolled in Medicaid or CHIP coverage are required to report any changes in circumstances that may affect their eligibility for Medicaid or CHIP, and States have an obligation to act on reported changes in a timely manner. Different states have different ways of effectuating this policy. The regulations regarding reporting of changes in circumstances can be found at 42 CFR 435.919 for Medicaid and at 42 CFR 457.344 for CHIP. In addition, consumers who choose to remain in full-cost Exchange coverage and Medicaid or CHIP that counts as qualifying coverage should notify their state Medicaid or CHIP agency of their Exchange enrollment. If they choose to keep full-cost Exchange coverage while they also have Medicaid or CHIP, they might have difficulty using their Medicaid or CHIP coverage, since Medicaid and CHIP are subject to third party liability rules that generally mean that

they are the "payer of last resort." Those consumers who choose to remain enrolled in full-cost Exchange coverage may no longer be eligible for CHIP at renewal.

Q17: Do coordination of benefits and third-party liability (COB/TPL) apply during the time that the consumer was dually enrolled in Medicaid and Exchange coverage with APTC/CSRs?

A17: State Medicaid or CHIP agencies should follow their normal COB/TPL practices for Medicaid. Medicaid should generally remain the payer of last resort.

Q18: Will consumers who are notified that they are dually enrolled be able to retroactively terminate their Exchange coverage with APTC/CSRs?

A18: The Exchange generally will not retroactively terminate Exchange coverage for dually enrolled consumers. Since consumers who are eligible for Medicaid or CHIP are not eligible for an Exchange plan with APTC/CSRs, CMS recommends that consumers who are determined eligible for, or enrolled in, Medicaid or CHIP, end their APTC/CSRs immediately.

In certain limited situations, consumers who are dually enrolled in Medicaid or CHIP and Exchange coverage with APTC/CSRs for a period of time will not need to pay back the amount of APTC they received during that period. See here for IRS guidance on this matter: IRS.gov/affordable-care- act/individuals-and-families/questions-and-answers-on-the-premium-tax-credit (Q34).

Q19: Will Medicaid/CHIP PDM detect dual enrollment in Exchange coverage with APTC/CSRs and Medicare that counts as qualifying coverage?

A19: No. Medicaid/CHIP PDM does not check for dual enrollment in Exchange coverage with APTC/CSRs and Medicare that counts as MEC (that is, Medicare Part A (Hospital Insurance) or Part C, otherwise known as Medicare Advantage). Dual enrollment in Exchange coverage and Medicare that counts as qualifying coverage would also make an enrollee ineligible for APTC/CSRs through the Exchange; this issue is addressed periodically during the year through a separate Medicare PDM process.

Q20: What should a consumer do if they are dually enrolled in Medicaid or CHIP coverage and Exchange coverage with APTC/CSRs but will soon qualify for Medicare due to age or disability?

A20: Consumers who are dually enrolled in Medicaid or CHIP coverage and Exchange coverage with APTC/CSRs, including those who will soon also be eligible for Medicare, should follow the directions provided at HealthCare.gov/medicaid-chip/cancelling-marketplace-plan/ or contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to end their APTC/CSRs or terminate their Exchange coverage. Consumers who will soon turn 65 and will be eligible for Medicare generally should enroll in Medicare as soon as they can. Note that consumers who are getting Social Security benefits at least 4 months prior to their 65th birthday will be automatically enrolled in premium-free Medicare Part A and Part B starting the first day of the month they turn age 65 (unless their birthday is the first of the month; if their birthday is the first of the month, Medicare coverage will start the month before their birthday). Consumers not receiving Social Security benefits should

sign up for Medicare Part A and Part B coverage with the Social Security Administration during the 7-month Initial Enrollment Period that begins 3 months before the month they turn 65, includes the month they turn 65, and ends 3 months after they turn 65. Please note that consumers who delay enrollment in Medicare Part A or Part B may have to pay late enrollment penalties and pay higher premium costs if they do not enroll in Medicare when first eligible.

For more information on Medicare eligibility and enrollment, refer to Medicare.gov/basics/get- started-with-medicare/.

Note that Medicare enrollees who have limited income and resources or need nursing home care and personal care services may get extra help paying for their premium and out-of-pocket medical expenses from Medicaid. For more information on Medicare and Medicaid dual eligibility, refer to Medicare.gov/basics/costs/help/medicaid/.

Q21: What should a consumer do if they are enrolled in Medicaid or CHIP coverage and believe they were fraudulently or unknowingly enrolled in Exchange coverage?
A21: Consumers who believe they may have been the victim of unauthorized enrollment activity should call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to resolve any coverage issues promptly.