



Tips to Resolve Application Inconsistencies

In recent weeks, consumers have been receiving notices from CMS via mail, email, and phone calls about resolving application inconsistencies (also referred to as data matching issues). Here is a collection of tips from the Administration to help navigate this process.

How does the Federally-facilitated Marketplace (FFM) notify consumers of inconsistencies?

- Consumers with outstanding application inconsistencies will receive written **reminder notices** via mail, giving them an **additional 30 days** to resolve inconsistencies by submitting required documentation. **Note:** These notices are written in English but do have taglines in non-English languages directing consumers to the Call Center.
- **All consumers** who have an application inconsistency issue will receive the 30-day reminder notice, even if they initially or subsequently uploaded or mailed in documentation.
- Consumers may receive multiple reminder notices, including **regular mail, emails and phone calls**.
 - Caller IDs will show “Health Insurance Marketplace.”
 - On live calls, representatives identify themselves as being from the Health Insurance Marketplace and ask the consumer to verify his name, date of birth, mailing address, and the last four digits of his social security number.
 - On automated calls (or robo-calls), messages in English and Spanish remind consumers to provide documents and to call the Call Center with questions.

How can consumers find out which documents they need to submit?

- A consumer’s online account lists all unresolved inconsistencies under “Application details.” Clicking on the green “Verify” button next to the inconsistency generates a list of acceptable documents. **Note:** Consumers using healthcare.gov must look under “Application details” or at their eligibility notices to see if they have unresolved inconsistencies.
- Consumers can also check their **initial eligibility notices**, which state that a consumer has 90 days to submit additional documentation to verify his application information and provide a list of acceptable documents.

How can consumers check the status of their application inconsistencies?

- When required documents and paperwork have been processed by the FFM, the consumer will receive a written notice in the mail.
- Consumers can check if their application inconsistency has been resolved by calling the FFM Call Center. **Note:** The Call Center will **not** have updates as to whether mailed or uploaded documents have been received, but can tell consumers if their inconsistencies are resolved.

How do consumers resolve outstanding application inconsistencies?

- Consumers must upload the requested information through their online account or mail required documents.
- **Uploading documents** to a consumer's online account is the fastest way to submit the documents. Cell phone photos of the documents are acceptable.
- When **mailing documents**, a consumer should send copies (not the original documents) and include a copy of the printed **barcode page** from her initial eligibility notice. (The reminder notices do not include the barcode page.) **Note:** If the consumer does not have the barcode page, she should include her **legal name and application ID** on the submitted documents.

What is the deadline for submitting required documents to the FFM?

- Consumers have 90 days from their initial eligibility determinations to submit required documents. The reminder notices provide an additional 30 days.
- Consumers should still submit documents even if the deadline listed on the reminder notice is very soon or has already passed.

What happens if consumers don't submit required documents?

- If consumers do not submit required documentation by the deadline indicated on their reminder notices, they may lose eligibility for coverage through the FFM or their Applied Premium Tax Credits and/or Cost Sharing Reductions may be reduced or eliminated.
- Consumers who do not resolve **immigration/citizenship status inconsistencies** will be able to retain their coverage, but it will be outside of the FFM. This means these consumers will have to pay the full-price premium directly to their insurer to maintain coverage.

Where can assisters get more information?

- The June 26th CMS Assister Webinar slides present [Tips to Resolve Outstanding Data Matching Issues or Application Inconsistencies](#), including screenshots showing where to find this information in notices and online account pages.
- [CMS Assister Newsletters](#) from June 10, 17, and 24 and July 1 contain clarifications and tips.