RESOLUTION

EXECUTIVE BOARD OF THE DISTRICT OF COLUMBIA
HEALTH BENEFIT EXCHANGE AUTHORITY

To establish default termination rules for Individual Exchange marketplace enrollees who are determined eligible for Medicaid.

WHEREAS, the Health Benefit Exchange Authority Establishment Act of 2011, effective March 4, 2012 (D.C. Law 19-94; D.C. Official Code § 31-3171.01 *et seq.*) ("Act") created the District of Columbia Health Benefit Exchange Authority ("Authority"), an independent authority of the Government of the District of Columbia, and its governing Executive Board;

WHEREAS, §5 of the Act (D.C. Official Code §31-3171.04(a)(1)) requires the Authority to establish an American Health Benefit Exchange ("Exchange") for individuals and families and §7 of the Act (D.C. Official Code §31-3171.06(a) & (b)) authorizes the Executive Board to take necessary lawful action to implement provisions of the Affordable Care Act of 2010 ("ACA") (P.L. 111-148 & P.L. 111-152);

WHEREAS, according to 26 U.S.C. §36B(c)(2)(B), individuals eligible for Minimum Essential Coverage are not eligible for the Advanced Premium Tax Credits used to lower premium costs for coverage in the Individual Exchange marketplace;

WHEREAS, according to 26 U.S.C. §5000A(f))(1)(A)(ii), Medicaid coverage is considered Minimum Essential Coverage;

WHEREAS, 45 C.F.R. §155.330(d)(ii) requires the Exchange to proactively and regularly monitor Medicaid eligibility determinations;

WHEREAS, the Authority is establishing a unified eligibility determination system in partnership with the Department of Health Care Finance (State Medicaid Agency) and will have knowledge of Medicaid eligibility determinations;

WHEREAS, Medicaid coverage in the District of Columbia offers a comprehensive benefit package at little or no cost-sharing for the enrollee; and

WHEREAS, on April 17, 2013 the Eligibility, Enrollment, and Churn Working Group deliberated regarding this situation and reached a consensus recommendation.

NOW, THEREFORE, BE IT RESOLVED that the Executive Board hereby approves the following consensus recommendation presented by the Eligibility, Enrollment, and Churn Working Group:

Default Termination of QHP Coverage Based on Medicaid Eligibility Determination:

The District of Columbia Health Benefit Exchange will terminate an enrollee's QHP enrollment upon notification of Medicaid eligibility with the effective date dependent on the date of the Medicaid eligibility determination. Determinations made on or before the 15th of the month would have a default termination effective the first day of the next month, determinations made after the 15th would have a default effective date of the first day of the second month following the determination. An individual can request to continue enrollment in their QHP, without any subsidies, before the scheduled default QHP termination date. Individuals will be advised of their default termination date in the redetermination notice sent following the Medicaid eligibility determination. Default terminations do not alter an individual's right to terminate under 45 C.F.R. §155.430.

I HEREBY CERTIFY that the foregoing Resolution was adopted on this ___**9th**___ day of _**May**____, 2013, by the Executive Board of the District of Columbia Health Benefit Exchange Authority in an open meeting.

_____   _____
Khalid Pitts, Secretary/Treasurer   Date
District of Columbia Health Benefits Exchange Authority