

**DRAFT
FOR EXECUTIVE BOARD CONSIDERATION**

**RESOLUTION OF THE EXECUTIVE BOARD
DISTRICT OF COLUMBIA
HEALTH BENEFIT EXCHANGE AUTHORITY**

To establish premium collection standards and processes within the Individual Marketplace of the District of Columbia Health Benefit Exchange.

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, 45 C.F.R. §155.240(c) provides options to state exchanges, which includes the option of establishing a process to facilitate the collection and payment of premiums from individuals;

WHEREAS, the Executive Board established an Individual Premium Billing Workgroup, which included health insurance carriers, a broker, and consumer advocates, to assess the various options available to the Exchange and recommend a course of action with respect to premium billing for individuals;

WHEREAS, the Individual Billing Workgroup focused on four criteria for evaluating options and making a recommendation:

- The ability of the Exchange’s selected vendor and carriers to implement billing systems in a timely manner;
- Providing the enrollee with a smooth, easy enrollment experience and good customer service;
- Strategic considerations related to ongoing communications with enrollees; and
- The cost of performing premium billing and collection.

WHEREAS, Individual Premium Billing Workgroup presented a summary of its work and recommendations to the Board on March 7, 2013.

NOW, THEREFORE, BE IT RESOLVED that the Executive Board hereby approves the following consensus recommendations for individual (non-group) premium collection standards for QHPs in the District of Columbia:

- (1) All billing and collection of payments for an individual’s initial enrollment (or subsequently switching issuers) will be performed by the Exchange.
- (2) The Exchange will then pass the first month’s premiums and enrollee information to the issuer(s) for effective enrollment.
- (3) After the first month’s billing and payment are completed and the enrollment information is passed from the Exchange to the issuer(s), the responsibility for subsequent month’s billing

DRAFT
FOR EXECUTIVE BOARD CONSIDERATION

and collection functions pass to the respective Issuer of a Qualified Health Plan(s) selected by the household.

- (4) The Exchange will develop policies and procedures to address billing and collections during future open enrollment periods; during enrollment periods a change in carrier would result in an initial billing from the Exchange while renewal with the same carrier would result in a continuation of billings from the existing carrier.

I HEREBY CERTIFY that the foregoing Resolution was adopted on this _____ day of _____, 2013, by the Executive Board of the District of Columbia Health Benefit Exchange Authority in an open meeting.

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