



## *RESOLUTION*

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

**To define an additional “exceptional circumstance” for a Special Enrollment Period related to individuals terminated from coverage due to failed auto-payments.**

**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) & (9)) requires the Authority to establish an American Health Benefit Exchange for individuals and families, including the establishment of enrollment periods, 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**, 45 C.F.R. §155.420(d)(1) – (8) & (10)–(14) establish a series of circumstances in which QHPs must permit qualified individuals to receive special enrollment periods (SEPs) to enroll in the Individual Exchange marketplace outside an Open Enrollment Period;

**WHEREAS**, 45 C.F.R. §155.420(d)(9) permits the Exchange to define “exceptional circumstances” for SEPs;

**WHEREAS**, Authority staff, through monitoring market conditions, identified a situation where an additional “exceptional circumstances” SEP warranted consideration by the Standing Advisory Board; and

**WHEREAS**, on December 13, 2019, the Standing Advisory Board considered the staff recommendation, deliberated on the topic, took public comment, and unanimously approved the recommendation to the Executive Board;

**NOW, THEREFORE, BE IT RESOLVED** that the Executive Board hereby adopts the following:

A new special enrollment period shall be available to individuals enrolled in an individual market Qualified Health Plan (QHP) to provide for continuous coverage under the following conditions:

- 1) The individual's enrollment in an individual market QHP was terminated due to a rejected credit card or debit card payment in an auto-payment arrangement established directly through the carrier.
- 2) The auto-payment rejection was not due to insufficient funds in the consumer's account or the individual voluntarily terminating the auto-payment arrangement with the carrier.

This special enrollment period shall last for 60 days from the date of the triggering event.

Triggering Event

The triggering event for this special enrollment period is the date of the termination notice.

Effective Date of Coverage

The effective date of coverage is the first day following the date of termination such that the individual will have continuous coverage in the same plan for the same enrollees prior to termination.

**I HEREBY CERTIFY** that the foregoing Resolution was adopted on this 8th day January, 2020, by the Executive Board of the District of Columbia Health Benefit Exchange Authority in an open meeting.

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

1/8/2020  
Date