

113TH CONGRESS
1ST SESSION

S. 1886

To ensure that individuals who attempted to, or who are enrolled in, qualified health plans offered through an Exchange have continuity of coverage and to require Exchanges to make coverage under qualified health plans retroactive to January 1, 2014.

IN THE SENATE OF THE UNITED STATES

DECEMBER 20, 2013

Mr. MERKLEY (for himself, Mrs. SHAHEEN, Mr. UDALL of Colorado, Mr. KING, Ms. HEITKAMP, and Ms. LANDRIEU) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To ensure that individuals who attempted to, or who are enrolled in, qualified health plans offered through an Exchange have continuity of coverage and to require Exchanges to make coverage under qualified health plans retroactive to January 1, 2014.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Coverage Protection
5 Act”.

1 **SEC. 2. AUTHORITY TO PROVIDE TIMELY COVERAGE FOR**
2 **INDIVIDUALS WHO WERE UNABLE TO EN-**
3 **ROLL IN A QUALIFIED HEALTH PLAN.**

4 (a) IN GENERAL.—In the case of an individual who
5 enrolls in a qualified health plan offered through an Ex-
6 change established under title I of the Patient Protection
7 and Affordable Care Act (Public Law 111–148) before
8 February 1, 2014, the Secretary of Health and Human
9 Services shall require that the issuer of the plan treat such
10 individual as enrolled in such plan as of December 23,
11 2013, if the following conditions are met:

12 (1) ATTEMPTED TIMELY ENROLLMENT.—The
13 individual submits, not later than January 31, 2014,
14 an attestation (in such form and manner as the Sec-
15 retary may require) that the individual—

16 (A) made reasonable, good-faith attempts,
17 but was unable, to successfully enroll in such a
18 plan through an Exchange before December 23,
19 2013; or

20 (B) was initially determined through
21 healthcare.gov to be eligible to enroll in a Med-
22 icaid plan under title XIX of the Social Secu-
23 rity Act but is not eligible to so enroll in such
24 a Medicaid plan and, because of such incorrect
25 eligibility determination, was subsequently un-

1 able to enroll in a qualified health plan before
2 December 23, 2013.

3 (2) PAYMENT OF PREMIUMS.—The individual
4 pays to the health insurance issuer issuing the quali-
5 fied health plan in which such individual is enrolled
6 (either directly or through the Exchange) any appli-
7 cable premiums owed by such individual for enroll-
8 ment in the plan taking into account the amount of
9 any premium assistance made available under sec-
10 tion 36B of the Internal Revenue Code of 1986.

11 (b) APPLICATION FOR PURPOSES OF PREMIUM AS-
12 SISTANCE, REDUCED COST-SHARING, AND INDIVIDUAL
13 RESPONSIBILITY.—Coverage provided under a qualified
14 health plan for January and February of 2014 under sub-
15 section (a) shall be counted as coverage under such a plan
16 by or through an Exchange for such months for all pur-
17 poses, including the following:

18 (1) PREMIUM ASSISTANCE.—Section 36B of the
19 Internal Revenue Code of 1986.

20 (2) COST-SHARING REDUCTIONS.—Section 1402
21 of the Patient Protection and Affordable Care Act
22 (42 U.S.C. 18071).

23 (3) INDIVIDUAL RESPONSIBILITY REQUIRE-
24 MENT.—Section 5000A of the Internal Revenue
25 Code of 1986.

1 **SEC. 3. RETROACTIVE COVERAGE AND PREMIUM ASSIST-**
 2 **ANCE.**

3 Section 1311(c) of the Patient Protection and Afford-
 4 able Care Act (42 U.S.C. 18031(c)) is amended by adding
 5 at the end the following:

6 “(7) STATE OPTION TO MAKE INITIAL COV-
 7 ERAGE RETROACTIVE.—

8 “(A) IN GENERAL.—Notwithstanding any
 9 other provision of law, the Secretary shall per-
 10 mit a State, at the option of the State, to make
 11 coverage under a qualified health plan retro-
 12 active to January 1, 2014, with respect to an
 13 individual who enrolls in such plan through the
 14 State Exchange (or the Federal Exchange in
 15 the case of a State that has not established a
 16 State Exchange) during the period established
 17 by the State under subparagraph (B). Any
 18 health care items or services provided to such
 19 enrollee in January of 2014 shall be covered
 20 retroactively under the plan as if the enrollee
 21 had been enrolled on January 1 of such year.

22 “(B) PERIOD.—The period established
 23 under this subparagraph shall be the period be-
 24 ginning on December 23, 2013, and ending on
 25 a date determined by the State, but in no event
 26 later than January 31, 2014, except that a

State that has an enrollment deadline that is prior to December 23, 2013, may modify the period under this subparagraph to encompass such deadline.

“(C) TAX CREDITS AND COST SHARING ASSISTANCE.—If an individual is determined to be eligible for a tax credit under section 36B of the Internal Revenue Code of 1986 or cost-sharing assistance under section 1402, but such determination has not been verified by the date on which the individual enrolls in the qualified health plan involved, the credit and assistance shall be applied on a retroactive basis to January 1, 2014, and the initial premium payment amount shall be offset to include such credit and assistance amounts for such month.”.

SEC. 4. TRANSITIONAL USE OF RECEIPT OF INSURANCE PAYMENT AS ALTERNATIVE TO HEALTH INSURANCE CARD FOR EXCHANGE PLANS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall require a health insurance issuer that offers a qualified health plan through an Exchange under title I of the Patient Protection and Affordable Care Act (Public Law 111–148)—

1 (1) to allow in-network providers in such plan
2 to treat, for purposes of coverage under the plan, a
3 receipt of payment of premiums by an individual en-
4 rolled under the plan for January or February 2014
5 who has not received a health insurance card from
6 the issuer in the same manner as if such receipt
7 were such a health insurance card issued to such in-
8 dividual by the issuer for services furnished during
9 such month; and

10 (2) to notify such in-network providers of the
11 policy under paragraph (1).

12 (b) RULE OF CONSTRUCTION.—Nothing in this sec-
13 tion shall be construed as precluding a health care pro-
14 vider from directly seeking to verify the status of the en-
15 rollment of an individual in a qualified health plan offered
16 through an Exchange by contacting the Exchange or the
17 issuer of such plan.

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