



DC Health Benefit
Exchange Authority

RESOLUTION

EXECUTIVE BOARD OF THE DISTRICT OF COLUMBIA HEALTH BENEFIT EXCHANGE AUTHORITY

To establish a strategy for the DC Health Benefit Exchange to improve the quality of care offered by Qualified Health Plans, including through quality reporting requirements.

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, § 1311(c), (g), and (h) of the Affordable Care Act of 2010 (P.L. 111-148 & P.L. 111-152) (“ACA”) and § 5(a)(6) of the Act (D.C. Official Code § 31-3171.09(a)(6)) require the DC Health Benefit Exchange promote quality through quality improvement strategies, accreditation, and program investments by Qualified Health Plans and § 1001 of ACA which amends § 2717 (a) of the Public Health Services Act specifies quality reporting requirements to be used by Qualified Health Plans;

WHEREAS, on March 27, 2012, the Centers for Medicare & Medicaid Services within the U.S. Department of Health and Human Services, promulgated a final rulemaking requiring states to establish a timeframe and standards for the accreditation of a Qualified Health Plan based on quality standards (77 Fed. Reg. 59 (27 March 2012). pp. 18310 – 18475); and

WHEREAS the Centers for Medicare & Medicaid Services within the U.S. Department of Health and Human Services has stated in Guidance on State Partnership Exchange dated January 3, 2013 that CMS will issue future rulemaking on “*quality reporting requirements related to all QHP issuers (other than accreditation reporting) [that will] become a condition of QHP certification beginning in 2016 based on the 2015 coverage year; such regulatory proposals would be part of the implementation of Affordable Care Act sections 1311(c)(1)(E), 1311(c)(3), 1311(c)(4), 1311(g), and 1311(h). States may collect additional quality data (and collect data prior to 2016) directly from issuers or third party entities (such as accrediting entities) for use in applying the consumer interest standard of QHP certification under 45 CFR 155.1000, making*”

QHP certification determinations, conducting QHP performance monitoring, and providing consumer education and outreach.”

WHEREAS, on March 13, 2013, the Executive Board voted to adopt the recommendation of the Issuer Certification Process Working Group, which included Qualified Health Plan accreditation requirements and reporting of a quality improvement strategy for any plan not already accredited;

WHEREAS, during March and May 2013, the Quality Working Group, which included representatives from health plans, providers, small businesses, community and consumer advocates, brokers, and representatives from the Exchange Board and Standing Advisory Committee, met three times to discuss health plan quality improvement strategies and establish a strategy to improve the quality of care offered by Qualified Health Plans;

NOW, THEREFORE, BE IT RESOLVED that the Executive Board hereby approves the consensus recommendations regarding the quality improvement strategies and quality reporting activities of the District of Columbia Health Benefit Exchange Authority that are in the attached document titled “Quality Working Group Report” dated May 29, 2013.

I HEREBY CERTIFY that the foregoing Resolution was adopted on this 6th day of June , 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

Date