

COHBE Board Policy Decisions

Decision Date	Introduction Date	Topic	Question	Reviewed Initially by: Board, Board Committee or Advisory Group	Board Policy	Market-place Policy	Market-place Process	Motion Approved & Vote	Possible Future Actions	
2/27/2012	2/13/2012	Administrative Structure and Risk Pool	Should the Colorado Health Benefit Exchange operate as one or two entities?	Board		X		The board voted to have one administrative structure that operates separate Individual and SHOP Exchanges.	None	
2/27/2012	2/13/2012	Administrative Structure and Risk Pool	Should the Colorado Health Benefit Exchange have separate or combined risk pools for the individual and small employer market?	Board		X		The board voted to keep the individual and small group (SHOP) risk pools separate and revisit the issue within two years after the Exchange opens	Study to be conducted October 2016 to reconsider merging individual and small group markets and business groups of one.	
3/12/2012	2/27/2012	Interoperability with Other State Systems	Determine the level of interoperability with state health care systems.	Board		X		The board voted to establish minimum interoperability with the state Medicaid/CHP system, including the shared use of an eligibility determination system and sharing of customer data.	Additional integration may be explored, but decision may not be issued until after January 1, 2014.	
4/23/2012	4/9/2012	Small Group Market Size	Keep Small Group Market size fewer than 50 or increase to 100?	Board		X		The Board voted to recommend that the Colorado Division of Insurance limit the size of the small group market to 50 employees in 2014 and 2015.	None	
4/23/2012	3/26/2012	SHOP Premium Payment Options and Payment Aggregation	What is the Exchange's responsibility related to accepting and/or aggregating payments from SHOP users?	Board		X		The Board voted to provide premium aggregation in the SHOP and conduct a study later to determine if COHBE should also offer the option for employers to pay directly to carriers.	The Board will revisit and conduct a study later to determine if COHBE should also offer the option for employers to pay carriers directly.	
4/23/2012	3/26/2012	Premium Aggregation and Payment Options for the Individual Exchange	What is the Exchange's responsibility related to accepting and/or aggregating payments from individuals?	Board		X		The Board voted to not aggregate payments in the Individual Exchange since the Exchange is required to allow individuals to pay directly to carriers.	Study to be conducted to assess the pros and cons of COHBE not performing premium aggregation functions in the individual exchange. Timing of this study was not explicitly discussed.	
5/30/2012	5/14/2012	Financial Reporting	What financial reporting is appropriate for COHBE?	Finance Committee			X	The Board voted to provide financial reports that are required under state law and federal grant regulations and to make them available to the public.	None	

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5/30/2012	5/14/2012	Audit Requirements	What audit requirements are appropriate for COHBE?	Finance Committee		X		The Board voted to comply with audit requirements related to federal grants and state law and to follow best practices, including the use of an A-133 Financial and Single Federal audit for the period when the Exchange is grant-funded.	None	
5/30/2012	5/14/2012	Supplemental Plan Types/Supplemental Benefit Types	Will customers have the opportunity to shop, compare and purchase non-EHB benefits and additional plan types on the Exchange?	Board		X		The Board voted to create the technology to support the selection and comparison of supplemental plans and additional benefits that comply with certification requirements.	Exchange tasked with ultimately determining the final scope of plans and benefits to be offered in the exchange.	
6/11/2012	5/30/2012	Certification of Exemption from Individual Mandate	Should COHBE use the Federal service in 2014 and 2015 to certify exemptions from the individual mandate or develop its own process to determine and report exemptions from the individual mandate?	Board		X		Board voted to use the federal service for certifying exemptions from the individual mandate in its initial years of operation and to review the decision after the initial operating period.	Before 2016, the COHBE board must revisit whether to build a state-based process for certifying exemptions from the individual mandate.	
6/11/2012	5/30/2012	Protection Against Fraud, Waste & Abuse: Internal Financial Processes	What framework will be developed for internal controls, risk assessments, and document processing to prevent fraud, waste and abuse?	Finance Committee			X	The Board voted on a framework to develop internal controls and processes to ensure proper financial operations that will be monitored by Board committees.	None	
6/11/2012	5/30/2012	Billing Processes	What are the appropriate processes to use to bill and reconcile payments from consumers and employers to carriers?	Finance Committee			X	Board agreed that this topic did not require a vote and that the staff should follow billing processes that align with the premium aggregation policy adopted earlier in the year.	None	
6/11/2012	5/30/2012	Consultant Procurement Policy	Is COHBE in compliance with the Applicable Federal Rules, as well as with all applicable state laws.	Board		X		The Board voted to add a section about consultant procurement to the organization's Procurement Policy, including encouraging procurement from Colorado-based businesses and additional non-discrimination factors.	None	

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6/25/2012	6/11/2012	Certification of Health Issuers and Qualified Health Plans: Base Certification Requirements (Part 1)	What roles will COHBE and DOI play in the certification, decertification and recertification process? What are the requirements and the duration for certification?	Health Plan Advisory Group			X	The Board voted on an approach for addressing plan certification requirements in the areas of accreditation (2-year transition period for accreditation), developing a process for addressing complaints, collecting claims payment data and financial data and providing that information on our website, including formulary and provider information for shoppers, working with the Co. Division of Insurance and partners to validate licensure, gather Medical Loss Ratio information, assist with network adequacy issues, out-of-network payment disclosures, rate review, and solvency requirements.	None.	
8/27/2012	6/11/2012	Certification of Health Issuers and Qualified Health Plans: Part 2	What roles will COHBE and DOI play in the certification, decertification and recertification process?	Health Plan Advisory Group			X	The Board voted to not duplicate the role of the Co. Division of Insurance, which will define the requirements for validation of essential health benefits, discriminatory benefit design and plan differentiation, to require qualified health plan marketing materials to include any connection with the Exchange, to protect Exchange logos, and to expand the federal provider list for Medicaid to include essential community providers and to include the evaluation of essential community provider coverage in existing network adequacy requirements validation through the Division of Insurance.	None	
6/25/2012	6/11/2012	Administering Premium Tax Credits/Cost Sharing Assistance	How will premium tax credits and cost sharing assistance be administered?	Health Plan Advisory Group, Individual Experience Advisory Group, SHOP Advisory Group			X	The Board did not vote on this topic and agreed that staff will work with the Colorado Division of Insurance to ensure that required processes regarding reviews and/or approvals are handled appropriately.	No decisions. How the required processes regarding reviews and/or approvals that are presented to consumers should be reviewed with the Board as the team moves through the design phase.	

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7/9/2012	6/11/2012	Management of Eligibility of Appeals	What are the appropriate processes to use to manage eligibility appeals for items such as individual mandate exemptions, advanced premium tax credit and cost reduction allocations and other eligibility appeals?	IT and Implementation Committee			X	The Board voted to adopt guiding principles that include implementing a process to handle appeals in the areas in which the Exchange has control, directing people to the programs for which they are eligible, building a technology solution that will facilitate a “no wrong door” approach to coverage options, adopting best practices to ensure the verification and appeals process is automated as much as possible, and defining a process for individuals and employers to verify their information and appeal eligibility decisions.	Significant decisions remain, including developing procedural guidelines, training requirements, oversight requirements, etc.	
7/9/2012	6/11/2012	Standard Comparative Plan Information	What is the appropriate information to be displayed to consumers when they are shopping for and comparing qualified health plans?	SHOP Advisory Group, Individual Experience Advisory Group			X	The Board voted to create a comparative plan tool that includes premium and cost-sharing information, summary of benefits and coverage, limitations or exclusions in plans, prescription drug co-pays and qualified health plan identification and the ability to filter plans by specific details, including providers, health conditions treated through special programs in plans, domestic partner coverage information and quality ratings.	Many more comparative plan information issues, including filtering options, etc. will arise during the design phase.	
7/9/2012 & 7/23/2012	6/11/2012	Employer and Employee Choice Architecture - Plan Selection Options	What, if any, restrictions should COHBE place on employers in the SHOP? How, if at all, should COHBE limit the number of plans from which employers can choose?	Health Plan Advisory Group, SHOP Advisory Group			X	The Board voted on July 9 2012 to allow employers to offer employees a single Qualified Health Plan and plans in a single cost-sharing (metal) tier. The Board voted on July 23 to allow employers to offer employees a panel of qualified health plans from a single carrier representing an actuarial value range that is as extensive as the carrier offers outside of the exchange, any plan that is offered in two adjacent metal tiers, or a subset of any of the four groups of options.	None	

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7/23/2012	7/9/2012	Open Enrollment Period and Mid-year Plan Changes	What is the optimal open enrollment period? Are there any special implications around mid-year plan changes that COHBE should consider?	Board			X	The Board voted to establish open enrollment periods for the Individual and SHOP exchanges that align with federal guidelines (Oct 1 2013 to March 31 2014 for the first year and Oct 15 2014 to Dec 7 2014 for the 2015 plan year. There would be no special open enrollment period for members who are terminated for failure to pay premiums.	None	
7/23/2012	7/9/2012	Display and Pricing of Supplemental Plans	How should vision and dental plans be sold on the Exchange in relationship to QHP's? Shall carriers be required to bundle vision and dental plans into QHP's? Shall dental and vision plans be available in a standalone add-on fashion on the Exchange? Shall there be both options offered on the Exchange, bundles and standalone add-ons?	Health Plan Advisory Group, SHOP Advisory Group, Individual Experience Advisory Group			X	The Board voted to build a technology solution that will accommodate the display and pricing of embedded, bundled and stand-alone dental and vision plans.	At a later date, the board will revisit the following questions--What types of supplemental plans will be allowed? How will those offerings be displayed and priced?	
8/13/2012	6/11/2012	Single Streamlined Application	Is there an advantage to Colorado to create a custom enrollment form or should COHBE use a standard enrollment form that will support multi state interoperability and partnership?	Individual Experience Advisory Group, SHOP Advisory Group			X	The Board voted to use the baseline application data elements set forth in federal guidelines, with the addition of primary care provider, gender neutral identifiers and inclusive relationship reporting terminology, and to clarify what is needed to properly screen for Medicare eligibility.	Additional guidance is forthcoming from HHS. At that time CO will need to assess whether to use the federal model application form or create its own based on feedback from stakeholders and design requirements.	

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8/13/2012	7/23/2012	Complaint Management	What is the appropriate approach and process for handling complaints?	Board			X	The Board voted to adopt guiding principles, including creating a formal process for accepting complaints through a standardized form and for reviewing and addressing all submitted complaints, addressing complaints in a timely manner, handling complaints within its jurisdiction, serving as a liaison to other organizations when another party can address the issue more affectively, recording all complaints submitted through the official intake, training staff and customer service representatives about complaint management training.	Operational decisions must be made in the future, including creating a complaint form, establishing rules of procedure, developing processes to facilitate transfer of complaint to appropriate entity for resolution, etc.	
8/27/2012	6/11/2012	Navigator Role and Compensation	What is the distinction between navigator and brokers? What are the roles of the navigator?	Finance Committee, Individual Experience Advisory Group			X	The Board voted on guiding principles for brokers and navigators including that navigators cannot receive commissions from health plans and that brokers, based on their licensure and certification, may receive commissions and can advise consumers on health plan choice.	COHBE should continue to assess needs throughout Colorado to inform the development of the Navigator program that incorporates feedback from stakeholders and the Board.	

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8/27/2012	6/11/2012	Broker Relationship and Compensation	How will COHBE partner with brokers and agents? What is the process that brokers and agents will go through to be certified and appointed to sell COHBE products? Will brokers and agents be compensated for the selling of COHBE products? Should commissions be comparable on and off the Exchange?	Finance Committee, SHOP Advisory Group, Individual Experience Advisory Group			X	The Board voted to adopt guiding principles, including that COHBE should partner with brokers and agents, that broker and agent compensation should be comparable inside and outside the Exchange, that brokers and agents will participate in both the Individual and the SHOP Exchanges, and that individuals and small businesses should NOT be required to use a broker or agent.	Additional discussion about the legal structure COHBE takes to partner with brokers and agents and the impact this structure will have on the certification process will occur in September and October. Brokers and agents should be enabled to sell any products offered on the Exchange. COHBE will bring a recommendation about the legal structure and certification process to the Board later in 2012.	
8/27/2012	7/23/2012	Customer Service Center	What is the mission of the COHBE customer service center?	Health Plan Advisory Group, SHOP Advisory Group, Individual Experience Advisory Group			X	The Board voted to adopt guiding principles, including that the role of brokers and navigators should be clearly defined and communicated to the public, that there should be customer service offered in multiple languages, that the customer service center should refer people to public programs for which they qualify, and that the customer service center should be staffed by representatives that can educate, provide assistance and answer questions as well as licensed staff who can advise on plan choice.	None	

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9/24/2012	7/23/2012	Consumer & Employer Rights and Responsibilities	What responsibilities will be allocated to employers and consumers and how will COHBE protect their rights?	SHOP Advisory Group, Individual Experience Advisory Group			X	The Board voted to adopt guiding principles, including that the Exchange will protect the rights of employers and individuals according to state and federal laws, that the Exchange will facilitate a discussion when a complaint is filed, that the Exchange will provide educational materials to Coloradans about rights and responsibilities and that service representatives will be trained to answer questions about this.	None	
9/24/2012	6/11/2012	Protection Against Fraud Waste and Abuse: Subscriber Data	What accountability does COHBE have to verify self-attested information provided by customers of the Exchange?	Finance Committee		X		The Board voted to adopt guiding principles for implementing adequate controls to balance the need to guard against fraud with allowing customers to purchase plans in a timely manner and that subscriber data will be obtained through self-attestations.	None	
9/24/2012	9/24/2012	Display of Quality Information	Should COHBE display quality information of health plans in a rating format?	SHOP Advisory Group, Individual Experience Advisory Group, Health Plan Advisory Group		X		The Board voted to provide quality ratings for health plans offered on the Exchange.	What data sources and metrics are available for COHBE to use to display quality information to consumers?	
10/8/2012	9/24/2012	Display of Quality Information	What metrics and data sources should COHBE use to display health plan quality information to consumers?	SHOP Advisory Group, Individual Experience Advisory Group, Health Plan Advisory Group		X		The Board voted to provide a CAHPS composite rating and link to HEDIS information as well as other appropriate metrics about health plan quality.	None	
11/12/2012	6/11/2012	Protection Against Fraud Waste and Abuse: Health Plans	To be allowed to participate in Exchanges, carriers must meet specific legislative regulations. What are COHBE's obligations to ensure carriers meet these regulations and what accountability do we have if a carrier fails to comply?	Finance Committee		X		The Board voted to require insurance carriers to train employees about the federal False Claims Act as a condition of participating in the Exchange.	Report on the relationship of the Federal False Claims Act and the State False Claims Act	

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11/12/2012	6/11/2012	Employer Contribution and Employee Participation requirements	1. What, if any, percentage of employees should COHBE require of a small business to participate in the SHOP? 2. How should COHBE regulate employers' contributions to their employees' health insurance premiums?	Health Plan Advisory Group, SHOP Advisory Group		X		The Board voted to adopt an approach that the Exchange should adopt employer contribution and employee participation requirements that emulate the outside market, and should generate tools to help employers pick their actual contribution amount.	None	
11/12/2012	10/8/2012	Organizational Tax Structure	What is COHBE's correct organizational structure and tax-exempt status?	Finance Committee		X		The Board voted to withdraw the Exchange's articles of incorporation and then to apply for federal 501c3 status.	None	
11/26/2012	11/12/2012	Certification of Health Issuers and Qualified Health Plans: Health Plan Participation Requirements (Part 4)	How COHBE should use waiting periods to encourage participation and discourage frequent entrance and exit in the Exchange market?	Health Plan Advisory Group		X		The Board voted to instate a 1-year waiting period for plans that choose not to sell on Exchange in 2014 and a 2-year wait for plans that participate in the Exchange and then voluntarily leave. If an appeals process is triggered by a one year waiting period for a health plan, no member of the appeals committee can be directly affiliated with a health insurance carrier and the committee will be represented by three Board members and two COHBE staff members.	The Board will create a Charter for the appeals committee for approval.	
12/10/2012	11/12/2012	Protection Against Fraud, Waste and Abuse: Technology	What framework will be developed by COHBE to ensure proper internal controls, training, testing, and what notifications are in place to prevent Fraud, Waste & Abuse (FWA) during the development of the Exchange technology system?	IT & Implementation Committee		X		The Board voted to follow a 6-step approach, including the hiring of an IV&V firm, to control, monitor and prevent fraud, waste and abuse with technology systems and contractors.	None	
12/10/2012	11/12/2012	Protection Against Fraud, Waste and Abuse: Information Security and Privacy	What framework will be established by COHBE to appropriately protect the confidentiality, integrity, availability, and privacy of the COHBE information assets?	IT & Implementation Committee Personnel Committee		X		The Board voted to implement an Information Security and Privacy Program that will meet numerous established security standards and includes specific roles and responsibilities for COHBE staff and contractors to ensure proper protection of information assets.	None	

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1/14/2013	12/10/2012	COHBE Board Legislative Approach	How will COHBE engage with issues at the Colorado General Assembly that relate to the continued functioning of the Exchange?	Board		X		The Board voted to accept the COHBE Board Legislative Approach with the additional clarifications that 1) language be added to the 2nd recommendation to codify the Board's ability to initiate legislation and 2) language be added to the 4th recommendation to clarify that Board members should distinguish between comments on COHBE's positions and their own personal comments.	None	
2/11/2013	2/11/2013	Connect for Health Assistance Network: Conflict of Interest Policy	Should COHBE accept the conflict of interest framework for Assistance Sites and Health Coverage Guides?	Board		X		The board voted to adopt the Connect for Health Assistance Network's Conflict of Interest Framework for Assistance Sites and Health Coverage Guides	Will be revisited over time if needed.	
3/11/2013	3/11/2013	Sustainability and Administrative Fees	Should COHBE support a balanced revenue approach, minimizing operational risk through the use of a multi-revenue source model and have an administrative fee of 1.4% of premium for 2014?	Finance Committee			X	The board voted to accept the recommendation from COHBE to support a balanced revenue approach, minimizing operational risk through the use of a multi-revenue source model. They also voted to approve a carrier administrative fee for products being sold on the Exchange at 1.4% of premium for 2014	None	
3/11/2013	8/11/2012	Broker Appointments	Will all carriers, except those who do not wish to use brokers, be required to appoint all brokers.	SHOP Advisory Group Individual Experience Advisory Group		X		The Board voted on March 11, 2013 to adopt the guiding principle that all carriers doing business through the Exchange, except those who do not market their products through brokers, be required to appoint all brokers who are certified by the Exchange for the sale of their products within the Exchange. COHBE is willing to allow carriers to wait until the first business is placed before carriers actually appoint brokers as long as carriers review the list of prospective brokers and make known their concerns about the ones they consider unacceptable before that broker starts the certification program.	None	

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4/8/2013	3/11/2013	Facilitated Enrollment	How will COHBE best support Coloradans already covered in the individual market during their transition to new health plans in 2014?	SHOP Advisory Group, Individual Experience Advisory Group, Health Plan Advisory Group			X	The Board voted to allow COHBE to partner with carriers and stakeholders to develop an approach that allows carrier's existing consumers to make an active Exchange product selection directly from their carrier. In this process, consumers should be notified of the Exchange and their right to shop in the market, but they should not be required to do so.	None	
4/8/2013	3/11/2013	Carrier's Dedicated Sales Teams	Should carrier dedicated sales teams be allowed to offer Exchange products to Coloradans?	SHOP Advisory Group, Individual Experience Advisory Group, Health Plan Advisory Group		X		The Board voted to approve COHBE's recommendations that 1) COHBE allow Exchange QHPs to be offered to consumers via carrier dedicated sales teams and 2) COHBE will work with the Division of Insurance in any disclosure notifications. Consumers will also be notified that they have the option to provide their financial information directly to the Exchange. Arnold Salazar seconded the motion.	None	
4/22/2013	4/22/2013	Customer Service Center Site	Under what terms should Connect for Health Colorado sign a lease for its Customer Service Center?	Board			X	The Board voted to finalize the customer service center lease and sign a 7 month lease by the end of April 2013. The amount of the lease is under \$200k.	None	
5/6/2013	5/6/2013	Report on Comments on HHS Notice of Proposed Rulemaking (NPRM): Standards for Navigators and Non-Navigator Assistance Personnel	Should connect for Health Colorado apply conflict of interest, training and meaningful access standards to Certified Application Counselors as recommended in the Federal NPRM?	Rules and Regulations Committee		X		The Board voted to approve the Connect for Health Colorado staff recommendations for the Comments on Standards for Navigators and Non-Navigator Assistance Personnel	None	
5/13/2013	2/11/2013	Health Coverage Guide Conflict of Interest Policy Revisions	Should Connect for Health Colorado accept the amended conflict of interest framework for Assistance Sites and Health Coverage Guides?	Board		X		The Board voted to accept the amended Connect for Health Assistance Network Conflict of Interest policy	None	
6/10/2013	6/10/2013	Market Assessment for 2014	What amount shall the Board set for the 2014 Market Assessment afforded under HB 13-1245?	Finance Committee		X		The Board voted to accept the staff recommendation to set the 2014 Market Assessment at \$0 for both Medical and dental plans.	None	

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6/10/2013	6/10/2013	Customer Service Center Budget Process	Should Connect for Health Colorado accept the budget process in order to ensure we are able to meet tight timelines for customer service center procurements while staying aligned with the organization's procurement policies and procedures.	Finance Committee			X	The Board voted to approve the budget items as presented and give staff the authority to manage the process for these items as long as they stayed within 20% of the stated cost. This authorization would be in lieu of holding multiple ad hoc Board meetings each time a decision on a particular line item was needed.	None	
6/10/2013	4/8/2013	Stand Alone Vision Products	Should Connect for Health Colorado offer access to Stand Alone Vision coverage on October 1, 2013 through an intermediate approach or delay access until full integration can be achieved?	SHOP Advisory Group Individual Experience Advisory Group Health Plan Advisory Group		X		The Board voted to accept the staff recommendation to proceed with the development of the intermediate option of providing access to Stand Alone Vision via a link for consumers. If at any time the time and resources related to this development compromises launch of the marketplace, this option will be delayed.	None	
6/10/2013	5/13/2013	Assistance Network Grantees	Should Connect for Health Colorado accept the staff recommendation to approve the slate of grant recipients and award offers, recognizing that minor changes could be reflected in the final submissions.	Board			X	The Board voted to accept the staff recommendation to approve the slate of grant recipients and award offers, recognizing that minor changes could be reflected in the final submissions.	None	
7/8/2013	7/8/2013	Investment Options for New Funding	What are the best investment options for public funds granted to Connect for Health Colorado?	Finance Committee			X	The Board voted to accept the Finance Committee recommendation to allow Connect for Health Colorado to move funds into the proper account type at First Bank, while continuing to search for PDPA compliant diversification opportunities to obtain the maximum possible return. Connect for Health Colorado staff will also work with the Finance Committee to develop a long-term Investment Policy for Board approval.	Develop Long-term Investment Policy	

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7/8/2013	7/8/2013	ACD/IVR Vendor Contract (Communication platform for Customer Service Center)	Should Connect for Health Colorado enter into a contract with its selected ACD/IVR vendor?	Board			X	The Board voted to to allow Patty Fontneau to enter into a contract with Interactive Intelligence (ININ). This agreement will be on a usage basis of \$132.50 per month, per agent license for 5 years. In addition, there will be implementation fees of \$92,353. The overall contract value will be approximately \$845,425 for the overall term of 5 years based on current service center staffing projections.	None	
8/12/2013	8/12/2013	Appeals	Should Connect for Health Colorado delegate Individual Shared Responsibility exemption appeals to HHS?	IT & Implementation Committee			X	The Board voted to to delegate the Individual Shared Responsibility exemption appeals to HHS, with the added note that this policy would be reevaluated in 2014.	Reevaluate in 2014	
8/12/2013	8/12/2013	Stand Alone Vision Due Diligence	Should Connect for Health Colorado facilitate access to stand alone vision insurance as an interim service option for its customers as a predecessor to a fully integrated shopping experience?	IT & Implementation Committee			X	The Board voted to approve the due diligence, contracting, and implementation of an interim vision insurance plan.	None	
8/26/2013	8/12/2013	Individual Eligibility Appeals, Formal Hearing Entity Recommendation	Where should Connect for Health Colorado house its formal hearings of individual eligibility appeals?	Operations Committee, Finance Committee			X	The Board voted to have a formal appeal process in which all appeals for eligibility determinations are adjudicated by the OAC.	None	
11/25/2013	11/25/2013	Shared Insurance Affordability Program Eligibility Service	How can Connect for Health Colorado and its state partners improve the application and eligibility determination experience for customers seeking financial help paying for medical coverage?	Operations Committee		X		The board voted to move forward with implementing the shared insurance affordability program service as outlined in the requirements presented.	None	
12/9/2013	12/9/2013	Broker Relationship					X	The Board voted to allow the opportunity for contact by an agent or broker if, and only if, the client has the ability to opt-in was unanimously approved. There were 9 voting members present.	None	

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1/27/2014	1/27/2014	Operational Plan		Operations Committee			X	The Board voted to approved the Operational Plan with an amendment of having a first evaluation of metrics in 30 days to implement fully by the end of the first quarter. There were 6 voting members present.	First evaluation of metrics and full implementation by 12/31/14	
1/27/2014	1/27/2014	Financial Plan		Finance Committee			X	The Board unanimously voted to approve the financial plan as presented. There were 6 voting members present.	None	
2/10/2014	2/10/2014	Colorado Health Foundation Grant Request	Approval of \$2.5 million grant application submission to the Colorado Health Foundation to fund the Navigator Program.	Finance Committee			X	The Board unanimously voted to submit the Colorado Health Foundation Grant application as presented. There were 8 voting members present.	None	
2/10/2014	1/27/2014	Advisory Group Structure	Should the Board re-structure the Advisory Groups?				X	The Board unanimously voted to accept the recommendation to keep currently established Advisory Groups as is with the option to hold adhoc meetings as necessary. The Board also unanimously voted to approve the creation of a new Advisory Group specifically to address issues outside of the Front Range. There were 8 voting members present.	Establish non-front range Advisory Group	
3/10/2014	3/10/2014	2015 Administrative Fee	Should Connect for Health Colorado change the 1.4% Administrative Fee for the 2015 plan year?	Finance and Operations Committees		X		The Board voted(7-1) to accept the Finance Committee recommendation to keep the administrative fee at 1.4%. There were 8 voting members present.	None	
4/1/2014	4/1/2014	State Extension of Non-ACA Compliant Health Plans	Should the Board comment to the Colorado Division of Insurance on the state option to extend the availablity of non-ACA compliant plans in the individual and small group market?	Policy and Regulations Committee			X	The Board voted (6-1) to submit the letter to the DOI as written, with an abstention from Steve ErkenBrack due to a conflict of interest. There were 8 voting members present.	None	

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4/14/2014	4/14/2014	Legal Structure of Separate Entity to sell non-QHP Products	Should Connect for Health Colorado establish a separate legal entity, as allowed under HB13-1245, to address the strategic direction of offering ancillary services and products on the Marketplace?	Executive Committee		X		The motion to move forward with setup of a Public Benefit Corporation as a subsidiary of Connect for Health Colorado was approved with a vote of 5 – 1 and a no vote from Ellen Daehnick and abstention from Steve ErkenBrack.	Exchange tasked with ultimately determining the final scope of plans and benefits to be offered in the exchange.	
4/14/2014	4/14/2014	Advisory Group Approval of Non-Front Range Membership	Approval of Non-Front Range Advisory Group members				x	The motion to approve the list of members for the non-front range membership was unanimously approved. There were 8 voting members present.	None	
5/12/2014	5/12/2014	Contract Approval	3t Contract Approval	Finance Committee			X	The Board unanimously approved to authorize Patty Fontneau, CEO, to sign the agreement with 3t Systems.	None	
6/9/2014	6/9/2014	FY2015 Budget and Carrier Assessment		Finance and Operations Committees			x	The Board approved (7-1; 1 abstention) the 2015 budget as presented and the carrier assessment fee with a cap of \$1.25.	None	
6/9/2014	6/9/2014	Eventus Contract Approval		Finance Committee			X	The Board voted (7-0; 2 voting members were absent) to authorize Patty Fontneau, CEO, to negotiate and finalize the agreement with Eventus Solutions Group to provide COMS services for the customer service center CRM and IVR technologies.	None	
7/14/2014	7/14/2014	Comments on Annual Eligibility Redeterminations and Renewal Proposed Rule		Policy and Regulations Committee			X	The Board approved (8-1; 1 abstention) the letter for submission to CMS with the opportunity for minor changes if necessary.	None	
8/11/2014	8/11/2014	Resolution for Signature Authority					X	The Board approved the resolution of signature authority(8-0) for the purpose of signing contracts and legal entities until an Interim or new CEO is named.	None	
8/15/2014	8/15/2014	Appointment of Interim CEO		Executive Committee			x	Board unanimously approved the appointment of Gary Drews as Interim CEO effective August 25th, 2014 until such time as a permanent CEO is appointed.	Appoint full-time CEO	

COHBE Board Policy Decisions

Decision Date	Introduction Date	Topic	Question	Reviewed Initially by: Board, Board Committee or Advisory Group	Board Policy	Market-place Policy	Market-place Process	Motion Approved & Vote	Possible Future Actions	
9/29/2014	9/29/2014	ULA Agreement with Oracle		Finance Committee			X	The Board unanimously approved for the Marketplace to enter into an Unlimited License Agreement (“ULA”) with Oracle to implement the recommendations from an architecture review, to enhance the overall user experience, to provide a more secure platform and to bring the Oracle middleware technology up-to-date.	None	
11/10/2014	11/10/2014	Call Center Expansion		Operations Committee			x	The Board voted (7-1; 1 absent member) to allow an increase in Call Center staff in November and December to maximum optimal capacity at an estimated cost of \$875,000. As well as pursue additional mitigations.		
1/12/2015	1/12/2015	Legislative Policy Approach	How will Connect for Health Colorado engage with issues at the Colorado General Assembly that impact the Marketplace’s mission, operations and sustainability?			X		The Policy is reaffirmed for the grounding of the contracts by which the Board unanimously voted to look at legislation as it relates to the Marketplace’s mission and sustainability. If issues arise that are not able to be presented to the full Board, the CEO will then go to the Executive Committee and then to the Board Chair and/or Policy Chair. The CEO has the ability to determine the need for this action.		
3/9/2015	3/9/2015	Board Extraordinary Expense Reimbursement			X			The Board voted (4-0; 1 abstention) to reimburse only reasonable and necessary expenses actually incurred by Board Members of an extraordinary nature as Board Members may be required to incur as function of geographic location in Colorado.		

COHBE Board Policy Decisions

Decision Date	Introduction Date	Topic	Question	Reviewed Initially by: Board, Board Committee or Advisory Group	Board Policy	Market-place Policy	Market-place Process	Motion Approved & Vote	Possible Future Actions
3/9/2015	3/9/2015	End to End SES Review	RFP for End to End Shared Eligibility System Review				X	The Board voted (5-0) to solicit responses to an immediate Request for Proposal (RFP) to commission a high-level end-to-end review of the existing eligibility and enrollment systems by an independent objective entity, to be completed in defined phases with an initial phase to be completed as soon as possible, assessing Connect for Health Colorado's interface with, and operation of the Shared Eligibility System (SES) operated by the Exchange and Health Care Policy and Finance (HCPF) with funding of an accepted RFP to be paid equally by the Exchange and HCPF.	The Board determined next steps to be to continue with fixes that can be done immediately. A discussion around the appropriate level of interoperability will be convened with the Governor's Office, the Exchange and HCPF.
4/13/2015	4/13/2015	Request for money for Shared Eligibility System updates	Should Connect for Health Colorado invest \$4.1 to \$5.1 million in SES enhancements?	Finance Committee Operations Committee			X	The Board voted (8-0) to allow Connect for Health Colorado to invest up to \$5.1 mil across fiscal years 2015 and 2016 which will be significantly offset by an expected \$6 mil in cost reductions and revenue uplift within 15 months of 'go live' of the enhancements. This estimate is conservative with a further \$3 mil in potential cost savings and revenue uplift not included.	
4/27/2015	4/27/2015	Appointment of Interim CEO		Executive Committee			x	Board unanimously approved the appointment of Kevin Patterson as Interim CEO effective May 8, 2015 until such time as a permanent CEO is appointed.	Appoint full-time CEO
5/11/2015	5/11/2015	Assistance Network Budget Allocation		Finance Committee Operations Committee			x	Board unanimously approved (8-0) to commit to provide a minimum of \$500,000 budget allocation to the fiscal year 2016 Assistance Network Program.	
5/11/2015	5/11/2015	End to End SES Review	RFP for End to End Shared Eligibility System Review	Finance Committee Operations Committee			x	Board unanimously approved (8-0) to delay the SES end-to-end review until after the SES improvements are implemented in September 2015	Discuss future RFP process for SES end to end review

