

**ND = No Decision has been made to date

| Decision Date | Topic | Question | Motion Approved & Vote | Possible Future Actions Discussed By Board | Compliant (Y/N) | Discussion/Decision | Updated Timeline |
|---------------|---|--|--|--|---|---------------------------------|------------------|
| 2/27/2012 | Administrative Structure and Risk Pool | Should the Colorado Health Benefit Exchange have separate or combined risk pools for the individual and small employer market? | 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. | Y | Discussion only. | |
| 4/23/2012 | SHOP Premium Payment Options and Payment Aggregation | What is the Exchange's responsibility related to accepting and/or aggregating payments from SHOP users? | 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. | Y | Discussion to revisit decision. | |
| 4/23/2012 | Premium Aggregation and Payment Options for the Individual Exchange | What is the Exchange's responsibility related to accepting and/or aggregating payments from individuals? | 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. | Y | Discussion to revisit decision. | |
| 11/26/2012 | 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? | 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 | Compliant with the policy; however, a Board Appeals Committee was never created as indicated in the future next steps from meeting minutes | Discussion to revisit decision. | |
| ND | Quality Rating System & Enrollee Satisfaction Survey | The majority of the requirements are carrier specific, but the Marketplace is responsible for displaying the information gathered by the carriers to consumers for 2016 OE (for the 2017 plan year). | | | | | |