

**CONNECT FOR HEALTH COLORADO (C4HCO) BOARD POLICY AND PROCESS DECISIONS**

Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
2/27/2012	2/13/2012	Administrative Structure and Risk Pool	Should the Colorado Health Benefit Exchange operate as one or two entities.	X		The board unanimously approved a motion to have one administrative structure that operates two separate Individual and SHOP Exchanges. Eight out of nine voting members were present.
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?	X		Arnold Salazar introduced a motion that the individual and small group risk pools remain separate and a study be initiated within two years from implementation of the Exchange to determine if merging the markets would be beneficial. He also asked for business groups of one (BG-1) to be considered in conjunction with this risk pool policy discussion. The board unanimously approved a motion to recommend keeping the individual and small group risk pools separate and initiate a study to revisit the question within two years after implementation (note that an end date for the study will be decided at a later point in time). Eight out of nine voting members were present.
3/12/2012	2/27/2012	Interoperability with Other State Systems	Determine the level of interoperability with state health care systems.	x		The Board approved a motion to adopt the following COHBE staff recommendation - Minimum Interoperability would involve: <ul style="list-style-type: none"> <li>• Single/shared MAGI eligibility process for Private Insurance and Medicaid/CHP+</li> <li>• Single sign-on</li> <li>• Customer identification and data</li> <li>• Request only information needed for determining eligibility for healthcare</li> <li>• No wrong door for medical eligibility</li> <li>• Transfer data to CBMS if eligible for Medicaid/CHP+, no duplicative data entry</li> <li>• Provide links to non-medical eligibility processes and pre-populate with data previously collected during medical eligibility processes.</li> </ul> The Board also approved a deferral of the decision of additional integration until after the implementation of both the COHBE and the changes to CBMS.
4/23/2012	4/9/2012	Small Group Market Size	Keep Small Group Market size fewer than 50 or increase to 100?	x		COHBE staff made the following recommendation: "Effective 1/1/2016, enacted law requires the small group market to move to 100 employees. We recommend (that the Board recommend to the Division of Insurance) keeping the current definition of the small group market in 2014 and 2015 to minimize market disruption and implementation risk." Rob Ruiz-Moss motioned to accept the staff recommendation based on prior discussion and info. Arnold Salazar seconded the motion. Vote: The Board voted 8-1 (Nathan Wilkes dissented) to accept the staff's recommendation to recommend to DOI to limit the size of the small group market to 50 employees in 2014 and 2015.

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4/23/2012	4/9/2012	SHOP Premium Payment Options and Payment Aggregation	What is the Exchange's responsibility related to accepting and/or aggregating payments from SHOP users?	x		COHBE staff recommends that, in SHOP, COHBE should only provide premium aggregation initially and conduct a study later to determine if COHBE should also offer the option for employers to pay directly to carriers. Arnold Salazar motioned to approve the staff's recommendation. Nathan Wilkes seconded the motion. Rob Ruiz-Moss offered an amendment to the motion as follows: (1) the default payment option would be premium aggregation but employers would also have the option to pay directly to carriers and (2) employers would have to select a payment method for a plan year. Arnold Salazar asked for a roll call vote on the amendment: (1) the default payment option would be premium aggregation but employers would also have the option to pay directly to carriers and (2) employers would have to select a payment method for a plan year. Mike Fallon, Eric Grossman, Beth Soberg, and Gretchen Hammer voted in favor of the amendment. Nathan Wilkes, Arnold Salazar, Rob Ruiz-Moss, and Richard Betts vote against the amendment. Steve ErkenBrack abstained. With a tied vote, the amendment did not pass. The Board then voted on the original motion to approve the staff's recommendation. In a 6-2-1 vote (Eric Grossman and Beth Soberg dissented and Steve ErkenBrack abstained), the board approved the motion with nine voting members present.
4/23/2012	4/9/2012	Premium Aggregation and Payment Options for the Individual Exchange	What is the Exchange's responsibility related to accepting and/or aggregating payments from individuals?	X		COHBE staff made the recommendation that the Individual Exchange not initially accept payments or conduct billing since the Exchange is required to allow individuals to pay directly to carriers. A study should be conducted at a later time to reassess this approach. COHBE will help facilitate payment and own the customer experience. COHBE will handle eligibility and enrollment and, through its portal, COHBE would facilitate the billing done by carriers. This would reduce the amount of testing required before the Exchange can go live. The inconvenience to households would be small and would be cheaper for COHBE. Arnold Salazar motioned to approve the staff's recommendation. Eric Grossman seconded the motion. Nathan Wilkes proposed an amendment to default to premium aggregation with the option to pass through to carriers. Mike Fallon asked why COHBE should do that when the Board just voted to not give employers additional payment options at this time. There was no second to the amendment.  Vote: The Board voted 8-1 (Nathan Wilkes dissented) to approve the staff's recommendation with nine voting members present.
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?	X		The following motion—"COHBE should create the technology to support the selection and comparison of supplemental plans and additional benefits beginning October 2013. The final scope of plans and benefits to be included will meet applicable certification criteria, be in the best interest of Colorado consumers and be dependent upon cost and implementation risk"—was unanimously approved by the Board with seven voting members present.

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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?	X		COHBE staff recommends Colorado use the federal service as the default system for certifying exemptions from the individual mandate in its initial years of operation. As we become aware of volume, cost and complexity, we can revisit the decision with the Board. Nathan Wilkes suggested that the language of the recommendation be altered to say that COHBE “will” instead of “can” revisit the decision with the Board. Steve ErkenBrack motioned to approve the staff’s recommendation with the language revision suggested by Nathan Wilkes and Nathan seconded the motion. Vote: The Board unanimously approved the Certification of Exemption from the Individual Mandate recommendation with the language revision discussed above with eight voting members present.
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?		X	Richard Betts provided an overview of the Fraud, Waste and Abuse Policy, within which five specific areas of risk have been identified: Internal Financial Processes (under the ownership of the Finance Committee), IT Vendor Contract Monitoring (under the ownership of the IT and Implementation Committee), Health Plan Compliance (under the ownership of the Finance Committee), Subscriber Data Integrity (under the ownership of the Finance Committee), and Privacy and Security (under the ownership of the IT and Implementation Committee and Personnel Committee). A motion was made to approve the Fraud, Waste and Abuse policy with two amendments: (1) the issue of touch points between state partners will be added under IT Vendor Contract Monitoring, and (2) the definitions section will be changed to include other funding. Vote: The Board unanimously approved the Fraud, Waste and Abuse policy with the two amendments discussed above with eight voting members present.
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?		X	Patty Fontneau presented the COHBE staff’s recommendation that there is no separate policy for billing processes, but rather that any billing process follows the premium aggregation policy. If, during the development of the billing process model, any policy issues arise, they would be brought back to the Finance Committee to review and make recommendations to the Board. Gretchen Hammer agreed that this was one of those topics for which there really was not a separate policy decision. The board discussed the need for a vote and agreed that there was no vote required.
6/25/2012	6/11/2012	Certification of Health Issuers and Qualified Health Plans: Base Certification Requirements	What roles will COHBE and DOI play in the certification, decertification and recertification process? What are the requirements and the duration for certification?		X	The Rules and Regulations Committee put forth a number of recommendations on health plan certification requirements that are considered functions that DOI already carries out. Additional health plan certification requirements (those that are not currently in place) will be discussed in the future. These recommendations include: accreditation, complaint processes, claims payment data disclosures, financial disclosures, formulary requirements, licensure, MLR, network adequacy, out-of-network payment disclosures, provider directory, rate review, and solvency requirements.

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6/25/2012	6/11/2012	Administering Premium Tax Credits/Cost Sharing Assistance	How will premium tax credits and cost sharing assistance be administered?		X	The COHBE staff does not believe there is a policy or process decision to be made pertaining to the Advanced Premium Tax Credit and Cost Sharing Reductions topic. This approach was vetted by and support was received from both the Health Plan and Individual Experience Advisory Groups. The exchange will work with DOI to ensure that required processes regarding reviews and/or approvals are handled appropriately. How these features are presented to customers will be reviewed with the Board as the team moves through the design phase. Should any fundamental assumptions change, the Board and appropriate Advisory Groups will be notified.
7/9/2012	5/30/2012	Management of Eligibility 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?		X	The staff recommendation was that the COHBE Board adopt a set of high level <b>guiding principles</b> regarding appeals processes. These principles include: (1) COHBE will provide oversight and develop a process to handle appeals in the areas in which it has control; (2) COHBE will try to direct people to the programs for which they are eligible as soon as possible; (3) COHBE will build a technology solution that will facilitate a “no wrong door” approach to coverage options; (4) COHBE will adopt best practices from public and private sectors to ensure the verification and appeals process is automated as much as possible; and (5) COHBE will have a defined process for individuals and employers to verify their information and appeal eligibility decisions. The Individual Eligibility Appeals Framework was unanimously approved. There were seven voting members present.

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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?		X	The staff recommendation put to the board was to adopt the recommendations from the Individual Experience and SHOP Advisory Groups. The following top five types of information were recommended to be included in a standard comparison tool by the Individual Experience Advisory Group: 1. Premium and cost sharing information; 2. Summary of benefits and coverage; 3. Limitations or exclusions in plans; 4. Prescription drug co-pays; and 5. QHP identification as one of the metal levels or identified as a catastrophic plan. The following top five filtering options were recommended by the Individual Experience Advisory Group: 1. Option to bypass filter to see all options; 2. Provider directory; 3. Health conditions treated through special programs in plans; 4. Domestic partner coverage information; and 5. Quality ratings. Additional “takeaways” from the Individual Experience Advisory Group about information to be displayed to consumers when shopping and enrolling in health plans through COHBE: (1) Assist the consumer by explaining what terms mean; display information in a way that is user-friendly and is at an appropriate literacy level; and show how information ties to treatment guidelines; (2) Help the consumer understand how plan meets the Essential Health Benefit requirements; (3) Be clear about supplemental benefits; and (4) Allow consumers to find additional information about plans if they want to learn more. The SHOP Advisory group recommended COHBE take into account the standard benefit form developed by the Division of Insurance and make available three additional pieces of information to consumers and employers as they make health plan choices: (1) exclusions, (2) cultural competency, and (3) provider networks or adequacy -- ability to specify a mileage radius of how far out to look from a zip code. Richard Betts made the motion to accept the recommendations from the advisory groups. Steve ErkenBrack seconded the motion. The recommendations from the advisory groups were unanimously approved. There were eight voting members present

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7/23/2012	6/11/2012	Employer and Employee Choice Architecture - Plan Selection Options	What, if any, restrictions should COHBE place on employers and employees in the SHOP? How, if at all, should COHBE limit the number of plans from which employers can choose?		x	<p>Staff Recommendation: COHBE recommends offering employers 4 options:</p> <ol style="list-style-type: none"> <li>1. The employer can choose a single QHP for all employees, (Passed on July 9)</li> <li>2. The employer can choose 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,</li> <li>3. The employer can offer employees any plan within a single metal tier, (Passed on July 9)</li> <li>4. The employer can offer employees any plan that is offered in two adjacent metal tiers.</li> </ol> <p>The Exchange will also allow employers to choose a subset of any of the options. COHBE asks the board to consider:</p> <ol style="list-style-type: none"> <li>5. The employer can offer employees a panel of plans from two carriers, limiting the selection to three consecutive metal tiers from those carriers. COHBE recommends exploring the allowance of a defined contribution and creating a system for defined contributions unless disallowed by state and federal law. The Exchange will allow employers to set either a defined percent or a defined percent of a reference plan. COHBE recommends setting a minimum contribution requirement in line with market conditions. COHBE recommends setting a minimum participation requirement in line with market conditions.</li> </ol> <p><b>Voting:</b> Richard Betts made the motion to approve option 2. The motion was seconded. Vote: The motion was unanimously approved. There were eight voting members present.</p> <p>Nathan Wilkes made the motion to approve option 4. The motion was seconded. Vote: The motion passed five to three. There were eight voting members present. In favor: Betts, Hammer, Ruiz-Moss, Salazar, Wilkes. Opposed: ErkenBrack, Fallon, Grossman.</p> <p>Richard Betts made the motion to approve option 5. The motion was seconded. Vote: The motion failed two to six. There were eight voting members present. In favor: Betts, Wilkes. Opposed: ErkenBrack, Fallon, Grossman, Hammer, Ruiz-Moss, Salazar.</p> <p>Regarding the remaining Employer/Employee Choice recommendations: Patty Fontneau asked that defined contribution allowance be tabled until additional guidance can be provided at a future Board meeting. Minimum contribution and minimum participation recommendations are supported by the advisory groups. Gretchen Hammer held all three recommendations for discussion at a future Board meeting.</p>
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?		X	<p>The recommendation was made that the open enrollment period for the Individual and SHOP exchanges be the same as the open enrollment periods outlined in the final rules. COHBE should not include more special enrollment periods beyond what is stated in the final rule. There would be no special open enrollment period for members who are terminated for failure to pay premiums.</p> <p>Beth Soberg made the motion to approve the recommendation. The motion was seconded. Vote: The recommendation was unanimously approved. There were nine voting members present.</p>

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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 QHPs? Shall carriers be required to bundle vision and dental plans into QHPs? 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?		X	COHBE recommends the technology solution be built to accommodate the display and pricing of embedded, bundled and stand-alone plans. This flexibility will allow COHBE to display and price products in different ways until more guidance is received through the design process or clarification of regulations.  Nathan Wilkes made the motion to approve the recommendation. The motion was seconded. Vote: The recommendation was unanimously approved. There were nine voting members present.
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?		X	COHBE staff recommended that the exchange use the baseline application data elements set forth in preliminary draft guidance from HHS. Furthermore, COHBE staff recommends adding the following data elements based on recommendations from the advisory groups: Primary Care Provider, Gender neutral identifiers and inclusive relationship reporting terminology, and Clarify what is needed to properly screen for Medicare eligibility. COHBE recommends that the application form be updated as further guidance becomes available.  Steve ErkenBrack made the motion to accept the recommendation. The motion was seconded. Vote: The recommendation was unanimously approved. There were eight voting members present.

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8/13/2012	7/23/2012	Complaint Management	What is the appropriate approach and process for handling complaints?		X	<p>The COHBE staff recommendation was to adopt a set of high level <i>guiding principles</i> regarding processes for accepting and managing complaints. These guiding principles included: (1) COHBE will have a formal process for accepting complaints through a standardized form; (2) COHBE will have a formal process for reviewing and addressing all submitted complaints; (3) COHBE will review and address all complaints filed through the formal process in a timely manner; (4) COHBE will handle complaints within its jurisdiction and it will act as a liaison to other organizations when another party can address the grievance more effectively; (5) COHBE will record all complaints submitted through the official intake form via phone, mail, and online submission; (6) COHBE will conduct analytics on filed complaints; and (7) Onboarding and continuing education for COHBE staff and customer service representatives will include complaint management training.</p> <p>Richard Betts made the motion to accept the recommendation with an emphasis that the Board would be informed later on when more details are developed related to the complaint management process. Steve ErkenBrack seconded the motion. The recommendation was unanimously approved. There were eight voting members present.</p>
8/27/2012	6/11/2012	Broker Relationship and Compensation	What is the appropriate type of relationship that should be developed between the Exchange and brokers? Will brokers be appointed and certified?	X		<p>The staff recommendation was to adopt a set of guiding principles concerning broker relationship and compensation. The guiding principles included:</p> <ol style="list-style-type: none"> <li>1. COHBE should partner with brokers and agents.</li> <li>2. Broker and agent compensation should be comparable inside and outside the Exchange.</li> <li>3. Brokers and agents will participate in both the Individual and the SHOP Exchanges.</li> <li>4. Individuals should NOT be required to use a broker or agent.</li> </ol> <p>Arnold Salazar made the motion to approve the guiding principles with the clarification that individuals and small businesses should not be required to use brokers. Robert Ruiz-Moss seconded the motion. The vote was held on the recommendation to approve the Broker Role &amp; Relationship guiding principles, with the clarification that individuals and small business should not be required to use brokers. Vote: The recommendation was unanimously approved. There were eight voting members present.</p>

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8/27/2012	6/11/2012	Navigator Role and Compensation	What is the appropriate type of relationship that should be developed between the Exchange and navigators? What will be used to identify navigators? Will navigators be compensated by the Exchange and if so, how?	X		<p>COHBE Staff recommended that the Board approve a set of high level, guiding principles concerning Navigator Role and Compensation. The guiding principles covered the following: scope, selection criteria, funding model, training and certification, oversight, and the need for ongoing stakeholder feedback and assessment of needs. The guiding principles are too lengthy to repeat verbatim in this spreadsheet, but may be accessed here: <a href="http://www.getcoveredco.org/COHBE/media/COHBE/PDFs/Policy%20Issues/20120828_Navigator-policy-framework-document_FINAL.pdf">http://www.getcoveredco.org/COHBE/media/COHBE/PDFs/Policy%20Issues/20120828_Navigator-policy-framework-document_FINAL.pdf</a></p> <p>Steve ErkenBrack made the motion to approve the guidelines with the added phrase “subject to the regulatory standards to be promulgated by Health and Human Services (HHS).” Nathan Wilkes seconded the motion. With respect to an evaluation of the funding of the navigator program, Steve ErkenBrack made the motion to strike “after 2 years” and replace with “should be evaluated Continuously.” Eric Grossman seconded the motion. The motion to approve the guiding principles was unanimously approved. There were eight voting members present.</p>

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8/27/2012	7/23/2012	Customer Service Center	What functions will be provided by the customer service center and which are handled elsewhere? What is the handoff process? How do we ensure that the customer service received is consistently high across all functions?		X	<p>The COHBE Staff recommended a set of high-level guiding principles concerning the role, scope and functionality of the exchange’s customer service center, including the following:</p> <ul style="list-style-type: none"> <li>• Responsibility for assisting customers with enrollment across all channels (i.e. website, telephone, mail, etc.). Customer service representatives (CSRs) will provide information on potential benefits such as advance premium tax credits and provide basic information on various aspects of health insurance such as deductibles, co-pays, benefits associated with levels of coverage (e.g. metal levels) and state medical programs. CSRs will be trained to be objective. They will also be trained to accept, document and direct formal complaints.</li> <li>• Close coordination with state agencies (i.e. Health Care Policy and Financing and the Division of Insurance) and carriers to enable “warm” handoffs when questions come up that are not in the purview of COHBE’s responsibilities and expertise. CSRs will refer people to other supportive organizations across Colorado depending on their needs.</li> <li>• Real-time chat capabilities will be made available to consumers.</li> <li>• CSR customer interactions will be monitored to ensure high quality service and adherence to COHBE policies and customer support scripts. Incoming and outgoing communications and documents will be recorded and tracked.</li> <li>• CSRs will be trained at different levels to ensure all questions and support inquiries can be addressed adequately and in a timely fashion. A small number of CSRs will be licensed to advise and enroll people if they request that level of support.</li> <li>• CSRs will direct employers and individuals to available navigators and brokers in their community if they request this assistance.</li> <li>• Cultural competency will be included through the CSR training. Language support and accommodations for people with disabilities will also be made available through the customer service center.</li> <li>• Premium billing and financial reconciliations for SHOP (employer and employee) financial transactions will NOT be handled by the customer service center. These services will be handled by back-office staff at COHBE.</li> <li>• Performance measures will be identified for the customer service center and tracked. Some performance measures include: maximum time to answer a call, abandonment rate, time to complete enrollments, and response times.</li> </ul> <p>Eric Grossman made a motion to amend the language describing the customer service center as a “best-in-class service experience” to “an excellent service experience.” Steve ErkenBrack seconded the motion. Arnold Salazar made the motion to accept the recommended guiding principles as amended. Richard Betts seconded the motion. The motion was unanimously approved. There were seven voting members present.</p>

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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? Remaining certification items include: Marketing requirements, Plan differentiation, essential benefit validation, essential community health providers, QHP quality measures and participation requirements.	X	X	<p>The staff recommended a series of guiding principles on five of the remaining health plan certification requirements. The board decided to adopt these principles through three separate votes. The first vote was to adopt principles governing the validation of Essential Health Benefits, discriminatory benefit design, and plan differentiation. The COHBE staff recommendation indicated that additional federal guidance is due out on these topics and they recommended leaving the implementation and definitions of these requirements to DOI. Eric Grossman made the motion to accept the first recommendation with the suggestion to add the phrase “and definition” after the word “implementation” in the sentence “Given the objective not to duplicate DOI activities, COHBE suggests leaving the implementation of these requirements to DOI.” Arnold Salazar seconded the motion. The motion was approved with six affirmative votes, Eric Grossman voted no. There were seven voting members present.</p> <p>The second vote was to approve Arnold Salazar’s motion that the Board adopt the COHBE staff recommendations concerning plan marketing requirements. These recommendations include the following principles: (1) that all QHP marketing materials that include any connection to COHBE, through written or verbal communications or through the use of the COHBE logo or other marks, must include verbiage to clarify that the information and views presented are those of the carrier and not COHBE (e.g., “The contents and views of this message are those of Carrier X and not those of the Colorado Health Benefit Exchange.”), and (2) appropriately protect all COHBE logos and marks before they can be utilized by carriers, including the “look and feel” of the Exchange to restrict counterfeit websites. The motion was unanimously approved. There were seven voting members present.</p> <p>The final vote was to approve the following COHBE staff recommendations concerning Essential Community Providers (ECPs): (1) Expand the federal provider list for Medicaid to include ECPs and provide this listing on the COHBE website and (2) Include the evaluation of ECP coverage in the existing network advocacy requirements validation through the DOI. Arnold Salazar made a motion to expand the requirement so that if ECP’s reach out to QHP’s and QHP’s be required to include them in their plans if ECP’s met all network requirements. Nathan Wilkes seconded the motion. (continued on next page)</p>

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<i>Ctd. From last page</i>	<i>Ctd. From last page</i>	<i>Ctd. From last page</i>	<i>Ctd. From last page</i>	<i>Ctd. From last page</i>	<i>Ctd. From last page</i>	<i>Ctd. From last page</i>  The motion failed with two votes in favor, three opposed and three abstentions. Arnold Salazar (abstain), Nathan Wilkes (yes), Eric Grossman (no) Richard Betts (yes), Steve ErkenBrack (abstain) Mike Fallon (no) Gretchen Hammer (no) Robert Ruiz-Moss (abstain). The original motion, made by Steve ErkenBrack and seconded by Eric Grossman, to accept ECP recommendation as written, was restated. The recommendation was unanimously approved. There were eight voting members present.
9/24/2012	7/23/2012	Consumer & Employer Rights & Responsibilities	What responsibilities will be allocated to employers and consumers and how will COHBE protect their rights?		X	The COHBE staff recommendation was to approve a set of high-level guiding principles concerning consumer & employer rights and responsibilities. These guiding principles include the following: <ul style="list-style-type: none"> <li>• COHBE will protect the rights of small employers and individuals by complying with all state and federal laws that grant them rights and outline responsibilities.</li> <li>• In the case that a small employer or individual believes their rights have been violated, COHBE will facilitate a phone or in-person discussion with the offended party to address the issue prior to formal legal proceedings.</li> <li>• COHBE will provide educational materials to small employers and individuals regarding their rights and responsibilities when they participate in the Exchange.</li> <li>• COHBE service representatives will be trained to answer questions and inform people about their rights and responsibilities.</li> </ul> Gretchen Hammer added the recommendation to include in the guiding principles that the Exchange is not a regulatory agency and to change “participate” to “interact” for those requesting information on the exchange. Richard Betts made the motion to accept the amended recommendation. Arnold Salazar seconded the motion. The recommendation was unanimously approved. There were seven voting members present.

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9/24/2012	6/11/2012	Certification of Health Issuers and Qualified Health Plans – Part 3	How should COHBE display quality information to consumers and employers	X	X	<p>The COHBE staff did not make a specific recommendation to the board concerning the display of quality information, but rather proposed three different options with a list of pros and cons for each option. The options were: (1) Utilize a CAHPS “star” rating and a link to detailed CAHPS and HEDIS data; (2) Provide a link to detailed CAHPS and HEDIS data (i.e., no star rating will be provided); and (3) Create a composite score.</p> <p>Arnold Salazar made the motion to not include any quality information, ratings or external links at this time. The motion was not seconded. Nathan Wilkes made the motion to offer a field on the shopping screen, at launch, to include a quality rating. Richard Betts seconded the motion. The motion was approved. There were seven voting members present. Ayes (5) - Richard Betts, Nathan Wilkes, Beth Soberg, Robert Ruiz-Moss and Gretchen Hammer. Nays (2) - Mike Fallon and Arnold Salazar.</p> <p>Robert Ruiz-Moss moved that CAHPS data be included and a link to HEDIS information be provided on the shopping screen. This display of quality information should be available for the first two years of the Exchange. The motion was denied. There were seven voting members present. Ayes (1) – Robert Ruiz-Moss. Nays (6) – Richard Betts, Mike Fallon, Nathan Wilkes, Beth Soberg, Arnold Salazar, Gretchen Hammer.</p> <p>Gretchen Hammer stated the types of quality ratings and information that would be provided will be discussed at the next Board meeting</p>

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10/08/2012	6/11/2012	Certification of Health Plans – Display of Quality information	How should COHBE display quality information to consumers and employers – specifically, which data sources and metrics should be used to display quality.	X	X	<p>This was the follow up to the 9/24/2012 decision regarding the display of health plan quality information on the exchange web portal. Three options were presented to the Board: 1) display NCQA quality star rating system, 2) COHBE develops its own quality star rating, and 3) display CAHPS overall rating/composite rating and link to HEDIS measurements.</p> <p>Steve ErkenBrack moved to recommend that COHBE create a link to a webpage that houses quality information from a variety of different measures with no star ratings. The motion was seconded. The motion to provide a link to a webpage with quality information and no star ratings was not approved by a vote of 4-4. There were eight voting members present. (Richard Betts, Steve ErkenBrack, Mike Fallon, and Arnold Salazar voted yes. Eric Grossman, Gretchen Hammer, Robert Ruiz-Moss, and Nathan Wilkes voted no.)</p> <p>Robert Ruiz-Moss motioned for CAHPS composite rating and a link to HEDIS information, which was seconded. Richard Betts proposed an amendment to make available links to HEDIS information as well as other appropriate metrics. The amendment was seconded. The amended motion to provide a CAHPS composite rating and link to HEDIS information as well as other appropriate metrics passed with a vote 6-1 with one member not voting. There were eight board members present. (Richard Betts, Eric Grossman, Gretchen Hammer, Robert Ruiz-Moss, Arnold Salazar, and Nathan Wilkes voted yes. Mike Fallon voted no and Steve ErckenBrack did not vote.)</p>
11/12/2012	6/11/2012	Certification of Health Plans – Participation Requirements	What roles will COHBE and DOI play in the certification, decertification and recertification process? Remaining certification items include: participation requirements.	X	X	<p>The COHBE Staff recommendations before the Board is that 1) COHBE should provide a waiting period and the number of years for the waiting period should be determined by the Board, and 2) COHBE should allow a carrier that is subject to a waiting period to request permission to participate prior to that waiting period expiring.</p> <p>Arnold Salazar made a motion to adopt a two-year waiting period for carriers that voluntarily leave the market or do not enter the exchange market in 2014. The motion also recommends the Board take up discussion and recommendations on the appeal process at a later time. The motion was seconded.</p> <p>Arnold Salazar requested to move on a recommendation to postpone this decision to the November 26, 2012 Board meeting after staff provide additional research and background information. The motion was seconded.</p>

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Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
11/12/2012	6/11/2012	Employer and Employee Choice Architecture: Contribution and Participation	What, if any, percentage of employees should COHBE require of a small business to participate? How should COHBE regulate employers' contributions to their employees' health insurance premiums? To what extent should defined contributions be available to employers?	X		<p>The SHOP Advisory Group made the following recommendations regarding employer defined contribution requirements:</p> <ol style="list-style-type: none"> <li>1. COHBE should set a minimum contribution requirement in line with market conditions.</li> <li>2. COHBE should set a minimum participation requirement in line with market conditions.</li> <li>3. COHBE should explore the allowance of a defined contribution and create a system for defined contributions unless disallowed by state and federal law. The Exchange will allow employers to set either a defined amount or a defined percent of a reference plan.</li> </ol> <p>Richard Betts made the motion to adopt the SHOP Advisory Group recommendations with the removal of 'in line with' in recommendation 1 and 2, and the insertion of the word 'emulate'. The motion was seconded.</p> <p>Vote: The motion to adopt the recommendation passed with a vote 5-1 with one member not voting. There were seven board members present. (Richard Betts, Gretchen Hammer, Robert Ruiz-Moss, and Steve ErkenBrack voted yes. Arnold Salazar voted no and Nathan Wilkes abstained.)</p>
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?	X		<p>COHBE Staff recommends: 1) the inclusion of specific contract language to address fraud, waste, and abuse with carriers that explains compliance is a condition of participation and a requirement for certification for those carriers that offer QHPs in the exchange, 2) the inclusion of specific contract language to ensure that carriers have written policies and processes for their internal training and management of activities that relate to the False Claims Act, and 3) that compliance testing and measurement is performed at least annually.</p> <p>Arnold Salazar requested to move on the recommendation. The motion was seconded. Vote: The motion was unanimously approved. There were seven voting members present.</p>

**CONNECT FOR HEALTH COLORADO (C4HCO) BOARD POLICY AND PROCESS DECISIONS**

Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
11/26/2012	11/12/2012	Certification— Participation Requirements	How should COHBE use waiting periods to encourage participation and discourage frequent entrance and exit in the Exchange market?	X		<p>Six recommendations put forth:</p> <ol style="list-style-type: none"> <li>1. Carrier new to Colorado in 2014 and is not licensed. No waiting periods are recommended;</li> <li>2. Carrier licensed to sell in Colorado, goes through the Exchange certification process, and decides to participate in the Exchange in 2014. Waiting periods are not applicable in this scenario;</li> <li>3. If a carrier is licensed to sell in Colorado and chooses not to participate in the Exchange, there should be a one-year waiting period. ;</li> <li>4. Carrier licensed to sell in Colorado and tries to participate in the Exchange in 2014 but cannot due to an IT, certification, or DOI hurdle. No waiting periods are recommended;</li> <li>5. An active Exchange carrier, licensed and certified, voluntarily leaves the Exchange. Two-year waiting period is recommended; and</li> <li>6. An active Exchange carrier, licensed and certified, voluntarily leaves the Exchange. Two year waiting period is recommended.</li> </ol> <p>Arnold Salazar moved to approve COHBE staff recommendations with the two clarifications 1) that 'carrier' includes all affiliated entities selling major medical products, and 2) in scenario 4 the default is a one year waiting period that triggers an appeals process. Richard Betts seconded the motion.</p> <p>Vote of 8-0 with one member not voting. There were nine voting members present. (Yes: Richard Betts, Steve ErkenBrack, Mike Fallon, Gretchen Hammer, Robert Ruiz-Moss, Arnold Salazar, and Beth Soberg, and Nathan Wilkes. Abstain: Eric Grossman)</p>
12/10/2012	12/10/2012	Management of Fraud, Waste & Abuse During Development of the Technology Solution	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 System (technology solution)?	X		<p>COHBE staff proposed the following recommendations:</p> <ol style="list-style-type: none"> <li>1. A contract for the development and delivery of the system.</li> <li>2. Close oversight of contractual work.</li> <li>3. Formal internal controls.</li> <li>4. Third-party Independent Verification and Validation (IV&amp;V).</li> <li>5. Formal processes for project controls and standards, and for managing issues and risks.</li> <li>6. Complete documentation.</li> </ol> <p>Nathan Wilkes moved on behalf of the IT &amp; Implementation Committee to accept the recommendations as presented in the most updated document. The motion was unanimously approved. There were 8 voting members present.</p>

**CONNECT FOR HEALTH COLORADO (C4HCO) BOARD POLICY AND PROCESS DECISIONS**

Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
12/10/2012	12/10/2012	Information Security and Privacy Policy	What framework will be established by COHBE to appropriately protect the confidentiality, integrity, availability, and privacy of the COHBE information assets?	X		<p>Staff recommended a privacy/security policy that addressed the following elements:</p> <ul style="list-style-type: none"> <li>• Access Control</li> <li>• Awareness and Training</li> <li>• Audit and Accountability</li> <li>• Security and Assessment Authorization</li> <li>• Configuration Management</li> <li>• Contingency Planning</li> <li>• Identification and Authentication</li> <li>• Incident Response</li> <li>• Maintenance</li> <li>• Media Protection</li> <li>• Physical and Environmental Protection</li> <li>• Planning</li> <li>• Personnel Security</li> <li>• Risk Assessment</li> <li>• System and Services Acquisition</li> <li>• System and Communications Protection</li> <li>• System and Information Integrity</li> <li>• Program Management</li> </ul> <p>Nathan Wilkes moved on behalf of the IT and Implementation Committee to adopt the recommendations. The motion was unanimously approved. There were 8 voting members present.</p>
12/10/2012	12/10/2012	Marketing and Advertising Vendor Selection	N/A – whether to approve a contract with CCT			<p>Patty Fontneau provided an overview of the marketing and advertising vendor evaluation and recommendation. Based on the information gathered, COHBE recommended contracting with CCT Advertising. Ms. Fontneau asked for the Board's authorization to spend up to the amount allocated in COHBE's current grant. Patty noted that the bulk of the cost would be allocated to media buys.</p> <p>Arnold Salazar moved to allow Patty Fontneau to execute the CCT contract up to the amount in COHBE's current grant. Richard Betts seconded the motion. Vote: The motion was unanimously approved. There were 8 voting members present.</p>

**CONNECT FOR HEALTH COLORADO (C4HCO) BOARD POLICY AND PROCESS DECISIONS**

Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
1/14/2013	1/14/2013	Legislative Approach	How will COHBE engage with issues at the Colorado General Assembly that relate to the continued functioning of the Exchange?	X		<p>Connect for Health Colorado (C4HCO) staff put forth the following recommendations:</p> <ol style="list-style-type: none"> <li>1. The Colorado Health Benefit Exchange will not take a position on legislation unless the legislation will have a direct and significant impact on the continued operation of the Exchange.</li> <li>2. If a piece of legislation is anticipated to have a direct and significant impact on the continued operation Exchange, the board will discuss whether or not a position is warranted.</li> <li>3. If the board determines that it is appropriate to take a position on a piece of legislation, there will be general discussion and guidance at a board meeting. The Board Chair, CEO or other board designee will have the authority to represent the board as required in working with legislators, administration officials, the Governor, as well as, other parties though the legislative process.</li> <li>4. If a board member receives a request from a legislator or committee for general information about health care or the health care industry or is asked for a comment on potential legislation, the board member will make it clear that their comments do not represent a position of the COHBE board.</li> </ol> <p>Steve ErkenBrack moved to approve the COHBE Board Legislative Approach with the following changes 1) leave as is 2) Board should be able to initiate legislation 3) tighten up language in the case that impact is determined and 4) tighten up language to read that if it is the context of a COHBE matter specifically, the board member should then defer to a designee (Board Chair, CEO, or other Board designee). Arnold Salazar Seconded the motion.</p> <p>The motion was unanimously approved. There were 9 voting members present.</p>
1/14/2013	1/14/2013	Assistive and Usability Services Contract with CU	Whether to contract with the University of Colorado's Assistive Technology Partners			<p>C4HCO staff recommended entering into a contract with CU's Assistive Technology Partners Team to conduct a usability and accessibility assessment on the following:</p> <ul style="list-style-type: none"> <li>Reviewing the Exchange site for accessibility and usability</li> <li>Reviewing COHBE's new website</li> <li>Reviewing marketing/communications collateral</li> <li>Reviewing notices</li> <li>Reviewing training materials and delivery techniques for disabled clients</li> </ul> <p>Richard Betts moved to allow Patty Fontneau to negotiate a contract with CU to meet the demands of the usability and accessibility requirements. Nathan Wilkes seconded. The motion was unanimously approved. There were 9 voting members present.</p>
1/17/2013	1/17/2013	Branding and Name Change	Whether to change the Colorado Health Benefit Exchange's d/b/a/ name.	X		<p>Staff recommended three possible names: Health Select Colorado, Connect for Health Colorado and The Plan Place. Steve ErkenBrack moved to allow Patty Fontneau and COHBE staff to move forward with selecting either of the first two name options, pending public feedback and additional trademark searches. Arnold Salazar seconded the motion. The motion was unanimously approved. There were 7 voting members present.</p>

**CONNECT FOR HEALTH COLORADO (C4HCO) BOARD POLICY AND PROCESS DECISIONS**

Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
1/17/2013	1/17/2013	Provider Directory Vendor Selection	Whether to enter into contract negotiations with Treo Solutions regarding provider directory services.	X		Staff recommended that contract negotiations commence with Treo Solutions, a contract value of \$210,000. Richard Betts moved to allow Patty Fontneau to move forward with negotiating a contract with Treo Solutions. Eric Grossman seconded the motion. The motion to pursue COHBE's recommendation to begin contract negotiations with Treo Solutions for the provision of a provider directory was approved with a vote of 6-0, with one member abstaining. There were 7 voting members present. (Yes: Richard Betts, Mike Fallon, Eric Grossman, Gretchen Hammer, Arnold Salazar, and Nathan Wilkes. Abstain: Steve ErkenBrack)
2/3/2013	2/1/2013	Out of Pocket Calculator Implementation	Whether to enter into contract negotiations with CSS to develop and implement an out of pocket calculator function on the C4HCO shopping portal.			COHBE recommends pursuing the recommendation to begin contract negotiations with CSS for the provision of an out of pocket cost estimator for go-live. Arnold Salazar moved to accept COHBE's recommendation to begin contract negotiations with CSS for the provision of an out of pocket calculator for go-live. The motion was seconded. Steve ErkenBrack expressed concerns and opposed Arnold's motion. Rob Ruiz-Moss commented that if COHBE cannot get this to work with practical data by go-live, it should be pushed until 2015. Vote: The motion to negotiate a contract with CSS for the provision of an out of pocket cost estimator for go-live was approved with a vote of 6-2. There were 8 voting members present. (Yes: Richard Betts, Mike Fallon, Gretchen Hammer, Robert Ruiz-Moss, Arnold Salazar, and Nathan Wilkes. No: Steve ErkenBrack and Eric Grossman.)
2/11/2013	2/11/2013	Comments on Eligibility & Enrolment for Medicaid and Exchanges Proposed Rule	Whether to approve proposed comments from C4HCO staff to submit to HHS regarding proposed federal rulemaking.	X		Arnold Salazar summarized the proposed comments from COHBE staff. The policy was unanimously supported by the Rules and Regulations Review Committee and being brought to the Board for vote. Comments on Medicaid, Children's Health Insurance Programs, and Exchanges: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes for Medicaid and Exchange Eligibility Appeals and Other Provisions Related to Eligibility and Enrollment for Exchanges, Medicaid and CHIP, and Medicaid Premiums and Cost Sharing <b>Vote:</b> The motion to move the proposed comments from the Board to the Department of Health and Human Services was unanimously approved. There were 8 voting members present.

**CONNECT FOR HEALTH COLORADO (C4HCO) BOARD POLICY AND PROCESS DECISIONS**

Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
2/11/2013	2/11/2013	Assistance Network Conflict of Interest Policy	Connect for Health Assistance Network: Conflict of Interest Framework for Assistance Sites and Health Coverage Guides	X		<p>C4HCO staff proposed a conflict of interest policy (required by federal law), which prohibits health coverage guides from the following:</p> <ol style="list-style-type: none"> <li>1. Be a health insurance issuer</li> <li>2. Be a subsidiary of a health insurance issuer</li> <li>3. Be an association that includes members of, or lobbies on behalf of, the insurance industry; or</li> <li>4. Receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any individuals or employees in a QHP [qualified health plan] or non-QHP [qualified health plan].</li> <li>5. Be a provider entity (including, but not limited to, hospitals, clinics, and physician practices) that is directly owned by, a subsidiary of, or exclusively contracts with, a single insurer or its subsidiaries, except in cases where the provider can demonstrate that due to geography or other factors, there are significant limitations on available insurers with whom to contract.</li> </ol> <p>Richard Betts moved to accept the Conflict of Interest Framework as a guideline and revisit as needed. Nathan Wilkes seconded. Patty Fontneau clarified that COHBE would not bring this document back to the Board but would come to the Board on future issues that may arise on this topic as needed. Rob Ruiz-Moss expressed confusion about the term “guideline” and felt that it should be either COHBE’s policy or not. Gretchen Hammer clarified that the board would adopt the policy but it could be subject to additional revisions. <b>Vote:</b> The motion to accept the Connect for Health Assistance Network’s Conflict of Interest Framework for Assistance Sites and Health Coverage Guides passed with a vote of 7-1. There were 8 voting members present. (Yes: Richard Betts, Mike Fallon, Eric Grossman, Gretchen Hammer, Robert Ruiz-Moss, Beth Soberg, and Nathan Wilkes. No: Arnold Salazar.)</p>
2/11/2013	2/11/2013	Colorado Health Foundation Grant Proposal	Whether C4HCO should approve a grant request to the Colorado Health Foundation for additional assistance network funding	X		<p>C4HCO staff presented an overview of the grant application to the Colorado Health Foundation for approximately \$2 million to support the function of the C4HCO assistance network. Eric Grossman asked if C4HCO sees operational revenue supporting the program in the future. Adela replied that C4HCO does foresee a smaller program in future years and a phasing out of federal dollars. Cammie Blais added that there was a budget in the sustainability model presented to the Board for this program. Rob Ruiz-Moss moved to approve C4HCO’s grant application to The Colorado Health Foundation. Beth Soberg seconded the motion. The motion was unanimously approved. There were 8 voting members present.</p>

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Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
3/11/2013	3/11/2013	Financial Sustainability Plan	Whether C4HCO should approve the plan to reach financial self-sufficiency by the year 2015.	X		<p>C4HCO staff asked for support of their financial sustainability plan, which included a balanced revenue approach. By having a balanced approach, C4HCO feels that operational risk is minimized. This approach includes enrollment fees on carriers and enrollees, transitional funding by using insurance tax credits previously assigned to Cover Colorado and other future funding streams, including possible revenue from selling ancillary products on the exchange or leasing technologies to other states.</p> <p>Arnold Salazar moved to accept the recommendation from COHBE to support a balanced revenue approach, minimizing operational risk through the use of a multi-revenue source model. Richard Betts seconded the motion. <b>Vote:</b> The motion to support a balanced revenue approach passed with a vote of 5-1, with one member abstaining from the vote. There were 7 voting members present (Yes: Richard Betts, Eric Grossman, Gretchen Hammer, Arnold Salazar, and Nathan Wilkes. No: Mike Fallon. Abstain: Steve ErkenBrack).</p>
3/11/2013	3/11/2013	Administrative User Fee	What is the appropriate administrative user fee C4HCO should impose on plans sold through the marketplace?	X		<p>C4HCO staff asked for support of a carrier administrative fee set at 1.4% of the premium for 2014. Gretchen Hammer shared that the federal fee has been set at 3.5% of the premium in those states with a Federally Facilitated Exchange. Richard Betts moved to accept the recommendation from COHBE to approve a carrier administrative fee for products being sold on the Exchange at 1.4% of premium for 2014. Arnold Salazar seconded the motion. <b>Vote:</b> The motion was unanimously approved, with one member abstaining from the vote. There were 7 voting members present (Yes: Richard Betts, Mike Fallon, Eric Grossman, Gretchen Hammer, Arnold Salazar, and Nathan Wilkes. Abstain: Steve ErkenBrack).</p>
3/11/2013	3/11/2013	Broker Appointments	Should all brokers certified to sell QHPs in the marketplace should be appointed to all carriers selling in the marketplace?	X		<p>C4HCO staff requested a board vote regarding whether all carriers, except those who do not wish to use brokers, will be required to appoint all brokers certified to sell in the marketplace. The C4HCO recommendation was to require appointment of all brokers based on the following considerations:</p> <ul style="list-style-type: none"> <li>• Minimizes “steerage” to preferred plans.</li> <li>• Encourages certified brokers to present health plans in the most unbiased way possible.</li> <li>• Minimizes adverse selection.</li> <li>• Aligns with COHBE’s mission to increase access and choice for customers.</li> <li>• Enables brokers to access plans that best meet the needs of the customer and/or the employer.</li> <li>• Allows the Exchange to fulfill its mission as a true marketplace.</li> </ul> <p>Richard Betts moved to accept the recommendation from COHBE with the additional clarification that the requirement would only apply to brokers selling products within the Exchange. Nathan Wilkes seconded the motion. <b>Vote:</b> The motion passed with a vote of 4-1, with one member abstaining from the vote. There were 6 voting members present (Yes: Richard Betts, Mike Fallon, Gretchen Hammer, and Nathan Wilkes. No: Arnold Salazar. Abstain: Steve ErkenBrack).</p>

**CONNECT FOR HEALTH COLORADO (C4HCO) BOARD POLICY AND PROCESS DECISIONS**

Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
4/8/2013	4/8/2013	Carrier dedicated sales team.	Should carrier dedicated sales teams be allowed to offer Exchange products to Coloradans?	X		<p>C4HCO staff recommended the board support a policy of allowing health insurance carrier dedicated sales forces to directly sell marketplace qualified health plans to consumers through the dedicated carrier sales channel. C4HCO staff explained that dedicated carrier sales teams currently sell to Colorado consumers who choose to work directly with a carrier rather than to employ the services of a broker. Nathan Wilkes asked how the tax credits will be discussed if the consumer is talking with the carrier over the phone. Patty Fontneau replied that the carriers' licensed agents will be able to go through the process with the consumer. If the consumer does not wish to share their financial information over the phone, the carrier would be able to direct them to the Exchange website. Nathan Wilkes commented that the language in the second recommendation should be changed to reflect that COHBE would be working with the DOI and not just supporting them in the disclosure notification process. He also asked for language to clarify that an individual who calls a carrier would be able to receive verbal notification that financial eligibility can be provided directly to the Exchange.</p> <p>With these changes noted, Nathan Wilkes moved 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 to option to provide their financial information directly to the Exchange. Arnold Salazar seconded the motion.</p> <p><b>Vote:</b> The motion was unanimously approved, with two members abstaining from the vote. There were 8 voting members present (Yes: Richard Betts, Mike Fallon, Eric Grossman, Gretchen Hammer, Arnold Salazar, and Nathan Wilkes. Abstain: Steve ErkenBrack and Beth Soberg).</p>
4/8/2013	4/8/2013	Facilitated Enrollment	How will C4HCO best support Coloradans already covered in the individual market during their transition to new health plans in 2014?	X		<p>C4HCO staff recommended that "COHBE should partner with carriers 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 made aware of their right to shop in the market but they should not be required to do so." Arnold Salazar moved to accept the recommendation from COHBE that COHBE should 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. Consumers should be notified of the Exchange and their right to shop in the market, but they should not be required to do so. Richard Betts seconded the motion. <b>Vote:</b> The motion was unanimously approved, with two members abstaining from the vote. There were 8 voting members present (Yes: Richard Betts, Mike Fallon, Eric Grossman, Gretchen Hammer, Arnold Salazar, and Nathan Wilkes. Abstain: Steve ErkenBrack and Beth Soberg).</p>

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Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
4/22/2013	4/22/2013	Customer Service Center Lease	Should C4HCO approve a 7 month lease for the customer service center facility?		X	C4HCO staff presented on the process of selecting a location for the customer service center and asked the Board to approve the signing of a 7 month lease by the end of April in order to ensure that a backup generator can be ordered in time. The amount of the lease was just under \$200K. Arnold Salazar moved to allow COHBE staff to finalize the customer service center lease. Nathan Wilkes seconded the motion. <b>Vote:</b> The motion was unanimously approved. There were 8 voting members present.
5/6/2013	4/8/2013	Level 2 Establishment Grant	Whether C4HCO should approve the proposed federal level 2 establishment grant request, due to HHS?	X		C4HCO staff walked the board through the grant requests one section at a time. The total grant request came in at \$125,048,670. Arnold Salazar asked for discussion on the Assistance Network as there seemed to be confusion as evidenced by consumer letters to the Board. Patty Fontneau clarified that while Connect for Health Colorado did cut back on the federal grant ask, they do anticipate other revenue streams to support the program. Arnold Salazar asked why Connect for Health Colorado would risk underfunding the Assistance Network. He expressed concern that funding may be underestimated, and that it would be prudent to ask for additional federal funding. Based on discussion, she asked the Board to confirm that staff should do additional work around the Assistance Network. Conversations would begin with the LIRC and the Board would revisit for a final vote later on in the week to ensure that staff had enough time to submit the final application. No Formal motion was made.

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Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
5/10/2013	5/10/2013	Assistance network budget increase.	Whether C4HCO should approve a budget increase for the C4HCO assistance network?	X		<p>C4HCO staff brought the proposed level two establishment grant request back before the board via a conference call meeting. Staff indicated that the assistance network budget was increased by \$2.5 million. Arnold Salazar moved, however, to increase Assistance Network funding to \$18-\$20 million, to be added to the overall Level 2 Grant request at the discretion of the staff. Nathan Wilkes seconded the motion. This would have resulting in a \$8-10 million increase to the budget. <b>Vote:</b> The motion to increase the Assistance Network funding to \$18-\$20 million was denied with a vote of 2-5. There were 7 voting members present. (Yes: Arnold Salazar and Nathan Wilkes. No: Richard Betts, Steve ErkenBrack, Mike Fallon, Gretchen Hammer, and Rob Ruiz-Moss).</p> <p>Nathan Wilkes moved to support a second option presented by staff that would increase the overall Level 2 Grant request. He recommended increasing funding for the Assistance Network to \$14 million instead of keeping it at the \$13 million as outlined. Arnold seconded the motion. <b>Vote:</b> The motion to increase the Assistance Network funding to \$14 million was denied with a vote of 2-5. There were 7 voting members present. (Yes: Arnold Salazar and Nathan Wilkes. No: Richard Betts, Steve ErkenBrack, Mike Fallon, Gretchen Hammer, and Rob Ruiz-Moss).</p> <p>Rob Ruiz-Moss moved to support the Option 1 Revision that kept the grant total at \$125 million and increased the Assistance Network funding to \$13 million by reducing other line items, with the caveat that Connect for Health Colorado staff would find line items outside of Marketing and Outreach to offset the reductions. Richard Betts seconded the motion. <b>Vote:</b> The motion passed with a vote of 5-2. There were 7 voting members present. (Yes: Richard Betts, Steve ErkenBrack, Mike Fallon, Gretchen Hammer, and Rob Ruiz-Moss. No: Arnold Salazar and Nathan Wilkes).</p>
5/10/2013	4/8/2013	Level 2 Establishment Grant	Whether C4HCO should approve the proposed federal level 2 establishment grant request, due to HHS?	X		<p>Arnold Salazar moved to approve the Level 2 grant at \$125 million with the previously agreed upon revisions to increase the Assistance Network funding taken into account. Nathan Wilkes seconded the motion. <b>Vote:</b> The motion to approve the Level 2 grant at \$125 million with an increase to Assistance Network funding as previously voted on was passed with a vote of 5-2. There were 7 voting members present. (Yes: Richard Betts, Gretchen Hammer, Rob Ruiz-Moss, Arnold Salazar and Nathan Wilkes. No: Steve ErkenBrack and Mike Fallon).</p>

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Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
6/10/2013	6/10/2013	Market Assessment	What amount shall the Board set for the 2014 Market Assessment afforded under HB 13-1245?	X		<p>Staff clarified that Connect for Health’s sustainability legislation, HB 13-1245, states that on or after January 1, 2014 through December 31, 2016, the Board shall assess special fees against insurers in an amount necessary to provide funding for the Exchange. Each year, the Board will determine the amount of the special fees for the upcoming year. The fees must not exceed \$1.80 per number of lives insured per month for QHP’s and \$.18 per number of lives insured per month for QDP’s. The Finance Committee met on May 30, 2013 and discussed the Staff’s recommendation to set the 2014 Market Assessment at \$0 for both medical and dental plans.</p> <p>Arnold Salazar moved to concur with the staff recommendation to set the 2014 Market Assessment at \$0 for both medical and dental plans. Mike Fallon seconded the motion.  <b>Vote:</b> The motion was unanimously approved, with two members abstaining from the vote. There were 6 voting members present. (Yes: Mike Fallon, Gretchen Hammer, Arnold Salazar, and Nathan Wilkes. Abstain: Steve ErkenBrack and Beth Soberg).</p>
6/10/2013	6/10/2013	Customer Service Center Budget	Should C4HCO approve the customer service center budget?	X		<p>C4HCO staff recommended the following: streamline the Customer Service Center procurement process under the following guidelines:</p> <ul style="list-style-type: none"> <li>• The Board approves the above budget line items</li> <li>• The Staff follows the existing procurement policies and procedures (i.e. competitive bids or sole source justification, proper documentation, etc.)</li> <li>• The Staff manages to the total \$3.3 million budget and has the flexibility to procure individual line items up to 120% of the original budgeted amount</li> </ul> <p>Arnold Salazar replied that the Finance Committee felt comfortable with the recommendation and had unanimously voted to approve it. Because of this, no additional motion was needed. The budget was unanimously approved with 6 voting members present.</p>

**CONNECT FOR HEALTH COLORADO (C4HCO) BOARD POLICY AND PROCESS DECISIONS**

Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
6/10/2013	6/10/2013	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?	X		<p>Connect for Health Colorado Staff made a recommendation to proceed with the development of the intermediate option of providing access to Stand Alone Vision via link for consumers. If at any time the time and resources related to this development compromises launch of the marketplace, this option would be delayed. According to staff, "The intermediate option involves embedding "links" to Stand Alone Vision carriers at the exit page for consumers who have completed their C4HCO shopping experience. At this exit page the offer of access to the Vision carrier partners will be noted. The consumer can then "click" the link and will be taken to the co-branded landing page of the Vision carrier to shop for individual vision plans that fit their needs. There will be an additional link on the C4HCO exit page giving the consumer the option to link over to our Resources page where more information, carrier links and several disclosures will be noted."</p> <p>Nathan Wilkes moved 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. Arnold Salazar seconded the motion. <b>Vote:</b> The motion passed with a vote of 5-1. There were 6 voting members present. (Yes: Mike Fallon, Gretchen Hammer, Arnold Salazar, Beth Soberg, and Nathan Wilkes. No: Steve ErkenBrack).</p>
6/10/2013	6/10/2013	Assistance network grant awardees	Whether C4HCO should approve the list of proposed Assistance Network grant awardees?	X		<p>Staff recommends that the Board approve the slate of grant recipients and award offers, recognizing that budget and scope revisions are due today and that minor changes could be reflected in the final submissions. The awardees included 56 organizations, which would receive a total of \$17 million over an 18 month period. The budget would also hold in reserve \$350,000 for marketing, advertising for Assistance Network including central support, small supplemental ad buys, branded flyers, brochures, posters, etc. and an additional \$300,000 for working with Colorado Tribes to provide Assistance Sites.</p> <p>Arnold Salazar moved 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. Nathan seconded the motion. <b>Vote:</b> The motion was unanimously approved. There were 6 voting members present.</p>
7/8/2013	7/8/2013	Communications vendor for customer service center	Whether C4HCO should approve a communications vendor contract for the customer service center.	X		<p>C4HCO staff recommended that the C4HCO Board authorize the CEO 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. Arnold Salazar moved to accept the staff recommendation to allow Patty Fontneau to enter into a contract with Interactive Intelligence ("ININ"). Nathan Wilkes seconded the motion. The motion was unanimously approved, with two members abstaining from the vote. There were 9 voting members present (Yes: Richard Betts, Steve ErkenBrack, Mike Fallon, Eric Grossman, Gretchen Hammer, Arnold Salazar, and Nathan Wilkes. Abstain: Ellen Daehnick and Sharon O'Hara).</p>

**CONNECT FOR HEALTH COLORADO (C4HCO) BOARD POLICY AND PROCESS DECISIONS**

Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
8/12/2013	8/12/2013	Board committee structure	Whether to approve the proposed board committee restructuring policy	X		As presented, every Board member would serve on only one committee, with the exception of Board leadership that would also serve on an Executive Committee. Steve ErkenBrack moved to adopt the Committee structure as outlined in the memo. Ellen Daehnick seconded the motion. Vote: The motion was unanimously approved. There were 9 voting members present.
8/12/2013	8/12/2013	Delegation of individual responsibility appeals	Should Connect for Health Colorado handle individual responsibility exemption ("exemption") appeals requests?	X		Given that Connect for Health Colorado is using the HHS Federal Exemption Service as the default system for certifying individual shared responsibility exemptions and the Marketplaces systems, staff recommended that Connect for Health Colorado delegate the appeals processes for individual responsibility exemption appeals to HHS as well. Sharon O'Hara moved to accept the staff and IT & Implementation Committee recommendation to delegate the Individual Shared Responsibility exemption appeals to HHS, with the added note that this policy would be reevaluated in 2014. Nathan Wilkes seconded the motion. Vote: The motion was unanimously approved. There were 9 voting members present.
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?	X		Staff recommends a due diligence policy regarding stand alone vision plan, including the following: 1. DOI process for obtaining an insurance license – a preponderance of the standard review and scrutiny is satisfied by the process of licensure 2. DOI process of review and approval of product/plan filing requirements – Vision carriers are required to use SERFF to submit documentation in the following areas for approval: administrative, plans and benefits, network, service area, forms and business rules. 3. C4HCO specific Marketplace requirements (Review of: customer support processes, customer satisfaction results, complaint (DOI) statistics, marketing materials and approach, and ability to track referrals and sales from the Marketplace. 4. C4HCO will require Vision carriers to: <ul style="list-style-type: none"> <li>• Execute an Agreement</li> <li>• Create a co-branded landing page</li> <li>• Remunerate C4HCO for leads or sales</li> <li>• Develop notices re: coverage for children</li> <li>• Create tracking reports of leads, sales, service, broker involvement o Prohibit distribution of customer lists for any purpose</li> <li>• Participate in training about the Marketplace</li> </ul> Vote: The motion was unanimously approved. There were 9 voting members present.

**CONNECT FOR HEALTH COLORADO (C4HCO) BOARD POLICY AND PROCESS DECISIONS**

Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
8/12/2013	8/12/2013	Income verification process	Should Connect for Health Colorado (Marketplace) follow the income verification enforcement discretion option for its first year of operations (2014)?	X		Staff explained that the marketplace has the option to accept self- attestation of income for its eligibility determination of individuals whose attested income is not reasonably compatible, for which they do not have a reasonable explanation, and cannot verify with available data sources. New federal rules provide Marketplaces with the flexibility to request verification for a statistically significant sample of this population that requires manual verification. Staff recommended the status quo option, which requires all customers who fail reasonable compatibility and cannot provide a reasonable explanation to submit documents to the marketplace.  As this was a recommendation from the IT and Implementation Committee, no additional motion was needed. <b>Vote:</b> The motion was unanimously approved. There were 9 voting members present.
8/26/2013	8/26/2013	Agent/Broker Arbitration Informal Resolution Process Individual Eligibility Appeals	Should C4HCO adopt a state-based appeals process for individual appeals and an in-house arbitration process for agent/broker disputes?	X		C4HCO staff recommended an in-house arbitration process for handling disputes between health insurance carriers and agents/brokers. Staff also recommended pursuing an integrated formal appeal process in which all appeals/fair hearings for MAGI- related eligibility determinations are adjudicated by the Office of Administrative Courts (OAC).  As this was a recommendation from the Operations and Finance Committees, no additional motion was needed. <b>Vote:</b> The motion was unanimously approved. There were 8 voting members present.
11/25/2013	11/11/2013	Shared 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?	X		C4HCO staff recommended adopting a combined eligibility rules engine policy with the Colorado Department of Healthcare Policy and Financing. Specifically, this would include “a single, logic based, dynamic application that is shared between C4HCO and the State and provides a MAGI determination. Based on this MAGI determination, an individual will be routed to the appropriate place. If routed to C4HCO, an Advanced Premium Tax Credit (APTC) and/or Cost Sharing Reduction (CSR) calculation will be made. The application will provide a streamlined consumer experience where the customer is not asked any questions that would not pertain to their individual circumstance.”  Sharon asked if the shared eligibility service was without a governance model. Lindy replied that the process of creating the governance model was underway. Sue added there is an Executive Steering Committee that exists for the state that drives the governance for CBMS.  Arnold Salazar moved to accept the staff recommendation. Eric Grossman seconded the motion. <b>Vote:</b> The motion to accept staff recommendation was passed with a vote of 8 yes and 1 abstention. There were 9 voting members present. (Yes: Richard Betts, Steve ErkenBrack, Mike Fallon, Eric Grossman, Gretchen Hammer, Sharon O'Hara, Arnold Salazar, and Nathan Wilkes. Abstain: Ellen Daehnick).

**CONNECT FOR HEALTH COLORADO (C4HCO) BOARD POLICY AND PROCESS DECISIONS**

Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
12/9/2013	12/9/2013	Broker/agent consumer contact	Whether brokers/agents may contact clients who begin but do not complete enrollment process.	X		<p>C4HCO staff reported there were approximately 40,000 leads of individuals who were denied Medicaid but did not complete the enrollment process through C4HCO. The staff and board discussed a policy of allowing brokers/agents certified through the exchange to contact these individuals. Sharon O'Hara asked for clarification on how a person would be directed to an agent or a broker. C4HCO staff assured they are only passed along if the customer expresses that they would like to work with one. If they are already associated with a broker, then they are sent back to them and if not they are given a referral.</p> <p>Steve ErkenBrack motioned to allow the opportunity for contact by an agent or broker if, and only if, the client has the ability to opt in. Nathan Wilkes seconded the motion. <b>Vote:</b> The motion 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.</p>
1/27/2014	1/27/2014	2014 Operational Plan	Whether to approve C4HCO operational plan for the 2014-15 fiscal year.	X		<p>C4HCO staff presented the 2014 operational plan, which was meant to serve as a 12-month outline of short-term strategic goals and objectives. The operational plan covered:</p> <ul style="list-style-type: none"> <li>• Budget and sustainability</li> <li>• Sales plan, including a plan to maximize sales channels available to C4HCO</li> <li>• Customer service strategy, with focus on tracking trends based on customer feedback.</li> <li>• Communications, outreach and marketing</li> <li>• Technology and operational support systems</li> <li>• Human resources and administration</li> <li>• Operational monitoring (tracking key performance metrics)</li> </ul> <p>Arnold Salazar moved to approve the operations plan as presented. Richard Betts seconded the motion. Eric Grossman moved to approve the operations plan with the amendment of having a first evaluation of metrics in 30 days to implement fully by the end of the first quarter. Sharon O'Hara seconded the motion. <b>Vote:</b> The motion to approve the operations plan as presented was unanimously approved. There were 6 voting members present.</p>
1/27/2014	1/27/2014	Financial Plan	Whether C4HCO should approve the financial plan as presented to the legislative implementation review committee.	X		<p>C4HCO staff re-presented the 2014 financial plan which sets out how C4HCO intends to become financially self-sustaining after federal grant funding ends at the end of 2015. The plan considers a diverse set of revenue options, including administrative fees assessed on individual plans as a percentage of premium, a set dollar amount (not to exceed \$1.80 per plan per month) fee assessed across the exchange and non-exchange markets, transitioning solvency funds from Colorado's state-based high risk insurance plan upon its closure, and others.</p> <p>Richard Betts moved to approve the financial plan as presented. Arnold Salazar seconded the motion. <b>Vote:</b> The motion to approve the financial plan as presented was unanimously approved. There were 6 voting members present.</p>

**CONNECT FOR HEALTH COLORADO (C4HCO) BOARD POLICY AND PROCESS DECISIONS**

Decision Date	Introduction Date	Topic	Question as framed by C4HCO	Policy	Process	Motion approved & Vote
2/10/2014	2/10/2014	Colorado Health Foundation Grant Request	Whether C4HCO should request grant funding from the Colorado Health Foundation to support the navigator program		X	C4HCO staff recommended the board approve a \$2.5 million grant request to the Colorado Health Foundation to support the marketplace's navigator program. These funds would support the navigator program from July 2014 through June 2015. Gretchen Hammer motioned to approve the Colorado Health Foundation Grant application as presented from the Finance Committee. <b>Vote:</b> The motion to submit the Colorado Health Foundation Grant application as presented was unanimously approved with 8 voting members present.
2/10/2014	2/10/2014	Advisory Group Structure	Whether C4HCO should maintain the original advisory group structure or amend.		X	The C4HCO board and staff discussed whether the marketplace should keep the four existing advisory groups in their current form or alter their structure in any way. The four groups include groups that focus on the small business marketplace, the individual marketplace, outreach and communications and the health plan matters. Dr. Fallon motioned to keep the same structure as is with the option to add another committee if necessary and hold adhoc meetings if needed. Steve ErkenBrack seconded the motion. <b>Vote:</b> The motion to accept the recommendation to keep the same structure as is with the option to hold adhoc meetings as necessary was unanimously approved. There were 8 voting members present. □
3/10/2014	3/10/2014	Administrative fee adjustment	Whether C4HCO should increase the administrative fee for 2015.	X		The C4HCO staff recommended increasing the administrative fee assessed on individual health insurance plans from 1.4% to 1.7% of premiums for the 2015 plan year. The recommendation was based on concerns of unforeseen market changes and also to help build reserves. The board finance committee moved to keep the administrative fee at 1.4%. Board members expressed concern for raising the fee without having a firm financial justification for doing so. <b>Vote:</b> The motion to accept the Finance Committee recommendation to keep the administrative fee at 1.4% was passed with a vote of 7-1. There were 8 voting members present. □