

Colorado Application State Planning and Establishment Grants for the Affordable Care Act Exchanges

Proposal Narrative

Background Research – *May include research to determine the number of uninsured in the State including, but not limited to, those potentially eligible for the Exchange, and those eligible for Medicaid or their employer’s coverage and currently not enrolled.*

In April 2009, Colorado House Bill 09-1293 “Colorado Healthcare Affordability Act” became law to provide health care coverage for more than 100,000 uninsured Coloradans, through funding the following public program enhancements:

- increasing coverage for parents with incomes of up to 100% of the federal poverty level (FPL) through Medicaid;
- increasing coverage in the Children’s Basic Health Plan up to 250% FPL;
- initiating coverage for adults without dependent children with incomes of up to 100% FPL through Medicaid;
- creating a Medicaid buy-in program for individuals with disabilities whose family incomes are too high for Medicaid eligibility but are under 450% FPL;

Increased coverage for Medicaid parents and individuals in the Children's Basic Health Plan was implemented in May 2009. The creation of a buy-in program is expected to be implemented July 2011 and coverage for adults without dependent children is expected to be available beginning January 2012. In June 2009, the Department applied to receive grant funding from the federal Health Resources and Services Administration, State Health Access Program for the Colorado Comprehensive Health Access Modernization Program (CO-CHAMP). The purpose of this additional grant funding is to augment the funding appropriated under House Bill 09-1293 “Colorado Health Care Affordability Act” and ensure its successful and full implementation.

The CO-CHAMP grant program reflects the Department’s responsibility as leaders to “champion” policies leading to greater access to health care, increased positive health outcomes, and reduced cost-shifting. In the context of the delivery of health care services, the Department’s modernization efforts include making investments in prevention; health information technology; infrastructure; and in understanding which treatments work best for any given health condition. In the context of the CO-CHAMP grant, modernization refers to changing the way the Department conducts business to expand access to benefits and improve efficiency by working smarter and more effectively managing limited resources. It includes making investments in infrastructure and technology, and also includes implementing new strategies around benefit design and cost-sharing. In fulfilling the coverage expansions authorized in 2009 under HB 09-1293 “Colorado Health Care Affordability Act,” it is essential to ensure that the Department’s systems work as well as possible to support the increased caseload. The common thread underlying all of the CO-CHAMP grant projects is making the health care delivery

system and access to programs more outcomes-focused and client-centered. The additional funding Colorado receives for this project will elevate the health care system and Colorado to a new level, and positions the State well for implementation of national health reform.

The Benefit Design Tool and Pilot Program is one of the projects funded under the Colorado Comprehensive Health Access Modernization Program. The program will allow carriers to develop new insurance products targeted at both the uninsured and insured populations desiring a product that supports evidence-based medical decision making. In other words, the project will develop and make commercially available a health plan based on a prioritized list of medical procedures. Completion of the benefit design tool is scheduled for year two of the HRSA Grant. Work on the development of the tool as well as testing the feasibility of this tool will also contribute to the benefit design work associated with the adults without dependent children population and the clients who will participate in the buy-in program for individuals with disabilities (two groups identified by the Colorado Health Care Affordability Act, House Bill 09-1293). If successful, the benefit tool could be replicated across the State offering Colorado's uninsured an affordable and high-quality insurance product.

In November 2008 the 2008-09 Colorado Household Survey (COHS) was initiated to collect information about the health insurance status of Coloradans. The COHS was sponsored by the Department and funded by the Colorado Trust and resulted in a more accurate assessment of issues surrounding health insurance coverage in Colorado and baseline information about coverage and access. The passage of federal healthcare reform and HB 09-1293 created significant expansions of publicly-financed health insurance programs that will provide coverage to a substantial number of uninsured Coloradans. However, the results of the COHS show that approximately 300,000 chronically uninsured Coloradans will still not be eligible for this coverage (based on current family size and income eligibility criteria) even after implementation occurs. These individuals are largely low income and almost half of them are between the ages of 19 and 35.

Most chronically uninsured Coloradans who would be affected by an individual mandate are employed (263,000) or have at least one family member who is employed. While an employer mandate is one mechanism to increase coverage for the chronically uninsured, the exemptions provided to certain employers will affect the uptake rate and effectiveness of this policy option. Applying the employer mandate only to those employers with more than 50 employees means that 173,000 of Coloradans impacted by an individual mandate will need to purchase health insurance through another mechanism such as the Exchange.

One option the State has explored in order to serve its uninsured was through the development of value benefit plans (VBPs). During the 2008 legislative session, SB 08-217 was passed creating a framework for developing the Centennial Care Choices Program, which would provide options for uninsured Coloradoans through new health insurance products known as value benefit plans (VBPs).

On June 24, 2008, Governor Ritter appointed 19 members to an expert panel to assist the

Department of Health Care Policy and Financing (the Department) and the Colorado Department of Regulatory Agencies – Division of Insurance (the Division) in seeking information from the health insurance industry about the development of value benefit plans. From July through December, the Panel met and provided input on a Request for Information (RFI) and review process. Along with the expert panel, staff and consultants from the Department, the Division, and the Governor’s Policy Office assessed the RFI responses and provided a legislative report with recommendations for better serving uninsured Coloradans. This report analyzed the cost of providing subsidies to make VBPs affordable for low income individuals and families, and cost savings that could be achieved by reducing Colorado’s uninsured population. The report also provides recommendations about a premium subsidy program and the impacts of an individual mandate.

This Exchange planning grant would allow the State to expand on previous work and analysis done through the Centennial Care Choices program, CO-CHAMP and other initiatives in order to create the Exchange. The State intends to hire a contractor using grant funds to evaluate and compile all the information and data currently available from work the State has already completed. This contractor will also complete a gap analysis to determine what additional data will be necessary as part of research for the Exchange, including information regarding the insurance market in Colorado as well as other states in the region. The contractor will conduct a formal assessment of market size and interaction between Colorado and its neighboring states including geographical patterns of care, similarities and differences in insurance regulation, political affinities, and desire of states to regionalize their Exchange. In addition, this contractor will use this information to develop an economic analysis to assess the different options available for the Exchange and the break-even point for each option for consideration of the Interagency Health Reform Implementation Board.

•Stakeholder Involvement – *May include a list of the stakeholders within the State who will be involved in the State’s decision about whether to operate the Exchange and planning/implementation of the Exchange, including the role proposed for each stakeholder as well as agreements with those stakeholders that may be in place at this time. Developing stakeholder involvement may include a plan to gain public awareness and commitment of key stakeholders through task forces and activities in various venues to obtain stakeholders’ input.*

The Health Reform Implementation Board in Colorado has partnered with two state level health advocacy organizations, the Colorado Consumer Health Initiative and the Colorado Coalition for the Medically Underserved, to host a series of community forums focused on the development of the health insurance Exchange(s). The goals of the community forum process include: 1. Build shared understanding about Exchanges, 2. Seek and collect input from wide range of stakeholders on best way to structure the Exchange(s), 3. Gather information to develop a “Stakeholder Perspective” document that can inform the efforts of the general assembly and new governor during the 2011 session and moving forward.

The attendance at the community forums has been well over 100 individuals at each forum representing a wide variety of perspectives and stakeholder groups, single payer advocates, health underwriters, health plans, consumer groups, provider groups, business representatives and health care consumers. These initial conversations have provided crucial insight to guide the further development of the health insurance Exchange(s) in Colorado.

Early themes from the discussion include that a successful health insurance Exchange(s) in Colorado will:

- Maximize consumer and small business participation in the Exchange and minimize adverse selection of participants in plans offered in the Exchange
- Support consumers to understand their options and make informed choices about their health insurance coverage
- Set plan qualification standards that ensure high value and effectively balance benefit availability and price, allowing for a public health plan to participate if it meets the qualification standards
- Promote consumer health with both benefit design and incentives for healthy choices
- Maximize continuity of coverage for consumers to enable consumers to stay with their health plan of choice over time and ensure easy transitions for consumers moving between public coverage and subsidized private coverage sold through the Exchange(s)
- Ensure provider availability for consumers who participate in plans sold through the Exchange
- Include robust data collection mechanisms to ensure public investments can be tracked and identify areas for improvement or issues that need to be addressed in the ongoing management of the Exchange(s).

Issues we have yet to fully explore in the community forums include how the Exchange(s) will be structured and governed, how we will ensure compliance with disclosure and transparency requirements of federal law, how the Exchange(s) will be self-sustaining, how will the availability of the Exchange in 2014 impact other current programs in Colorado such as the high risk pool, current benefit mandates, and the eligibility determination system. We anticipate community forums throughout the state this fall and during the period of the planning grant to help us create an ongoing dialogue with community partners to explore these issues.

Program Integration – *May include a description of how an Exchange will build on existing State and Federal programs such as Medicaid and CHIP. This may also include current State activities similar to an Exchange.*

The ACA requires states to design and operate coordinated, technology-supported enrollment processes to assist Americans who lack access to affordable employer-based coverage in obtaining health coverage through Medicaid, the Children's Health Plan (CHP+), or the Exchange. The enrollment provisions require States to construct an enrollment system that assists people in understanding their choices and helps them obtain and keep appropriate health coverage.

Colorado's Exchange planning process will assess whether and how to build upon, and coordinate with, several existing programs that are currently available to consumers seeking enrollment support for public and private insurance coverage, including state resources such as:

- Online Applications – programs including Medicaid, CHP+, and Cover Colorado all make eligibility criteria and PDF enrollment applications available on their individual websites (<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251567068887> and <http://www.cchp.org/index.cfm?action=apply&language=eng>).
- Program Eligibility and Application Kit (PEAK) - PEAK is a Web-based portal (<https://peak.state.co.us/selfservice/>) designed to provide clients and community partners with a modern and easily accessible tool to determine eligibility for public assistance benefits. It currently allows new Colorado Benefit Management System clients to screen themselves for potential program eligibility and allows existing clients to check on their benefits. The Colorado PEAK also eliminates the process of waiting on the application submission and public assistance benefits approval for clients. Instead, the Colorado PEAK creates new opportunities for screening, application, and client information updates that do not require assistance from a county or state employee. In addition, care providers are able to make applications on behalf of their clients, further streamlining the application process.
- Medicaid Enrollment Broker – Maximus Inc., of Reston, Va., furnishes managed care education and enrollment services for more than 400,000 Medicaid clients statewide via a central processing facility located in Denver. Maximus has provided Medicaid enrollment services to Colorado since 1998.
- Application Assistance Sites - A Certified Application Assistance Site is an agency that assists families in completing the "Colorado Public Health Insurance for Families Application" and is certified to verify citizenship and identification documentation (<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1239164346567&ssbinary=true>).
- Division of Insurance – The annual Complaint Report provides comparable data for the last five years and identifies the top reasons consumers submit complaints to the Division regarding auto, health, life, homeowners, liability, annuity and title insurance (<http://www.dora.state.co.us/insurance/consumer/2009%20docs/consComplaintReportLegis08posted100109.pdf>). The report references Complaint Ratio and Complaint Index Reports which provide consumers with information about the number of complaints filed with the Division against the various insurance companies and health carriers. These reports are available on the Division of Insurance website (<http://www.dora.state.co.us/insurance>).
- Division of Insurance - The Colorado Legislature passed HB1385 in 2008, establishing, among other requirements, a "Consumer Guide to Insurance on the Web" (<http://www.dora.state.co.us/insurance/guide/ConsumerGuide.htm>). This educational guide is expected to be a fluid document, and will be modified over time as new information is available and other information becomes outdated over time.
- Division of Insurance – provides additional educational brochures on their website (<http://www.dora.state.co.us/insurance/consumer/ConsumerBrochures.html>).

Assistance with private coverage enrollment is mostly provided by individual health plan websites as well as Colorado's broker community. Each carrier's website is unique and brokers play a major role in enrolling employers and individual consumers. However, more and more people are using the Internet, so Colorado's Exchange will need to assess and link to, or coordinate with these existing tools. Regardless of which agency or new entity manages the Exchange, it is expected that the primary way information will be provided to the consumers will be via the Internet. A major goal of the Exchange will be to develop a website that balances the need for consumers to have enough information to make an informed choice, against the equally compelling need for the website to be user friendly and easy to navigate.

Colorado's Division of Insurance (DOI) plays an important consumer education role in the state, receiving thousands of inquiries each year about what plans consumers have purchased, what the terms of their policies mean, if the information they received from their broker or employer is correct, and how rates are set. DOI staff do not steer consumers toward any particular company or product, but they do advise them about questions to ask and issues to consider. In addition to eight current staff in the Life & Health section, the DOI has a Consumer Advisory Council and Producer Advisory Council.

The Colorado Department of Health Care Policy and Financing (HCPF), which oversees the Medicaid and Child Health Plan *Plus* (CHP+) programs in the state, recently enlisted help from clients, county offices, community-based organizations and other stakeholders and formed the Eligibility Modernization Task Force, which offered a variety of perspectives on how the current eligibility and enrollment service model could be improved. Though opinions differ on how to achieve the goal of creating an optimal eligibility and enrollment model, there was overwhelming consensus among Task Force members on fundamental goals of modernization efforts including predictability and consistency of eligibility determination results throughout Colorado, and simplified administrative processes to increase medical assistance enrollment and retention. This perspective and early work will be leveraged as Colorado conducts an Information Technology assessment to determine a path for linking to and/or building from existing systems for the Exchange's technical infrastructure.

Additional decisions will include implications of operating on the Internet portal template to be provided to the state by the Secretary by January 1, 2014, and specific decisions around:

- Will Colorado use the Secretary's single, streamlined form for applying for benefits (online, in person, or by mail or phone) on the basis of income, or develop an alternative that meets the same standards? Can current capabilities provide a starting point for this?
- Will Medicaid participating hospitals be able to grant presumptive eligibility to all Medicaid eligible populations?
- How will Navigator grant programs use integrated information and systems to provide information concerning enrollment in qualified health plans and available subsidies?

- How will individuals found ineligible for Medicaid or CHP+ be screened for available premium assistance and enrolled without having to submit an additional or separate application?
- How will the Exchange check information submitted against applicable state and federal records including vital records, employment history, tax records, and other enrollment systems?

These and many other questions will be key decisions for Colorado's Exchange planning grant process to assure that new tools and processes integrate and coordinate with existing community and private resources.

Resources and Capabilities – *May include an assessment of current and future staff levels, contracting capabilities and needs, and information technology.*

The Contracted Project Director and the Health Reform Implementation board will, with the assistance of data and reports compiled by Exchange Planning contractors, develop an assessment of the staff levels, contracting needs and capabilities of existing information technology necessary to implement and run a State Exchange. To a large extent, this assessment will be driven by the governance structure formed for such an Exchange (see Governance section, below).

The Colorado Health Foundation is independently funding a contractor to assess the capacity of the Colorado Benefits Management System (CBMS) in meeting the future needs of the state in light of national health reform implementation. This contract is pending, but work related to the ACA Exchange planning for Colorado will be included in-kind. CBMS is the information technology system used by the state and county human services agencies to determine an applicant's eligibility for the public health insurance programs (as well as cash assistance and SNAP). The state has experienced a 32% growth in the number of applications submitted for processing within CBMS. The increased demand coupled with a number of significant application changes have put tremendous strains on the system, necessitating a number of technology upgrades through the end of 2010.

The Governor's Office of Information Technology (OIT) is responsible for maintaining and operating CBMS in partnership with the Department, the Colorado Department of Human Services (CDHS) and the CBMS contractor, Deloitte Consulting LLP. Since 2004, the Department and CDHS have been engaged in CBMS litigation regarding compliance with Federal timely processing requirements.

The contractor will assess the capacity of CBMS to interface with a future Exchange. The contractor is expected to make recommendations that could include using CBMS for determining eligibility for both public programs and subsidies through the Exchange; building a new system within the Exchange to do all eligibility determinations; having interfaces or portals into each system and sharing files; or recommending that HHS consider building a national system for newly eligible populations that states could use via portals.

Mandatory reporting by health plans to the Division of Insurance does not at present include detailed data on plan design, utilization, and features of plans such that this information could be evaluated. New information would have to be gathered in order to facilitate the analysis indicated within this proposal.

The Colorado Division of Insurance has sufficient statutory authority to enforce collection of the necessary information, so long as it is collected on a confidential basis and is used for analysis purposes only – otherwise, there may be allegations that plan-specific data constitutes trade secrets, and challenges to the ability of the Division to collect data could be levied. Information technology resources are sufficient, but additional staffing would be necessary.

It is estimated that approximately 3.6 months of a statistical analyst's time and 1 month of an administrative assistant's time would be needed just to collect the information and enforce reporting. An additional 6 month's time would be expended by a contractor to review, compare, analyze, and report on the information received.

As noted above, significant additional data collection will be necessary to facilitate identification and assessment of plan designs, comparison of data, and segregation and reporting of information. This information is not at present readily available, and will require significant effort to check and evaluate responses.

Governance – *May include planning for a State-run Exchange or an Exchange run by an independent entity. If an Exchange is expected to be State-run, planning could include determinations of where the Exchange would reside, what the governing structure would be, and to what departments or officials it would be accountable. If an Exchange is expected to be established through an independent entity, planning could include the development of the governance structure, appointment process, conflict of interest rules, and mechanisms of accountability. If the State is planning to coordinate with other States for a regional Exchange, activities relating to coordination with other States to establish an Exchange, determine markets, and ensure licensure and consumer protections could be developed.*

PPACA lists a number of choices for the Exchange's governance structure. Colorado's planning phase will begin with an assessment of three of these options:

1. Cede the function to the federal government;
2. Join other states in a regional Exchange;
3. Set up a Colorado Exchange.

State officials currently believe that a Colorado Exchange is the appropriate direction, but planning funds will be used to provide a more formal assessment of market size and interaction between Colorado and its neighboring states (Wyoming, Utah, Arizona, New Mexico, Oklahoma, Kansas and Nebraska) including geographical patterns of care, similarities and differences in insurance regulation, political affinities, and desire of states to regionalize their Exchange. Ceding the function to the federal government will only

be considered if analysis and modeling reveal sustainability concerns. Assuming initial analysis supports development of a Colorado Exchange, planning activities will move forward with the discussion of whether the Exchange should be “housed” inside a state agency or if the state should establish a public-private partnership. A non-profit, or quasi-governmental authority could be created to house the Exchange and provide needed flexibility for procurement and hiring. A quasi-governmental board made up of high-level state officials from the Department of Health Care Policy & Financing, the Department of Regulatory Agencies/ Division of Insurance, Department of Revenue, Department of Public Health and Environment, in addition to consumer and insurance industry representation, will provide for public accountability. Early advice seems to indicate that a smaller board that can come to consensus on important issues is an important goal.

Other policy and operational decisions that will need to be made include whether Colorado has only one Exchange, or whether we combine the small-group (SHOP) Exchange with the individual market Exchange, and what operations required by the Exchange will be outsourced to private vendors.

One of the initial planning tasks will be to draft legislation for the 2011 session to authorize operation of the Exchange, including more detail on the makeup of the board through appointment, application, or other process, conflict of interest rules, and mechanisms of accountability.

Finance – *May include pathways to developing accounting and auditing standards, mechanisms of transparency to the public, and procedures to facilitate reporting to the Secretary.*

The Interagency Health Reform Implementation Board, with the Contracted Project Director, will determine the scope of the financial operations as a part of the planning process for the Exchange. Much of the information provided by the contractors through this planning grant will be used to develop the necessary accounting and reporting standards to determine what future resources the State will require for implementation of the Exchange.

Technical Infrastructure – *May include the planning for a web portal and/or a call center to meet the increased need for consumer education, the coordination of Medicaid and Exchange-related activities, and the integration of Health Information Exchange standards for program interoperability.*

The planning director will be responsible for pulling together work groups of state officials, stakeholders, consumers and technical experts to develop a comprehensive project plan for building out the operations of the Exchange. Many of the operations are likely to be outsourced to private vendors, so the project plan will include appropriate timelines for transparent and competitive procurements as needed.

Operations that must be planned for include various customer service options to notify and educate potential consumers of the Exchange. Education and outreach could include

working with existing outreach and community based organizations currently focused on Medicaid and public health insurance expansions; developing a media and marketing campaign; designing a web site; and/or using a customer service call center including outbound calls to potential consumers.

The project plan will identify various interagency workgroups that must be formed to include Exchange staff and subject matter and technical experts from other impacted state agencies including Health Care Policy and Financing, Public Health and Environment, Human Services, Office of Information Technology, Revenue, and the statewide designated health information exchange entity, the Colorado Regional Health Information Organization. Each task force will have an individual project plan which will be incorporated into future proposals and workplans to build out the final operations of the Exchange in 2012 and 2013.

One of the greatest challenges states face will be the interface between the system that determines eligibility for Medicaid and CHP, and the system that will enroll individuals into the Exchange and determine eligibility for subsidies. Like all states, Colorado will be making a decision during this planning period of whether or not to use an existing system, build a new one in the Exchange, or design interfaces between the two. Colorado is very interested in having discussions with federal officials about the possibility of a national eligibility system for these purposes with state-specific portals into the system.

• **Business Operations** – *May include plans for eligibility determinations, plan qualification, plan bidding, application of quality rating systems and rate justification, administration of premium credits and cost-sharing assistance, and risk adjustment.*

During this planning phase state officials and stakeholders will make recommendations to the Exchange board about how to qualify plans; whether all plans that meet federal and state requirements will be allowed to sell products through the Exchange; whether plans will be selected on a competitive, bidding process; and how the Exchange will apply quality ratings to the plans.

The Department plans to hire a contractor to perform an assessment of the Colorado Benefits Management System (CBMS). This is pending funding approval from the Colorado Health Foundation - work related to the ACA Exchange planning for Colorado will be included, and given to this grant project in-kind. CBMS is the information technology system used by the state and county human services agencies to determine an applicant's eligibility for the public health insurance programs. OIT is responsible for maintaining and operating CBMS in partnership with the Department, the Colorado Department of Human Services (CDHS) and the CBMS contractor, Deloitte Consulting LLP. Since 2004, the Department and CDHS have been engaged in CBMS litigation regarding the Department's compliance with Federal timely processing requirements.

Prior to the implementation of national health care reform, the Department is forecasting an increase of 150,000 new cases to be processed prior to 2014 as a result of population expansions. This is a 24% increase in caseload in addition to the nearly 32% increase in

caseload growth due to the economic recession over the last 18 months. The system is reaching capacity and is unable to manage the increased caseload without significant changes.

The goal of the assessment is to provide a strategic plan and roadmap for implementing changes to the system over the next 5 years and will include a discussion of the capacity of CBMS to interface with the Exchange and what options exist to ensure the effective Medicaid eligibility screening and enrollment prior to an individual purchasing health care coverage through the Exchange.

• **Regulatory or Policy Actions** – *May include a determination of the scope and detail of enabling legislation and implementing State regulations.*

Colorado legislative leadership is aware of the need to introduce enabling legislation in 2011 that will give authority to a state agency, or new entity, to operate the Exchange. The enabling legislation will designate the size and composition of the governance board of the Exchange, and give the entity the authority to pursue subsequent grants in order to build out full operations of the Exchange including personnel, outsourcing contracts, general operations, travel, systems design and development, website development and operations, and indirect. It is expected that legislation will be drafted by the end of 2010 for early introduction in the 2011 session.

During the planning phase throughout 2011, the Exchange board will determine the need for subsequent enabling legislation that will need to be introduced in 2012; the Colorado legislature meets from early January through early May each calendar year. The Exchange board will likely form various task forces and subcommittees to engage stakeholders, industry experts, and consumers to design additional needed policies for the operation of the Exchange including standards and procedures for assessing consumer satisfaction with their insurance product; privacy and interoperability standards with other systems; quality standards for plans; and coordination with the Division of Insurance for the purposes of regulating insurance products sold through the Exchange.

Until the Exchange board is created, the Interagency Health Reform Implementation Board (referred to in supporting documents as the HRIB) will serve as the oversight for the Exchange Planning staff and contractors. This Board was created by Executive Order B 2010-006. It states “This Executive Order creates the Interagency Health Reform Implementation Board (the “Board”). The Director of Health Reform Implementation (the “Director”) shall be responsible for the coordination of agencies in order to implement reform. The Board shall extensively engage stakeholders to assist in improving Colorado’s healthcare system. The work of the Board will improve the health of Coloradans by integrating federal and state policy to create an efficient, high quality, and transparent health care system.” The Executive Order also created the position of Director of Health Reform Implementation, who is responsible for the coordination of and facilitation between agencies in order to implement health care reform in Colorado. The Director will also serve as the Governor’s Office Exchange Planning Contract Manager overseeing the 3rd Party Administrator agreement through which Exchange Planning staff and contractors will be hired. This position will also provide some support to the Exchange Planning process until the Contracted Project Director is in place. Including the Director of Health Reform

Implementation, the Board consists of 11 voting members, comprised as follows: the Executive Director of the Department of Health Care Policy and Financing, who shall serve as the Chair of the Committee; the State's Chief Medical Officer (if there is no Chief Medical Officer, the Executive Director of the Department of Public Health and Environment); the Executive Director of the Department of Human Services; the Director of the Division of Human Resources in the Department of Personnel and Administration; the Commissioner of Insurance in the Department of Regulatory Agencies; the Executive Director of the Department of Revenue; the Budget Director of the Governor's Office of State Planning and Budgeting; the Director of the Office of Information Technology; Chief Legal Counsel to the Governor; and a representative of the Governor's Policy Office, appointed by and serving at the pleasure of the Governor.

“The mission of the Interagency Health Reform Implementation Board is to provide the governance, rules and regulation, and administrative infrastructure to facilitate planning and implementation of the Patient Protection and Affordable Care Act (the “Act”) in Colorado. In support of this, the Interagency Health Reform Implementation Board shall:

- A. Develop a strategic plan for implementation of the Act, building on Colorado's successful health reform efforts;
- B. Coordinate agency efforts to implement, and monitor the Act;
- C. Provide dedicated leadership and be accountable for implementation of state and federal health reform;
- D. Extensive engagement of stakeholders to advise and assist in implementation of the Act;
- E. Collaborate with appropriate federal agencies, state agencies, and stakeholders when necessary regarding the establishment of new rules, regulations, or mechanisms for the implementation of the Act;
- F. Provide transparent access to information;
- G. Launch and regularly update a new website that will provide Colorado residents with information about the Act, the phases of implementation, and how changes may benefit them;
- H. Identify opportunities for collaboration within the State, as well as regionally and nationally;
- I. Analyze the impact of the Act on state departments and agencies;
- J. Recommend executive action or legislation to effectively implement the Act;
- K. Report quarterly to the Governor on the status of implementation; and
- L. Pursue federal and state grants to assist in implementing any aspects of the Act.”

The Board has also established an interagency workgroup to develop operational plans for executive branch agencies, as well as advisory groups, task forces, or other structures from

within its membership or outside its membership as needed to address specific issues or to assist in its work. These groups include stakeholder representatives of non-governmental entities. It is anticipated that an Exchange board, when created, will have similar membership and scope as the Health Reform Implementation Board, but with a specific focus on building a State Exchange.