

2012 ANNUAL REPORT
to the COLORADO GENERAL
ASSEMBLY AND GOVERNOR
January 15, 2013

JANUARY 15, 2013

**GOVERNOR
JOHN HICKENLOOPER**
State Capitol
200 East Colfax Avenue
Denver CO 80203

**THE HONORABLE
JOHN P. MORSE**
President
Colorado State Senate
200 East Colfax Avenue
Denver CO 80203

**THE HONORABLE
MARK FERRANDINO**
Speaker
Colorado State House
200 East Colfax Avenue
Denver CO 80203

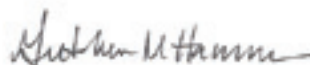
Dear Governor Hickenlooper, Speaker Ferrandino and President Morse,

The Colorado Health Benefit Exchange Board of Directors is pleased to submit this report as an update on the progress that was made in 2012 to build the Colorado Health Benefit Exchange. We remain committed to the principles established in our state enabling statute Senate Bill 11-200 (CRS 10-22-101) and are on track to successfully launch the Exchange in 2013, with the mission to increase access, affordability and choice for individuals and small employers purchasing health insurance in Colorado.

The staff and Board continue to follow a thoughtful and collaborative process to build the Colorado Health Benefit Exchange. During 2012 we secured the technology platform and expertise that will enable us to build a twenty-first century online marketplace that will let individual and small employer customers make comparisons between coverage options, giving them more control and quality choices.

We have also made progress toward developing a robust navigation and customer support network that will provide customers of the Exchange the support they need to make the best decisions for their families and their small businesses. Finally, the Board made a series of vital policy decisions that will guide the development and functioning of this new marketplace.

All of this progress has been possible thanks to the commitment and work of the dedicated Exchange staff, the Board of Directors and the key stakeholders in the state including patient and health care consumer advocacy groups, health care providers, health insurance industry representatives, the Governor's Office, state agencies and business leaders. We appreciate the support of the Legislative Implementation Review Committee, which met to discuss and provide feedback about activities and the grant application. We are grateful for each of these groups who have engaged with the staff and Board sharing their best ideas and improving our work.



GRETCHEN HAMMER
Chair of the Board
Colorado Health Benefit Exchange

CC: Senate Health and Human Services Committee; House Health Insurance and Environment Committee; House Public Health Care and Human Services Committee; Rep. Robert Gardner, 2012 Chair, Legislative Implementation Review Committee; Sen. Betty Boyd, 2012 Vice Chair, Legislative Implementation Review Committee; Sen. Irene Aguilar, member, Legislative Implementation Review Committee; Rep. Jim Kerr, member, Legislative Implementation Review Committee; Sen. Kevin Lundberg, member, Legislative Implementation Review Committee; Rep. Beth McCann, member, Legislative Implementation Review Committee; Sen. Jeanne Nicholson, member, Legislative Implementation Review Committee; Sen. Ellen Roberts, member, Legislative Implementation Review Committee; Rep. Ken Summers, member, Legislative Implementation Review Committee; Rep. Max Tyler, member, Legislative Implementation Review Committee; Rep. Amy Stephens; Gretchen Hammer, Chair, Colorado Health Benefit Exchange Board of Directors; Richard Betts, Vice Chair, Colorado Health Benefit Exchange Board of Directors; Arnold Salazar, Secretary, Colorado Health Benefit Exchange Board of Directors; Katherine Blair, Governor's Office of Policy and Research

EXECUTIVE SUMMARY

In 2012, Colorado emerged as one of the national leaders in the development of a state solution to help residents access health insurance.

The Colorado Health Benefit Exchange is on track to turn Colorado's vision for a competitive health insurance marketplace set forth in Senate Bill 11-200 into reality. Led by Executive Director Patty Fontneau, the organization grew from a team of five to a cohesive staff of 18. The Exchange, which will have a new name in early 2013, established rigorous financial management systems to manage approximately \$62 million in federal grants that were approved in February and September by the U.S. Department of Health and Human Services (HHS). An independent audit conducted over the summer resulted in top marks. The Exchange is supporting Colorado's economy through direct hiring and contracting with businesses that are creating local jobs. We followed a thorough, fair and competitive process to contract with technology partners, led by CGI Group Inc., which has offices in Lakewood and Denver, to build a sophisticated web-based health insurance marketplace. A contract is still under negotiation to put a customer service center in Colorado to assist residents with shopping for health plans. We have collaborated closely with the Colorado Department of Health Care Policy and Financing, the Division of Insurance and the Governor's Office on topics such as essential health benefits, insurance market reforms and the development of a shared eligibility determination system.

In the area of governance, the Board met more than 40 times in 2012, including in committees, to discuss policy questions about how the Exchange will serve Coloradans and fulfill governing responsibilities. The Board and Legislative

Implementation Review Committee met to discuss grant applications, which were submitted to HHS and approved.

In compliance with transparency and accountability expectations outlined in SB 11-200, the Exchange's work has been conducted in open partnership with stakeholder organizations across Colorado. In June, the Board appointed more than 100 individuals, representing businesses, insurance carriers, consumer advocates, brokers and health care providers, among others, as members of four Advisory Groups. The Exchange convened nearly 50 Advisory Group meetings and seven broad stakeholder meetings to obtain feedback about a range of topics, including shopping portal design, Navigator Program development, and health plan quality measures. All Board and Advisory Group meetings were open to the public, with conference call capabilities provided for stakeholders outside of the Denver area. Exchange staff and Board members traveled across the state to conduct presentations to more than 140 groups, reaching an audience of over 6,500 people. The Exchange also developed plans to intensify and broaden outreach in 2013 to encourage participation when we open.

With the support of partners and stakeholders, the Exchange reached a significant milestone in December, when Colorado became one of the first six states to receive approval of our initial plan from the federal government to open an Exchange for Colorado.

BOARD OF DIRECTORS

The Board of Directors was appointed in June 2011 and began meeting in July 2011. The Board consists of nine voting members who bring specific experience and backgrounds.

Five are appointed by the Governor and the other four members are appointed by the majority and minority leaders of each house of the General Assembly. Five members are appointed for four years and four members serve for two years. There also are three non-voting ex-officio members.



2012 Board of Directors: (listed from left to right)

1 DR. MICHAEL FALLON

of Denver, term expires in 2015, emergency room physician.

2 ROBERT S. RUIZ-MOSS

of Lone Tree, term expires in 2013, Market Segment Lead of Anthem Blue Cross.

3 STEPHEN ERKENBRACK

of Grand Junction, term expires in 2015, President of Rocky Mountain Health Plans.

4 ERIC GROSSMAN

of Englewood, term expires in 2013, Vice President of TriZetto.

5 SUSAN BIRCH

Executive Director of the Colorado Department of Health Care Policy and Financing (non-voting ex-officio).

6 GRETCHEN HAMMER

Board Chair, of Denver, term expires in 2015, Executive Director of the Colorado Coalition for the Medically Underserved.

7 BETH SOBERG

of Centennial, term expires in 2013, President and CEO of United Health-care of Colorado.

8 ARNOLD SALAZAR

Board Secretary, of Alamosa, term expires in 2015, Executive Director of Colorado Health Partnerships LLC.

9 NATHAN WILKES

of Arapahoe County, term expires in 2015, Founder and Principal Consultant of Headstorms Inc.

10 RICHARD T. BETTS

Board Vice Chair, of Telluride, term expires in 2013, Owner of ASAP Accounting & Payroll, Inc.

KEN LUND

Executive Director of the Office of Economic Development and International Trade, State of Colorado (non-voting ex-officio). *(not pictured)*

JIM RIESBERG

Commissioner of Insurance, Colorado Department of Regulatory Agencies (non-voting, ex-officio). *(not pictured)*

BOARD RESPONSIBILITIES

The Board's responsibilities are outlined in SB 11-200 and in articles of governance adopted in 2011. They include appointing the executive director of the Exchange, creating initial operating and financial plans, applying for grants, creating technical and advisory work groups, providing an annual progress report to state leaders, reviewing internet portals, considering the structure of the Exchange, considering the appropriate size of the small employer market, considering the unique needs of rural Coloradans and affordability and cost in relation to quality of care and increased access to health insurance, investigating requirements, developing options and determining waivers.

In 2012, the full Board met 25 times. Except for a few conference calls, the Board met in public session with attendance ranging between 20 and 70 people in addition to people who listened over the phone. Board members also participated in six Board Committees, which met separately in open sessions to spend additional time considering various matters, including financial operations, grant applications and review of federal rules. The Board Committees were Rules and Regulations Review, Personnel, IT and Implementation, Grant Review, Finance and Governance. All Board Committees, except for the Governance Committee, met in 2012. The Finance Committee met nine times to review financial statements, grant expenditures, audits and measures for preventing fraud, waste and abuse. In July, the Board voted for officer positions: Gretchen Hammer continuing to serve as Chair, Richard Betz continuing to serve as Vice Chair, and Arnold Salazar continuing to serve as Secretary. Board Committee meeting information is posted [here](#).

In February, the Board adopted a process for obtaining stakeholder input and considering more than 40 policy topics that will shape how the Exchange will serve Coloradans. The Board considered written comments from stakeholder groups and recommendations from the Exchange's Advisory Groups. Then the Board took votes at subsequent meetings. For several topics, such as how the Exchange will partner with brokers and agents, the Board adopted guiding principles with the intention of revisiting after further research and guidance from the federal government and outside entities. All Board policy decisions are posted [here](#). All Board meeting minutes are posted [here](#).

A SAMPLING OF BOARD VOTES INCLUDED:

February

To have one administrative structure that operates separate Individual and SHOP Exchanges.

To keep the individual and small group (SHOP) risk pools separate and revisit the issue within two years after the Exchange opens.

March

To establish minimum interoperability with the state Medicaid/CHP+ system.

April

To recommend that the Colorado Division of Insurance limit the size of the small group market in the Exchange to 50 employees in 2014 and 2015, to align with the state's current market.

To provide premium aggregation in the SHOP and conduct a study later to determine if the Exchange should also offer the option for employers to pay directly to carriers.

To not aggregate payments in the Individual Exchange since the Exchange is required to allow individuals to pay directly to carriers.

May

To create the technology to support the selection and comparison of supplemental plans and additional benefits/products that comply with certification requirements such as dental and vision plans.

June

To use the federal service for certifying exemptions from the individual mandate in its initial years of operation and to review the decision after the initial operating period.

To adopt approaches regarding plan certification requirements in the areas of accreditation (two-year transition period for accreditation),

addressing complaints, collecting claims payment data and financial data, including formulary and provider information for shoppers, working with the Division of Insurance and partners to validate licensure, gather Medical Loss Ratio information, assist with network adequacy issues, out-of-network payment disclosures, rate review, and solvency requirements.

July

To build a technology solution that will accommodate the display and pricing of embedded, bundled and stand-alone dental and vision plans.

To allow employers to 1) Offer employees a single Qualified Health Plan, 2) Offer employees plans in a single cost sharing (metal) tier, 3) Offer employees a panel of Qualified Health Plans from a single carrier representing an actuarial value range that is as extensive as the carrier offers outside of the Exchange, or 4) Offer employees any plan that is offered in two adjacent metal tiers. The Exchange will also allow employers to offer employees a subset of any of the four groups of options.

To establish open enrollment periods for the Individual and SHOP exchanges that align with federal guidelines Oct. 1, 2013, to March 31, 2014, for the first year and Oct. 15, 2014, to Dec. 7, 2014, for the 2015 plan year. There would be no special open enrollment period for members who are terminated for failure to pay premiums.

August

To adopt guiding principles, including that the Exchange should partner with brokers and agents, that broker and agent compensation should be comparable inside and outside the Exchange, among other details.

To adopt guiding principles about the Navigator Program, including definitions, broad selection criteria, funding model, training and certification, oversight, ongoing stakeholder feedback and assessment of needs.

To adopt guiding principles about the customer service center, including that there should be customer service offered in multiple languages, that the customer service center should refer people to public programs for which they qualify, and that the customer service center should be staffed by representatives that can educate, provide assistance and answer questions as well as licensed staff who can advise on plan choice.

September

To adopt guiding principles for implementing adequate controls to balance the need to guard against fraud with allowing customers to purchase plans in a timely manner and that subscriber data will be obtained through self-attestations.

To adopt guiding principles about employer and individual rights, including that the Exchange will protect the rights of employers and individuals according to state and federal laws, that the Exchange will facilitate a discussion when a complaint is filed, that the Exchange will provide educational materials to Coloradans about rights and responsibilities and that service representatives will be trained to answer questions about this.

October

To provide nationally-recognized quality rating systems, including CAHPS and HEDIS, as well as other appropriate metrics about the quality of health plans.

November

To institute a one-year waiting period for plans that choose not to sell on the Exchange in 2014 and a two-year wait for plans that participate in the Exchange and then voluntarily leave.

To adopt an approach that the Exchange should emulate employer contribution and employee participation requirements that exist in the broader market outside the Exchange, and should generate tools to help employers pick their actual contribution amount.

December

To follow a six-step approach, including the hiring of an independent verification and validation firm, to control, monitor and prevent fraud, waste and abuse with technology systems and contractors.

To implement an Information Security and Privacy Program that will meet numerous established security standards and includes specific roles and responsibilities for Exchange and technology vendor staff to ensure proper protection of information assets.

In addition to the policy decisions, Board members received updates about project plans, communications and outreach efforts, essential health benefits, business and consumer surveys that were conducted in Colorado related to the Exchange, and an initial framework for achieving long term sustainability when federal grant funding ends. In accordance with Articles of Governance adopted in 2011, the Board also reviewed financial documents, major contracts and other operational developments. Board members committed more than 100 hours of volunteer time for meetings and conducted public presentations about the Exchange across Colorado.

LEGISLATIVE IMPLEMENTATION REVIEW COMMITTEE

SB 11-200 created a committee of 10 state legislators called the Legislative Health Benefit Exchange Implementation Review Committee to guide implementation of the Exchange, make recommendations to the General Assembly and protect the interests of Coloradans. The Review Committee is responsible for approving the hiring of the Exchange's executive director, approving grant applications from the Board and approving the Exchange's initial financial and operational plan.

Review Committee Members are Appointed as Follows:

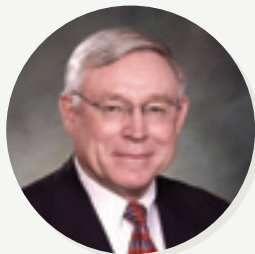
The President of the Senate appoints three members. Two members must belong to the Senate Health and Human Services Committee, the Business, Labor and Technology Committee or the Legislative Audit Committee or their successor committees. One member may come from the rest of the Senate.

The Speaker of the House appoints three members. Two members must belong to the House Health and Environment Committee, the Economic and Business Development Committee or the Legislative Audit Committee or their successor committees. One member may come from the rest of the House.

The Minority Leader of the Senate appoints two members. One member must belong to the Senate Health and Human Services Committee, the Business, Labor and Technology Committee or the Legislative Audit Committee or their successor committees. One member may come from the rest of the House.

The Minority Leader of the House appoints two members. One member must belong to the House Health and Environment Committee, the Economic and Business Development Committee or the Legislative Audit Committee or their successor committees. One member may come from the rest of the House.

The 2012 Legislative Implementation Review Committee



Representative
BOB GARDNER
2012 Chair



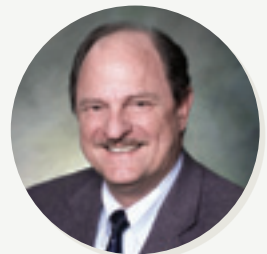
Senator
BETTY BOYD



Senator
IRENE AGUILAR



Representative
MAX TYLER



Representative
JIM KERR

The Senate President appoints the Chair and the House Speaker appoints the Vice Chair during odd-numbered years. The House Speaker appoints the Chair and Senate President appoints the Vice Chair during even-numbered years.

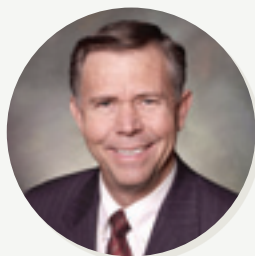
The Review Committee may report up to five bills or other measures to the Legislative Council each year.

Rep. Bob Gardner, Chair of the Review Committee, convened a roundtable discussion with members of the Review Committee on Feb. 22 in the Legislative Services Building across from the Capitol. Review Committee members listened to an update of activities provided by Exchange Executive Director Patty Fontneau. Other state legislators attended the meeting, as well as about two dozen stakeholders.

The Review Committee met on July 31, 2012 in the Capitol to receive an update about the activities at the Exchange and to discuss a Level One Establishment Grant application. Patty Fontneau, Board Chair Gretchen Hammer and Board

Finance Committee Chair Rob Ruiz-Moss testified before the Review Committee. Legislators asked a number of questions about the grant application and related topics. A summary of the meeting can be found [here](#). After follow-up with Review Committee members, the Chair and Vice Chair approved the Exchange's grant application on August 9, 2012. The grant application requested \$43 million to fund acquisition of technology and operational activities between October 2012 and July 2013. The Exchange submitted the grant application to the U.S. Department of Health and Human Services (HHS) the following week. The federal government approved the grant application in September.

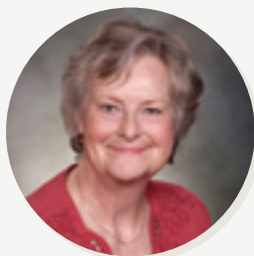
In the fall, Exchange staff and Board members held meetings with members of the Review Committee to discuss initial ideas for establishing a revenue model to achieve financial sustainability after federal grant funds end in 2014. Discussions about the revenue model and operational plans are expected to continue in 2013.



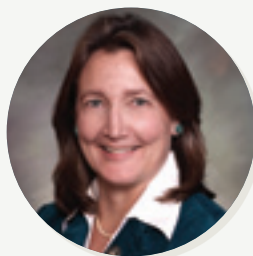
Senator
KEVIN LUNDBERG



Representative
BETH MCCANN



Senator
JEANNE NICHOLSON



Senator
ELLEN ROBERTS



Representative
KEN SUMMERS

OPERATIONS

In 2012, the Exchange made significant progress in all key operational areas, including establishing a nonprofit entity with strong financial management and oversight, identifying business partners to build and integrate technology systems, collaborating with the Division of Insurance about health plan certification and risk management, collaborating with the Colorado Department of Health Care Policy and Financing (HCPF) to develop streamlined eligibility determination systems and supporting the Board with research and consideration of policy issues.

Establishing the Organization

The Exchange established financial management systems early in 2012 and then worked with the Board Finance Committee to develop stringent oversight functions to ensure responsible management of funds, including policies related to contracting and to prevent fraud, waste and abuse. The Board Finance Committee reviewed financial activities in public meetings throughout the year and an independent audit conducted this summer resulted in top marks. The organization moved in May from temporary office space in downtown Denver to its own leased office space in southeast Denver. As of the end of 2012, the Exchange has been approved for \$62 million in federal grants, of which \$16,187,570 has been spent. The organization moved carefully to build a staffing model that can be sustained after federal grant funding ends in 2015. Given the aggressive implementation deadlines, the Exchange relied on contractors, especially for technology development and security processes, to provide sufficient support in the short term. Key staff hires include Chief Financial Officer, Chief Operating Officer, SHOP Manager, Navigator Manager and Legal Counsel. The organization

submitted an expansive application to the federal government in October requesting approval for plans to operate Colorado's Exchange. That application, known as the blueprint, was approved in December. The Exchange also began exploring a plan to collect revenue and achieve long-term sustainability starting in 2015.

Technology and Operations Partners

The Exchange issued Requests for Proposals in January 2012 for two key business partners: A systems integrator that will bring a team of businesses and Commercial-Off-the-Shelf (COTS) products to provide an overall Exchange solution, and a program management office to ensure that we follow the necessary schedule to successfully open in October 2013. The Exchange, following its Board approved Procurement Policy, engaged in a thorough, fair and competitive process on these and other contracts. In April, the Exchange contracted with North Highland to provide program management office services. And in June, the Exchange launched planning activities with a team of companies led by CGI Group Inc. as systems integrator. CGI Group Inc. is an international firm with offices in Lakewood and Denver. The office in Denver is focused solely on the work of the Exchange. The CGI Group Inc. and Exchange teams have worked together on a daily basis to develop and verify requirements for the technology system that incorporate policy decisions made by the Board and guidance provided by the federal government and partner agencies. Software design has been ongoing since the late summer. On the guidance of Exchange staff, hCentive, the firm providing the shopping portal, has incorporated design principles provided by a national project known as UX 2014. The business team is supporting the development of interfaces with outside

entities, including health insurance carriers, the federal government and state agencies that administer insurance regulations and Medicaid. The Exchange has also hired a contractor to ensure that we properly protect information assets and the privacy of our customer data. The Exchange has developed a detailed and formal risk management system to ensure that we are on track for a successful launch.

Eligibility and Enrollment for Federal Subsidies

The Exchange has focused on maximizing technology and industry best practices to create a streamlined eligibility and enrollment process for Coloradans to access premium subsidies to reduce the cost of private insurance. The Exchange has been working closely with HCPF, the Governor's Office of Information Technology and the Governor's Office to coordinate the implementation and operations of a new Shared Eligibility Service to support a process for Coloradans who are looking for health care coverage regardless of where they apply. Representatives from the four organizations meet regularly, at least on a weekly basis, to ensure continuity of project activities. Planning activities have focused on minimizing technology and implementation risk, avoiding duplication, and relying on self-attestation where appropriate to verify eligibility for using the Exchange and for premium subsidies and cost-sharing benefits. The Board voted in March 2012 to pursue minimum interoperability with state systems, including the systems that manage Medicaid eligibility. The Exchange's systems integrator (CGI Group Inc.) and the state's systems integrator (Deloitte) are involved in the planning and design work in this area. Federal officials are also supporting planning activities.

Plan Management and Risk Management

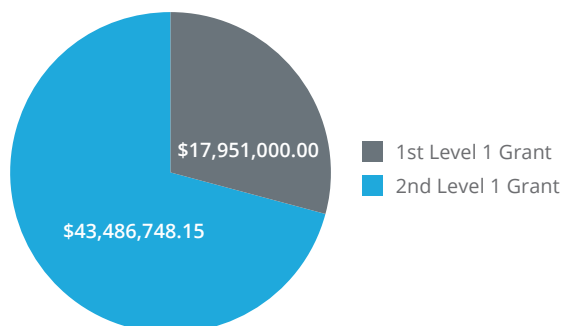
The Exchange has been working closely with the Division of Insurance (DOI) and other organizations, such as the National Association of Insurance Commissioners (NAIC), to implement processes to certify qualified health plans that will be offered on the Exchange and to monitor compliance with regulations. The Exchange meets regularly with the DOI to coordinate activities. This joint planning has informed decisions made by the Board, on which the Insurance Commissioner sits as a non-voting member. The Exchange in partnership with the Governor's Office and the DOI engaged in a stakeholder process and joint research to identify an Essential Health Benefits Package. The Exchange is working with the DOI and the NAIC to load plan information through the NAIC's system called System for Electronic Rate and Form Filing (SERFF). The Exchange is also meeting regularly with representatives from insurance carriers to support technology systems and planning that will be needed to operate on the Exchange. The Exchange and the DOI are also working through the details of a Memorandum of Understanding that outlines the roles and responsibilities of both entities going forward.

Policy Decisions

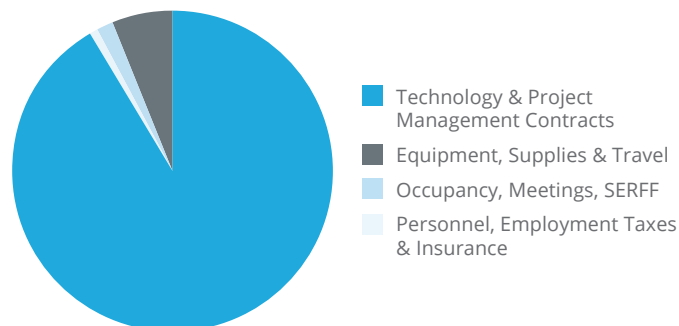
The Board considered more than 40 policy decisions in 2012 and made decisions on most. More detail can be found on pages 4 and 5. Information about Board decisions can also be found [here](#).

FINANCIALS

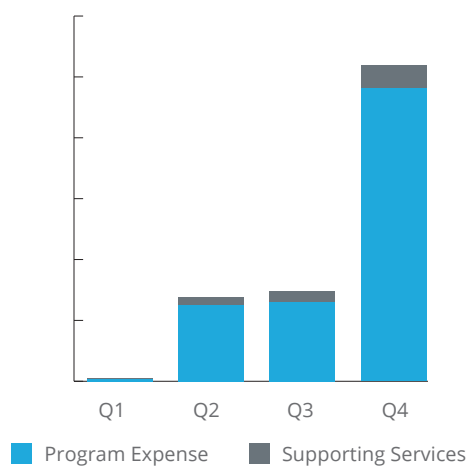
Federal Grant Awards



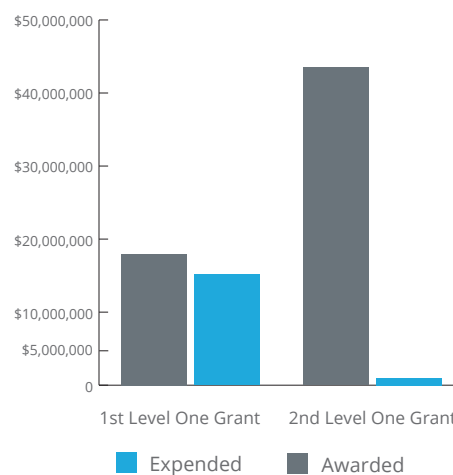
Total Exchange Expenditures 2012



Functional Expenditures by Quarter



Grant Awards Expended at 12/31/2012



Colorado Health Benefit Exchange Audited Statement of Financial Position at June 30, 2012

Assets	
Cash and Cash Equivalents	\$355
Accounts Receivable	935,281
Prepaid Expenses & Deposits	1,358,359
Fixed Assets, Net, including Web Portal	527,353
Total Assets	\$2,821,348
Liabilities & Net Assets	
Accounts Payable	\$927,831
Accrued Liabilities	12,902
Deferred Revenue	1,352,475
Total Liabilities	2,293,208
Unrestricted Net Assets	528,140
Total Liabilities & Net Assets	2,821,348

A complete set of COHBE's audited financial statements are available on the website at www.getcoveredco.org

OUTREACH AND EDUCATION

Stakeholder and community engagement has been a top priority for the Exchange from the beginning. The Exchange staff and Board demonstrated a strong commitment to working with stakeholders throughout 2012 on several levels: To inform policy and operational decisions, to design communication and outreach strategies, and to establish partnerships to achieve shared goals for improving the health of our communities.

Advisory Groups

In April, the Board established three new Advisory Groups to provide guidance about dozens of policy and operational questions. The Health Plan Advisory Group, Individual Experience Advisory Group and SHOP Advisory Group included more than 100 members who were appointed by the Board. The Board also voted to continue the work of the Outreach and Communications Advisory Group, which had been meeting since mid-2011 as the Marketing Education and Outreach Work Group. In addition to representatives from health insurance carriers, Advisory Group members included representatives from the following organizations, among others:

<i>Colorado Association of Commerce and Industry</i>	<i>Community Health Partnership</i>
<i>Clinicnet</i>	<i>One Colorado</i>
<i>The Colorado Health Foundation</i>	<i>Colorado Community Health Network</i>
<i>National Federation of Independent Business</i>	<i>Colorado Rural Health Center</i>
<i>Bell Policy Center</i>	<i>CoverColorado</i>
<i>Colorado Coalition for the Medically Underserved</i>	<i>Colorado State Association of Health Underwriters</i>
<i>Club 20</i>	<i>Small Business Majority</i>
<i>Colorado Consumer Health Initiative</i>	<i>Mountain States Employers Council</i>
<i>Colorado Center on Law and Policy</i>	<i>Boomers Leading Change in Health</i>
<i>Colorado Area Health Education Centers</i>	<i>Colorado Nonprofit Association</i>
<i>Colorado Access</i>	<i>Colorado Association of Health Plans</i>
<i>The Colorado Trust</i>	<i>Center for Improving Value in Health Care</i>

OUTREACH AND EDUCATION CONT.

The Exchange convened nearly 50 public Advisory Group meetings in 2012, with attendance between 20 and 80, including multiple stakeholder groups and members of the public. Some Advisory Groups met four times in the same month. All meetings included the ability to participate by phone and many meetings included webinar functionality. More information about the groups and their meetings can be found at [here](#). Advisory Groups discussed nearly all of the policy questions that were considered by the Board and Co-Chairs of the groups often summarized findings at Board meetings. The Exchange also helped to convene seven broad stakeholders meetings to obtain feedback about key planning topics, such as the design of the shopping portal, key aspects of the new Navigator Program, and the process of identifying an Essential Health Benefits Package for the state. In September, the Exchange distributed a public online survey to gather feedback about preliminary shopping screen designs. The Exchange received more than 200 survey responses, which we incorporated in design changes. In addition to the reports from the Advisory Groups, the Board considered comments submitted in writing from stakeholders. In all cases of policy decisions, the Board considered stakeholder feedback and public comment prior to taking a vote.

Tribal Outreach

The Exchange adhered to a tribal consultation plan that was drafted in late 2011 to ensure open communication with the Ute Mountain Ute Tribe and the Southern Ute Indian Tribe in southwest Colorado. Two members of the Exchange staff traveled to Ignacio and Towaoc in May for meetings with the Tribal Councils of both tribes. The Exchange has communicated frequently by phone, email and in person with

tribal officials to discuss options for assisting tribal members with accessing insurance through the Exchange. Monthly updates are sent to tribal leaders and discussions are ongoing.

Public Education

Exchange staff and Board members conducted more than 140 presentations across Colorado in 2012, reaching more than 6,500 Coloradans. To fulfill our goal of engaging rural communities and business organizations, the Exchange hired former state Representative Tom Massey, of Poncha Springs, as an outreach consultant during the summer of 2012. He traveled across the West Slope and communities outside of the Front Range to meet with organizations and educate them about the Exchange. Presentations were given to groups such as the **Denver Metro Chamber of Commerce**, **Colorado Nurses Association**, **Action 22**, **Club 20**, **Colorado Medical Society**, **HCPF Regional Conferences**, **Mountain States Employers Council Benefits Update Conferences**, and the **Colorado Association of School-Based Health Centers**.

The Exchange has been working with Advisory Groups and stakeholders to facilitate outreach and education and build relationships in communities across Colorado. The Exchange conducted a review of partner organizations and has launched a plan to build additional partnerships so that more Coloradans will learn about the new health insurance marketplace from people they trust. The Exchange began a process of identifying a new name in late 2012 and also engaged in a competitive process to identify a marketing and advertising agency to develop a marketing campaign that will launch in the spring of 2013.

Throughout 2012, Patty Fontneau has published a weekly blog on the Exchange website, www.getcoveredco.org, about activities and current topics. The Exchange publicizes the blog through its weekly email newsletter, which is sent to more than 500 people. Additional communication channels will be developed in conjunction with the marketing campaign in 2013.

KEY DATES

January 23, 2012

Exchange released Request for Proposals for Customer Service and Technology Services vendors and Program Management Office services.

February 22, 2012

Federal government approves \$17.6 million Level One Establishment Grant to fund planning activities and technology acquisition between February 2012 and October 2012.

May 18, 2012

Exchange holds kick-off meeting with CGI Group Inc., the firm chosen to serve as systems integrator for the technology solution that will be the backbone of the new health insurance marketplace.

June 1, 2012

New Board-appointed Advisory Groups begin meeting to discuss policy and operational topics that will be considered by the Board in the next year.

August 13, 2012

With approval from leadership of Legislative Implementation Review Committee and Board, the Exchange submits a \$43 million grant application to the federal government.

August 20, 2012

Chief Operating Officer, Chief Financial Officer and SHOP Manager hirings are completed.

September 12, 2012

Exchange holds stakeholder meeting and distributes online survey to the public to receive feedback about preliminary shopping screen designs. More than 200 people complete the survey.

September 24, 2012

Auditors report to Board that an independent audit conducted over the summer resulted in top marks.

September 27, 2012

Federal government approves \$43 million Level One Establishment Grant to fund technology acquisition and planning activities between October 2012 and July 2013.

November 26, 2012

Board votes on participation requirements for insurance carriers for the Exchange; this is the 34th policy decision the Board has made since February, all with stakeholder input.

December 6, 2012

The SHOP Advisory Group discusses the approach to designing a successful business model for serving small businesses and nonprofits in Colorado.

December 10, 2012

Federal government grants conditional approval of Colorado's plan to operate a state-based Exchange starting in October 2013.

December 18, 2012

More than 130 stakeholders participate in a meeting to provide input into key planning issues for the new Navigator Program.

COLORADO HEALTH BENEFIT EXCHANGE

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