

Connecticut Health Insurance Exchange

Chief Executive Officer

Statement of Duties

Seeking a strategic visionary and influential leader with the skills, passion and commitment to affect transformative change to support health care reform.

The ideal candidate will have a deep commitment to creating a consumer oriented system, a collaborative orientation, excellent conceptual abilities, superior management skills, and thrive in diverse and dynamic environments.

The Connecticut Health Insurance Exchange (Exchange) is seeking an accomplished Chief Executive Officer (CEO) to lead the organization in the establishment and operation of a statewide health insurance exchange. The Exchange was established on July 1, 2011 under Public Act 11-53 as a quasi-public entity with a 14 member Board of Directors consisting of 11 voting members. The purpose of the Exchange is to establish a health insurance marketplace for individuals and small employers in compliance with the requirements of the federal Affordable Care Act and the particular character and needs of the citizens of Connecticut.

The CEO reports directly to the Exchange Board of Directors and serves at its pleasure. Primary responsibilities include providing leadership and direction for formulating the Exchange's strategic objectives, maintaining effective relationships and communication with key stakeholders and the Executive and Legislative branches of federal and state government, hiring and directing Exchange staff, and meeting the aggressive timelines for the establishment of an operational Exchange by January 1, 2014.

Beginning in 2014, the Exchange will allow individuals and small businesses to compare plans and buy health insurance in the private market, enhancing competition and providing the same advantages available to large employer groups by organizing the private insurance market, including a more stable risk pool, great purchasing power, more competition among insurers and detailed information regarding the price, quality and service of health coverage.

The Exchange must address four critical areas of operations: 1) Administration and information technology; 2) health plan certification; 3) eligibility and enrollment; and 4) consumer outreach. Federal grant funds are available to support the establishment and operation of the Exchange through December 2014, after which point the Exchange must be financially self-sustaining.

The timeline for establishing an operational Exchange is aggressive, with State certification by the federal government of the Exchange in January 2013, completion of testing the information technology infrastructure by June 2013, open enrollment by Fall 2013, and open for business by January 1, 2014.

Major roles of the Exchange include:

- Administer an insurance marketplace for individuals and small employers;
- Certify health benefit plans as qualified health plans in compliance with the federal Affordable Care Act;

- Establish the information technology infrastructure to support the functions of the Exchange;
- Provide a consumer service orientation and comprehensive support for Exchange participants through ongoing consumer outreach, education and assistance programs to assure sensitivity to the needs and diversity of Connecticut citizens;
- Maintain an interactive web customer service function through which enrollees and prospective enrollees of qualified health plans may obtain standardized comparative information;
- Inform individuals about their eligibility for state Medicaid and other public medical assistance benefits and for federal premium tax credits;
- Establish and maintain a Navigator grant program that awards grants to certain entities to market the Exchange by conducting public education and facilitating enrollment in qualified health plans.

Duties and Responsibilities

- Set strategic priorities for the Exchange with respect to all components.
- Provide overall direction to executive staff in carrying out program goals and objectives.
- Advise the Exchange Board on key policy and operational issues.
- Ensure smooth operation of all programs and operations.
- Build and manage external relationships essential to advancing the success of the Exchange.
- Assure compliance with all legal and regulatory requirements.
- Provide a progressive, proactive, and engaging presence for the Exchange in representing its mission and programs at national, state and local levels.
- Create and maintain an effective customer service orientation in all services and functions.
- Ensure a comprehensive public relations and communications function that reaches all stakeholders and across diverse populations.

Education, Experience and Skills

- Hold a Bachelor's degree from an accredited college or university, and an advanced degree in health care policy, public health, business administration, or a closely related field.
- Minimum of five (5) years relevant senior level management experience in one or more of the following: health care insurance, health care policy, or health care delivery.
- Considerable knowledge and experience with health insurance related policy development; national and state healthcare reform law; and health care delivery system trends and issues, especially as it relates to health insurance exchanges.
- Experience in the design, implementation, negotiation and operations of benefit programs including those serving low income and special populations.

- Superior management and interpersonal skills.
- Demonstrated success in financial management.
- Considerable experience with large scale program development and operations.
- Astute understanding of government and politics at the national and state level.
- Experience with state legislative and budget processes and fiduciary responsibility of public funds.
- The ability to work in a diverse stakeholder landscape, balancing competing and sometimes conflicting interests.
- Competent in working with culturally diverse groups of individuals and able to successfully manage the dynamic and differing needs, interests and viewpoints.
- Demonstrated skill in communicating effectively across the broad and diverse spectrum of stakeholders.
- Demonstrated understanding of the federal Affordable Care Act and the consumer protections and goals contained therein.

Compensation

Salary is negotiable and subject to Board approval.

For more information, link to [Job Announcement](#).

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

The Connecticut Health Insurance Exchange is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities, and persons with disabilities.