

**California Health Benefit Exchange Board  
Executive Director  
Duty Statement**

The Executive Director is the chief executive officer of the Health Benefit Exchange, the largest health purchasing exchange in the country. The Executive Director will be responsible for providing leadership and direction for formulating the Exchange's strategic objectives and bringing them to the Board for input, discussion and decision and developing and maintaining effective relationships and communication with key stakeholders, and the Executive and Legislative branches of federal and state government.

The Executive Director reports directly to the California Health Benefit Exchange Board and serves at its pleasure. The Exchange Board consists of five voting members. Two of the members are appointed by the Governor, one by the Senate President Pro Tempore, and one by the Speaker of the Assembly. The fifth member, also appointed by the Governor, is the Secretary of the California Health and Human Services Agency, who will serve in a voting ex officio capacity. Board members, except for the Agency Secretary, serve up to four-year terms.

Beginning in 2014, the California Health Benefit Exchange will allow individuals and small businesses to compare plans and buy health insurance on the private market, enhancing competition and provide the same advantages available to large employer groups by organizing the private insurance market, including a more stable risk pool, greater purchasing power, more competition among insurers and detailed information regarding the price, quality and service of health coverage. Further, the Exchange will eventually enroll millions of Californians.

The Exchange will have important roles, including:

- Screen for and enroll individuals in Medi-Cal (Department of Health Care Services) or the Healthy Families Program (Managed Risk Medical Insurance Board) if they are eligible for those programs.
- Coordinate with DHCS, the MRMIB, and California counties to ensure that individuals are seamlessly transitioned between coverage programs if their eligibility changes.
- Work with small employers on the choices and collection of payments for their employees.
- Negotiate with health plans on products to be offered in the Exchange.

**Duties/Responsibilities**

Specific duties of the Health Benefit Exchange Executive Director include:

1. Manage the planning, development, implementation and ongoing administration and evaluation of Board programs.
2. Provide the overall direction and supervision to the Executive staff of the Board in carrying out program goals and objectives.

3. Manage the entire staff of the Exchange, including eligibility and enrollment staff, purchasing and negotiation staff and administration and operations staff.
4. Advise the Exchange Board on key policy and operational issues.
5. Ensure the smooth operation of programs and operations under the Board's jurisdiction.
6. Establish liaison and ongoing communication with stakeholders and the Executive and Legislative branches of state government with responsibilities related to the duties of the Board and other health coverage issues.
7. Advance the mission of the Exchange Board through legislation, program administration, research and other means, as appropriate.
8. Maintain strong liaison and good communication with the Executive and Legislative branches of state government involved in health coverage issues.
9. Assure compliance with applicable state and federal legal and regulatory requirements, including public meeting laws, federal expenditure requirements and state personnel policies.
10. Represent the Exchange Board and its mission and programs at national, state and local meetings and forums, in the media and at legislative hearings.

### **Desirable Qualifications**

- Understanding of the importance of creating an organized, transparent marketplace for Californians to purchase affordable, quality health care coverage, to claim available federal tax credits and cost-sharing subsidies, and to meet the personal responsibility requirements imposed under the federal act.
- Experience in design of or negotiation with benefit programs.
- Experience with establishment or operational management of large-scale programs.
- Understanding of the need for the availability and renewability of health care coverage through the private health insurance market to qualified individuals and qualified small employers.
- Experience with health care service plans and health insurers, and the understanding on how coverage in the individual and small employer markets should compete on the basis of price, quality, and service, and not on risk selection.
- Experience with the state legislative and budget processes and fiduciary responsibility for public funds.
- Knowledge of federal health care program and California's health care system, claims processing and the health insurance business.