



## Community Health Options Board Director Election Process

Board Director applications are due or must be postmarked by June 9, 2023. The applications will be reviewed by the Community Health Options' Governance Committee, who will also interview the applicants and recommend a slate of candidates to the Board. Those candidates will need to complete a background screening process and an interview prior to the election. **To receive full consideration, applicants must complete the entire application process.**

### **Submitting Your Application Materials**

After completing the application, please submit/postmark it by June 9, along with your résumé, by one of the following methods:

- Email: [kgammon@healthoptions.org](mailto:kgammon@healthoptions.org)
- Fax: 207-402-3318
- US Postal Mail: Governance Committee, c/o Kris Gammon, Community Health Options, P.O. Box 1121, Lewiston, ME 04243

After submitting your application, you will receive a confirmation email within five business days. If you do not receive a confirmation email, please call 207-330-2440 to verify receipt of your application.

### **Process Overview and Key Dates 2023**

|                   |  |
|-------------------|--|
| June 9:           | Board Director applications are due.   |
| Mid to late June: | Governance Committee reviews applications and interviews candidates; candidates complete a background screening process. |
| July 15:          | A slate of candidates is presented to the Board for acceptance.  |
| Mid July to Sept: | Community Health Options works with Election Services Corp. to finalize the election documents and processes,            |
| Oct 1 to Nov 5:   | Members vote by mail or online.  |
| November 15:      | Election results are shared with the candidates.   |
| November 18:      | Election results are announced at Community Health Options' Annual Member meeting.                                       |
| January 2024:     | New Board Director orientation and first Board meeting of the year.  |

### **Background Check**

All candidates will be required to complete a background screening authorization process, which:

- Verifies education and work history,
- Identifies any criminal convictions,
- Identifies any conflicts of interest, and
- Ensures that applicants have not been excluded from participating in Medicare, Medicaid, or other federal healthcare programs.



**Community Health Options Board Director Application**

First and last name: \_\_\_\_\_

Phone: \_\_\_\_\_

Complete home address (including city/state/ZIP code): \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_

How did you learn about the opportunity to apply for the Board of Directors?

Last four digits of your Community Health Options Member ID # (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please respond to the following questions in a separate attachment. Limit your response to three pages maximum for all three questions. Please note that your résumé is not a substitute for answering these questions.*

1. Review the Board Director Role description. With this in mind, describe your 3-4 strongest qualifications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Community Health Options must respond to a rapidly changing healthcare marketplace. Please cite examples that clearly demonstrate your ability to provide strategic insights on a range of complex business issues and decisions. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe your perspectives of Community Health Options' future. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Health Options is subject to state and federal laws limiting who may serve on its Board of Directors. The purpose of this questionnaire is to help determine your eligibility under the federal regulations governing the Consumer Operated and Oriented Plan Program (45 C.F.R. Part 156, Subpart F) and statutes governing nonprofit hospital and medical service organizations (24 M.R.S., Ch. 19).

Please read the below questions broadly and answer them fully. A particular answer will not necessarily disqualify you from serving on Community Health Options' Board. If you are unsure how to answer a question, please answer "yes" and explain the situation.



To the extent permitted by law, Community Health Options will maintain the confidentiality of this questionnaire.

### **Definitions**

As used in this questionnaire, the following terms have the following meanings:

**“Pre-existing issuer”** means an issuer licensed by a state that marketed individual or group health insurance benefit plans (other than Medicare or Medicaid Managed Care plans) on July 16, 2009.

**“Issuer”** means an insurance company, insurance service, or insurance organization (including an H.M.O.) that is required to be licensed to engage in the business of insurance under state law and is regulated by state insurance law.

**“Holding company”** means an organization that exists primarily to hold stock in other companies.

### **Questions**

1. Are you any of the following? Please check your response(s).
  - A. A senior executive or high-level representative of the federal government or any of its subunits, political subdivisions, or instrumentalities  
Yes \_\_\_ No \_\_\_
  - B. A senior executive or high-level representative of state or local government in Maine or New Hampshire, or any of their subunits, political subdivisions, or instrumentalities  
Yes \_\_\_ No \_\_\_
  - C. An officer, director, or trustee of:
    1. A pre-existing issuer in Maine or New Hampshire  
Yes \_\_\_ No \_\_\_
    2. A holding company that controls a Maine or New Hampshire pre-existing issuer (control is usually established through majority stock ownership)  
Yes \_\_\_ No \_\_\_
    3. A trade association comprised of Maine or New Hampshire pre-existing issuers and whose purpose is to represent the interests of the health insurance industry  
Yes \_\_\_ No \_\_\_
    4. A foundation established by a Maine or New Hampshire pre-existing issuer  
Yes \_\_\_ No \_\_\_
    5. An entity related to a Maine or New Hampshire pre-existing issuer such that the entity shares common ownership, control, or governance structure (including management team or board members) with the Maine or New Hampshire pre-existing issuer and meets at least one of the following conditions:
      - (i) Retains responsibilities for the services to be provided by the issuer
      - (ii) Furnishes services to the issuer’s enrollees under an oral or written agreement
      - (iii) Performs some of the issuer’s management functions under contract or delegation



Yes \_\_\_ No \_\_\_  
6. A predecessor of either a Maine or New Hampshire pre-existing issuer or a related entity described in Question 1.C.5  
Yes \_\_\_ No \_\_\_

2. Do you or your spouse derive more than 20% of your annual income from the delivery of healthcare services?

Yes \_\_\_ No \_\_\_ *(It's not necessary to explain a "yes" answer.)*

3. Are you currently and insured member of Community Health Options?

Yes \_\_\_ No \_\_\_ *(It's not necessary to explain a "yes" answer.)*

**Explanations**

If you answered "yes" to any item under Question 1, please fully explain below. Please include the identities of the entities involved to the extent you are able. If you are unable to reveal an identity (such as pursuant to a non-disclosure agreement or professional ethical obligation), please state this. You may attach additional pages, as necessary.

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**Affirmation**

By signing below, I affirm and agree that:

1. I have read and understand this questionnaire.
2. I have answered the questions truthfully, fully, and to the best of my knowledge; and
3. So long as I am under consideration to serve on Community Health Options' Board of Directors, I have a continuing obligation to report promptly any information that would cause me to change my answers or explanations contained in this questionnaire.

Signature:

Date:

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**Important:** Application submission deadline: June 9, 2023.

**Privacy Notice**

Community Health Options will retain application materials for use with the candidate nomination process and will destroy them when they are no longer required. If application materials are submitted by email, be aware that email is an unsecured means of communication. Community Health Options cannot guarantee the secure transmission of your application materials from your computer to our servers.



## COMMUNITY HEALTH OPTIONS

### Board Director Role Description

As Community Health Options' elected governing body, the 14+ member Board of Directors is required by statute, and its Articles of Incorporation and Bylaws, to establish, guide, and assess the overall direction and performance of Community Health Options.

#### Eligibility:

Board Directors cannot be employees of Community Health Options or of any entity providing professional services on behalf of Community Health Options, or a person providing professional services to Community Health Options.

#### Length of term:

Terms are three years in duration and may be renewed up to a maximum of three consecutive terms if elected by the membership.

#### Major Board Responsibilities:

- Provide CEO oversight; assess performance.
- Provide oversight of long-range strategic direction for the organization.
- Provide oversight of quality, which includes clinical quality, service, and safety performance.
- Advise senior leadership in carrying out Community Health Options' mission.
- Provide oversight of Member governance documents, policies, and procedures.
- Elect officers of Community Health Options Board.
- Develop, implement, and monitor the CEO compensation program.
- Develop and oversee CEO succession planning.
- Evaluate Board performance.
- Establish a Board committee structure and delegate the Board's work to committees as appropriate.
- Serve on committees as appointed.
- Regularly attend and participate in meetings. Review meeting materials in advance of meetings; come well informed and prepared to share knowledge with Board colleagues.
- Represent Community Health Options to key external groups and the media as requested.
- Participate in major Community Health Options events.
- Work with the Board Chair to identify areas for Board Director development and develop an annual plan to provide appropriate education and learning opportunities.
- Identify prospective Board Director Candidates.
- Participate in the Board Director succession planning process.



**Meetings and time commitment:**

- Board Directors spend an average of 5-15 hours per month fulfilling Board service responsibilities. Those Board Directors who are in leadership positions, who are in their first year of service, or who voluntarily assume a heavier assignment load typically average more hours per month.
- Board service time includes regular attendance and preparation time for:
  - Board meetings, education sessions, and meetings of committees,
  - Annual Membership Meeting, and
  - Task forces and other ad hoc or special assignments as designated by the Board Chairperson.
- Board meetings are generally held 12 times per year. Some committees meet 12 times per year, depending on the committee. Current Board committees are:
  - Executive
  - Finance
  - Member Engagement
  - Governance
  - Audit
  - Quality and Compliance\*

*\*Not Board Committees, but require Board Directors as members*

**Indemnification:**

Community Health Options indemnifies its Board Directors against financial harm incurred because of performance of duties as a Board Director.

**Compensation:**

Directors receive no payment for services on the Board but may request reimbursement for travel expenses (mileage and parking).