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MARYLAND HEALTH BENEFIT EXCHANGE

Maryland Health Benefit Exchange Board of Trustees

November 23, 2015
1:00pm – 4:00pm
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Members Present

Kenneth Apfel, MPA
Michelle Gourdine, MD
Van Mitchell
Sam Malhotra
Tony McCann
Al Redmer
Thomas Saquella
Ben Steffen, MA

Members Absent

Linda Sue Comer

Also in attendance: Carolyn Quattrocki, Executive Director at the Maryland Health Benefit Exchange (MHBE).

Opening

Chairman Mitchell welcomed everyone to the Board meeting.

Approval of Meeting Minutes

The Board reviewed the minutes for the October 19, 2015 meeting; no amendments were made. Mr. Apfel motioned to approve the minutes; Mr. Steffen seconded the motion. The Board voted unanimously to approve the October 19, 2015 minutes.

Closed Session

Chairman Mitchell announced that the Board would be moving into closed session. The purpose for moving into closed session was to consult with counsel to discuss procurement strategy and potential litigation.[1] Commissioner Redmer motioned to move into closed session, which was seconded by Mr. Saquella. The Board voted unanimously to move into closed session. For topics discussed and actions taken, please see the Statement for Closing a Meeting dated November 23, 2015.[2]

Voting Session

Subramanian Muniasamy, the Chief Information Officer at the MHBE, presented a motion to the Board for approval. The motion was a modification to reallocate a portion of the IT budget to the indefinite delivery/indefinite quantity (IDIQ) budget. Currently, $10.6 million is budgeted for the IT project management office (PMO) and support for fiscal year (FY) 2016, with $3 million budgeted for the IDIQ contracts. The sole source contracts, which have a $6.5 million budget, are ending in December 2015. The MHBE is proposing to reallocate $5.1 million currently allocated to sole source contracts to the IDIQ

[1] General Provisions Article § 3-305(b)(7) allows a closed session to consult with counsel to obtain legal advice. Article § 3-305(b)(14) allows a closed session to discuss, before a contract is awarded or bids are opened, a matter directly related to a negotiating strategy or the contents of a bid or proposal, if public discussion or disclosure would adversely impact the ability of the public body to participate in the competitive bidding or proposal process.

[2] Statement for Closing a Meeting, 10/19/2015. Available at: http://www.marylandhbe.com/wp-content/uploads/2015/12/FINAL.Closed-Session-Statement.23Nov2015.pdf.

because the IDIQ promotes greater vendor competition, has a lower cost, and allows for a wide array of expertise. The reallocation will not increase the FY 2016 IT budget.

Mr. Steffen motioned to approve the reallocation of $5.1 million to the IDIQ contracts, which was seconded by Commissioner Redmer. The Board voted unanimously to approve the budget modification.

Michelle Eberle, Chief Operating Officer of the MHBE, presented a motion to modify the Maximus contract to the Board for approval. The language line services for the Call Center are currently provided by a Maximus contracted vendor at a rate of up to $1.10 per minute. The MHBE determined that using the Statewide Foreign Language Interpretation and Translation Services contract would cost $.64 per minute, which would be a savings of $69,000. The MHBE staff recommend the removal of the pass-through language line service costs from the Maximus contract and the creation of a requisition for purchase under the statewide language line in the amount of $234,000 for six and a half months. Currently, postage cost is also included in the Maximus contract as a pass-through cost. Maximus will soon start imposing a 10 percent administrative cost in addition to the postage cost. As a result, the MHBE staff recommend removing the pass-through postage costs from the Maximus contract and securing postage directly from the United States Postal Service at the same cost.

- Secretary Malhotra asked whether there will be fewer services if funds are removed from the Maximus contract. Ms. Eberle responded that the pass-through costs of the language line and postage are being moved to a different vendor, and it will not affect the services provided.

Mr. Apfel motioned to approve the contract modification to remove the pass-through costs of the language line and postage from the Maximus contract, which was seconded by Dr. Gourdine. The Board voted unanimously to approve the contract modification.

Ms. Quattrocki presented a motion to the Board to approve the governance report, as mandated by the General Assembly. The report focused on whether the MHBE should remain an independent public body or become a nongovernmental, nonprofit entity, examined the approaches used by other states, and considered stakeholder input. The report recommends that the MHBE continue to be an independent public body.

Commissioner Redmer motioned to approve the governance report, which was seconded by Mr. Apfel. The Board voted unanimously to approve the motion.

2017 Draft Certification Standards

Michelle Wojcicki, Director of Policy at the MHBE, provided an overview of the draft certification standards for 2017. She noted that the certification standards are not before the Board for a vote, but rather to receive Board input. The MHBE will incorporate Board feedback into the draft annual letter to carriers, which will be released shortly and available for public comment for three weeks. After the comment period, the Board will adopt final plan certification standards during the February 2016 Board meeting, and the MHBE will release a final 2017 letter to carriers in early March 2016.

Ms. Wojcicki noted that she will focus on the changes to the certification standards for 2017, particularly the standards related to network adequacy and essential community providers (ECPs). The Network Adequacy and ECP (NA-ECP) Workgroup reconvened to review the proposed NA-ECP standards. For 2017, issuers serving an area smaller than one county must submit a partial county service area justification. Regarding provider directories, issuers must include information on whether providers are “accepting new patients” and provide the directory information on their website without requiring login.

Ms. Wojcicki noted that the MHBE will implement the District of Columbia (DC) exchange’s approach in December, allowing consumers to identify inaccurate information in the online provider directories. The Maryland Health Connection (MHC) website will also include information on the out-of-network appeals process starting in December. Both of these policy options received consensus during the NA-ECP Workgroup and can be implemented immediately without being included in the plan certification standards.

- Commissioner Redmer asked whether there is a standard or definition for an "accurate and complete" provider directory. Ms. Wojcicki responded that the term "accurate and complete" is used as a baseline, and in the future there may be additional guidance and assessment.
    - Commissioner Redmer asked about the remedy or penalty for provider directories that are not currently accurate. Ms. Quattrocki responded that theoretically the MHBE has the authority to deny or revoke qualified health plan (QHP) certification, or institute fines. However, the MHBE has not opted to use this authority and has not put procedures into place to utilize this authority.

Ms. Wojcicki reported that the MHBE will further address provider directory accuracy through a multi-step process requiring carriers to assess their directory accuracy during 2016 in preparation for 2017 certification application. During the 2017 plan certification application, issuers will provide directory accuracy information to the MHBE, including the carrier-selected method of assessment and steps taken to improve accuracy. During 2017, the MHBE will propose a standard assessment method, baseline target, and requirements for accuracy improvements to the Board.

- Ms. Quattrocki noted that some of the comments from stakeholders reflected confusion as to whether the carrier assessments and methods would be made public. The MHBE does not intend to make these assessments and methods public because the carriers will use different methods, which would be difficult for consumers to compare. The MHBE also wants plans to be able to meet the QHP certification standards, so the standards must be attainable.
- Ms. Wojcicki added that the Board has received all of the comments from the NA-ECP Workgroup, as well as a summary of the comments. Generally, the comments were related to carriers' actions to ensure provider directory accuracy.
- Ms. Quattrocki noted that the methods carriers choose to perform the assessment will be relevant to the level of accuracy achieved.
- Chairman Mitchell asked if other states have implemented a similar multi-step process for carriers to assess their directory accuracy. Ms. Wojcicki responded that other states have taken a variety of approaches to address this issue, including performing a secret shopper assessment of directories. She noted that she has not seen any states using a baseline metric. Nationally, there have been discussions with carriers regarding methods for assessing accuracy and greater engagement with providers. Other states may use a "accepting new patient" status as a method of assessment.
- Mr. Saquella commented that he understands the multi-step method but expressed concern that this will not improve directory adequacy immediately. There will be no improvement for 2016, and he is concerned that the directories are currently not accurate. Ms. Quattrocki responded that these points are well taken; the MHBE is working to immediately implement the DC approach to allow consumers to report inaccurate information in the online directories. This is an effort that will require everyone to be involved; providers must give accurate information for the directories to be accurate. The MHBE does not have authority over providers, so it is a balancing act.
    - Mr. Saquella commented that it is important to keep in mind the possibility of imposing stronger measures related to providers.
- Mr. McCann commented that a report assessing access to obstetricians and gynecologists (OB/GYN) found access to be poor. He asked about the MHBE's and carriers' response to reports of inaccuracy. Ms. Wojcicki responded that in DC, carriers must respond to consumers' identification of inaccurate information within 30 days. The MHBE is considering adopting this standard.
    - Ms. Quattrocki added that the MHBE will work with carriers to determine the timeline for responding to reports of directory inaccuracy, and noted that Chesapeake Regional Information System for Our Patients (CRISP) can update quickly. If the inaccuracy is not addressed, then the MHBE would consider progressive sanctions.
- Commissioner Redmer commented that provider directory accuracy is a large issue across the country, and while national standards may be developed, the MHBE cannot afford to wait for national standards and should take action now.
    - Chairman Mitchell added that the MHBE must take the national and Maryland standards into account so that the MHBE standards do not conflict.

- Dr. Gourdine commented that the standard for accurate provider directories needs to be better defined. She noted that, to be fair, the MHBE needs to address provider involvement in improving directory accuracy. Several steps should be taken before sanctions are imposed.
- Commissioner Redmer commented that the MHBE regulates carriers not providers, so the MHBE will be unable to impose provider requirements. The MHBE can impose a standard holding carriers' responsible for ensuring providers give accurate information, even if it means ending contracts with providers who fail to give accurate information.
    - Dr. Gourdine commented that this approach would be counter-productive. The MHBE should take extra effort to encourage provider engagement and determine the barriers and feasibility of provider standards.
- Ms. Quattrocki commented that the multi-step approach was designed to better define the accuracy standard. The carriers' self-assessment during the first year will allow the MHBE to get a sense of where carriers currently stand and how to better define the accuracy standard.
- Mr. Apfel asked whether there will be actual improvement in directory accuracy a year from now or two years from now with this approach. Ms. Wojcicki responded that the goal is to assess accuracy during the first year and then set thresholds to improve accuracy during the second year. When data are available in three years, the MHBE should be able to compare the first two years to determine if accuracy was improved.
    - Ms. Quattrocki added that the carriers' self assessment will begin now and then next year the MHBE will be able to discuss the results of the self-assessment.
- Mr. McCann asked if other groups have performed a similar study to the OB/GYN access report. Ms. Wojcicki responded that the Mental Health Association of Maryland recently assessed the accuracy of the provider information listed for all mental health providers in the QHP directories.

Ms. Wojcicki reported that the MHBE is not proposing specific quantitative standards for assessing network adequacy. The MHBE is requiring carriers to include certain metrics in the plan's summary of benefits and coverage (SBC) to provide consumers with information about the plan's network. The metrics include average wait time for primary care and mental health providers, average driving distance to primary care and mental health providers, percent of primary care and mental health providers accepting new patients, and Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores. Carriers have the option to include additional metrics for any other specialist categories of the carrier's choosing. The MHBE developed categories that can be applied across the board and allow carriers some flexibility. Some of the comments by the NA-ECP Workgroup suggested additional requirements, such as including the date of the last provider information update in the directories.

- Mr. Steffen asked if the NA-ECP Workgroup discussed how to measure wait times. Ms. Wojcicki responded that most carriers already measure wait times and will use that method; carriers will have to provide the rationale for their method.
    - Mr. Steffen commented that any standards must take urban or rural areas into account. Ms. Wojcicki noted that the U.S. Department of Health and Human Services (HHS) also suggested assessing wait times based on the county level.

Ms. Wojcicki provided an overview of the proposed standards related to ECPs. The ECP definition will be expanded from the federal definition to include local health departments, outpatient mental health clinics and substance use disorder treatment providers, and school-based health centers. Providers must be able to meet carrier credentialing standards. The MHBE is also proposing to adopt the federal threshold for ECP participation—carriers must contract with 30 percent of available ECPs in each plan's service area. Carriers will be allowed to submit a written justification for an alternate standard. This standard allows carriers flexibility and the ability to account for geographic issues. The MHBE will need to provide a list of ECPs in Maryland. Carriers would also be required to offer contracts to available ECPs in good faith.

- Commissioner Redmer asked about the current standard for ECP participation. Ms. Wojcicki responded that the MHBE is adopting the federal threshold of 30 percent, which many of the carriers are meeting in other markets. She noted that most of the comments from the NA-ECP Workgroup focused on the expansion of the ECP definition.

- Ms. Quattrocki added that there was a difference of perspective among NA-ECP Workgroup members regarding the expansion of the ECP definition to include mental health providers. As a result, the MHBE separated out the standard for mental health providers, requiring these providers to meet certain licensing requirements.

Ms. Wojcicki reported that most comments from the NA-ECP Workgroup were related to the ECP definition expansion to include mental health providers. The MHBE sought input from the Maryland Department of Health and Mental Hygiene (DHMH) for this category and tried to capture those mental health providers that provide the most services.

- Mr. McCann asked whether the federal mental health parity requirements conflict with the proposed ECP standard. Ms. Wojcicki responded that the parity requirements are related to services covered under a plan.
- Mr. Steffen asked if there has been any federal discussion or action taken by other states related to the expansion of the ECP definition. Ms. Wojcicki responded that several states have expanded the ECP definition to include school-based health centers, rural health centers, local health departments, and other organizations. Other states have also increased the threshold for ECP participation. She noted that among the states that have expanded the ECP definition, many included mental health providers, for example Kentucky and New Mexico included specific mental health organizations.
- Mr. Steffen asked how many local health departments are interested in providing substance abuse services. Ms. Wojcicki responded that local health departments are generally interested in providing substance abuse services, though she did not know the exact number of local health departments interested in doing so.

Ms. Wojcicki provided a brief overview of the remaining proposed certification standards. Carriers must attest that they do not discriminate on the basis of any factors prohibited by state regulation. The drug formulary provided online by carriers must include a legend clearly explaining the tier categories, subject to MHBE approval. The MHBE will develop a timeline to evaluate the efficacy of the continuity of care policies and to develop, if determined to be necessary, a continuity of care proposal. Regarding the drug exceptions process, carriers must keep account of and report on the member drug exceptions processed, and provide summary metrics to the MHBE to determine compliance. The MHBE is proposing that a carrier's set of plans meet the federally-facilitated marketplace (FFM) meaningful difference standard and continue to meet the four benefit designs maximum per metal level requirement. The Standing Advisory Committee (SAC) generally supported adopting the FFM meaningful difference standard. Ms. Wojcicki noted that all plans currently meet this standard. The MHBE will determine a final approach for the QHP issuer quality reporting system. Regarding transparency, the MHBE is proposing that QHP issuers make their standards for network management reported for 2016 accreditation available to the MHBE for public release. Issuers must submit an expansion to their SBC examples to include costs for substance abuse and mental health treatment services. The MHBE will establish the criteria and factors for determining these costs. Issuers will also include on their SBC forms a link to each QHP's respective complete benefits or terms, via a policy contract or an in-depth plan document, without further navigation. The MHBE is proposing that embedded pediatric dental will be optional rather than mandatory as an essential health benefit.

Operations Open Enrollment Readiness

Ms. Eberle provided an update of operations readiness for the third open enrollment. All outstanding open enrollment readiness tasks have been completed. Ms. Eberle provided an overview of charts showing the breakdown of QHPs by carrier, metal level, and plan type. CareFirst is still the largest insurer but there have been some changes in the market distribution. The majority of plans are in the silver metal tier, and health maintenance organizations (HMOs) are the most popular plan type, making up 79 percent of QHPs. Currently, 32 percent of QHP enrollees are under 32 years of age; the MHBE is trying to continue to increase the number of young enrollees. Stand-alone dental plans have started well, with 1,030 enrollees.

- Commissioner Redmer asked if there are any significant changes in the age distribution of QHP enrollees from last year. Ms. Quattrocki responded that the age distribution is mostly the same.

Ms. Eberle reported that the volume of calls to the Call Center has remained high due to Medicaid redeterminations. She noted that 59 percent of the Medicaid redetermination dates have passed, with 41 percent remaining. Of the remaining Medicaid redeterminations, 80 percent are in the MHC system and 20 percent are in the legacy system. Of the remaining Medicaid redeterminations in the MHC system, it is expected that 57 percent will auto-renew. Medicaid enrollment makes up a large portion of calls received by the Call Center, especially compared with this time last year.

- Dr. Gourdine asked for an explanation regarding the 57 percent expected Medicaid redeterminations auto-renewal rate. Ms. Eberle explained that 80 percent of the remaining Medicaid redeterminations are in the MHC system, and of these recipients, 57 percent are expected to be auto-renewed. The other 43 percent will fail auto-renewal due to a problem such as income verification failure.
    - Dr. Gourdine asked about individuals who fail to auto-renew. Ms. Eberle responded that these individuals will receive notification and be directed to go back through the MHC system to renew their Medicaid coverage.
    - Chairman Mitchell added that percentage of Medicaid redeterminations through auto-renewal has been higher than expected.

Ms. Eberle reported that the average staff level is higher this year, with 220 Call Center representatives (compared with 167 representatives during November 2014). Despite the increased staffing, the volume of incoming calls has exceeded the call center's capacity. She noted that improved training and efficiencies have reduced the average call handle time and increased quality over the past few weeks.

- Chairman Mitchell asked about the maximum wait time. Ms. Eberle responded that the average wait time is 28 minutes, and the maximum is 60 to 90 minutes.
- Mr. Steffen asked if it is possible to post the current wait time on the MHC website, and to break out the wait time for QHP versus Medicaid calls. Ms. Eberle responded that the MHBE can differentiate the wait time between QHP and Medicaid-related calls, but the estimate is not completely accurate.
    - Mr. Steffen commented that urgent care clinics have been very successful in listing their current wait times on their websites.
- Chairman Mitchell asked if it is possible to list the time of the day when there is lower call volume on the MHC website. Ms. Quattrocki responded that they may be able to distribute that information through social media. The MHBE will consider putting this information on the MHC website or the Call Center phone message.
    - Ms. Eberle commented that there are pros and cons to making that information available on the website.

Ms. Eberle reported that the Connector Entities have completed all of the necessary tasks for open enrollment. She noted that the MHBE is encouraging consumers to seek in-person assistance from the Connector Entities in order to relieve the burden on the Call Center. She went over the list of the scheduled enrollment events and the quarterly metrics regarding the number of calls, appointments, and presentations conducted by Connector Entities. Ms. Eberle reported that there has been great growth in the application counselor sponsoring entities program. The number of application counselor sponsoring entities and certified application counselors has increased, which will help offset the reduced Connector Entity funding. She provided a list of the application counselor sponsoring entities.

Ms. Eberle reported that there are 926 producers authorized to assist consumers with selecting a QHP. This is a decrease from 1,123 authorized producers in September because some producers did not complete the required training. Producers who complete the training will be reinstated.

- Mr. Apfel asked whether the decrease in the number of authorized producers is the result of a training issue or an attitude issue. Ms. Eberle responded that both could be a factor. She noted that a small number of producers do the majority of enrollments. Some producers may have decided not to return as an authorized producer, and others may have forgotten to complete the training.
- Mr. Apfel asked whether the authorized producer program is still going well. Ms. Eberle responded that producers are still interested in participating in the exchange as well as the Broker Assistance Transfer (BATPhone) pilot program.

Ms. Eberle noted that the BATPhone roll-out was successful, with over 30 calls per day during the first week. As of November 13, 84 enrollments have been completed through the BATPhone program. The MHBE was hoping for greater use of the BATPhone program and changed the wording of the message given to consumers to encourage use of the BATPhone program, which has resulted in an increase in calls.

Marketing Plan Update

Andrew Ratner, Director of Marketing and Strategic Initiatives at the MHBE, provided an update on the marketing and outreach plan for 2016. He noted that the marketing campaign will focus on the importance of in-person assistance, increasing the awareness of financial assistance, and encouraging young invincible to enroll. A Connector Entity counselor recorded television and radio commercials encouraging consumers to enroll in a QHP, stressing that new plans and premiums are available, as well as experts who can advise consumes on plan selection. Mr. Ratner played the television commercial.

Mr. Ratner reported that the MHBE is performing outreach through BGE, CVS Pharmacies, colleges, and banks. The MHBE is also performing outreach to minority communities, and holding enrollment events at libraries and churches. Television ads will begin to broadcast on December 2, and then radio ads will begin December 9. The funding available for advertising is lower this year, so the MHBE is concentrating their efforts before December 15, which is the deadline for enrollment with coverage effective January 1, 2016. The marketing campaign is using television, radio, print, and digital media to target the uninsured, with ads concentrated before December 15, 2015 and January 31, 2016, which are two important deadlines for enrollment.

Mr. Ratner reported that the average number of unique visitors to the MHC website per day increased by 14 percent from one year ago, and there are over 300,000 email subscribers. A new health literacy animated video co-branded with the Kaiser Family Foundation was posted on the website, and two more health literacy videos are in production. Mr. Ratner reported that Ms. Quattrocki has been interviewed by CBS Radio, Baltimore Sun, MPT-TV, WYPR, and WBAL-TV. The MHBE Outreach Coordinator was also interviewed on a Spanish language radio channel.

- Chairman Mitchell asked whether there have been any interviews of MHBE staff on Comcast. Mr. Ratner responded that the MHBE can contact Comcast regarding interviews.

Compliance Update

Caterina Pangilinan, Chief Compliance Officer at the MHBE, provided an update on the compliance program. She introduced Greg Yaculak, Chief Information Security Officer at the MHBE, because compliance is often closely related to IT security. The Board previously approved a compliance oversight plan with seven sections.

Ms. Pangilinan provided an overview of the findings from internal and external compliance assessments. Regarding oversight structure, the MHBE hired a compliance manager to help audit more operational areas, develop metrics, and create a dashboard of compliance measures. The MHBE also contracted with an individual who has IT security and project management expertise to make sure that the necessary IT process are in place. Regarding policies and procedures, the MHBE examined different areas to prioritize policy and procedure development. The MHBE implemented internal controls and will complete a capital inventory program by July 2016, which is a master log of the MHBE's inventory. Stakeholders have given the MHBE input regarding the finalization of policy to ensure consistent application of policies. Regarding hiring and contracting, the MHBE developed and implemented procurement policies and procedures and established a procurement office. She noted that the MHBE is assessing the current procurement process and consulting with the Attorney General's Office.

- Chairman Mitchell asked whether the procurement office has a tracking system. Ms. Pangilinan responded that the procurement office uses an Excel spreadsheet to track procurements, but does not have a tracking system. Chairman Mitchell recommended that the MHBE contact DHMH regarding the tracking system other state agencies use.

Regarding compliance awareness and training, Ms. Pangilinan reported that 1,100 producers have signed non-disclosure agreements. Mr. Yaculak added that the IT team runs the Center for Medicare & Medicaid Services (CMS) reports and constantly monitors and improves the IT system's security weaknesses. Ms. Pangilinan noted that 2,000 individuals have completed the privacy and IT security training.

Regarding the audit of program effectiveness, the MHBE created an internal audit plan, which was driven by state and federal requirements, and the results of the risk assessments. Mr. Yaculak added that the IT staff have automated onboarding for some worker portals, and will be rolling out recertification next quarter. Ms. Pangilinan noted that the MHBE has identified areas for improvement in the contract monitoring processes. Regarding reporting requirements, the MHBE has received a minimal number of fraud, waste, and abuse reports, which have all been determined to be unfounded. The MHBE is working with the Maryland Insurance Administration (MIA) to resolve issues related to consumer complaints. Regarding risk assessment, the MHBE conducts ongoing risk assessments to ensure that the program is secure.

- Chairman Mitchell asked how the MHBE handles individual licensing purchases, and whether the MHBE is buying and tracking licensing purchases. Ms. Pangilinan responded that a staff member tracks the individual licensing purchases. Mr. Yaculak added that the MHBE tracks these purchases through spreadsheets and automated software.
    - Chairman Mitchell asked how software downloaded on a new computer is tracked from an accounting perspective. Mr. Yaculak responded that the tracking process depends on the software. Some software, such as Microsoft Office, is automatically installed; enterprise licensing is tracked on an individual basis.
    - Chairman Mitchell asked if the MHBE would be able to prove that the MHBE has the proper license for all Microsoft software if a Microsoft audit was performed. Mr. Yaculak responded that the MHBE recently performed an audit and was able to prove it had properly obtained licenses.
    - Chairman Mitchell asked whether the MHBE differentiates between purchases for hardware and software. Mr. Yaculak responded that the MHBE does differentiate these purchases.

Connector Entity Program Update

Ms. Eberle provided an update on the Connector Entity request for proposals (RFP). She noted that Board was provided with a one-page summary and a longer paper describing the RFP. Ms. Eberle provided an overview of the highlights of the RFP and noted that it is still subject to final procurement approval. Connector Entity applicants will be required to demonstrate experience with supervising navigators in the current program, and program activities must focus on providing in-person assistance for MHC application and enrollment. A secondary focus will be outreach efforts to eligible and hard-to-reach populations. Applicants must demonstrate that they are sufficiently self-funded to meet program goals with their current infrastructure. Applicants will be asked to describe their overall approach for providing required services, as well as a detailed budget with a breakdown of funds and spending. Ms. Eberle noted that it is important that the limited funds available be used for in-person assistance. The grant solicitation will be released in the end of January 2016; the proposals are due to the MHBE by the end of March 2016. Awards will be announced at the end of April 2016. The agreement is expected to be executed in May-June, 2016.

- Chairman Mitchell asked whether this RFP is subject to not-to-exceed requirements or if it is a grant. Ms. Eberle responded that it will be a grant.
- Mr. Steffen asked about the requirement that applicants demonstrate supervision of navigators in the current program, and whether the MHBE is seeking only applicants with experience in Maryland. Ms. Eberle responded that, ideally, Connector Entity applicants should be experienced with the Maryland program.

Adjournment

Chairman Mitchell announced that there will not be a Board meeting during December; the next meeting with be on January 25, 2016. Chairman Mitchell adjourned the meeting.