



Maryland Health Benefit Exchange Board of Trustees

January 22, 2019
2:00 p.m. – 4:00 p.m.
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Members Present

S. Anthony (Tony) McCann, Vice Chair
Alfred W. Redmer, Jr.
Linda S. (Susie) Comer (by phone)

Ben Steffen, MA
Dana Weckesser

Members Absent

Robert R. Neall Chair
K. Singh Taneja

Dr. Rondall Allen

Also in Attendance

Michele Eberle, Executive Director, Maryland Health Benefit Exchange (MHBE)
Andrew Ratner, Chief of Staff, MHBE
Venkat Koshanam, Chief Information Officer, MHBE
Tony Armiger, Chief Financial Officer, MHBE
Caterina Pañgilinan, Chief Compliance Officer, MHBE
Sharon Stanley Street, Principal Counsel, Office of the Attorney General
John-Pierre Cardenas, Director, Policy & Plan Management, MHBE
Heather Forsyth, Director, Consumer Assistance, Eligibility & Business Integration, MHBE
Betsy Plunkett, Director, Marketing & Web Strategies, MHBE
Jessica Grau, Health Policy Analyst, MHBE

Welcome & Introductions

Mr. McCann opened the meeting and welcomed all participants.

Public Comment

Mr. McCann announced that the Board will have a period of public comment at the beginning of this and future meetings. He added that, in the future, each meeting will have a sign-up sheet for those wishing to make a comment. He then opened the floor to any members of the public who had comments. No member of the public came forward.

Approval of Meeting Minutes

The Board reviewed the minutes for the November 19, 2018, open meeting. Ms. Weckesser moved to approve the minutes. Mr. Steffen seconded the motion. The Board voted unanimously to approve the minutes of the November 19, 2018, open meeting.

Executive Update

Michele Eberle, Executive Director, MHBE

Ms. Eberle began her update by cataloging the MHBE's accomplishments during 2018, which she characterized as a banner year for the agency. She noted that the agency accomplished the following:

- Reduced the staff vacancy from 13 positions to 2
- Received approval of the state innovation waiver for the reinsurance program from federal authorities in a record 43 days
- Completed the process of promulgating regulations that were stalled for five years
- Reduced the volume of escalated cases by 95 percent year-over-year
- Saved roughly \$200,000 annually by integrating the agency IT staff into the Pratt Street office
- Completed a Memorandum of Understanding (MOU) with the Maryland Department of Human Services for migrating Maryland Health Connection (MHC) to the Maryland Total Human Services Information Network (MD THINK) platform
- Built a marketing portal to allow the agency to directly target users based on their progress through the MHC system
- Underwent 10 audits
- Completed user interface improvements on MHC
- Launched a chatbot to assist MHC users
- Introduced a "pay now" feature to MHC that allows users to make their first, or binder, payment when selecting a qualified health plan (QHP)
- Increased enrollment by 2 percent
- Improved performance in the Call Center year-over-year

Ms. Eberle then discussed the shutdown of the federal government and its impact on MHBE operations. She noted that the Centers for Medicare & Medicaid Services (CMS) expressed to the MHBE that advanced premium tax credits (APTCs) will not be affected by the shutdown and will be paid. She explained a shutdown-related issue at the Internal Revenue Service (IRS) wherein consumers' "failure to reconcile" flag is not removed, causing them to be ineligible for APTCs. The MHBE is unable to remove the flag, as it is a strictly IRS function. Ms. Eberle stated that the MHBE will allow consumers to continue receiving APTCs, and the MHBE will re-determine the consumers' eligibility once the IRS has resumed their work.

Next, Ms. Eberle announced that the agency's budget hearings are scheduled for January 31, 2019 in the Maryland House of Delegates and for February 5, 2019 in the Maryland Senate. She added that Office of Legislative Audits (OLA) audit reviews will occur at those hearings.

Commissioner Redmer expressed his congratulations to the MHBE, noting that he had received very few complaints during the open enrollment period.

Open Enrollment Wrap-Up

Andrew Ratner, Chief of Staff, MHBE

Mr. Ratner presented an overview of the open enrollment period that recently ended. He showed the number of individuals enrolled in coverage, explaining that enrollment levels have seemingly reached an equilibrium in the last three open enrollments. Mr. Ratner noted that the reinsurance program exceeded the enrollment estimates released by Wakely Consulting—the Wakely study estimated a 6 percent increase in enrollment, while the actual results were a 24 percent increase.

Next, Mr. Ratner discussed enrollment gains among target audiences, including young adults, African American, and Hispanic Marylanders. He described customer service efforts and the performance of the Call Center, noting that many consumers expressed "kudos" for the Call Center agents.

Mr. Ratner then gave an overview of technology enhancements to MHC, including improvements on the mobile application, push notifications, and the "pay now" feature. Commissioner Redmer asked how many consumers used the mobile application the previous year. Venkat Koshanam, Chief Technology Officer at the MHBE, replied that he

did not have the exact figures for last year, but that this year's 150,000-200,000 visits did represent an increase in usage. Mr. Ratner continued describing technology enhancements including the chatbot and marketing portal. Commissioner Redmer asked whether the MHBE intends to incorporate the lessons from the marketing portal effort into MHC site design next year. Mr. Ratner confirmed that they would.

Next, Mr. Ratner demonstrated the shift in the proportion of the population enrolled in each plan metal level between 2018 and 2019, where the percentage of enrollees in a gold plan increased from 19.1 percent to 27.8 percent. He also explained that the market share of the two carriers offering plans on MHC were about even.

Mr. Ratner finished his remarks by sharing some of the positive news coverage garnered by the MHBE.

Ms. Weckesser asked whether people using the chatbot feature would be able to print or save the text of the conversation. Mr. Ratner replied that consumers are free to copy and paste or screenshot the conversation. Mr. Koshanam added that the agency tracks the questions and responses through the chatbot and that they intend to incorporate what they learn from such analysis to help improve the tool in the future.

Ms. Weckesser asked which county in Maryland had a 27 percent growth in enrollment. Mr. Ratner replied that it was Wicomico County.

Commissioner Redmer asked whether the agency knows if the people who enrolled in the recent open enrollment period were previously insured through MHC, had left and returned to the marketplace, or were entirely new customers. Mr. Ratner replied that they intend to survey the consumers who left the marketplace about their reasons and that the MHBE experienced a slight decrease in new enrollments, following a nationwide pattern. He added that the agency's focus remains on reducing the state's uninsured rate to below six percent.

Mr. McCann asked whether the MHBE has the flexibility to modify the duration of future open enrollment periods, and whether it intends to make any changes to the schedule. Ms. Eberle noted that the Board has the authority to set the open enrollment timing. She pointed out that consumer assistance workers urged the MHBE to extend the open enrollment period by adding time to the beginning rather than the end and that the agency sees it as a worthwhile goal to achieve a consistent period from year to year. Mr. McCann asked when the Board would hear about timing for the next open enrollment period, to which Ms. Eberle replied that the February meeting would include that information.

Mr. Steffen asked whether his understanding was correct that the Wakely estimates suggest that the total market had already fallen below 200,000 enrollees in 2018. John-Pierre Cardenas, Director, Policy and Plan Management at the MHBE answered that the 171,000 enrollee baseline in the agency's calculations was built by combining the figure of 192,000 presented by the Maryland Insurance Administration in June, 2018 with a reduction due to the loss of the individual mandate.

Mr. Steffen, noting the strong performance in the unsubsidized population, asked whether the total market enrollment figures include grandfathered plans. Mr. Cardenas replied that only ACA-compliant QHPs are included.

Mr. Steffen asked why some populous, urban counties in Maryland, including Baltimore County, Baltimore City, and Anne Arundel County, had decreases in enrollment while others like Montgomery and Prince George's Counties experienced enrollment growth. Ms. Eberle replied that it could be due to employer-sponsored coverage but that they would not be certain of that until the agency has access to the relevant data.

FY 19 Q2 Quarterly Compliance Update

Caterina Pañgilinan, Chief Compliance Officer, MHBE

Ms. Pañgilinan presented the Board an update on audits and compliance; privacy incidents; and fraud, waste, and abuse. She began with the agency's audit status, listing the findings and their corresponding corrective actions. She described two findings that remain open, including the need to verify employer-sponsored coverage and a ranked hierarchy of consumer eligibility denial reasons. With regard to the employer-sponsored coverage finding, Ms.

Pañgilinan stated that the agency intends to undertake telephone surveys of a statistically significant sample of enrollees' employers to determine whether or not they offer coverage. She also explained that all employees must undergo a background check in order for the MHBE to close an IRS audit finding and described a new process whereby new hires at the agency must pass through the eVerify system that confirms an individual's eligibility to work in the U.S.

Mr. McCann asked the meaning of two different acronyms present in Ms. Pañgilinan's slide: SMART and VLP. Ms. Pañgilinan replied that SMART stands for "State-based Market Annual Reporting Tool," an annual requirement by the Center for Consumer Information and Insurance Oversight (CCIO), the arm of CMS that oversees exchanges. Heather Forsyth, Director, Consumer Assistance, Eligibility & Business Integration at the MHBE added that VLP stands for "Verify Lawful Presence."

Ms. Pañgilinan then discussed the MHBE's corrective actions on nine findings from the Office of Legislative Audits (OLA) over the period from fiscal year (FY) 2014 through FY 2017, including one in which the agency must check applicants' unearned income and another regarding access control to consumer records on MHC.

Next, Ms. Pañgilinan provided an update on privacy incidents not involving producers, noting that the MHBE is rolling out new encrypted email functionality to its authorized producers. She added that 69 percent of privacy incidents involve misloaded documents.

Ms. Pañgilinan concluded her presentation with the agency's compliance hotline calls and fraud, waste, and abuse reports. She noted that of 12 allegations of fraud, waste, and abuse thus far in FY 2019, 5 were referred to the Maryland Department of Health, 6 were deemed unfounded, and 1 remains open.

Commissioner Redmer questioned the necessity of the telephone survey of employer-sponsored coverage given the availability of tax documents to provide that information. Ms. Pañgilinan indicated that the agency will explore other options.

Mr. Redmer asked for clarification of the term "misloaded documents." Ms. Pañgilinan replied that the term refers to verification documents that have been loaded to the wrong consumer's MHC account, explaining that the MHBE works with the Maryland Department of Health to identify the case workers who caused the incident in order to direct the appropriate training to correct and improve their processes. Ms. Eberle added that the agency is working toward removing personnel from the document verification system entirely.

Mr. McCann asked whether allegations of fraud that do not involve Medicaid would be addressed by the MHBE directly. Ms. Pañgilinan replied that they would. Mr. McCann asked for a description of the process that takes place in such an instance. Ms. Pañgilinan explained that, while allegations of that type have not yet been received, she would seek counsel and would work with the Office of the Inspector General at the Department of Health, as well as the Maryland Insurance Administration as appropriate.

Mr. Steffen asked how many vendors will be subject to a SOC2 Type 2 audit. Ms. Pañgilinan replied that, to her recollection, four vendors would be subject to the requirement, including the call center vendor, DMI, and Noridian. Mr. Steffen asked whether the MHBE itself would be subject to SOC2 Type 2. Ms. Pañgilinan answered that the agency undergoes quarterly self-assessments as required by the IRS, a range of IT-related requirements, and an independent external audit every three years. Mr. Steffen asked whether the OLA has discussed the MHBE undertaking a SOC2 Type 2. Ms. Pañgilinan replied that they did discuss that, prior to OLA's assessment of the agency's processes.

Final 2020 Plan Certification Standards with Public Comment

John-Pierre Cardenas, Director, Policy & Plan Management, MHBE

Mr. Cardenas presented the final 2020 plan certification standards to the Board. He began by describing the stakeholder engagement efforts and the public comments received on the proposed standards, noting that three

insurance carriers and two consumer advocacy organizations supplied comments and that one state agency was granted a comment period extension.

Next, Mr. Cardenas explained how the standards as originally proposed changed into their current form, beginning with the items designed to lower premiums and reduce consumer exposure to health care costs in plan year 2020. Whereas the originally proposed standards would have required standardized plans from all issuers in 2020, the updated proposal defers standardized plan requirements until after the 2019 Affordability Workgroup concludes for possible adoption in 2021. In addition, the updated proposal would require issuers to offer “Value” plans: at least one bronze plan with three primary, urgent, or specialist care visits before deductible; at least one non-health savings account (HSA) silver plan with a deductible at less than or equal to \$2,500 that offers a range of services with copays before deductible; and at least one non-HSA gold plan with a deductible no greater than \$1,000 that offers a broader range of services before deductible.

Mr. McCann asked why the MHBE proposes to increase benefits that would increase costs to the consumer. Mr. Cardenas replied that each of the proposed benefits already exists in the market and that the proposal is designed to address the fact that the most popular plan offers no services before deductible.

Mr. McCann questioned whether the additional benefits before deductible would lead to an increase in unnecessary utilization. Mr. Cardenas answered that such an outcome is possible, but that issuers can modify their copays as necessary to affect utilization.

Mr. McCann stated that issuers would have to set their copays to zero to meet some of these standards. Mr. Cardenas explained that the plans can have non-zero copays that apply before the deductible is met.

Mr. Steffen asked whether the proposed silver plan requirements would include any volume restrictions as to how many benefits may be included before deductible. Mr. Cardenas responded that issuers would have the flexibility to add value or restrictions as they prefer and that the proposal is intended to establish a minimum expectation for consumers. He added that the proposal would be a starting point for the Affordability Work Group.

Mr. Cardenas continued by describing the proposed standards for plan year 2021 for lowering premiums and health care costs. The proposals include two reports, developed by the new Affordability and State Benchmark Plan work groups. The proposal would have the MHBE adopt the recommendations in the reports no later than May 31, 2019.

Next, Mr. Cardenas discussed standards focused on increasing consumer choice. The proposal has MHBE staff collecting comments on two policies. One policy would require carriers to offer at least one plan on MHC of a particular product type if the carrier offers that product type outside of MHC. The other would disallow preferred provider organizations (PPOs) on MHC unless the carrier also offers an exclusive provider organization (EPO) plan choice. He added that both policy proposals would be discussed by the Affordability Work Group.

Mr. Cardenas then discussed standards on expanding access to care. He explained that, originally, they proposed that the agency collect public comment regarding development of a petition process to add providers to the list of Essential Community Providers (ECPs). He added that the MHBE now asks the Board to adopt the ECP Petition Process as proposed.

Mr. Cardenas concluded his presentation with a request that the Board adopt a standard on stand-alone dental plans (SADPs) that limits the number of plans any carrier may offer to four per product per plan.

Commissioner Redmer, citing the HSA restrictions and network mandates proposed, expressed concern that the addition of such requirements on issuers would lead to them abandoning the market. In response, Mr. Cardenas noted that the agency received support for the proposals from the incumbent market participants. Mr. Redmer then asked why the carriers are not offering plans right now that meet the proposed standards. Mr. Cardenas replied that carriers cannot modify the ECP lists themselves, as it is a government function. Mr. Redmer clarified that he was not asking about the ECP-related standard, but rather the PPO/EPO standard. Mr. Cardenas responded that one market incumbent did not support the proposal while the other thought the agency should collect additional input on the

topic before adopting the standard. He added that the MHBE thinks the matter should be deliberated by a larger group of stakeholders.

Mr. McCann asked whether the Maryland Insurance Administration (MIA) monitors the carriers' activities to ensure that they are not leveraging their incumbency to create barriers to additional market entrants. Commissioner Redmer replied that the MIA does not restrict the carriers' lawful activities, but that he does not think they are attempting to create such barriers, citing the carriers' claims that they desire additional competition. Ms. Eberle added that the network proposals arose out of the discussions of reinsurance over the last year wherein it was noted that most of the reinsurance money goes to the PPO plans, and that the carriers thought this could be another way to tackle that problem.

Mr. Steffen asked how Kaiser Permanente would implement the ECP standard, given their structure, and whether the MHBE has data on the use of ECPs. Mr. Cardenas noted that the agency has data on contracting between issuers and ECPs, but not ECP utilization. Regarding Kaiser Permanente, Mr. Cardenas stated that the carrier must meet an ECP standard, but that their unique structure makes them unable to contract with providers outside their organization. Instead, he explained, Kaiser Permanente is required to prove to the MHBE how their plans are helping consumers with low income or who are in health professional shortage areas.

Mr. McCann asked whether the Board would hear a motion to approve the standards as proposed. He asked whether his understanding that the proposal would postpone a number of the standards was correct. Mr. Cardenas replied in the affirmative.

Mr. Steffen moved to approve the 2020 Plan Certification Standards as presented. Ms. Weckesser seconded the motion.

Commissioner Redmer asked Mr. Cardenas to explain the ECP petition process. Mr. Cardenas replied that the MHBE proposes to develop such a process, as well as a timeline for when additions to the ECP list become effective.

Commissioner Redmer asked whether any carriers had negative feedback regarding the additional product requirements. Ms. Eberle clarified by asking whether the carriers had any issue with the "Value" plans at the bronze, silver, and gold metal levels with deductible requirements. Mr. Cardenas replied that one carrier had no issue with the deductible standards and that the other carrier is already compliant with the standard and would thus not be affected. Ms. Eberle added that one major element of feedback the MHBE received was that while premiums decreased, deductibles increased and that the proposed standards are designed to allow the carriers to customize their products to some degree. Mr. Cardenas agreed and stated that, should the standards be adopted, the MHBE can assure consumers that there is at least one plan from each carrier with "first dollar coverage."

Mr. Redmer commented that he thinks the additional choices and carrier support are good, but expressed concern that these standards may discourage new market entrants. Ms. Eberle replied that the Board has the authority to grant waivers.

Mr. McCann asked whether the work groups referenced in the proposed standards exist currently. Mr. Cardenas replied that they do not and that the Board would have to create them. Mr. McCann asked whether adopting the motion would approve the creation of the work groups. Mr. Cardenas answered that it would.

Mr. Steffen also asked whether new carriers in Maryland would be required to offer at least two plans at each metal level, if they did not obtain any waivers. Mr. Cardenas replied in the affirmative.

The motion to approve the 2020 Plan Certification Standards as presented passed with no opposition.

Chapter Regulations

Jessica Grau, Health Policy Analyst, MHBE

Ms. Grau presented to the Board an overview of proposed regulations. She began by outlining the process by which the regulations were developed, including the incorporation of stakeholder comments and feedback for final review. Next, Ms. Grau provided a summary of each proposed regulation, including its chapter location, its effect, and the provenance of its authority. She concluded her presentation with a timeline of next steps in the regulation adoption process, including the earliest final adoption date being December 26, 2018.

Commissioner Redmer moved to adopt the Chapter and State Reinsurance Program regulations with amendments as presented for publication in the Maryland Register. Mr. McCann seconded the motion. The motion was approved with no opposition.

2019 Departmental Legislation

John-Pierre Cardenas, Director, Policy & Plan Management, MHBE

Mr. Cardenas provided the Board an overview of two pieces of legislation put forward by the MHBE in the current legislative session. One bill would modify the scope of the MHBE's functions to include support to the Maryland Department of Health in administering certain Medical Assistance programs, as well as to allow the agency to conduct outreach and education activities to improve the health literacy of Maryland residents. The other bill allows the MHBE to apply for a 1332 waiver to advance small business tax credits under the Small Business Health Options Program (SHOP).

State Reinsurance Program

John-Pierre Cardenas, Director, Policy & Plan Management, MHBE

Mr. Cardenas sought the Board's approval to set the attachment point for the State Reinsurance Program at \$20,000. He noted that funding for the 2019 reinsurance program was nearly \$70 million more than was projected and that the additional money will help defray State costs.

Mr. McCann asked for clarification that the \$70 million is left over from the 2019 plan year and would be available as a cushion for 2020. Mr. Cardenas replied in the affirmative.

Commissioner Redmer asked whether approval of a SHOP-related 1332 waiver would affect the money available to the MHBE under the existing reinsurance waiver. Mr. Cardenas responded that the two pools of money would be separate.

Ms. Weckesser moved to approve the recommendation to set the attachment point for the 2019 State Reinsurance Program at \$20,000. Mr. Redmer seconded the motion. The motion was approved with no opposition.

Carahsoft Salesforce License Renewal

Tony Armiger, Chief Financial Officer, MHBE

Venkat Koshanam, Chief Information Officer, MHBE

Mr. Armiger presented the Board the details of the license renewal for the Salesforce system at the MHBE. He described how the agency uses the software, when it expires, what it will cost to renew, and how the renewal will modify the not-to-exceed (NTE) amount of the total contract. He listed the quantity of each license type included in the request, along with itemized costs for each category.

Commissioner Redmer asked for the total cost of the existing contract. Mr. Armiger did not have that figure to hand, but returned later in the meeting to report the total value of the FY 2018 contract at \$956,000.

Mr. Redmer asked how the agency will approach a new procurement for the Salesforce system. Mr. Koshanam replied that the Maryland Department of Information Technology (DOIT) has a procurement model with Salesforce that could be an option for the MHBE. Mr. Redmer urged the MHBE to act quickly since his experience is that such procurements take a long time. Mr. Koshanam replied that the contracting model available through DOIT is significantly quicker to execute than a traditional procurement.

Mr. Armiger then formally requested the Board's approval to increase the NTE amount of the Salesforce license procurement through Carahsoft Technology Corp and to award Carahsoft the contract to renew the licenses through March 1, 2020.

Commissioner Redmer asked whether the new NTE total has already been built into the existing budget. Mr. Armiger replied in the affirmative.

Mr. Steffen asked whether the licenses are all priced per-seat and whether the prices in the contract are through DOIT or MHBE negotiations. Mr. Koshanam replied that the current prices are through the federal General Services Administration (GSA) procurement vehicle and that, while most of the licenses are priced per-seat, the community login licenses are priced per login.

Commissioner Redmer moved to approve a not-to-exceed amount of \$989,262 for the purchase of Salesforce software licenses for the period of March 2, 2019 through March 1, 2020. Ms. Weckesser seconded the motion. The motion was approved with no opposition.

MD THINK Update

Venkat Koshanam, Chief Information Officer, MHBE

Mr. Koshanam gave the Board an update on the migration of the MHBE's IT systems to the MD THINK platform. He stated that the project is on time and on budget and that 31 contract staff at the MHBE are tasked to the project. He displayed a timeline for phase 1 of the migration, leading to the phase 1 go-live date on May 17, 2019. He noted that the MHBE expects delivery of a sandbox environment for the marketing portal in early February.

Ms. Eberle added that the migration is the largest strategic initiative for 2019 and that they will meet with the Independent Verification and Validation (IV&V) vendor the next day. Mr. Steffen asked who will be the IV&V vendor. Ms. Eberle replied that it is Ernst & Young.

Mr. McCann asked whether the 31 MHBE staff are tasked to the migration due to their IT expertise being required. Mr. Koshanam replied in the affirmative. Mr. McCann asked whether the 31 staffers are on the MHBE budget. Mr. Koshanam responded that, while the staffers are on the MHBE budget, that expense is offset by the \$5.3 million provided by MD THINK for this project. He added that the staff investment by MD THINK is also considerable and not included in that \$5.3 million. Mr. McCann asked whether that means that, in effect, the MHBE has obtained an extra \$5.3 million. Mr. Koshanam replied in the affirmative.

Consumer Assistance Grant Proposal

Heather Forsyth, Director, Consumer Assistance, Eligibility & Business Integration, MHBE

Ms. Forsyth presented the Board a briefing on the Connector Entity program grants. She began by providing background information on the Connector Entity program, including its structure, geography, and the functions performed. She showed the Board how the various categories of consumer assistance worker performed during the year based on number of enrollments.

Next, Ms. Forsyth provided background information on the structure of the Connector Entity grant, including its timing, value, requirements, and focus areas. The Connector Entity program's grants are issued as annual grants with two one-year optional renewal periods, for a total of three years between requests for applications (RFAs). The value of the grant is \$10 million per fiscal year divided among the regions of the state based on population and other factors. Applicants are required to have experience with the program and are to focus primarily on in-person application and enrollment assistance, with a secondary focus on outreach to the persistently uninsured.

Ms. Forsyth concluded her presentation with a timeline of grant milestones culminating the execution of the grant agreement in May or June 2019.

Commissioner Redmer asked for an explanation of the requirement that applicants have experience with the program. Ms. Forsyth clarified that the provision is not intended to exclude non-incumbent Connector Entities, and

that an applicant might have gained the necessary experience as a partner of an existing entity, or by virtue of being a local health department.

Mr. Redmer offered that the original set of Navigators came on board with no experience. Ms. Forsyth responded that the original Navigators had experience working with underserved communities, Medicaid, and/or complex software systems—all areas of applicable experience. She added that the MHBE's approach to the Connector Entity program has evolved extensively in the years since the first open enrollment. Ms. Eberle pointed out that the grants are made to Connector Entities rather than to individual Navigators.

Mr. McCann asked whether the MHBE has changed the RFA solicitation or associated grant agreements since the last RFA in 2016. Ms. Forsyth replied that there are no significant changes, but that the agency has discussed strengthening the quality standards applied to Connector Entities, as well as the possibility of introducing specific outreach, application, and enrollment goals. She added that any such new requirements would come before the Board's Standing Advisory Committee.

Mr. McCann cautioned that changes in the technology of MHC must be adequately explained to Navigators in order to prevent disruptions to their ability to enroll consumers.

Commissioner Redmer requested that the Board be provided with a copy of the current contract with Connector Entities. Ms. Forsyth replied that she would do so.

Mr. Steffen asked what quality metrics are applied to Navigators. Ms. Forsyth responded that Connector Entities have, in the past, been tasked with developing quality measures for their staff, but that the MHBE is undertaking an effort to standardize those measures across all Connector Entities this year.

Adjournment

With no further business before the Board, the meeting was adjourned.