

Medicaid Management Service, Inc.

May 27, 2021

4:00 PM

Agenda

- | | | |
|------|---|--------------------------|
| I. | Welcome | Stuart Gaines, President |
| II. | Approval of Minutes | Stuart Gaines, President |
| III. | Financial Report | James Lee, CFO |
| IV. | Status of Grant | Linda Levin, CEO |
| | a. Service Inventory | |
| | b. Readiness Assessment | |
| | c. Grant Budget | |
| | d. Consultant SOW and Hiring Consultant | |
| | e. ED job Description | |
| | f. Advisory Committee | |
| V. | Other Business | |
| VI. | Adjourn | Stuart Gaines, President |

Vision: Older adults and adults with disabilities are valued and have the resources they need to live with dignity and security in an age- and ability-friendly community.

Mission: ElderSource empowers people to live and age with independence and dignity in their homes and their communities.

Inclusion Statement: ElderSource values all people – including but not limited to all nationalities, socio-economic backgrounds, abilities, races, genders, religious perspectives, sexual orientations and gender identities – in everything we do. We welcome the unique insights and perspectives of all persons in our quest to fulfill our mission.

**Medicaid Management Services, Inc.
10688 Old St. Augustine Rd.
Wednesday, April 14, 2021, at 12:00 PM**

Present

Stu Gaines, Secretary- via Zoom
Veronica Catoe- via Zoom
Patrick Daly- via Zoom

Absent

Julia Pratt- Exc
Mike Jorgensen-Exc

Staff Present:

Linda Levin, Chief Executive Officer
James Lee, Chief Financial and Operations Officer
Jessica Del Rio, Executive Administrative Assistant

Guest:

Bonnie Hough, Grant Writer

Meeting Called to Order:

The meeting was called to order at 12:06 PM by Stuart Gaines

Approval of Minutes:

Veronica Catoe moved to approve the Minutes from December 7, 2020. Patrick Daly seconded the motion. Motion passed without opposition.

Financial Report:

James Lee presented the Budget vs. Actual report for the month ending December 31, 2020. He stated that the Operating Revenue total was \$107,965 and we have a net surplus of \$63,869 for 2020. The operating revenue was earned from our contract with Florida Community Care for our quality assurance review of their files.

Old Business:

Strategic Plan Review

Linda reviewed the strategic plan update and encouraged the Board to review the entire strategic plan.

Linda reviewed objective 3.3. The staff made updates to this objective to more accurately reflect activities since the initial writing of the plan. She stated that formally this was specific to one plan. ElderSource/Medicaid Management Services, Inc. may be able to operate as a Management Services Organization (MSO), serving as a Network Lead Entity (NLE) in a hub and spoke model (e.g., contracting with plans and establishing a provider network of AAAs and providers). Linda reviewed the additions in the action steps and target dates to objective 3.3.

State-Community Collaboration Think Tank Update

Linda stated that the State-Community Collaboration Think Tank is where there are several AAA's in the country that are invited by ACL to participate and learn about working with plans and to be the network lead entity. We are one of five Community Based Organizations who have been identified as emerging network lead entities, joined by state agencies, to participate in this Think Tank. Each of the Community Based Organizations (CBOs) completed a Network Lead Entity Readiness Assessment which looked at seven domains: leadership, administration, marketing, strategy, financial, business, network. The results reflect the areas in which each of us need to focus development. The Board reviewed the results and prioritized the areas we had needing development.

New Business:

Financial Acumen Learning Collaborative

Linda talked about the Financial Acumen Learning Collaborative. She stated this is an area of need for development for us is in financial acumen. Contracting with health plans and systems is very different than working with grants. We applied and were selected for the Aging and Disabilities Business Institute's Financial Acumen Learning Collaborative. We are one of 15 CBOs selected. We will be engaging in an interactive curriculum that covers a wide array of financial acumen topics and practices such as pricing, assessing net income using various pricing methods, evaluating and managing financial risk, and calculating return on investment.

ACL Grant Opportunity

The Board discussed the ACL grant opportunity. With the support of the Florida Association of Area Agencies on Aging and DOEA, we are applying now for an ACL grant, No Wrong Door Community Infrastructure Grant: Scaling Network Lead Entities.

Funding is for up to \$350,000 for two years. If funded, we will be able to build the infrastructure needed for our sister company, Medicaid Management Services, Inc.(MMS), to be a network lead entity/management services organization. As such, MMS will build a provider network of Area Agencies on Aging and service providers and negotiate contracts with health plans to deliver services that will address the social determinants of health, creating integrated health networks.

Linda recommended that we apply for the grant. The deadline for submission is June 1 and the decision on approval will be made in September. She also recommended that we first start working with a consultant to focus on the Network Lead Entity Readiness Assessment spreadsheet results and start the development. Linda noted that staff would create a budget with the current and future funding to be presented at the next MMS meeting.

Motion:

Patrick Daly moved to approve moving forward with the grant application for ACL. Stuart Gaines seconded the motion. Motion passed without opposition.

Other Business:

The Board will discuss changing the MMS name at a future meeting. Staff will work with the Board to set a new schedule for the MMS monthly meetings.

Meeting Adjourned at 12:54 PM

Minutes prepared by Jessica Del Rio, Executive Administrative Assistant.

TOTAL Grant Preliminary Cost Surplus/(Deficit) "ACL"

Grant Application vs. ElderSource Operation Cost			Yr 1	Yr 2	Total Year 1 & 2
Grant Application Operation Budget			\$111,545.18	\$238,454.82	\$350,000.00
NLE Cash Balance			\$0.00	\$0.00	
Inkind In			\$0.00	\$0.00	
Inkind Out			\$0.00	\$0.00	
TOTAL REVENUE			\$111,545.18	\$238,454.82	
Average Total Hrs.Projected			2080	2080	
Average Hourly Staff Rate working Grant			\$0.00		
Average Hourly Staff Rate working Grant			\$0.00	\$0.00	
Total Projected for Grant Position				\$0.00	\$0.00
Director	3% COLA	3%	\$70,000.00	\$72,100.00	\$142,100.00
Admin Assistant			\$32,000.00	\$32,000.00	\$32,000.00
Total Projected Salary			\$70,000.00	\$104,100.00	\$174,100.00
Social Security Taxes	7.87%		\$5,510.82	\$8,195.37	\$13,706.19
Health Stipends	3.37%				
Unemployment Compensation	0.60%		\$421.53	\$626.87	\$1,048.40
Workers' Compensation	0.26%		\$182.00	\$270.65	\$452.65
Health Insurance	9.32%		\$6,524.66	\$9,703.11	\$16,227.77
Dental	0.53%		\$373.09	\$554.85	\$927.94
Group Life Insurance	0.28%		\$197.93	\$294.34	\$492.27
Pension	9.21%		\$6,449.80	\$9,591.78	\$16,041.59
Payroll Fees	0.54%		\$380.33	\$565.61	\$945.94
Total Fringe			\$20,040.16	\$29,802.59	\$49,842.75
Internet, Rent, Maint, General Liab. etc... (note: If Allowed)	0%		\$0.00	\$0.00	\$0.00
Laptop			\$1,500.00	\$1,500.00	\$3,000.00
Phone/Cell			\$500.00	\$1,000.00	\$1,500.00
Supplies (Estimated)			\$2,000.00	\$2,000.00	\$4,000.00
Other Operating Supplies			\$2,000.00	\$2,000.00	\$4,000.00
Attorney Fees			\$2,500.00	\$5,000.00	\$7,500.00
I.T. Billing Platform (Base on Quote)			\$0.00	\$19,400.00	\$19,400.00
Daigle Marketing or Brunet Garcia need quotes!!!			\$0.00	\$20,440.00	\$20,440.00
Travel			\$4,001.00	\$6,856.00	\$10,857.00
TOTAL ES Direct Costs (ES Project personnel & fringe, supplies and other direct costs)			\$102,541.16	\$192,098.59	\$294,639.75
Contract Services/Consultant Need to Add Consultant			\$0.00	\$32,965.98	\$32,965.98
Direct Cost ES Sub-Total			\$102,541.16	\$225,064.57	\$327,605.73
Over \$25K Sub-Award minus Direct Cost Sub-Total			\$0.00		
Indirect 10% X Over \$25k Sub-Award = Indirect Cost			\$9,004.02	\$13,390.26	\$22,394.27
TOTAL			\$111,545.18	\$238,454.82	\$350,000.00
GO or (No Go)			\$0.00	(\$0.00)	(\$0.00)
Remaining out of \$350K (note: does not include \$50k)					

No Go Signature

Date

TOTAL Grant Preliminary Cost Surplus/(Deficit) "NLE"

Grant Application vs. ElderSource Operation Cost			Yr 1
Grant Application Operation Budget			\$125,000.00
Match if required percentage will varies			\$0.00
Inkind In			\$0.00
Inkind Out			\$0.00
TOTAL REVENUE			\$125,000.00
Average Total Hrs.Projected			2080
Average Hourly Staff Rate working Grant			\$0.00
Average Hourly Staff Rate working Grant			\$0.00
Total Projected for Grant Position	3% COLA	0%	\$0.00
Director/Supervisor	\$0.00	10%	\$0.00
Fiscal Projection (Accounting Department)	\$0.00	10%	\$0.00
Total Projected Salary			\$0.00
Social Security Taxes	7.87%		\$0.00
Health Stipends	3.37%		\$0.00
Unemployment Compensation	0.60%		\$0.00
Workers' Compensation	0.26%		\$0.00
Health Insurance	9.32%		\$0.00
Dental	0.53%		\$0.00
Group Life Insurance	0.28%		\$0.00
Pension	9.21%		\$0.00
Payroll Fees	0.54%		\$0.00
Total Fringe	32.00%		\$0.00
Internet, Rent, Maint, General Liab. etc... (note: If Allowed)	20%		\$0.00
Laptop			\$0.00
Phone/Cell			\$0.00
Supplies (Estimated)			\$0.00
Other Operating Supplies			\$0.00
Title:			\$0.00
Title:			\$0.00
Title:			\$0.00
Title:			\$0.00
TOTAL ES Direct Costs (ES Project personnel & fringe, supplies and other direct costs)			\$0.00
Contract Services/Consultant			\$75,000.00
Direct Cost ES Sub-Total			\$75,000.00
Over \$25K Sub-Award minus Direct Cost Sub-Total	Yr1	\$0.00	\$0.00
Indirect 10% X Over \$25k Sub-Award = Indirect Cost	10.0%		\$0.00
TOTAL			\$75,000.00
GO or (No Go)			\$50,000.00

No Go Signature

Date

Medicaid Management Services Job Description

Job Title: Executive Director
Salary Grade: 16
Department: Administrative
Reports To: Board of Directors
FLSA Status: Exempt
Approved By: Board of Directors
Approved Date:

Summary

The Executive Director of Medicaid Management Services (MMS) will be the foundational role of the company leading the organization's overall strategic efforts. The position is responsible for the overall administrative management and operation of the company. The Executive Director will work collaboratively with the MMS Board of Directors, ElderSource leadership, providers, hospitals, health plans, and other exceptional groups or individuals who strive to improve the lives of older adults and adults living with disabilities. MMS is seeking a person who is committed to advancing the mission with energy and passion. This position reports directly to the Board of Directors.

Critical features of this job are described under the headings below. They may be subject to change at any time due to reasonable accommodation or other reasons.

- I. Essential Duties and Responsibilities** include the following. Other duties may be assigned.
- A. Work with the Board of Directors and ElderSource leadership to conduct strategic planning with the development of short and long-range plans and goals in an effort to establish Community Integrated Health Networks to address social determinants of health.
 - B. Develop operational policies, procedures, and processes to implement the activities of the company.
 - C. Plans, directs and coordinates the activities of the company and ensures policy formulation and implementation is consistent with overall agency policies and objectives.
 - D. Develop and manage contract processes, tools, and reviews.
 - E. Establish, plan, and direct a continuous quality improvement process to ensure compliance with contracts and agreements.
 - F. Establish, develop, and maintain effective working relationships with health care sector organizations (i.e. hospitals, health systems, health plans, accountable care organizations, managed care organizations, providers, State and other Area Agencies on Aging and Aging and Disability Resource Centers, etc.).
 - G. Develop and maintain a CIHN to include vetting, onboarding, support, and oversight of providers.
 - H. Establish and enforce minimum standards and criteria for services and network participation.
 - I. Monitors the adequacy of the company's activities through coordination with the board and enacts policies to assure excellent health care services and network management.

- J. Assures the sound fiscal operation of the company including timely, accurate, and comprehensive development of an annual budget and its implementation.
- K. Ensures compliance with the regulations of governmental entities, health plans, hospitals, and the rules of accrediting bodies by continually monitoring the organization's service delivery and initiating changes as required.
- L. Negotiates contracts with health care sector organizations and providers and ensure compliance with those contracts.
- M. Direct and coordinate studies to evaluate emerging health care policies, programs, and market trends to encourage and establish contracting opportunities.
- N. Develop revenue growth strategies that utilize innovative payment models, creative funding sources, and financial risk assessments.
- O. Plan for the efficient and effective use of program resources.
- P. Directs the preparation of an annual budget including developing the overall estimates and rationales for program activities and changes.
- Q. Direct expenditures of the company's budget consistent with goals and objectives, revenue strategies.
- R. Serves as spokesperson and advocate for the company and CIHN.
- S. Meets and confers with Federal, State, and local officials, the Area Agency on Aging Advisory Council, the Aging and Disability Resource Center and other members of the network and public.
- T. Ensures that an appropriate and effective process to allocate, monitor and account for funds is in place, and meets acceptable standards
- U. Periodically evaluate organization structure (including position descriptions and salary) ranges. Make recommendations within constraints of available funding and marketplace requirements (in conjunction with the senior management staff).
- V. Creates public awareness of the needs, problems, and opportunities of the area's older population, including the availability of the Aging Resource Center.
- W. Provides leadership to the Board of Directors to identify new sources of funding which may include grants, new services, and other local government support.
- X. Meets and supports the MMS Advisory Committee to seek their input on network and community needs and performance of the CIHN.

This job description reflects management's assignment of essential functions; it does not prescribe or restrict the tasks that may be assigned.

II. Supervisory Responsibilities

Responsible for the overall administrative management and operation of the company and network. Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws.

III. Competency

To perform the job successfully, this position should demonstrate the following competencies:

- A. Analytical - Synthesizes complex or diverse information; Collects and researches data; Uses intuition and experience to complement data; Designs work flows and procedures.

- B. Project Management - Develops project plans; Coordinates projects; Communicates changes and progress; Completes projects on time and budget; Manages project team activities.
- C. Interpersonal Skills - Focuses on solving conflict, not blaming; Maintains confidentiality; Listens to others without interrupting; Keeps emotions under control; Remains open to others' ideas and tries new things.
- D. Oral Communication - Speaks clearly and persuasively in positive or negative situations; listens and gets clarification; Responds well to questions; Demonstrates group presentation skills; Participates in meetings.
- E. Written Communication - Writes clearly and informatively; Edits work for spelling and grammar; Varies writing style to meet needs; Presents numerical data effectively; Able to read and interpret written information.
- F. Delegation - Delegates work assignments; Matches the responsibility to the person; Gives authority to work independently; Sets expectations and monitors delegated activities; Provides recognition for results.
- G. Leadership - Exhibits confidence in self and others; Inspires and motivates others to perform well; effectively influences actions and opinions of others; Accepts feedback from others; Gives appropriate recognition to others.
- H. Managing People - Includes staff in planning, decision-making, facilitating and process improvement; Takes responsibility for subordinates' activities; Makes self available to staff; Provides regular performance feedback; Develops subordinates' skills and encourages growth; Solicits and applies customer feedback (internal and external); Fosters quality focus in others; Improves processes, products and services.; Continually works to improve supervisory skills.
- I. Cost Consciousness - Works within approved budget; Develops and implements cost saving measures; Contributes to profits and revenue; Conserves organizational resources.
- J. Ethics - Treats people with respect; Keeps commitments; inspires the trust of others; Works with integrity and ethically; Upholds organizational values.
- K. Organizational Support - Follows policies and procedures; Completes administrative tasks correctly and on time; supports organization's goals and values; Benefits organization through outside activities; Supports affirmative action and respects diversity.
- L. Planning/Organizing - Prioritizes and plans work activities; Uses time efficiently; Plans for additional resources; Sets goals and objectives; Organizes or schedules other people and their tasks; Develops realistic action plans.
- M. Professionalism - Approaches others in a tactful manner; Reacts well under pressure; Treats others with respect and consideration regardless of their status or position; Accepts responsibility for own actions; Follows through on commitments.
- N. Initiative - Volunteers readily; Undertakes self-development activities; Seeks increased responsibilities; Takes independent actions and calculated risks; Looks for and takes advantage of opportunities; Asks for and offers help when needed
- O. Quality - Demonstrates accuracy and thoroughness; Looks for ways to improve and promote quality; Applies feedback to improve performance; Monitors own work to ensure quality.

IV. Qualifications

To perform this job successfully, this position must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

V. Education and/or Experience

A Bachelor's Degree or fifth year college or university program certificate; Education must be in the field of Health, Health Administration, Business, Public Health or other related field; seven or more years of related experience and/or training; and/ or four to ten years of work experience in health, social services, program management, including at least three at the supervisory level. Experience must include responsibility for budget preparation and management. Any exception to the degree requirements must comply with current regulation and must be approved by the Board of Directors.

VI. Language Skills

- A. Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations.
- B. Ability to write reports, business correspondence, and procedure manuals.
- C. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

VII. Mathematical Skills

- A. Ability to apply mathematical operations to such tasks as frequency distributions, determination of test reliability and validity, analysis of variance, correlation techniques, amply theory and factor analysis.

VIII. Reasoning Ability

- A. Ability to define problems, collect data, establish facts, and draw valid conclusions.
- B. Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.

IX. Computer Skills

To perform this job successfully, this position should have knowledge of Internet software; Database Software, Spreadsheet software and Word Processing software.

X. Certificates, Licenses, Registrations

XI. Other Skills and Abilities

- A. Knowledge of Federal and Grant management process.
- B. Knowledge of various social programs for the elderly and the impact of social determinants of health.
- C. Knowledge of health networks and health systems.

- D. Knowledge of payment models.
- E. Ability to manage a provider network
- F. Ability to negotiate with plans and other health system payers and providers

XII. Other Qualifications

Ability to acquire and disseminate in-depth knowledge of programmatic and fiscal regulation and procedures.

XIII. Physical Demands

The physical demands described here are representative of those that must be met by this position to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this Job, this position is regularly required to sit; use hands to finger, handle, or feel; reach with hands and arms and talk or hear. This position must occasionally lift and/or move up to 25 pounds.

XIV. Work Environment

The work environment characteristics described here are representative of those that this position encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually moderate.

I. Introduction

The Northeast Florida Area Agency on Aging, Inc. d/b/a ElderSource is seeking a Consultant to assist in the development of a Community Integrated Health Network that contracts with health care sector entities (e.g., accountable care organizations, health plans, managed care organizations, hospitals, health systems, and more) for coordinated access and delivery of services that address social determinants of health (SDOH).

II. Background and Purpose

A Community Integrated Health Network (CIHN) is a coordinated group of visible and trusted community-based organizations (CBOs) led by a Network Lead Entity (NLE) that have entered a formal partnership with a health care organization. Headed by NLEs, community integrated health networks are scalable and can offer one-stop contracting for multiple proven interventions and services. These networks benefit from using a centralized, coordinated model for service provision, administrative functions, and quality improvement. The NLE, which serves as the hub for coordinating the services of the wider network, provides a unified and consistent approach to program delivery across a geographic area. It can also provide administrative oversight and take the lead in governance responsibilities.

ElderSource serves as a NLE in the state of Florida. As a NLE, the CIHNs gives the developed networks the capacity to:

- Deliver a broad scope of SDOH services;
- Reach more diverse consumers and traditionally hard-to-reach populations;
- Build stronger administrative infrastructures;
- Capitalize on economies of scale;
- Provide expanded geographic coverage at various levels – regional (within a state), statewide (throughout an entire state), and multistate (across state lines in a specific region or statewide in multiple states);
- Offer one-stop contracting for multiple services with different payers; and
- Expand quality improvement initiatives and successes.

III. Scope of Work

The development and enhancement of NLEs provides a unified and consistent approach to program delivery across a geographic area, including management of critical business operations, administrative oversight, and establishment of governance responsibilities. To build and strengthen the operations, infrastructure, and sustainability of NLEs and CIHNs for delivery of home and community-based services and supports in contract with health care entities, the Consultant will be required to:

1. Assess business requirements to operate as a Network Lead Entity (NLE), including insurance liability requirements and gaps in liability coverage that may prevent participation
2. Staffing / Leadership / Governance
 - a. Assess competencies of key staff performing access functions of NLE
 - b. Develop mechanisms for managing staff training across CIHN partner organizations to ensure service excellence and a culture of quality improvement.

- c. Assess CIHN partner organizations representing underserved populations as defined by ***Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government***.
 - d. Develop mechanisms to curate and evolve CIHN partner organizations to meet the needs of populations over time related to nutrition, housing, transportation, behavioral health, and/or other social determinants of health.
 - e. Develop mechanisms for managing sub-contractual relationships, develop and implement NLE infrastructure to pay CIHN partner organizations (i.e., subcontractors).
3. Financial Modeling
 - a. Assess network financial and legal liability for managing risk relevant to participation in contracting.
 - b. Conduct cost benefit assessments to determine the financial costs and risk to the network in contracting.
 - c. Determine a process for blending and braiding funds from available public resources and health care contracts (enabled by the NLE and supported across the CIHN).
 - i. State-level benefits and Medicaid reimbursement (e.g., reimbursement for SDOH assessment, social care coordination, state funded nutrition and transportation assistance, etc.) can be factored into a blending and braiding process.
 4. Information Technology (IT) Infrastructure
 - a. Assess the health IT requirements for contract performance, including hardware, software, business processes, and privacy and security requirements.
 - b. Assess ability of CIHN partner organizations to file all claims electronically.
 - c. Assess requirements and opportunities for shared IT services that are needed to function as an NLE but obtained through a collaboration across NLEs.
 5. Quality Assurance and Service Delivery Compliance
 - a. Determine flow of contracting requirements, metrics, and performance evaluation of CIHN partner organizations.
 6. Conduct readiness assessments and regular report cards.
 - a. Conduct process mapping for service activation and relevant follow up to ascertain service delivery outcome.

A. Tasks

The Consultant will complete the following specific tasks:

- Develop the Network Lead Entity infrastructure, including provider network, staffing requirements, pricing models, network standards, training, risk management strategies, etc.
- Develop job description for Executive Director and other key staff.
- Develop scope of work for Network Lead Entity, Area Agencies on Aging and Providers.
- Conduct focus group of Area Agencies on Aging and providers to obtain input regarding their concerns and desires and how they see their roles and responsibilities.
- Develop a value proposition to sell CIHN concept and encourage participation.
- Identify compliance program and infrastructure needs and develop compliance program.
- Develop policies and procedures to effectively operate as a Network Lead Entity.
- Evaluate billing and payment methodologies and develop payment system.

- Identify and evaluate the advantages and disadvantages of different payment structures.
- Help establish pricing for network services.
- Establish minimum criteria for member network providers.
- Conduct research to identify needs, service gaps, and opportunities and provide a readiness assessment to deliver identified services.
- Analyze current and emerging competitive threats in the marketplace.
- Research and identify plans most likely to contract with us.
- Determine kinds of services the network can offer to health care.
- Develop strategic plan for implementation.
- Assess and identify risk (e.g. financial) and develop risk mitigation strategy/plan.
- Identify payment and penalty models.
- Develop business case/value proposition to market to plans.
- Conduct Identify service/regional gaps and opportunities.
- Develop operational performance standards.

B. Deliverables

By the end of the Agreement, the Consultant will deliver:

1. A written strategic and business plan to include: financial and legal risk mitigation, training needs/plan, network assessment of needs and opportunities, cost benefit analysis, financial model(s), billing/payment methodologies
2. Written job descriptions
3. Written policies and procedures
4. Contract templates.
5. Pricing chart
6. Value propositions: to building network and to market to plans
7. Compliance program
8. Criteria for network members and performance standards