



Maryland Health Benefits Exchange Board of Trustees

September 19, 2016

1:00 PM – 3:00 PM

Maryland Health Care Commission

4160 Patterson Avenue

Baltimore, MD 21215

Board Members Present

Van Mitchell, Chair

Tony McCann, Vice Chair

Ken Apfel

Michelle Gourdine

Benjamin Steffen

Board Members Absent

Linda Sue Comer

Al Redmer

Thomas Saquella

Sastra Dharia

Also in Attendance

Carolyn Quattrochi, Maryland Health Benefit Exchange (MHBE) Executive Director; Trevor Coe, Assistant Attorney General for MHBE; Caterina Pangilinan, MHBE Chief Compliance Officer; Jonathan Kromm, MHBE Deputy Executive Director; Andrew Ratner, MHBE Director of Marketing and Strategic Initiatives; Subramanian Muniasamy, MHBE Chief Information Officer

Opening & General Updates

Chairman Mitchell called the meeting to order and welcomed all present.

Approval of Meeting Minutes

Chairman Mitchell solicited a motion for approval of the meeting minutes for the July 18, 2016 Open-Session Board Meeting; the July 18, 2016 Closed-Session Board Meeting; the August 8, 2016 Open-Session Board Conference Call; the August 17, 2016 Open-Session Board Conference Call; and the August 17, 2016 Closed-Session Conference Call.¹

Dr. Gourdine so moved. Mr. Apfel seconded the motion. The motion passed unanimously.

Appointment of Acting Executive Director

Mr. McCann made a motion to appoint Jonathan Kromm, Deputy Executive Director, as Acting Executive Director, effective September 28, 2106.

¹ Available at <http://www.marylandhbe.com/about-us/board/board-minutes/2016-board-meeting-documents-2>

Chairman Mitchell recognized the motion. Dr. Gourdine seconded the motion. The motion passed unanimously.

Executive Update

Carolyn Quattrocki, MHBE Executive Director

During her final Executive Update, Ms. Quattrocki announced that MHBE extended its Small Business Health Options Program (“SHOP”) Administrator contracts that were set to expire in July. The agency encountered complexities in transitioning data to a single Administrator and requires more time under the current contracts.

Ms. Quattrocki also mentioned that the MHBE Marketing Team and their efforts have received a number of awards lately. In conjunction with business partners The Hannon Group and GMMB, the MHBE marketing initiative “Promoting Health Insurance Enrollment to African American Communities in Maryland” won the 2016 Multicultural Public Relations Award for the Annual Thoth Awards. MHBE’s “Health Yeah” campaign was also named Marketing Campaign of the Year by Ragan’s Health Care PR and Marketing Awards for 2015. MHBE has also been a finalist and won a number of other awards over the past couple of years.

Contracts

Subramaniam Muniasamy, MHBE Chief Information Officer

Technology Replacement Project

Following the July 2016 MHBE Board Meeting, the Board granted approval of MHBE’s proposal to replace IBM’s technology stack with alternative software solutions. Following the Board’s approval, MHBE developed and published an IFB for each of solutions named below, bids for which were due on 09/07/2016 (ForgeRock), 09/15/2016 (SailPoint) and 09/16/2016 (MongoDB and EDB Postgres), respectively.

ForgeRock is an access management replacement solution, including authentication, SSO, authorization, and web services security, at a cost of approximately \$458,352.76. SailPoint is an identity and access management software solution for compliance, password management and provisioning activities, at a cost of \$600,893.70. MongoDB is a document-oriented, NoSQL database with scalability and developer agility that will replace FileNet, at a cost of \$86,250.00. EDB Postgres is an open-source object-relational database system with scalability, extensibility and standards-compliance, at a cost of \$78,893.00. In total, the cost of these technology replacement solutions are \$1,224,389.49 for a one-year period, which would be covered by 75% federal funds and 25% state funds.

Mr. Apfel read a motion to approve to approve payment of: \$458,352.76 to Savory Technology Partners for ForgeRock (OpenAM All Modules, Open ID, Open DJ Licenses, Software and Support); \$600,893.70 to Salem Infotech, Inc. for SailPoint (Identity IQ, CM and LCM licenses, Software and Support); \$ 86,250.00 to Salem Infotech, Inc. for MongoDB (Software, License Subscription, Support, Training and Consulting); and \$ 78,893.00 to Salem Infotech, Inc. for EDB Postgres (Advanced Server, Software license subscription and training), with the total amount of \$1,224,389.49 for all technology replacement solutions. Chairman Mitchell recognized the motion. Mr. Steffen seconded the motion. The motion was approved unanimously.

User Experience (“UX”) Web Presentation/Mobile App Presentation

Andrew Ratner, MHBE Director, Marketing and Strategic Initiatives

Subramaniam Muniasamy, MHBE Chief Information Officer

Mr. Ratner reported that the system is functioning better: volume has doubled in the past year, QHP enrollment up 33%, and the system is running strong. However, through conversations with consumers and consumer-assistance workers and through social media, MHBE is finding that people are still befuddled at times. This is a complex system, between functionality, terminology, and other issues, people are still likely to call the call center for help, but we would like to see them be able to do it on their own. MHBE continues to investigate how we can improve the user experience.

MHBE and gotoresearch conducted UX research in Jan 2016, toward the tail end of this past open enrollment, through remote webcam, with 4 new enrollees and 4 renewal participants. The study took about 1-1.5 hours for each participant. Each participant was compensated \$200 for their time. Recruiting criteria and demographics of final participants are available in the presentation to the Board.

Mr. Ratner reported that most of the participants were quite conversant with the internet, they knew how to navigate the web, but were confused by parts of the process of applying for health coverage, found the insurance terminology confusing, and particularly found the “Help with Costs” section of the website confusing. Sometimes they just couldn’t find the right button. One participant, who enrolled in a plan, believed that household income included everyone he lived with regardless of whether they file taxes together. Another participant who lives with his parents and files taxes separately only included himself. In contrast, another who also files separately included his brother and stepmother as household members.

MHBE’s IT team immediately addressed password reset issues in April. MHBE is in the process of making the application process simpler and more streamlined, with a more animated design from GMMB to make it less intimidating and more user friendly. Findings were cross-walked with other data, such as website analytics and call center data, to set priorities for improvements and changes.

Secretary Mitchell asked about how many calls MHBE has received related to password resets, and how many calls these new improvements are saving. Mr. Ratner and Ms. Quattrocki responded that we will be able to track those calls this Open Enrollment and report back.

Mr. Ratner presented a comparison of the current website and the new look website with simplification. Consumers provided feedback that the current site has too many “doors” - users tested had mixed feelings about home page, describing it as containing a lot of information and helpful, but also confusing. The new site, which is anticipated to launch in October 2016, has a new design flow which is less program-oriented and more user-oriented, with fewer entry points. The functionality, though, will be much the same.

Mr. Ratner then discussed various MHBE application improvements. One obstacle was that, in UX observations, users spent considerable time looking at available plans, without realizing they weren't actually shopping yet. The new site is designed to solve that problem with fewer, clearer entry points, and application login-buttons revised to read "Get an Estimate" or "Apply for Coverage." Additionally, UX testing showed that users browsing plan prices weren't seeing reasonable cost and eligibility estimates because key information wasn't asked. To remedy that, the new application provides simple guidance on who to include in a "household" when applying, and allows the user to choose whether each household member is or isn't applying for coverage, so that the eligibility and financial aid estimates are more accurate.

Regarding household composition, applicants will now be advised to include members of their tax household and will specify who not to include, such as roommates. In testing, we saw several consumers incorrectly answer "No" to whether they wanted to apply for financial help, thinking this meant only Medicaid, so they weren't found eligible for tax credits even if they would have qualified. New explanations clarify how tax credits and cost-sharing reductions work to save the consumer money. Also in the new application, we clarified for applicants at several key points that people who aren't applying for coverage won't be asked about immigration status and improved explanations of eligible immigration statuses, documents that could be provided to verify each, and where to find important numbers on these documents. Lastly, we have made instructions clearer about how to see whether additional verification is needed, and how to upload documents, and added more urgency around needing to confirm information right away to prevent a change in enrollment or eligibility for coverage or financial help.

Mr. Ratner continued by discussing the new Mobile App, for which a press release went out today. The full application will be available later in October. 2016 plans are available for browsing now, 2017 plans will be made available soon. With the fully-functioning app, consumers will be able to browse plans and enroll; log into their accounts, view notices, and access their personal inboxes; submit verifications using their phone's camera; and can conveniently contact the call center through the "Contact Us" page. The app's functionality is supported by security of the website, is directly tied to the application on the website, and has a setting to ensure that no personal information is stored on the mobile device.

Mr. Muniasamy went on to explain the architecture of the Mobile App, saying it would be able to be maintained over the years. The Mobile App accesses the MHBE system like a Web Browser through the ISIM/ISAM Security Infrastructure. Implementing the mobile platform does not require any significant changes to the MHBE systems. A mobile adapter will be installed in the MHBE environment and secured by the MHBE IBM ISIM/ISAM security infrastructure.

The MHBE Mobile platform will be implemented in two releases that progressively add more functionality. Release 1 occurred on August 19, 2016 on Android and Apple (iOS) stores, and included the ability to screen eligibility, anonymously browse benefits, and access inbox and verifications. Release 2 is forthcoming in October 2016, and will add functionality to allow consumers to enroll in benefits. We are currently awaiting plan information from carriers, and expect to have that information available via the Mobile App at the beginning of October.

Mr. Ratner reiterated that the Mobile App will allow MHBE to better reach target audiences, as many of our consumers are smart-phone dependent. According to the Pew Research Center, 15% of Americans ages 18-29 are heavily dependent on a smartphone to go online; 13% of Americans with annual household income of less than \$30,000 are smartphone dependent; and 12% of African Americans and 13% of Latinos are smartphone-dependent.

Chairman Mitchell inquired as to what reduction in call center volume the Board could expect as a result of the availability of the new mobile platform. What kind of success will this have for open enrollment? Mr. Ratner replied that MHBE will know how many times the app is being downloaded and how the publicity is working. MHBE is performing search engine optimization and will know how many searches occur on the app, which will tie into our strategy moving forward. When Connecticut rolled out a similar app, many people would start applications on the phone but need in person help to finish.

Ms. Quattrocki added that the research shows no matter how many improvements we make, certain people will always need phone support. These two initiatives – password resets and the Mobile App - should help remove some stumbling blocks, which will hopefully lead to less call center traffic.

Chairman Mitchell followed up by impressing that the Board would like to see, between new determinations and auto-renewals, that the discussed changes will allow MHBE to reduce call times and improve results. Mr. Muniyasamy responded that we can collect statistics, and we are already seeing some people (about 70-80) using the password reset functionality. Mr. Ratner added that this year's rate increases may cause an influx of calls, but operational impediments to consumers enrolling in health insurance are melting away.

Mr. Steffen expressed his gratitude for the team's work on the Mobile App, and shared that he showed it over the weekend to someone, who was quite impressed. Going back to architecture, Mr. Steffen requested that Mr. Muniyasamy map through and recite what technology products will be replaced and when upgrades will occur. Mr. Muniyasamy explained that IBM WebSEAL will be replaced by the open access program ForgeRock. The DB2 database will be replaced by PostGres. The content management tool will be replaced with MongoDB. ForgeRock and SailPoint will occur after open enrollment ends next year.

Dr. Gourdine thanked the presenters for their responsiveness to making the enhancements on the website and Mobile App, and state she believed it would go a long way in reaching MHBE's target enrollment population. She then asked, in addition to the press release, how MHBE plans to increase awareness of the App. Mr. Ratner responded that MHBE plans to use social media to get the word out, to continue its search engine optimization efforts, and will host a kickoff event in mid-November, after the state of open enrollment.

Mr. McCann asked whether the Board will be able to schedule a briefing on security. Ms. Quattrocki responded that there will be a compliance briefing next month that will touch on security issues, including Mr. Muniyasamy's team updates and preparations for OE4.

OE4 Update

Andrew Ratner, MHBE Director, Marketing and Strategic Initiatives
Subramanian Muniyasamy, MHBE Chief Information Officer

Mr. Ratner began by presenting an open enrollment overview. MHBE fourth Open Enrollment period (OE4) will occur November 1, 2016 through January 31, 2017.

As a result of the Affordable Care Act (ACA), three years later in Maryland: the uninsured rate has been cut from 10.2% to 7.9%; the population eligible for MHC coverage was trimmed by 40%; including Medicaid, 1.1 million people have been covered through MHC, equaling 1 in 6 Marylanders; and Maryland is tied for 9th in the country in overall enrollments. Maryland had one of the highest growth rates in 2016 for target populations, including ages 18-34. High uninsured rates for African-Americans and Hispanics in Maryland have decreased twice as quickly as for whites since the ACA, according to researchers at the University of Maryland School of Public Health. 9 out of 10 consumers seeking eligibility determinations have been determined eligible for financial assistance through MHC, for an average of \$230/month in savings per household since 2015.

Mr. Ratner proceeded by presenting enrollment data and a comparative look at the map of remaining eligible populations in Maryland between 2013 and 2016. Mr. Ratner presented charts showing year over year enrollment growth by county, for both QHPs and Medicaid; year over year QHP growth in young adults by county; and QHP enrollment by race from November 2015 to July 2016. Throughout the state QHP enrollment year-over-year by an average of about 20-30%.

The Board had a number of questions regarding the map and data. Chairman Mitchell asked why Calvert and St. Mary's Counties seems to be lagging in enrollments. Mr. Ratner responded that he will reach out to the representative from the research firm that analyzed the data - SHADAC – and ask why they think the numbers are that way. Mr. Mitchell inquired whether the map data could be broken down further than it is right now, perhaps into individual zip codes. Mr. Ratner responded that the smallest unit available for comparison so far are the PUMAs, but can follow up with SHADAC about that as well. Each PUMA is roughly 100,000 people.

Dr. Gourdine noted that the data presented are raw numbers and that the numbers of remaining eligible are large on Eastern Shore and Southern Maryland. Mr. Ratner responded that the numbers represent those who are in the income range from 138-400% FPL, and are QHP/financial assistance eligible. Dr. Gourdine stated that she is surprised by the large numbers, and thought they would be smaller in each county. Chairman Mitchell sought to clarify differences between the data showing for more rural areas and those for more heavily populated counties.

Mr. Apfel commented that the data is powerful and important, but it would be useful to see the relative uninsured rate, with data comparatively showing the impact of the programs from region to region. Mr. Ratner responded that we can provide data by county from Enroll America, but that data is different - this data is about remaining ineligibles. Mr. McCann also clarified that the numbers on the map represent remaining eligible, taking out those who are ineligible for financial assistance through MHC. Mr. Ratner confirmed that MHBE's marketing will target the south and eastern shores.

Mr. Steffen asked to clarify the makeup of the Eastern Shore PUMA and opined that the denominator for the figures seemed to be off; that the data are based on PUMA, not county; and requested greater clarity. Chairman Mitchell then asked what the number of eligible individuals remain statewide. Mr. Ratner responded: 240,000.

Regarding the SHOP program, Mr. Ratner reiterated that BenefitMall will be the single SHOP Administrator after Oct 1. MHBE ran print advertisements and business publications in the summer and plans to do similar activities in the coming months to promote SHOP enrollment. For in-person assistance there are 125 navigators, expanded from 6 to 8 regions, 70 application counseling sponsoring entities (ACSEs), 389 Certified Application Counselors (CACs), and 943 authorized brokers (Producers), for a total of 1,000+ potential points of in-person assistance contact.

Regarding other customer service improvements that hadn't been touched on in the other presentation, Mr. Ratner revealed that a streamlined Interactive Voice Response (IVR) menu with fewer prompts is being designed to direct callers to appropriately skilled consumer service representatives (CSRs) for more efficient service. Navigator programs are committed to evening and weekend hours during open enrollment to better serve consumers unable to go in-person on weekdays. Call-center phone support for Certified Application Counselors will allow them to be more effective and complete more enrollments start to finish. (CSRs can give CACs a view into the worker portal.

A new locator tool is being built for MarylandHealthConnection.gov to help people more easily sort and find in-person assistance by language preference at more than 1,000 locations. Consumers who contact the call center and want additional guidance on choosing the right plan can request to be transferred directly to an MHC-authorized broker through the BATphone (Broker Assistance Transfer). In a limited pilot program last open enrollment, more than 3,100 callers were transferred from the call center to brokers who completed more than 2,000 enrollments and provided 1,000 hours of consumer support. Support will also be provided to consumers through social media throughout open enrollment. Facebook recognized Maryland Health Connection for its speed of response to customers through its social network this year.

Mr. McCann mentioned that, in a conversation with Commissioner Redmer, there was a discussion that the BATphone is only available for brokers themselves, and not the broker's company. Ms. Quattrochi responded that the agency is using new technology this time and can be more flexible with the office instead of just the broker. The program is expanding from 25-30 participants this year. The agency wants to make sure we have all the kinks out this year and figure out the right size before expanding too much.

As far as the objectives for the marketing program during OE4, the goals are to improve the user experience, simplified the message, and target outreach. MHBE will have three large statewide events: an interfaith weekend toward the end of January called "Extoll & Enroll", a library enrollment day on December 10; and a College Enrollment Day on various campuses from November 14-18 targeting students as well as adjunct faculty. Mr. McCann spoke up for adjunct faculty, stating they may be hard to get, but are a very important target audience.

MHBE will continue partnerships with civic, corporate, and cultural organizations that have been instrumental in enrollment success so far. We have not been around that long, but some of these organizations have been, and have cultivated a large following, and we are very happy with their support and hope to tap the respect they have in the community to propel our message.

Regarding research and media, Mr. Ratner reported on the recently completed field awareness benchmark survey. Coincidentally, Commissioner Redmer was one of the individuals called to complete the survey, and was quite happy with his experience. Mr. Ratner reported that, in a nutshell, awareness and favorability of MHBE have improved over the last two years. But for those remaining uninsured, they are still frustrated, whether because of a financial or informational gap. Most of those that are uninsured still have been uninsured for 5 years or longer. MHBE also has a television, radio and print ad campaign aimed at the general audience as well as the Hispanic and African-American markets specifically.

Regarding social media, Mr. Ratner reported that MHC ranks 6th in the State for top state government account followers, behind only Governor Hogan, State Police, MTA, Commerce, and MD Seafood, with a total of 24,707 followers between Facebook and Twitter. MHBE is also connecting with young adults through Periscope videos and Twitterstorms.

For digital marketing, Mr. Ratner again gave a shout out to the development team for the website improvements. The team revamped the website design in response to User Experience research conducted during OE3. It now has a simpler look and language, and a clearer path to enrollment. Also, again, the mobile app version is in development for OE4 with the ability to photograph and download required documents. MHBE also has over 400,000 email addresses, which can be segmented based on the type of information consumers want. Text messaging has likewise become an important mode of communication to get information to people.

Regarding educational documents, Mr. Ratner reported that MHBE has revamped its collateral and fact sheet library on its website, and added 10-15 sheets geared toward specific audiences/needs, such as LGBT and opioid addiction. The website now also has 3-4 videos about health literacy topics, such as household size, coinsurance, Special Enrollment Periods, etc. in both English and Spanish – this was based on a survey of 175 consumer assistance workers about key topics.

Mr. Ratner proceeded to discuss national marketplace trends, describing the total number of marketplace plan selections, where Maryland ranks in terms of subsidized marketplace signups as a share of eligible in 2016, and the reduction in marketplace-eligible uninsured by poverty level for 2013-2014. The Board requested a number of clarifications on the data and charts presented. Mr. Apfel asked that the graph on subsidized marketplace signups as a share of eligibles be clarified. Jonathan Kromm, MHBE Interim Executive Director, responded that the denominator is the number of QHP/financial aid eligibles, while the numerator is the number of people who received either state or federal subsidies. Some discussion occurred as to how certain states could have greater than 100% of signups be eligible for financial assistance.

Mr. Apfel offered, in response to the presentation, that the big story line is that 75% of people surveyed found copays, deductibles, and coinsurance were more than they could afford. Mr. Ratner added that it will be important to notice trends regarding who is moving in and out of the program. Mr. Steffen requested that the time periods on the charts be kept consistent, as the reductions in uninsured chart represents 2013-2014, while the rest of the data is more recent.

Mr. Muniasamy took over and discussed with the Board MHBE's operational readiness for OE4. This is the second time we're doing renewals, this year we are planning to start renewals in September and will run to mid-October. We hope to complete passive renewals by October 16 so carriers will have time to send out invoices. OE starts November 1 at 7:00am. The IT Command Center will operate 7:00am – 6:00pm. The call center will operate 8:00am-6:00pm.

Mr. Muniasamy reported that an IT development code freeze will occur November 1 to January 31, unless a project is mission critical and is affecting open enrollment operations. Anyone enrolling in coverage from November 1 to December 15 will be eligible for a January 1 coverage start date. Anyone enrolling from December 16 to January 15 will be eligible for a February 1 start date.

Regarding issue resolution, the PMO Team will be responsible for EDI Operations, including EDI 834 transactions with Carriers, 8001 transactions with MMIS, generates 1095 forms and reports, and Incident and Release Management. The Infrastructure Team will handle infrastructure, security, configurations, and data fixes. The Tiger Team will be responsible for system issues related to the application, identifying defects, and working with the Command Center for implementation.

Regarding infrastructure readiness, the IT Team has made some capacity improvements - the peak volume was 1900 concurrent users for OE3, the lode test is at 2500 this year, but can likely handle more. For the Akamai Waiting Room thresholds – 1500 users is good, while 1500 > may have some issues. The team is expecting a 20% increase in computing capacity for app servers, including the mobile app. Because it worked well last year, database capacity remains the same this year.

The IT Command Center consists of: the Incident Management Team, who will maintain contact with DHR/DHMH, Connectors, Navigators, Brokers, and the Call Center with twice daily check-ins; Communications; VIP Communications to Board Chair/Members, Congressional Delegations, Legislative Leadership, Carriers, and other stakeholders; Executive Leadership; and the Center itself, consisting of Mr. Muniasamy and Mr. Greg Yaculak, Chief Information Security Officer. Generally, the HBX system will available during OE from 7:00am – 11:00pm, with maintenance from 11:00pm – 7:00am. From December 10-15 and on January 1, due to expected increased volume, the system hours will be from 6:00am to 11:59pm.

Finally, Mr. Muniasamy reported on the IT Team's Open Enrollment Activities. Testing readiness is to be completed September 30; training readiness is targeted to be complete by October 15; operational reports are on target to be completed; and all other major initiatives are in green/completed status. The Call Center will be open during OE4 from 8:00am–6:00pm Monday

thru Friday and 8:00am-4:00pm Saturday. The Call Center will have extended hours December 11 from 8:00am-4:00pm, December 15 from 8:00am-Midnight, and January 29 from 8:00am-4:00pm.

Carolyn Quattrocki's Goodbye

Chairman Mitchell began: thank you for the job you've done when this was not the career you were trained on. You came to the Exchange with Jon to make Maryland proud and bring MHBE across the finish line. It's been a pleasure, I wish you best of luck going back with Brian (Frosh, Maryland Attorney General).

Ms. Quattrocki gave her final words: this is an agency that, for as small and young as it is, depends upon the support and working together of many parts. Ms. Quattrocki thanked a number of people from the agency. It takes so many hands on deck and people willing to work together, and a collaborative spirit of all of our partners. I am incredibly grateful and always will be. Thank you to the Board – I have never worked with a board before, there were many challenges initially, the Board changed, MHBE executives changed, and the needs of the agency have changed over time as the system changed. But everyone has been very supportive, engaged, and giving of their time. Personally and on behalf of the staff, thank you all very much. A special thanks to Van (Mitchell), it has been a pleasure from beginning to end. Van has given MHBE time and space to do this on our own, but was there every time we needed him. Everyone in this agency, senior leadership and everyone else, including the vendors: it is hard to overstate the commitment and dedication, getting up every day and coming to work trying to fix things that weren't working before. There was a lot of negativity at the beginning, which tends to wear on people, but they weathered to storm. They are a supportive, creative, fun hard working group of people.

Mr. Apfel added his thoughts. If you look back on where we were pre-Carolyn versus where we are now, part of success is due to you, and Van. We will always respect Van's leadership and guidance. The results are pretty dramatic. There are lots of challenges ahead, but in decreasing the amount of uninsured, it's outstanding. Creating institutions – automating, infrastructure, and people – how they've developed, and you've brought them together, and the trust developed on all sides, and the empowering nature through which you've dealt with the outside work – it's a real sign of leadership, and this agency is a better place for it. Maryland is a better place for it. Carolyn's leaving does not take the air out of the balloon, it will be important for everyone to move the ball to make the Exchange a better place. We owe you a lot, and so does Maryland.

Closed Session

Chairman Mitchell requested and recognized a motion to move into a Closed Session to consult with the legal department. Dr. Gourdine so motioned. Mr. Apfel seconded the motion. The motion passed unanimously with no objections.

Adjournment

The Open Session meeting was adjourned at approximately 2:25 PM. Everyone joined Ms. Quattrocki and the Board for cake in her honor. The meeting adjourned in Closed Session.