



## Maryland Health Benefit Exchange Board of Trustees

January 16, 2018

2:00 p.m. – 4:00 p.m.

Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

### Members Present

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

K. Singh Taneja  
Ben Steffen, MA  
Dana Weckesser

### Members Absent

Sastry Dhara

### Also in Attendance

Lourdes Padilla, Secretary, Maryland Department of Human Services  
Michele Eberle, Executive Director, MHBE  
Andrew Ratner, Chief of Staff, MHBE  
Venkat Koshanam, Chief Information Officer, MHBE  
John-Pierre Cardenas, Director, Policy & Plan Management, MHBE  
Michelle Compton, Manager, Procurement, MHBE

### Welcome & Introductions

Secretary Neall was absent at the beginning of the meeting. Mr. McCann welcomed everyone to the Board meeting and announced that there is a new agenda format.

### Closed Session Summary

Mr. McCann issued a summary of the closed session of the Board of Trustees that took place on November 20, 2017. The session began at 2:55 PM with Board members Schrader, McCann, Steffen, Redmer, Comer, and Taneja. Also in attendance were MHBE staff members Howard Haft, M.D., Sharon Street, Trevor Coe, and Cynthia Wilson. The Board approved the minutes of the October 16, 2017 closed session and discussed a litigation matter. The Board adjourned in closed session at 3:08 PM.

### Approval of Meeting Minutes

The Board reviewed the minutes for the November 20, 2017 open meeting; Mr. Taneja requested that the minutes be updated to reflect that he was in attendance in person and not by phone. Mr. Taneja moved to approve the minutes as amended; Ms. Weckesser seconded the motion. The Board voted unanimously to approve the November 20, 2017 minutes as amended. Ms. Comer and Chairman Neall were not present for the vote.

The Board reviewed the minutes for the January 5, 2018 open meeting. Mr. Steffen moved to approve the minutes; Mr. Taneja seconded the motion. The Board voted unanimously to approve the January 5, 2018 minutes. Chairman Neall was not present for the vote.

## **Executive Update**

*Michele Eberle, Executive Director, MHBE*

Ms. Eberle welcomed Secretary Neall to the Board, and thanked Secretary Schrader for his work in helping shepherd the Exchange through finding a new director and through open enrollment. Ms. Eberle also thanked Dr. Haft for guiding the MHBE through the recent relocation, open enrollment, and for moving other items forward. Ms. Eberle thanked the Board for placing her in this role and is thrilled with the leadership team.

Ms. Eberle provided an overview of the Maryland 2018 legislative session. The MHBE has one bill in the Maryland Senate that would grant the MHBE the authority to conduct background checks on contractors because the exchange currently only has the authority to conduct background checks on employees. This change is being made in accordance with federal requirements regarding contractors with access to federal tax information. In addition, the MHBE budget hearings have set dates and times in the Maryland House of Delegates and Senate.

Ms. Eberle finished by providing January updates. The MHBE is wrapping up open enrollment and is working on completing the 1095 tax forms on time. 1095-A forms must be completed by January 31, 2018.

Mr. Taneja asked whether the elimination of the individual mandate affects the requirement to send the 1095 forms. Ms. Eberle clarified that the individual mandate is still in place, but the penalty has been reduced, and thus has no current impact on the 1095 requirement.

## **Open Enrollment Wrap-Up**

*Andrew Ratner, Chief of Staff, MHBE*

Mr. Ratner provided a recap of open enrollment, noting that he believes the MHBE surpassed expectations. Enrollment results exceeded earlier projections despite factors related to unpaid cost-sharing reductions (CSRs) and rate increases for the non-subsidy eligible population. Consumers ineligible for subsidies were encouraged to enroll off-exchange. The loss of CSRs caused an increase in premiums, particularly in outlying counties. However, Mr. Ratner noted that these counties received substantial tax credits as a result of the premium increases. Mr. Ratner emphasized that the perception of the marketplace is strong, and people are still coming to the marketplace as robustly as in previous years. Mr. Ratner also noted that there was a concern about operations due to the shortened open enrollment period, but he believes that this open enrollment was very successful.

Mr. Taneja asked if the increase in tax credits would cause budget constraints for the MHBE. Mr. Ratner responded that the tax credits are federal and do not affect the MHBE's budget.

Mr. Ratner provided a summary of the information technology aspect of open enrollment. The Enroll MHC mobile application experienced an increase in visitors over the previous year, and improvements are still being made to the application. User experience research will inform efforts to continue to make the application user friendly. Mr. Ratner emphasized that, operationally, open enrollment was successful. The system processed a similar number of people in 60 percent of the time compared with the previous year.

Mr. Ratner continued his overview of open enrollment with a presentation of call center results, including the number of calls offered, the number of calls handled, abandonment rate, handle time, and the speed to answer time. Mr. Taneja asked about the differences in call center results between 2018 and 2017 open enrollments. Ms. Eberle answered that there have been many improvements to increase the speed to answer calls. Ms. Eberle explained that a lot of effort has gone into training the call center representatives, system performance, and changing queries. All of these factors drive the average handle time per caller.

Secretary Padilla noted that the abandonment rate and the speed to answer rates are high, and she suggested forecasting around high call volume times and training around decreasing the time per call. Ms. Eberle answered that training is continual for decreasing the time per call. She explained that the MHBE was not sure how the new open enrollment time frame and the new managed care organization (MCO) shopping feature would impact this open enrollment. Ms. Eberle stated that as the call center is forecasted in the future, it will become more accurate. Ms. Padilla asked how the abandon rate is calculated. Ms. Eberle confirmed that the abandon rate is equal to the

calls handled divided by the calls offered. Ms. Eberle also emphasized that there is a callback feature for people who do not want to wait on the phone.

Mr. McCann suggested that the MHBE provide the Board with an update on call center performance in June or July. Mr. Steffen asked how the staffing levels changed between 2017 and 2018 and whether it was more concentrated over the shorter open enrollment period. Ms. Eberle responded that staffing was based on the forecasts. She also emphasized that, during open enrollment, the average speed to answer was projected at 10 minutes, and the call center performed exceptionally well given the demands. Ms. Eberle explained that the benefits of the call center also have to be weighed with the costs. The cost of hiring more people and training them properly has to be weighed with having fewer people who are properly trained. The MHBE has tried to encourage consumers to use other routes for their information and to make the call center the last stop for information.

Mr. Ratner continued with his presentation on open enrollment. He mentioned that that the MHBE will return to the Board to address the expiring marketing contract. Mr. Ratner discussed the goals of 2018 and whether or not the MHBE met those goals. Enrollment decreased, but the uninsured rate remains at 6.1 percent. Mr. Ratner stated that at least half of the counties that experienced enrollment gains were identified as areas where the remaining uninsured resided. The MHBE increased advertisements in these areas. Navigators were crucial in helping to enroll underserved populations.

Mr. Taneja asked about potential causes of the decreased enrollment. Mr. Ratner answered that the tax credits were not as large in the central part of the state where rate increases may have driven people off the exchange.

Mr. McCann thanked Mr. Ratner for his work. Mr. Ratner highlighted all of the groups who made open enrollment a success and emphasized the need for this marketplace. Mr. Ratner also stated that there is still work to do decrease the uninsured rate and to improve on the marketplace.

Mr. McCann asked how much discretion the MHBE has to set the duration and dates for open enrollment. Ms. Eberle responded that the MHBE has complete discretion, and Mr. McCann stated that the Board should discuss open enrollment dates and duration soon.

### **2019 Final Plan Certification Standards**

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

Mr. Cardenas provided a summary of the 2019 final qualified health plan (QHP) certification standards, noting that staff provided a draft of these standards to the Board in November. He explained the timeline of the plan certification standards and stated that there have been three public sessions for comments from stakeholders and members of the public. The MHBE provided a table summarizing stakeholder and public comments and included recommendations developed from those comments. The MHBE worked to strike a balance between decreasing administrative burden on participating issuers and the need to protect consumers.

Mr. Cardenas began with discussing the network adequacy standard and explained that there was universal support for this standard from comments. Mr. Cardenas continued with the provider directory plan certification standard, noting that the MHBE proposes to add language to ensure that issuers follow federal regulations. Mr. Cardenas presented the essential community providers (ECP) plan certification standard and explained that the MHBE, with stakeholders and the Board, expanded the definition of ECPs in Maryland to include local health departments, outpatient mental health centers, and substance use disorder providers that were licensed or approved under the Code of Maryland Regulations (COMAR). The MHBE proposes to make the expanded definition more permanent as a market rule for issuers. The MHBE will work with the Centers for Medicare & Medicaid Services (CMS) to decrease the administrative burden on issuers.

Mr. Cardenas summarized the proposed change to the discriminatory benefit design plan certification standard and stated that the MHBE proposes to include this standard in the carrier reference manual. Mr. Cardenas continued with the prescription drugs plan certification standard and explained that issuers currently report drugs in tiers that consumers often do not understand. The proposed required legend provides additional information to the consumer. Mr. Taneja asked if drug exceptions are in reference to brand name versus generic or if there is another reason for a drug exception. Mr. Cardenas answered that an exception occurs when a consumer is prescribed a drug that is not

indicated on a formulary, and therefore, the issuer would have to allow for an exception to cover that drug at a certain benefit level. Issuers are required to track drug exceptions. Secretary Padilla asked about the potential for language to address the opioid crisis with prescription drugs. Mr. Cardenas answered that the MHBE has chosen to focus on direct consumer outreach to inform people about substance use disorder prescription access. The MHBE is achieving this through social media, email, and postings on the portal. Mr. Cardenas added that the MHBE can take Secretary Padilla's suggestion into consideration and report back to the Board at a later date. Mr. McCann requested an update in the coming months about the opioid crisis.

Mr. Cardenas then reviewed the pediatric dental essential health benefits (EHB) plan certification standards for stand-alone dental plans, and continued with the primary care plan certification standard. The MHBE recommends removing the standard regarding primary care above EHB benefits and proposes to assemble a workgroup to address this issue. He explained that primary care physicians submitted comments on this standard, and respondents are excited to address this issue. Mr. McCann asked if this standard is in reference to the primary care benefits covered under insurance. Mr. Cardenas responded in the affirmative and noted that this standard also refers to the number of primary care visits allowable before the deductible. Mr. Cardenas explained that, generally, three primary care visits are allowed before the deductible, but this could cause an issue because it could be an unfunded mandate. A goal of the workgroup would be to find a solution to the unfunded mandate issue. Mr. McCann requested that the impact on rates be included in the presentation of the workgroup findings.

Mr. Cardenas continued with the primary disenrollment plan certification standard pertaining to cases where the primary plan subscriber is terminated. The MHBE is proposing a workgroup to develop an automated process to enroll the remaining members of the plan into the same plan, with the same issuer, and with the accumulated costs in these cases. This process is currently manual and burdensome for some issuers, and this could enable the MHBE to work towards an automatic process. Stakeholder groups have also expressed interest in expanding this process into other scenarios, such as death or Medicare eligibility. Mr. McCann asked whether the Board would see a proposal for a solution this year. Mr. Cardenas answered that the Board could expect regulation around the issue this year. Mr. Steffen asked how often this situation arises. Mr. Cardenas responded that the volume is not very high, but if the process were expanded to other scenarios, then it is sensible to automate it. Mr. Taneja asked whether the MHBE has the obligation to check citizenship status, and Mr. Cardenas responded in the affirmative. Mr. McCann asked if that means that termination should never occur for that reason, and Mr. Cardenas responded that the consumers are allowed time to verify their citizenship.

Mr. Cardenas continued with the Small Business Health Options Program (SHOP) plan certification standards and emphasized that they are voluntary. The MHBE will maintain this voluntary status and will move the SHOP standards to the Carrier Reference Manual. Mr. Cardenas reviewed the market stabilization rule and the MHBE's response to it. The special enrollment period verification standard would bring the MHBE in line with the federal process and would require verifications for consumers who apply for coverage in the middle of the year due to loss of minimum essential coverage.

Mr. Cardenas summarized the meaningful difference standards for QHPs and stand-alone dental plans. He noted that there are no changes, but the standards will be included in the next update of the Carrier Reference Manual. Mr. Cardenas discussed removal of the certification standard regarding network type categories and noted that the MHBE received significant stakeholder feedback that suggested that the MHBE revisit this standard. Mr. Steffen asked where the MHBE currently stands with the network type categories plan certification standard. Mr. Cardenas answered that the MHBE will revisit the standard when a new issuer wishes to enter the market. Mr. Steffen asked if it would be better for the MHBE to provide certainty now for a potential issuer. Mr. Cardenas responded that the Board would have to adjudicate at the time when a new issuer wishes to enter the market, and stakeholder feedback would be collected before making a recommendation. Ms. Eberle clarified that if the network type categories standard was added back in, it would be for 2020 plan certification.

Mr. Cardenas continued with the coverage transparency plan certification standard. The MHBE received feedback from numerous stakeholder groups that consumers with specific, rare conditions that require specific medical treatments find it difficult to determine what is covered under their plans because they do not have access to their contracts. In response, the MHBE proposes to change the language from "Schedule of Benefits" to "Sample Contract." Mr. Cardenas summarized the MHBE's first proposal regarding the consumer protections plan certification standard and explained how stakeholder insight changed the proposal.

Mr. Steffen offered an update on primary care innovations underway in Maryland. Mr. Steffen requested that the MHBE consider primary care delivery models that account for new options for primary care visits that could benefit consumers. Mr. Cardenas expressed enthusiasm in working with the Maryland Health Care Commission and for their insight on this issue.

Mr. McCann moved to approve the 2019 Plan Certification Standards as presented. Ms. Weckesser seconded the motion.

The motion was approved unanimously with no abstentions.

### **Standardized Benefit Design Work Group Recommendations**

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

Mr. Cardenas provided a summary of the recommendation from the standardized benefit design work group. The core recommendation is that standardized plans should be available on the individual marketplace. Five workgroup members supported the proposal, and three members opposed it. There were additional recommendations to support the rule that referred to underlying plan management guidelines. Mr. Cardenas asked whether there were any questions about the recommendations. There were no questions.

Mr. Cardenas then summarized the public comments that were submitted to the MHBE into three major topics: consumer empowerment to make informed decisions, issuer participation and new market entrants, and market stabilization efforts. Stakeholders understood the balance of encouraging participation and standardization.

Ms. Weckesser asked for clarification on why CareFirst cited stabilization initiatives in their opposition, while the other two groups did not mention stabilization initiatives. Mr. Cardenas speculated that CareFirst might be in support if the state also implemented other stabilization efforts, such as a reinsurance program. He also added that CareFirst is referring to broader, policy-based stabilization efforts.

Mr. Taneja asked about the rationale CareFirst provided in their concern that standardized benefit design leads to greater administrative expense. Mr. Cardenas, noting that he cannot speak to the CareFirst experience specifically, answered that issuers do spend resources when designing their products. Mr. Cardenas added that other state-based exchanges have examined this issue, and some believe that the benefits of standardized benefit design go to the consumer, some believe that it reduces administrative burden on issuers, and others believe that a mix of both is important for a consumer to experience meaningful difference when looking at an issuer's products.

Mr. Steffen asked whether the market stabilization efforts are going to be more or less beneficial than a standardized benefit design. Mr. Cardenas answered that, in his judgement, standardized benefit designs are intended to empower consumers, and have not been analyzed for the effect on rates or market stability in the long term. Mr. Cardenas added that the creation of a reinsurance program or other mechanisms to shift resources have a known effect.

Secretary Padilla asked about the MHBE's plan for preventing people from thinking that the plans are the same. Mr. Cardenas answered that other marketplaces have approached this problem, such as California and the District of Columbia (DC). California has written a standardized schedule of benefits that outlines the rules in a contract with an issuer. DC has created a list of definitions from different categories and gives issuers the discretion decide how their services fit into those categories. The workgroup proposed using the summaries of benefits and coverage, which already have standardized definitions. Cost-sharing would be standardized based on the categories that are in the summary of benefits, so that consumers may make side-by-side comparisons.

Mr. McCann asked if there is a federal definition of a standard plan and if the proposed plan from the work group would qualify. Mr. Cardenas answered that the federal government uses a similar methodology. Issuers that offer standard plans on the federal marketplace had to follow a process similar to the DC process. Mr. Cardenas added that there is no contract-level language in the approach to standardized plans in the federal government.

Mr. McCann expressed concern about standardized plans in Maryland and uncertainty around broader federal-level policy issues. Mr. McCann also noted that the MHBE has done an extraordinary job overcoming these issues with

technology, and he is concerned about moving forward at this point. Chairman Neall agreed with Mr. McCann. Chairman Neall noted that legislative action is uncertain and stated that the Board should defer this issue for a couple of months.

Mr. McCann moved to delay action on the issue of standardized benefit design until called to order by Chairman Neall. Mr. Taneja seconded the motion.

Mr. Steffen asked for clarification on the timeline to implement a change for 2019. Mr. Cardenas answered that, given the deadlines, it would not be possible to implement in 2019. Mr. Cardenas added that it would be best to reevaluate every November before the affected plan year. Mr. McCann asked about the timeline if a change was decided by November 2018. Mr. Cardenas responded that such a change would be effective for the 2020 plan year. Ms. Eberle added that, from a carrier perspective, the more time that they are given, the better.

The motion was approved unanimously with no abstentions.

### **Quarterly IT Update**

*Venkat Koshanam, Chief Information Officer, MHBE*  
*Michelle Compton, Manager, Procurement, MHBE*

Mr. Koshanam provided an IT update and summarized the IT functions at the MHBE for the benefit of the new Board members. Mr. Koshanam explained that each of the six core functions is led by a director, and there are about 140 staff members, including state employees, vendors, and contractors. IT is currently located at MHBE's Linthicum office and will be moving to the Baltimore headquarters this year.

Mr. Koshanam provided an overview of IT achievements in calendar year (CY) 2017, including MCO plan shopping, migrating the Salesforce system, and implementing the Salesforce PROMIS system. Mr. Koshanam highlighted recent IT enhancements, including the PARIS interface, which allowed IT to identify households receiving duplicate Medicaid benefits, mobile enhancements, and the provider directory. Mr. Koshanam continued his discussion of IT's achievements by describing a successful open enrollment, highlighting renewals specifically. Mr. Koshanam discussed IT achievements in reference to data and reporting, that included decreasing the number of transactions consumers experience and processing the 1095 A/B forms. Mr. Koshanam also highlighted IT's achievements in regards to standards and processes, that included audits with several different agencies. Mr. Koshanam noted that IT is consistently working on automating the systems. Mr. Koshanam discussed achievements related to security and infrastructure, including advanced tax credit approval from CMS, cloud adaptation, and several changes to the security systems.

Mr. Koshanam provided an overview of the CY 2017 release schedule. Mr. Koshanam explained that the major releases have at least 20 to 30 scope items, which could include enhancements or significant changes to the system, and the minor releases are mostly spillovers from major releases or maintenance and operation changes. He also noted that most of these projects have benefited both the MHBE and partner agencies.

Mr. Koshanam presented the IT goals for CY 2018. He highlighted that IT wishes to maintain the current advancements that they have made so far, but also strives to achieve their four goals. Mr. Koshanam highlighted IT's efforts to remove redundancy and integrate systems and provided the example of integrating MD THINK. Mr. Koshanam also summarized IT's goal of consumer engagement by highlighting efforts targeted at user experience and user engagement. Mr. Koshanam discussed functional enhancements as a goal and emphasized working towards alignment with policy mandates and compliance. Mr. Koshanam summarized technology modernization as IT's last goal and cited the cloud migration initiatives as an example.

Secretary Padilla asked for confirmation that the modernization of technology would include moving to the MD THINK platform before the end of CY 2018. Mr. Koshanam explained that the deadline is June 2019, the current contract expires May 2019, and the contract will not be renewed. A memorandum of understanding (MOU) has been drafted and is under review. Mr. Koshanam stated that once the MOU is signed, then IT can get started on the work. Secretary Padilla asked if Mr. Koshanam has been working to align dates to take advantage of the funding. Mr. Koshanam responded in the affirmative.

Mr. McCann asked for an overall MD THINK briefing to include the MHBE's role in terms of data, security, and budget. Mr. Koshanam responded that he will work on that. Mr. Koshanam provided the Board with a summary of the upcoming major and minor releases. There are two minor releases and two major release scheduled. The schedule for the quarter is packed with key improvements.

Ms. Compton thanked the Board for the opportunity to speak. Ms. Compton stated that in the Spring of 2015, the MHBE issued its current IT Services Indefinite Delivery Indefinite Quantity (IDIQ) contract for a base period of three years. The current contract expires in June 2018, and the MHBE is currently in the process of preparing a new solicitation for the IT Services IDIQ. The IT Services IDIQ solicitation will result in master contracts awarded in a variety of functional areas. Offerors are required to indicate the functional areas for which they wish to be considered at the time of proposal submission. As a note, the master contracts do not have any monetary value assigned to them. Rather, the funding is awarded at the task order level. The MHBE has successfully used the current request for resume (RFR) process to award task orders to master contractors who have been able to provide a wide variety of services that have helped the MHBE to grow. She presented examples of the types of services that the current team of contractors have been able to provide.

Ms. Compton continued by highlighting the differences between a firm fixed price (FFP) model and an IDIQ model. The MHBE intends to use the IDIQ model and believes that the IDIQ structure works better for the IT Services contract because it allows IT to adjust to the changing landscape, as well as the flexibility to better control the overall budget of contractual employees.

Ms. Weckesser asked if one company can bid for all of the different components of the contract. Ms. Compton responded in the affirmative. Ms. Compton added that there are about 11 functional areas that the MHBE is going to propose, and a contractor may bid on one or all of the functional areas.

Mr. Taneja asked how the Board approves proposals in an IDIQ situation. Ms. Compton responded that proposals are submitted with ceiling hourly labor rates. Ms. Compton stated that the Board has historically approved these by setting a budget for the IT Services IDIQ contract. It will be the intent of the MHBE staff to present a list of contractors to the Board for their approval in April. Mr. Taneja asked how the Board controls the budget and ensures that all of the needed items are being received. Ms. Compton responded that each task order has its own scope that indicates the amount of hours requested, with its own not to exceed amount. It is the contract monitor's duty to ensure that the total sum of the task orders does not exceed the total amount. The MHBE is looking into incorporating a process where they present task order awards at Board meetings. Mr. McCann noted that the volume of awards would be an issue when trying to present them to the Board, and Ms. Compton agreed.

Ms. Compton highlighted the advantages of IDIQ-procured services for IT services. She explained that the IDIQ model presents a lower risk to the IT infrastructure, and the RFR process allows small businesses to compete for task order awards. Mr. Koshanam clarified that the MHBE has a strong state employee staff, without which it would be impossible to run the IDIQ structure. The task order structure gives IT services the flexibility to quickly make any necessary change and implement policies. Mr. Koshanam also added that, in an IDIQ model, one vendor does not become too powerful, and smaller businesses do compete.

Ms. Compton presented the anticipated timeline for the IDIQ procurement. The MHBE intends to issue master contract awards no later than mid-April to allow the MHBE enough time to issue an award for all required task orders by July 1, 2018.

Secretary Padilla asked if there is language in the contract that asks for the vendor to be able to provide both delivery methods. Mr. Koshanam answered that there is no language, but the current IDIQ structure has the flexibility to issue a task order request for a proposal to the same set of vendors if required for a specific project with a specific scope. Mr. Steffen asked about the annual spending under the current IDIQ. Ms. Compton answered that there are about 110 contractual employees, and each contractual employee relates to a task order agreement. Ms. Compton added that, in terms of spending, the amount for fiscal year (FY) 2018 was \$18 million. Mr. Koshanam added that the original not to exceed amount was \$18 million, and IT Services requested approval for additional funds that are being partially reimbursed.

Mr. Koshanam stated that the MHBE currently uses the Salesforce platform for the learning management system and the Salesforce CRM for the call center and case management. There are licenses coming up for renewal on March 1, 2018, and IT services would like to renew the licenses next month. Ms. Compton added that the Board approved an intergovernmental cooperative purchasing agreement in June 2017 off of the GSA schedule for Salesforce licenses through Carahsoft Technology Corporation. The MHBE intends to issue task order requests for quotes for the licenses related to the learning management system, as well as renewing the licenses related to the CRM project. The MHBE intends to come back to the Board next month with the not to exceed amounts associated with those task order requests.

Mr. McCann thanked Mr. Koshanam and Ms. Compton.

Ms. Weckesser requested that the MHBE provide the Board with a list of acronyms by subject area.

### **Adjournment**

Mr. Taneja moved to adjourn the meeting. The motion was seconded by Mr. Steffen. The Board voted unanimously to adjourn the meeting.