



**IDAHO HEALTH INSURANCE EXCHANGE
DBA YOUR HEALTH IDAHO**

**YOUR HEALTH IDAHO BOARD (YHI)
MINUTES
FRIDAY, MARCH 15, 2019**

1. BOARD MEMBERS PRESENT

- Mr. Stephen Weeg, Chair
- Mr. Kevin Settles, Treasurer
- Mr. Hyatt Erstad, Secretary
- Mr. Tom Shores
- Ms. Karen Vauk
- Dr. John Rusche (via teleconference)
- Dr. John Livingston
- Ms. Margaret Henbest
- Mr. Jerry Edgington
- Ms. Janice Fulkerson
- Mr. Greg Donaca
- Senator Jim Rice
- Director Dean Cameron

2. OTHERS PRESENT

- Mr. Pat Kelly, Your Health Idaho
- Mr. Kevin Reddish, Your Health Idaho
- Mr. Layne Bell, Your Health Idaho
- Ms. Alanee DeRouen, Your Health Idaho
- Ms. Meghan McMartin, Your Health Idaho
- Ms. Stephanie Husler, Your Health Idaho
- Ms. Frances Nagashima, Your Health Idaho
- Ms. Tera Rose, Your Health Idaho
- Ms. Cheryl Fulton, Your Health Idaho
- Mr. Mike Stoddard, Hawley Troxell
- Ms. Moriah Nelson, Idaho Primary Care Assoc.
- Ms. Tresa Ball, HR Precision
- Ms. Julie Hammon, Department of Health & Welfare
- Mr. Norm Varin, Pacific Source Health Plans
- Ms. Sara Stover, Office of the Governor
- Mr. Brian Kaine, Office of the Attorney General

3. CALL TO ORDER

Following proper notice in accordance with Idaho Code §74-204, the Board of Directors meeting of the Idaho Health Insurance Exchange (Exchange) was called to order by Mr. Stephen Weeg (Chair), at 9:00 a.m., Friday, March 15, 2019, at the State Capitol Building, Room WW17. In

accordance with Idaho Code §74-203 (1), the meeting was held in an open public forum and was streamed in audio format on the Idaho Public Television web site.

4. ROLL CALL

Mr. Erstad called roll and determined that The Chair, Mr. Settles, Mr. Shores, Ms. Vauk, Dr. Rusche (via teleconference), Dr. Livingston, Ms. Henbest, Mr. Edgington, Ms. Fulkerson, Mr. Donaca, Senator Rice, and Director Cameron were present, resulting in a quorum.

Senator Rice arrived at 9:46 a.m. Rep. Dixon, Rep. Erpelding, and Director Jeppesen were absent.

5. PUBLIC COMMENT PERIOD

The Chair asked for public comments and there were none.

6. PRIOR MEETING MINUTES

Ms. Henbest requested some minor editorial changes to the minutes from the December 14, 2018, Board of Directors meeting.

Motion: Mr. Shores moved to approve the meeting minutes with the edits included by Ms. Henbest from the December 14, 2018, Board meeting as presented today. **Second:** Ms. Fulkerson. **The motion carried.**

7. REVIEW AGENDA

There were no changes made to the agenda.

8. BOARD TRAINING

Mr. Stoddard reminded the Board that this is the annual Board Training as required by YHI's Charter. The training will cover Open Meeting Laws and changes, Public Records Law reminders, Conflicts of Interest, ethical requirements, and some general discussion about Board Meetings and responsibilities.

Mr. Kaine shared an article from the Idaho Press that discusses some interactions that the Boise City Council had with people that were appearing in front of the council on a contested issue. One of the complaints is that the Mayor spoke with one of the representatives of the trucking terminal as well as an individual council member. Even though that may technically not be in violation of the Open Meeting Law, appearances matter. This is one of those situations that could easily arise in any situation. The key takeaway here is that if you speak with people, make sure you speak to them evenly with both groups. Be aware of that overlay of the Open Meeting Law and just because it's not technically a violation, doesn't mean it won't show up on the front page of the news.

Mr. Stoddard said the underlying policy is designed to ensure transparency of the legislative and administrative processes by offering the public a chance to observe the way their government operates and to influence it in positive and important ways.

There were several changes to the Open Meeting Law last year that took effect July 1, 2018, including posting meeting notices electronically through a website or social media platform. Mr. Kaine recommended that YHI post meeting notices on all the platforms YHI uses because different people migrate to different platforms.

Mr. Stoddard said another change was the action item requirement, which YHI is already doing. This is noting on the agenda that there will be an action associated with a specific topic. Mr. Kaine added that just because an item is noted as an action item on the agenda, does not mean that there will be a vote. It is better to place the wording on the agenda and then not have a vote than not have a subject noted as an action item and then determine during the meeting that it needs a vote. The overall purpose of this is for the public to be informed that a specific topic is going to have a vote associated with it at the meeting.

Chairman Weeg asked Mr. Kaine about coming out of an Executive Session and voting on an item. Mr. Kaine said this is why YHI has skilled attorneys to look to for topics like this. He said probably the easiest way is to list "Action Item if Necessary" next to the Executive Session on the agenda. That way when the Board comes out of Executive Session it would follow with the motion, if necessary, of approval of the item that was discussed in the session without naming the item.

Mr. Stoddard said the last change was that a final action may not be taken on an agenda item that is added after the start of a meeting unless an emergency is declared necessitating action at that meeting. The Attorney General's office has taken a relatively strict view that limits the use of this exception.

Mr. Stoddard moved to Open Meeting Reminders and said Board members must be thoughtful about discussions or actions taken via email; e.g. recent ACHD issues with emails and other communications outside of formal meetings. It does not take a quorum to trigger open meeting requirements, it only takes two. Mr. Kaine added that "reply all" is your enemy when it comes to the Open Meeting Laws. And if a Board member does have questions about an item on the agenda, simply email a staff member at YHI to get clarification or set a reminder to bring the topic up at a meeting, where appropriate. The other issue is yes, two people may have a conversation, and then start replicating that same conversation with other Board members. This is a serial meeting issue and can cause issues with compliance. And email can be a problem because when an email is sent, the sender no longer has control of the message because the recipient can then send the message anywhere and to whomever they want.

Mr. Shores asked about when two or more Board members attend a meeting or event that is not YHI related. Mr. Kaine said that is permissible and it is fine for two or more Board members to go to lunch, or go to a funeral, etc., so long as they don't discuss YHI business.

Mr. Stoddard reminded the Board that YHI is technically not governed by the Idaho Public Records Law, but YHI's adopted public records policy follows the Idaho Public Records Law. The general rule is that every person has a right to examine and take a copy of any public record of this state and there is a presumption that all public records in Idaho are open at all reasonable times for inspection except as otherwise expressly provided by statute. A public record includes any writing containing information relating to the conduct or administration of the public's

business. Mr. Kaine said it is important to manage email inboxes and text messages and if one receives a public records request, those records need to be accessible.

Chairman Weeg asked how long Board members need to hold onto those text messages and/or emails. Mr. Stoddard said he doesn't recall the length of time, but it is included in YHI's Public Records policy. He added that as long as the HIX email has been copied, it is not incumbent upon the Board members to save their email messages.

Ms. Fulkerson said she has received requests for copies of the Board packet following a Board meeting and typically directs them to contact Mr. Kelly.

Mr. Kelly added that YHI has a 10-year records retention policy that applies to everything. With respect to Board packets or decks, YHI requires a public records request by anyone that is not on the distribution list for a certain Committee or Board meeting, so we know where those documents have been shared. YHI generally turns those types of requests around in the same day.

Mr. Stoddard moved to Conflicts of Interest, which can be challenging for YHI because the Governor appoints Board members who on any other Board would represent a conflict. They appoint three members from carriers who are offering insurance on the exchange and they appoint producers who are selling the insurance to consumers, and both arguably have conflicts. But YHI's statute provides, to the extent it impacts everyone in that class the same, there is no conflict.

Mr. Stoddard moved to Ethics and said YHI has a general policy regarding Board member acceptance of items of value, but more importantly, some of the Idaho statutes apply to YHI Board members. These include the Bribery and Corrupt Influence Act, the Ethics in Government Act, and the Prohibitions Against Contracts with Officers. Mr. Kaine said the Bribery and Corrupt Influence Act is the big series of statutes because they are all criminal in nature and include a forfeiture of office provision. The two that come up most often are 1) using a public position for personal gain and 2) gifts to public officials by a person subject to their jurisdiction. The first one is most often seen when someone funnels funds for personal gain. The second one has a gifts of de minimus value clause which allows someone to be taken to lunch or coffee, but there would be a big difference if one showed up with a bottle of wine and the other with a Maserati. Under that statute, those are the two tricky parts. The important takeaway is if you are unsure, ask questions. Free thinking is generally not advised. The Ethics in Government Act is really a deep dive into Conflicts of Interest and how to protect oneself from a conflict situation. There is a provision in this act that people should pay attention to the most and that is if one believes they have a conflict of interest, they should seek advise from an attorney. If the attorney then gives that person advise and the person follows that advise, that is the equivalent of a get out of jail free card. Finally, Prohibitions Against Contracts with Officers is a more direct prohibition of self-dealing within government. There is one additional statute that is not called out that this Board should be aware of and that is the Integrity in Elections Act. If this Board decided to start electing its' members, be aware there is a direct prohibition of resources and funds on that activity. Mr. Stoddard added that matters that are regulated include nepotism, contracts, acceptance of gifts, and travel to conferences. Mr. Kaine added a warning about conferences. He said if a Board member were to go to a conference and a customer offered a suite at a Redskins

game, that is a good indication that one should call YHI's attorneys about that perk. If you attend the conference dinner and everyone else is going, that is probably fine.

Mr. Stoddard reviewed the final area of Board Duties which is guided by the following best practices and include Duty of Care, Duty of Attention, and Duty of Loyalty. Under Duty of Care, a Board member should act in good faith, act prudently, and act in the best interest of the organization. A Board member may rely on reports and information from others including officers and outside professionals.

Under Duty of Attention, a Board member should become informed about the activities of the Exchange such as 1) Its Mission, 2) Its Activities, 3) Its Operations, and 4) Its Image. A Board member should read all reports provided to the Board, should review and understand Financial Data, and should attend and participate in all Board meetings. Mr. Kaine said this Board is currently adhering to Duty of Attention as they go through this session today.

Finally, under Duty of Loyalty, a Board member must have undivided and unqualified loyalty to the organization, act in a manner that does not harm the organization, not use position to secure a personal benefit, and not use position to benefit the interest of a third party.

Mr. Kaine said a good way to quantify these duties is that these duties are civil expectations of Board members. When you get into the Bribery and Corrupt Influences Act or the Conflict of Interest provisions, those are criminal provisions that carry a different series of sanctions.

Mr. Stoddard added that the Summary of Board Expectations, which was included in the Board packet, is a summary of all the topics just presented.

9. EXECUTIVE SUMMARY

Mr. Kelly said today he is pleased to share Your Health Idaho's final results and lessons learned from Open Enrollment 2019. As we work to develop Your Health Idaho's 2020 strategy, we remain committed to providing the best possible customer experience through technology enhancements, alignment of policy and training programs, and by ensuring the right team is in place to serve Idahoans.

Mr. Kelly said the healthcare policy space remains active. He said he and Mr. Reddish, along with counterparts from several other state exchanges, recently traveled to Washington DC to meet with federal lawmakers. As a whole, the group advocated for continued state control and the ability to serve customers as the states know best.

At the state-level, Medicaid expansion continues to dominate the conversation. During Your Health Idaho's annual presentation to the legislature, many questions were asked about potential impacts to exchange enrollment and revenue. During that presentation many comments were heard regarding the tough vote to establish the Exchange in 2013, but how happy they were to see the progress of Your Health Idaho. A recent quote from Speaker Bedke sums it up nicely, "Think how the national dialogue would have changed if all exchanges had worked as well as Idaho's and remember how big of a fight that was seven years ago."

10. MARKETPLACE

Mr. Edgington, Chair of the Marketplace Committee, said preliminary January and February effectuation numbers remain strong. The market shift between carriers was discussed at the Committee level and is attributed to plan pricing. He noted how price sensitive the consumers are and how important it is to keep the price down.

He said for the Customer Experience, the transition into Special Enrollment Period season has brought more complex cases, but technology enhancements continue to drive a reduction in year over year call volumes and average call times. The Net Promoter Score response rates have decreased with the reduction in calls, but the overall score remains well above industry standards. Metrics show a reduction in appeal volumes year over year, indicating better communication and overall policy alignment.

For Marketing, Communications, and Outreach, Mr. Edgington said as in previous years, messaging has now shifted to the SEP period from the open enrollment period with a focus on life events and coverage to care. The Committee reviewed a summary of the OE 6 advertising campaign. Discussion centered around a strategy shift in the digital space and the continued resonance of key messages regarding cost and choice.

Mr. Edgington said for technology, an update of 1095-A distribution and correction rates were shared and the technology roadmap was discussed. Highlights include preparations for impacts from Medicaid expansion and continued enhancements to the user experience, many of which are driven by feedback from Consumer Connector partners.

And finally, the Policy Update, which as Mr. Kelly just mentioned has a lot of moving parts and landscape changes but Medicaid Expansion continues to dominate the local health care space.

a. 2019 Enrollment Update

Mr. Kelly said preliminary effectuations remain strong with over 98-thousand enrollments in February. 2019 has also seen a significant market share shift from Blue Cross and Mountain Health Co-op to SelectHealth. This also coincided with a shift in metal tiers. Note that while gold and catastrophic plans are both down year over year, bronze plans did see a slight increase. The metal tier mix also shows a dissimilarity between the two largest carriers, Blue Cross of Idaho and SelectHealth. Blue Cross of Idaho shows more bronze than silver and SelectHealth shows more even distribution with just slightly more silver enrollment. This is an indication of more price sensitivity in the market.

Chair Weeg asked about price sensitivity and asked if the people that are selecting Bronze have lower claims and are healthier than those selecting silver. Are the carriers seeing any split in utilization based on that plan choice? Director Cameron said what DOI sees is that people that qualify for an APTC and apply it to a silver plan have to pay \$50 to \$100 a month in premiums. If those same people chose a bronze plan, they wouldn't have to pay anything. That doesn't translate that into the level of their health. If a consumer had traumatic health issues, they would likely look at silver and gold. And the cost share reductions offered to lower income individuals would help offset that cost. Mr. Edgington said intuitively one would think those folks are healthier because if they pay nothing versus \$50 or \$100, they

likely care less about their benefits. What is seen on the carrier side is those folks can't afford the copays and deductibles anyways. People that have more severe health issues generally look at the out of pocket max first and select plans based on that because they know they are going to spend substantially more than that minimum. Senator Rice added that with the folks that don't have health issues and look at just the out of pocket cap, you are seeing more human nature at play. Human nature is, you buy the cheapest and not the best quality and this is seen across the spectrum of things consumers purchase. Mr. Shores said price, deductible and network tend to be the drivers, but the expansion of the silver and bronze plans has made a big difference and price is still the biggest driver of decision. Agents and brokers work to educate the consumer on making the best choice based on their healthcare needs. Senator Rice said this is exactly why Idaho chose to team with the agents and brokers. The average consumer is over their heads when it comes to insurance. When working with an agent, the consumer gets a much better analysis on the difference between plans and cost. Mr. Donaca said on the dental side there are two options, a high option and a low option. He said Delta Dental has seen a much lower utilization than their average book of business. Delta Dental also has pediatric dental and with that comes an option for adult dental. And people really don't understand the value of dental, so Delta Dental has directed their outreach to educate consumers about the benefits of dental care to help increase utilization.

Mr. Kelly said the average premium amount remains steady at just over 480 dollars and just under 90 percent of consumers receive a tax credit.

b. Customer Experience

Mr. Kelly said for the customer support center, call volumes are down consistently year over year, a trend we see continuing into 2019 albeit at a slightly lower rate of decline. A few of key factors that are driving this reduction include the year-round reconciliation work with the carriers and technology updates resulting in less ticket inventory when Open Enrollment started, which freed up the team to answer OE-specific calls. In addition, system enhancements decreased the need for consumers to contact YHI to complete their enrollment and an improved waterfall process contributed to lower handle time during peak call periods.

All of those enhancements and reduced call time contribute to the overall customer experience. YHI began tracking the Net Promoter Score, or NPS, in July of last year. As an Operational Goal, NPS was measured from October 1, 2018, to the end of February. At the end of the goal period, our average NPS score was 31. This is well above industry standards that typically hover around 18. During the goal period, response rates to the NPS survey varied from 5-10 percent and included consumers, agents, brokers, and enrollment counselors.

Mr. Kelly said the team is now in the process of evaluating how YHI can leverage the NPS tools to help identify areas of opportunity to improve the overall customer experience.

Another key piece of the customer experience is timely delivery of the 1095-A tax forms. He reported that all 1095-A tax statements were distributed ahead of the January 31, deadline. And thanks to year-round reconciliation work with our carrier partners, the correction rate continues to drop each year with just 1.3 percent of 1095-As needing corrections as of the end of February. That is a drop of over 20 percent compared to the same time last year.

This was also the first year that consumers were given the option to only receive their 1095-A electronically. As of March 1, nearly 13 thousand consumers have opted in, resulting in a significant savings on printing and postage costs while delivering a more efficient customer experience.

Mr. Kelly said in the appeals space, year over year appeal volume is down approximately 25 percent. This is attributed to three key factors: better communication around OE deadlines, both by Your Health Idaho and its partners, technology enhancements around linking and application of the APTC that have made the enrollment process more user friendly, and better alignment of internal and external training programs. This last one has resulted in consumers receiving consistent information resulting in a significant decrease in the amount of overturned appeals. This means we are giving the right answer the first time. Your Health Idaho's processing time has also decreased compared to last year, currently taking just over five days to process appeals compared with seven days last year.

c. *Marketing, Communications, and Outreach*

Mr. Kelly said the strategy for 2019 Open Enrollment was to build on the success of previous years and continue the use of traditional mass media like television and radio for high market saturation. That traditional piece is then supplemented with online channels and streaming services like Sling TV or Roku.

In the digital space, we aimed to maintain a strong presence and drive traffic to our website. For 2019 Open Enrollment, we focused on getting the most qualified users to the site, rather than simply trying to generate as many clicks as possible. We were able to target users who were most likely to take action once they arrived on site. The graph on the right demonstrates where most of those conversions were sent, View plans and Log in, and this tells us that the traffic being driven to the site are those who are there to purchase insurance, or at least learn about their coverage options. Your Health Idaho is adding some new functionality this year to gain further insight into customer behavior as they navigate the site which will be shared later in this presentation.

Mr. Kelly shared some examples of Your Health Idaho's top performing digital ads. The YouTube "Some Plans" video and the unfortunate dog walking experience generated 145 thousand impressions. The Facebook "Deadline" message generated 415 thousand impressions. The digital banner ad "Bones Break", which was first deployed in 2014, generated 943 thousand impressions. These top performers confirm Your Health Idaho's strategy that the most important factors driving purchasers are cost and choice.

Ms. Henbest said as she was reviewing the slides, she thought about different target audiences when Medicaid Expansion is fully implemented. She asked if YHI plans to adjust that advertising to target that population or is that a low yield investment. Mr. Kelly said in April, YHI marketing team will work with Drake Cooper to reevaluate the target market segments to ensure they are still the appropriate segments to target.

Mr. Edgington added that from a carrier perspective, the young and healthy remain on the sidelines for the most part. They don't connect the dots of vulnerability to bank accounts

because they may not have a bank account. The advertising of the future is to make some sense out of that value proposition. That remains the carrier's biggest dilemma.

Mr. Kelly said in the Outreach space, efforts have turned to Special Enrollment Period season and educating consumers about qualifying life events, essential health benefits, and coverage to care. Coverage to care has been a critical message for Your Health Idaho as many customers have never had insurance before. Helping them understand how to use their coverage is a critical component of them finding value, and when they find value, they tend to purchase the product again.

As 2019 gets underway, and as the program continues to mature, we want to think strategically about our approach to community outreach and education. While we would love to be everywhere and at everything, it's simply not possible, nor would that be in line with our Low Cost Promise. Our goal then becomes to identify events and community education opportunities in key geographic areas that align with our target market and we are finalizing those events in the coming months.

The team is also working to develop more collateral materials that can be shared with our partners and distributed around the state when we are unable to attend certain events. The dental palm card is just one example of how we are expanding our collateral bank for more specific audiences. We look forward to sharing our progress in the coming months.

d. OE Lessons Learned

Mr. Kelly said the recent open enrollment had many successes, and we quickly focused on lessons learned. We started gathering input from the team during, and more formally after, open enrollment ended to ensure that the lessons were captured while fresh.

The most notable wins include the reconciliation work with Your Health Idaho's carrier partners. Also, consistent data improves the customer experience and mitigates inbound call volumes for the support center. Technology enhancements, such as the improved linking process, not only reduced call volumes but also enabled quicker resolution for those customers who did call in with linking issues. One of Your Health Idaho's greatest hits, the written team, continues to be heralded as a major success. And Your Health Idaho's strong partnerships with our carriers and their processes enabled even quicker appeals processing. Finally, Your Health Idaho's marketing messages, and the focus on driving conversions to the website, enabled more efficient use of advertising dollars.

All of these items delivered fantastic results in Your Health Idaho's customer satisfaction and brand awareness. In fact, during 2019 open enrollment, 89 percent of purchasers are satisfied with their experience with Your Health Idaho.

Mr. Kelly said while it's important to capture what went well, identifying opportunity is even more important for continued success. Your Health Idaho's team identified several opportunities and have already begun work on many of these items. Over the next year, Your Health Idaho intends to build upon the success of the Net Promoter Score to identify specific opportunities to improve the customer experience, which is commonly known as listening to the voice of the customer. Internal and external stakeholder communications provide an

opportunity for improvement, particularly around events and noticing. Continued improvements aimed at supporting Your Health Idaho's agents, brokers, and enrollment counselors through enhancements, as well as ensuring strong alignment of training with policy and processes. And finally, additional focus on our front-end website to deliver tools focused on account creation and the enrollment process.

Mr. Shores added that the agents and brokers are very happy that Your Health Idaho is looking into the issue around access for agents to be able to have multiple people in the system at the same time. Mr. Erstad asked Mr. Kelly if those states on the federal platform have encountered these same issues, or is this something we have troubles with because of CMS, or because we are state-based, or is it because of Your Health Idaho's software? Mr. Kelly said in short, yes to all three. The challenge is shared credentials, which is a MARS-E control where we are not allowed to have shared user ID's and logins. That is a security control that all exchanges adhere to and it is a necessary control. What Your Health Idaho and our technology vendor are working on is having shared books of business that can be accessed by different users at the same time. This essentially requires us to determine and balance the needs of different sized agencies and when we do figure out what precisely it is we need to solve, we have to work within Your Health Idaho's Privacy and Security framework as well as any DOI regulations.

e. Technology Update

Mr. Kelly said on the roadmap, there are three releases planned prior to open enrollment 2020. Your Health Idaho's technology vendor, GetInsured, has continued to invest in the partnership by increasing on-site meetings at Your Health Idaho early in the change request/enhancement process to increase efficiency and effectiveness.

The first release, 19.3, includes the Verify Lawful Presence, or VLP, in compliance with CMS guidelines. It will also include various bug and defect fixes that were identified during open enrollment.

The next release, 19.7, is tentatively scheduled for July and will include enhancements to the user interface. 19.7 will also include a Google Tag manager which will allow Your Health Idaho to track consumer activity from start to finish, including the front-end web site all the way through to enrollment. This is the enhancement I eluded to earlier this morning. Further, release 19.7 will also include enhancements to the noticing process such as verbiage, formatting, and consolidation of redundant notices to reduce confusion with customers.

In preparation for open enrollment, 19.9 is tentatively scheduled for September, although it is too early to know for certain, Your Health Idaho is actively working with the Department of Health and Welfare to understand what the impacts to technology are expected from Medicaid expansion. 19.9 will also include an enhancement providing Consumers the ability to compare their currently enrolled plan to those being offered during the upcoming Open Enrollment.

Finally, release 19.12 is scheduled for December and includes preparations for 1095-A production and delivery.

There are also three additional items that are not currently on the roadmap, but that are being actively discussed. The first, which was just covered, is the Agency Portals. The second is Residency Validation and Your Health Idaho is currently researching vendors and costs to automate residency validation to replace manual document submissions and that review process. Your Health Idaho is also looking for ways to initiate Self-Service Disenrollment. Discussions are taking place to leverage existing automation to aid in the documentation upload and validation process for gain of Minimum Essential Coverage.

f. Policy Update

Mr. Kelly said in the federal space, the Proposed Payment Rules for 2020 were released in mid-January. The rule changes were relatively minor with only one directly impacting Your Health Idaho, which is a new SEP category that Your Health Idaho supports. There were two items covered in the Preamble, which means that CMS was seeking comment on concepts that may be included in future rule making. These two items are the practice of Silver loading and auto-renewals.

Silver loading was born from the Administration's decision to stop Cost Share Reduction payments in late 2017. Because carriers must still deliver the benefits as defined by the ACA, the Department of Insurance directed carriers to include the cost of delivering the benefits in the Silver plans. Silver loading was adopted by most states. Absent a solution for Cost Share Reductions, we advocated for continued flexibility around Silver loading.

The Preamble also sought comment on potential restrictions to auto renewals. Your Health Idaho's comments, along with all of the SBMs, were focused on state flexibility. Many of the concerns raised by CMS were specific to the FFM auto-renewal process. Idaho's auto-renewal process does not create the same customer experience challenges that the FFM's process does. This again supports our position of continuing to allow for state flexibility.

There was no significant progress on the Texas court case. We continue to watch this and will provide updates to the Board as appropriate.

We continue to see activity in the democratically controlled House and expect some ACA-related bills to pass. However, given the Republicans control in the Senate, those House bills are unlikely to proceed.

Mr. Kelly said at the state level, Medicaid expansion continues to dominate what we are watching in the legislature. The Senate sideboard bill was introduced on February 11th and that bill has not been taken outside of that committee.

The House Health and Welfare committee held hearings on a sideboard bill last Friday. The bill had three primary components including work requirements, enabling consumers in the 100 to 138 percent of the Federal Policy Level to choose between enrolling in Medicaid or receiving an APTC, and a clause requiring legislative action should the federal funding drop below the current 90 percent levels.

Depending on how these are finalized, the work requirements may require a federal waiver and the Medicaid /APTC choice would require a 1332 waiver and YHI would need help from its friends at the Department of Insurance should that occur.

There was no vote held on this bill but we do expect continued discussion and a bill to emerge before the end of the session. We are actively watching this space. There was a bill introduced yesterday regarding short-term plans and we will continue to watch that bill and work with Director Cameron as appropriate.

11. GOVERNANCE

Ms. Henbest, Chair of the Governance Committee, said the Flextechs IT Support Agreement was reviewed by the Committee and the Committee recommended approval of that contract with the knowledge that there be a proposal around amendments to the Procurement Policy coming out of the Finance Committee.

In terms of the Operational Goals, the committee reviewed the FY19 Operational Goals and the Proposed FY20 Operational Goals. The review for the FY19 goals showed strong commitment to a flawless customer experience and there continues to exist key areas of opportunity that have been identified such as Risk Management and mitigating social engineering attacks.

Proposed FY 20 Operational Goals will continue to focus on the customer experience and promote the Low-Cost promise. FY 20 goals also assume traditional Medicaid expansion in January of 2020 and reflect efforts to mitigate impacts of that to the exchange and its customers.

Ms. Henbest said the Executive Director evaluation is coming up soon and Ms. Ball will lead that effort with a similar timeframe this spring. A difference this year will be a consolidation of the questions and the answers. This year we will utilize the online tool, TrakStar, to complete the evaluation. This is the same tool used internally by the Your Health Idaho team for employee reviews.

Finally, new products and investment options were discussed and, in an effort to establish guardrails around new products and opportunities, the committee had a robust discussion regarding non-QHPs offerings on the exchange and the purchase of a building for investment purposes. The mission and enabling legislation of Your Health Idaho dictated the conversation and decision making, particularly around the public purpose of Your Health Idaho.

Finally, the Committee reviewed the Strategic Staffing Plan and discussed the reorganization that took place in January. This provided an opportunity for internal growth among team members and the addition of positions are budgeted for 2020 but actual hiring will be based on workstreams as needed as the year progresses. Finally, the Compensation Plan was discussed and there were opportunities to make adjustments which are also included in the 2020 budget.

a. IT Support Services Amendment

Mr. Kelly said FlexTechs has served as Your Health Idaho's IT support vendor for the past three years and has proven to be a key partner in our success. The around the clock IT support they provide allows Your Health Idaho to focus on our core business needs while ensuring our systems are functioning properly. The expertise of the FlexTechs team

compliments that of our in-house IT team. This allows us to better serve our customer, internally and externally, in a timely manner. And because of their partnerships with major IT vendors, Your Health Idaho is able to leverage our contract for lower prices when it comes to software and hardware purchases.

We are requesting a three year extension to the current agreement. Flextechs is requesting an increase from \$95 an hour to \$125 an hour over the new term. While we don't like to see costs increase, their request is reasonable and on the low end for IT support in our market. When you look at it over a 3 year period, it is a little less than a 10 percent increase year over year. They know our business, they provide great service, and allow us to purchase equipment at a discount.

Motion: Ms. Henbest moved that the Board, as recommended by the Governance Committee, approve the Flextechs Second Amendment in an amount not to exceed \$60,000 per year for services and not to exceed \$120,000 for equipment purchases over the three year term which amounts are consistent with the Your Health Idaho budget and it is anticipated that the Board will include such amounts for equipment and services in each subsequent year's budget consistent with the total amounts approved in this motion. **Second:** Mr. Erstad. **The motion carried.**

b. Operational Goals Update

Mr. Kelly said in 2017 Your Health Idaho established a strategic goal of providing a "flawless customer experience" measured by the percentage of customers who require more than three contacts to resolve their issue. Our benchmark for this strategic goal was 5 percent.

In December of 2018, less than four percent of Your Health Idaho's customers required three or more contacts to resolve their issue. This compares to eight percent just one year earlier. This means we are currently exceeding our goal and despite the strong performance, and we continue to focus our efforts in this space.

Conversely, 68 percent of Your Health Idaho's customers completed their enrollment with no interaction with our support center. This is compared to 56 percent a year earlier. We are not proposing any change to this strategic goal.

One fun fact, we recently interacted with our 9th exchange customer. Yes, the 9th person to enroll with Your Health Idaho. This means they first enrolled in 2014. The interesting part is that our contact with them in January, was the first time they have reached out to us, meaning all of their prior enrollments flew through the system with no hiccups.

Now, for a look at our Operational Goals. As the team began thinking about fiscal year 20 Operations Goals, we felt there was a lot we could build off of from 2019. The five main categories are proposed to remain the same for 2020, but the metrics that we will measure will be slightly different.

First is the Idahoans' Experience Goal. For 2019 this was measured in two parts: 1) a reduction in linking tickets -- which we achieved at the 100 percent threshold, and 2) an improvement of the Net Promoter Score from a baseline of 32, which we did not achieve.

When the concept of this goal was introduced last year, there was a fair amount of concern about the unknowns of NPS, so we weighted the overall goal with 90 percent for linking and 10 percent for NPS. For fiscal year 20, the Idahoans' Experience goal will focus on mitigating impacts to the customer experience from Medicaid expansion and building upon the Net Promoter Score.

Next we have the Retention and Enrollment goal. In 2019 our goal was just over 88,000 effectuations as of April 1st and we are currently trending at 100 percent achievement. In 2020 this goal will also focus on Medicaid expansion and new customer enrollment to help offset the loss of enrollments due to expansion.

Mr. Kelly said for the Risk Management Goal, Your Health Idaho engineered an internal phishing campaign to help our team identify and mitigate the risks associated with social engineering. We have deployed five of eight campaigns and are currently tracking between 60 and 80 percent achievement. This is a particularly sensitive space and one we feel needs further education, so we will continue this goal in to 2020, albeit with a slightly different approach and measurements.

The Low-Cost Promise goal is currently tracking at 100 percent and Your Health Idaho has about 600 thousand dollars in operating expense favorability. The fiscal year 20 goal will maintain focus on operating expense management.

Lastly, Employee Engagement. Based on feedback from the Gallup Q12 survey, we are actively working on the statement: My coworkers do quality work. The EETF, or employee engagement taskforce, will present their findings to leadership in April and the next survey will be deployed in May. For 2020, the survey will be deployed twice in an effort to be more timely and proactive with team member feedback. This is also a recommended best practice from the administrators of the Gallup survey. In the June Committee and Board meetings, we will bring forward specific metrics for each of these proposed operational goals.

Mr. Donaca asked if Your Health Idaho has considered the use of a third party in the area of phishing campaigns. Mr. Kelly said Your Health Idaho currently creates and deploys the phishing campaigns utilizing internal resources. Mr. Reddish and a member of his team created the campaigns and deploys them internally. They also measure the results and follow up with those that click where they shouldn't have. Mr. Donaca added that they utilize a third party at Delta Dental and it has proven to work and be cost effective.

c. Executive Director Evaluation

Mr. Kelly said the Executive Director Evaluation process will be led by Ms. Ball. Based on feedback from prior years, the core competencies section was reworked to eliminate duplication and also to reflect the maturity of the organization and its operations. The Strategic and Operational goals will remain part of the evaluation.

The timeline will be similar to prior years and we will be implementing a new online tool to administer the evaluation. This will allow Board members to provide feedback directly in the form, online, and increase efficiency for summarizing comments and performance ratings. Trakstar is also the tool Your Health Idaho uses to measure internal employee evaluations.

The Board took a break at 10:50 a.m. and reconvened at 11:00 a.m.

d. New Product Evaluation and Investment Opportunities

Mr. Kelly said at the December meeting, the Board requested that Your Health Idaho leadership provide guidelines for new product offerings based on our enabling legislation, market dynamics, brand awareness, and federal regulations while also ensuring alignment with our mission statement: “Maintain maximum control of Idaho’s insurance marketplace at minimal cost to its citizens.”

We focused on five primary areas. The first is statutory guidelines, including Your Health Idaho’s enabling legislation and public purpose as well as any federal regulations. Comprehensiveness of coverage, ensuring alignment with Your Health Idaho’s Low Cost Promise, Branding and Marketing, and access to coverage round out the five areas.

Your Health Idaho’s enabling legislation states that Your Health Idaho will “facilitate the selection and purchase of health benefit plans.” While health benefit plans are not a defined term in Your Health Idaho’s legislation, the legislation’s intent is clear and more inclusive than just QHPs as defined under the Affordable Care Act. As such, the enabling legislation would allow for Your Health Idaho to offer both QHPs and non-QHPs. Our enabling legislation also articulates that Your Health Idaho is here to enable access to coverage, so that concept is also covered.

With respect to federal regulations, Your Health Idaho’s marketplace technology is limited to QHPs, however, non-QHPs could be offered on a different instance of our platform. As such and depending on how federal approval of non-QHPs is done, Your Health Idaho could offer both QHPs and non-QHPs. It is also important to note that before any actions are taken, Your Health Idaho would work very closely with the Department of Insurance to ensure compliance with the enabling legislation and the definition of health benefit plans.

Dr. Livingston asked if waivers would be required and would Idaho have trouble getting those waivers. Mr. Kelly said depending on what the QHP’s looked like and how CMS provided approval, there may be no waiver involved. It is all around how those non-QHP’s are approved by the Federal partners.

Mr. Donaca says on the group side, he doesn’t see how this would work with the work and the risk that it would involve. Mr. Kelly said it is difficult to quantify the exact ROI and investment required because the non-QHP’s are not defined today. They would be targeted at the individual market and not the small group market. Your Health Idaho has every intention of engaging the agent and broker community in the same manner as we have in the past, as they have been a critical partner in Your Health Idaho’s success to date. The specific numbers would dependent upon the specifics of the non-QHP. One of the questions is if non-QHP’s are introduced into the market, can Your Health Idaho afford to not participate in that. The answer to that question is we would continue to pursue it so long as it fits within our enabling legislation.

Mr. Shores said from an agent perspective, we need this, we need another option that we currently don’t have.

Mr. Kelly said the second item we looked into is the purchase of a building. As you may recall, Your Health Idaho's current lease is up in 2021 and will not be renewed. In order for Your Health Idaho to pursue the purchase of a building from a statutory perspective, we needed to ensure it fits within our public purpose. After discussions with our legal counsel, we were able to confirm that a building purchase, within certain occupancy guidelines, would fit within our public purpose. Your Health Idaho would also want to be sure that such investment would not place additional financial risk on the business by depleting our cash reserves to an unhealthy level.

Next steps along the office space journey include securing a broker to assist in the transaction, including the evaluation of both leasing and purchase options. Keeping in mind Your Health Idaho's Procurement Policy thresholds which require an RFP for annual expenditures in excess of fifteen thousand dollars, we quickly came to the conclusion that an RFP would not work in the process of securing a broker as expenditures as the overall cost, and who pays the broker fees would be dependent upon the specific lease or purchase that is pursued. The competitive bid process that is at the heart of the RFP process, doesn't fit well in this situation. However, Your Health Idaho does believe that a Request for Qualifications should be issued such that Your Health Idaho can evaluate brokers and their skills and experience relative to Your Health Idaho's needs. An RFQ would also allow Your Health Idaho to identify any conflicts of interest. As such, we are requesting Board approval to issue a Request for Qualification for Real Estate services. This request is independent of an actual purchase or lease and is simply to engage a broker to help us with that process.

Motion: Ms. Henbest moved that the Board, as recommended by the Governance Committee, approve the release of the Real Estate Broker RFQ and request the Board authorize the Proposal Evaluation Team (PET) to evaluate the proposals and authorize the Executive Director to act upon the PET review and enter into an agreement for real estate services as an exception to the Procurement Policy. **Second:** Mr. Erstad. **The motion carried.**

e. Staffing and Compensation

Mr. Kelly moved to our staffing and compensation plans for fiscal year 2020. As part of the annual budget process, we review our overall staffing needs and compensation plans to ensure we have the right people in the right places to continue to build upon our success while providing opportunities for team members to grow and develop.

With the re-org in January, we have created new opportunities for team members and renewed our focus on quality and the customer experience. As such, the proposed fiscal year 20 headcount budget is two higher than the current fiscal 19 budgeted headcount.

We also reviewed our overall compensation plan, specifically as it relates to the influx of people to the Treasure Valley. After discussing the market dynamics with Ms. Ball, she felt that the market review from 2018 was still relevant, except for potential compression of pay ranges for the lower compensated roles at Your Health Idaho. As such, we evaluated current compensation for those roles, as well as individual team members with unique skill sets, to arrive at the proposed Market adjustments for fiscal year 20. No decisions on individual pay will be made until the annual review process is complete in June.

As in prior years, the merit pool remains at 3 percent and no change in the recognition or variable pay programs is proposed.

We also reviewed our overall benefits programs and determined that they remain competitive in the Treasure Valley and therefore no change is proposed.

Motion: Ms. Henbest moved that the Board, as recommended by the Governance Committee, approve the Strategic Staffing Plan for FY20 as presented today. **Second**: Mr. Erstad. **The motion carried.**

Motion: Ms. Henbest moved that the Board, as recommended by the Governance Committee, approve the Compensation Plan for FY20 as presented today. **Second**: Mr. Erstad. **The motion carried.**

12. FINANCE AND BUDGET

Mr. Settles, Chair of the Finance Committee, said the committee started with the second quarter financial results and, as normal, income was above projections and expenses were below. The committee moved on to review the Procurement Policy to address challenges that arose last fall when we selected employee benefits. We also visited the Low Cost Promise goal which is being met due to higher than estimated revenue and lower than expected expenses. And the Committee also reviewed the continuing education requirements for the committee. The Finance Committee had training in December and are comfortable with the legal and financial expertise among committee members. Of equal or greater importance is that the Finance staff are either continuing with their education, working on their certification, or advanced degrees, which bodes well for the operation.

The Committee then moved on to the budget with a focus on projections, which were compared independently with the work Your Health Idaho engages Milliman to perform. We have modeled the revenues with implementation of January 2020. We expect premiums to reduce by about 4 percent and expect there will be a drop in enrollments coming out of this. We also looked at operating expenses that reflect a business as usual approach, and capital expenditures which are consistent with the GI contract. Finally, the sustainability curve reflects the impacts of Medicaid expansion and what would happen if we reduced our assessment fee.

a. Procurement Policy Update

Mr. Kelly presented proposed changes to Your Health Idaho's Procurement Policy and supporting documents. As you may recall, in the December Board meeting, we identified some challenges in procuring employee benefits, relative to the authorities provided in the Procurement Policy and Delegation of Authority.

As such, we presented amendments to these policies to the Finance committee to provide an exception to the procurement policy for employee benefits. The redlines to the Procurement Policy are included in your Board materials and provide the Executive director and Board chair the authority to procure employee benefits as an exception to the procurement policy.

During the Procurement Policy review, we also identified that the Federal contract clauses are no longer needed as Your Health Idaho no longer receives federal grant dollars. The

proposed redlines reflect the removal of the Federal contract clauses as well as related terms. The changes also carried through the Procurement Policy attachments such as the Independent Contractor Agreement and the Request for Proposal forms. Ms. Henbest noted that in subsection 3 where it addresses the renewal of contracts that initially were subject to and RFP and that there was not a time limit in that. This motion and changes reflect language around that which requires an evaluation after seven years to determine if a new RFP needs to be issued.

Motion: Mr. Settles moved that the Board, as recommended by the Finance Committee, approve the revised Request for Proposal and Independent Contractor forms as presented today. **Second:** Dr. Rusche. **The motion carried.**

b. Second Quarter Financial Statements

Mr. Kelly said for the financial highlights through the end of December 2018, effectuations ended the year at almost 88 thousand. That is 4 thousand higher than our budget, and that favorability is offset by lower than planned premiums which together drove overall assessment fee revenue favorability of \$58 thousand.

Shifting to our financial statements, net operating income was \$735 thousand favorable year to date. This favorability was driven by revenue favorability of \$92 thousand dollars which was driven by favorability in both assessment fee revenue and other revenue which includes interest income on our CDARs investment as well as our digital ad sales.

Overall operating expense favorability of \$643 thousand is driven by employee and employee related cost favorability of \$307 thousand, Outreach and Marketing favorability of \$87 thousand which is primarily driven by timing of advertising costs and the website refresh cost savings. DHW eligibility shared services provide favorability of \$168 thousand and Professional Services contribute almost \$60 thousand in favorability through December month end.

Looking at our full year forecast for the current financial year, we are projecting to end the year with net operating income favorability of over \$600 thousand, driven by revenue favorability of \$140 thousand and expense favorability of \$525 thousand.

Motion: Mr. Settles moved that the Board approve the financial statements for Fiscal Year 2019 through December 31, 2018 as presented today. **Second:** Dr. Livingston. **The motion carried.**

c. FY 2020 OpEx and CapEx Budgets

Mr. Kelly moved to Your Health Idaho's fiscal year 20 budget discussion and proposal. He said Your Health Idaho developed revenue projections based on projected enrollments, premiums and assessment fees. In estimating our revenue, we look at historical results, seasonal fluctuations, outside market forces and policy decisions such as Medicaid expansion. Those analysis then provide Your Health Idaho with the insight to project our revenue for the coming fiscal year as well as the out years.

We utilize the services of Milliman, as an independent check to our forecasting process. We then compare the two forecasts to identify risks, confirm assumptions and ultimately develop

the revenue budget we are proposing today. Your Health Idaho's projections either align with Milliman, as is the case with effectuations, or match their projections very closely. Your Health Idaho's projections for premiums are below Milliman which therefore are more conservative and fit well with Your Health Idaho's overall approach to financial projections.

As discussed in previous Board meetings, we are assuming an enrollment decrease of 20 percent in January 2020 as a result of Medicaid expansion. We have also assumed a four percent premium reduction from those individuals currently enrolled on the exchange moving to Medicaid.

Moving to the expense side of things. We have incorporated the staffing and compensation plans as presented earlier this morning. Employee benefits reflect current levels of participation and remain competitive in the Treasure Valley.

Other expenses reflect business as usual, with adjustments for contractual obligations or impacts from Medicaid expansion such as a refresh to our advertising to mitigate potential confusion in the market.

Our seasonal hires will be brought on early, as we have done in previous years, to ensure readiness for open enrollment customer volumes. Professional services and related costs reflect current spend levels with reasonable year over year increases such as business insurance, which assumes a five percent increase compared to current premium costs. GetInsured and eligibility services with DHW assume contractual spend levels.

Mr. Kelly shared a line-item comparison to the fiscal 19 budget, forecast, and fiscal 20 proposed budget. Overall, revenues are projected to decline \$1.3 million dollars, compared to the fiscal 19 forecast driven by the implementation of Medicaid expansion in January of 2020. Operating expenses are budgeted to increase by \$440 thousand dollars, driven by employee and employee related costs of \$333 thousand dollars, and facility and infrastructure cost increases of approximately \$188 thousand dollars. These increases are offset by decreases in communications and outreach and our seasonal support center hiring.

The increase in employee and employee related costs is driven by merit and market increases of \$156 thousand dollars, benefits of \$40 thousand dollars and timing of headcount of \$136 thousand dollars. The facilities and infrastructure increases are driven by the full year impact of the GetInsured contract extension, additional software license renewals and replacement of some aging technology infrastructure. Capital expenditures are budgeted at \$1M per year and consistent with the GetInsured Agreement.

Mr. Shores asked if YHI is anticipating that the overall premium will drop with Medicaid Expansion. Is this based on assumptions that many of the individuals that are currently in the system have health issues that will move them away from the current system and take that risk away from the carriers? And is that the basis for the estimated 4 percent reduction. Mr. Kelly said that is correct. Director Cameron said it is not just those with health conditions, and depending on how the Legislature treats Medicaid Expansion, those that are eligible for Medicaid will not be eligible for an APTC. Those in the 100-138 percent of the poverty level would potentially leave the exchange. The legislature is working hard to avoid that or give people a choice, so it isn't just the unhealthy that would leave.

Dr. Livingston asked if there are any states that allow the expansion group to have a choice. Director Cameron said they have a choice, but if they go on the exchange, they won't receive the APTC and that is the dilemma. Utah recently passed legislation that would take Medicaid Expansion up to 100 percent of poverty and they are seeking a waiver for those between 100 and 138 percent. Our reading of the ACA indicates that is not a waiverable item however, nothing ventured, nothing gained. There are a variety of other ideas on how to address those folks, but the question is no matter how it is addressed, are they part of the exchange. In all likelihood, there would be a reduction on revenue for the exchange.

As with most businesses, Your Health Idaho performs sensitivity, or scenario, analysis to anticipate potential impacts from changes in the market. He shared a table that shows a change to our assessment fee, effectuations, or average premium. Our revenue streams are fairly linear in nature, meaning a percent change in premium or enrollments translates into the same percent change in revenue, either up or down. Simply said, a 10 percent increase in enrollments would drive a 10 percent increase in revenues, and a 10 percent decrease in enrollments would drive a 10 percent decrease in revenues. Most of these scenarios also translate 1:1 impacts to our cash balance.

Tying all of the financials into our long-term sustainability picture is reflected on a graph he shared. The dark blue line is our projected cash balance. The dip you see in January of 2020 is due to Medicaid expansion and you can see that despite those impacts, our cash balance stabilizes at about \$12 million at the end of 2021.

As Mr. Settles mentioned this morning, we also modeled what it would look like if we lowered our assessment for back to 1.99 percent.

Mr. Shores asked how Your Health Idaho can lose 20K enrollments and only see a 4 percent reduction. Mr. Kelly said there are three components to our revenues: the number of people, the premium they pay, and Your Health Idaho's assessment fee. Your Health Idaho has assumed a 20 percent reduction in enrollments due to Medicaid Expansion (assuming traditional expansion). We have also assumed a premium decline of 4 percent. And the third component is the assessment fee which will remain at 2.29 percent.

Motion: Mr. Settles moved that the Board, as recommended by the Finance Committee, approve to maintain an Assessment Fee of 2.29% for Plan Year 2020. **Second:** Dr. Livingston. **The motion carried.**

Motion: Mr. Settles moved that the Board, as recommended by the Finance Committee, approve the Fiscal Year 2020 Operating Expense Budget at a not-to-exceed amount of \$9,876,055 as presented today. **Second:** Dr. Livingston. **The motion carried.**

Motion: Mr. Settles moved that the Board, as recommended by the Finance Committee, approve the Fiscal Year 2020 CAPEX Budget at a not-to-exceed amount of \$1,000,000 as presented today. **Second:** Dr. Livingston. **The motion carried.**

13. EXECUTIVE SESSION

Motion: The Chair moved that the Committee enter into Executive Session Pursuant to Idaho Code Section § 74-206(1), to consider records that are exempt from disclosure as trade secrets under Your Health Idaho's public records policy and Idaho's public records act pursuant to Idaho Code Section § 74-206 (1)(d).

Executive Session Roll Call: The Chair called roll and asked for agreement to enter Executive Session and the following voted yes: Mr. Erstad, Mr. Settles, Mr. Shores, Ms. Vauk, Dr. Rusche, Dr. Livingston, Ms. Henbest, Mr. Edgington, Ms. Fulkerson, Mr. Donaca, resulting in a quorum.

The Committee entered into Executive Session at 11:36 a.m. and reconvened at 12:30 a.m. No final actions nor decisions were made while in Executive Session.

14. NEXT MEETING

The Chair said the next meeting will be held on June 28, 2019.

15. ADJOURN

There being no further business before the Board, the Chair adjourned the meeting at 12:31 p.m.

Signed and respectfully submitted,

Stephen Weeg, Chairman of the Board