

AGENDA
PENNSYLVANIA HEALTH INSURANCE EXCHANGE AUTHORITY
BOARD of DIRECTORS MEETING

Date: June 18, 2020

Time: 12:00 p.m.

Location: **Skype** +1 267-332-8737,,774479036#
<https://meet.lync.com/pagov/tglazer/1QZL72WP>

1.0 Preliminary Matters – 12:00 p.m. start

1.01 Call to Order

1.02 Roll Call

- Commissioner Jessica Altman, Pennsylvania Insurance Department (Chair) - **Present**
- Sheryl Kashuba, University of Pittsburgh Medical Center Health Plan (Vice Chair) - **Present**
- Paula Sunshine, Independence Blue Cross - **Present**
- Aji Abraham, Capital Blue Cross- **Present**
- Jessica Brooks, Pittsburgh Business Group on Health- **Present**
- Antoinette Kraus, Pennsylvania Health Access Network- **Present**
- Dr. Rachel Levine, Department of Health – **Absent (Commissioner has signed Proxy)**
- Secretary Teresa Miller, Department of Human Services - **Absent**
 - Catherine “Cathy” Buhrig, Director of the Bureau of Policy for the Office of Income Maintenance at the Department of Human Service ****NEW BOD MEMBER/DELEGATE**** - **Present**
- Laval Miller-Wilson, PA Health Law Project - **Present**
- Mark Nave, Highmark - **Present**
- Tia Whitaker, Pennsylvania Association of Community Health Centers - **Present**

1.03 Approval of Previous Meeting’s Minutes

- *Discussion: None*
- **Motion:** *To approve as true, correct and accurate the minutes recording the events, actions and details of the [May 19, 2020 Public Meetings of the Pennsylvania Health Insurance Exchange Authority Board.](#)*
- Motion:
 - Tia Whitaker
- Second:
 - Aji Abraham
- Yays:
 - All Board Members
- Nays:
 - None

1.04 Opportunity for Public Comment

- Please note that public participation is permitted at this meeting, as required by the Sunshine Act, 65 P.S. § 280.1. In the absence of official policy relating to public comment at Board meetings (which the Board anticipates will be

forthcoming), and to ensure the orderly progress of today's meeting, all comments should be directed to the Chairperson, and should be limited to no more than five (5) minutes in duration. Questions asked of the Chairperson or the Board as part of public comment may or may not be addressed at the meeting.

2.0 Action/Discussion Items by the Board – 12:15 p.m.

2.01 Standard Administrative Updates – 12:15

- **Discussion:** Sherman started by thanking the Commissioner for her leadership as well as her and the board's support and commitment. He then continued by introducing the latest additions to the Pennie staff:
- **Personnel**
 - Call Center Lead, **Ken Hetzel** – 25 years of customer service and training management experience, most recently at CVS Health; hands on experience in call center environments
 - Digital Marketing Coordinator, **Mary McCarty** – experienced online community manager, most recently worked for the Census in PA and is very familiar with how to communicate with hard-to-reach populations
 - System Analyst/Problem Manager, **Robert Kothe** – over 32 years in the insurance industry working as an independent agent, underwriter, operations manager, IT program manager and divisional head; most recently worked at a consultancy and has worked at Highmark
 - Open positions: Communications Associate, Data Manager
- **Stakeholder engagement**
 - **Discussion:** Hannah Turner (Director of Operations) started with the standing Impact of Covid-19 on Insurers and as was updated last month, there was a slight delay with a few Insurers starting their EDI testing, however, they are now back on track and all caught up. The team will continue to monitor and work to reduce further impacts.
 - From the EDI Technical Working Group perspective, all insurers have completed connectivity testing and the first round of integration testing and all are in the complex integration testing period. Some examples of the types of scenarios they are testing are an enrollee who later terminates their coverage after 1 – 2 months, special enrollment periods, adding and removing of brokers, and real-world scenarios. Operations is working on a Provider Directory Connectivity – our provider directory vendor will place all detail files from issuers, aggregates them together and puts them in one central area enabling customers to search for their providers to be certain they are in or out of network for their plan. We are using the same format that the FFM uses to avoid disruption to insurer operations. The Pay Now process testing is ongoing. **Tia Whitaker** asked for further explanation regarding the provider directory / listing and using some integration from the FFM – **Turner** insurers have current listing of all providers in their network that is shared to the FFM allowing a search to be done for in/out of network providers for specific plans. This information will be updated on a monthly basis. **Whitaker** addressed this as pain point and was happy we are carefully taking a look at this integration.

- **Discussion:** Kyrie Perry (Chief of Staff) stated that in regards to our stakeholder engagement advocates, Advisory Council, Brokers and Others, we have had a lot of ongoing conversations since last meeting. We met with our Outreach & Education Workgroup and discussed the many SEP policies that will be discussed today.
- Our second of three 2020 Advisory Council meetings is coming up next week where we will discuss with them at a high level our outreach and customer communications plan for both roll out of the Brand through the OEP. We will also give them a status on our eligibility enrollment system and other developments throughout the organization including our call center and other operational functions. We will also be bringing these topics to the July BOD meeting for discussion as well as previewing our plans and stakeholder feedback on our outreach and communication plans prior to the Board meeting.

2.02 Standard Technology and Operations Update – 12:30 p.m.

- **Discussion:** Stars on a String presented by Jennifer Lloyd (Project Manager) on behalf of the Project Management office in which overall project status were shared, consistent with the slide. The Board had no questions.
- **Discussion:** Duane McKee (CIO) shared that the User Acceptance Testing (UAT) for the June release has concluded and we have positive results to share. These were primarily back office functions that are required in order to manage the exchange platform as well as some out-of-box features available across the platform.
- **Paula Sunshine** asked about the renewal features? **McKee** – we will be testing that process in the September push. A more comprehensive list can be put together, if requested. **Sherman** also added that first we must convert all the customers over then rerun renewals on them and a big part of getting renewals right is to make sure the conversion of all customer information on the FFM comes over appropriately and accurately. McKee shared that we have agreed with the GI vendor on the scope and there is a plan in place for that release. We have made good progress with the Federal Data Services Hub (FDSH), in fact we are ahead of schedule. Security Assessment is moving along nicely and on schedule as well as Insurer Connectivity Testing is on schedule and progressing as expected.

2.03 Call Center Update – 12:50 p.m. (12:42 pm)

- **Discussion:** Hannah Turner (Director of Operations) shared that our first CSR Training class began earlier this month. Executive Director Sherman was able to personally welcome the class and give them background on Pennie. We are actively recruiting bilingual Spanish speaking CSRs as well as other levels of the organization. **Paula Sunshine** asked if the website was in Spanish. **Perry** replied that there will be components of the site that are in Spanish, but there will not be a fully translated replica site in year one. **Sherman** clarified that Federal rules state that if 10% or more of your population speaks another language, your call center must accommodate that. PA Spanish speaking population is less than that, so even though it's not a Federal requirement, we did make it a requirement in our contract with GI that they have bi-lingual Spanish speaking CSRs and supervisor level positions. **Paula Sunshine** asked if we have to make any special

accommodations when working in a distributed environment when taking payment information like credit card numbers? **Turner** replied that we won't have that issue with our call center since all payments will be directed to the issuer's payment services. The closest thing we will have to a customer making a payment through our system is the Pay Now function. **Aji Abraham** asked how recruiting was going and if we have enough folks? **Turner** shared that they received 900 applicants and do not seem to be having any issues finding candidates. **Sherman** shared that the Welcome he had with the first class was extremely enjoyable and a great opportunity to speak to the folks who will be our "boots on the ground" with the customers. It made this very real about how close we are to launching this program and was a great reminder of all the work we are doing.

2.04 Special Enrollment Period Policy Decisions (David) – 1:30 p.m.

- **Discussion:** David Thomsen (Director of Policy) started with our Binder Payment policies and proposals that we developed in line with our mission to improve accessibility of coverage while insuring a seamless transition for our customers. We will also discuss Stakeholder feedback that was received that informed our recommendations. Stakeholders include insurers, producers, consumer advocates and employer groups.
- **Discussion:** Our first proposal is to permit an SEP when an enrollee or dependent dies. Per the Federal statute, this is optional for state-based exchanges. We received nearly unanimous support with the exception of one broker who opposed. **The Board had no questions or discussion on SEP Proposal #1.**
- **Discussion:** Another optional policy (SEP #2: SEP due to divorce) for state-based exchanges and would permit current customers to remove a family member and change plans to account for a divorce. Stakeholder feedback for this proposal was unanimous across all stakeholder groups. Our recommendation is to adopt as proposed. **Aji Abraham** stated that he is for the recommendation, however he wanted to be sure there are protections built in for folks who may be in difficult situations such as PFAs. **Mark Nave** also asked about the protections when PFAs are involved. **Aji** reiterated that he just wants to be certain we are building in the protections to ensure the divorce information is accurate and it's not one spouse trying to cut off another. **Hannah Turner** mentioned that once we jump into the verification section it would be clear what is needed for verification before we accept. **Laval Miller-Wilson** spoke up that this was not a trigger for the SEP – that he's supportive of this approach but has concerns of how we're documenting. **Thomsen** assured him that there is a separate SEP that relates more to spousal abandonment and abuse that is codified in statute. **Aji** wanted to confirm that what he and Laval were trying to get at was the documentation was correct. **Sherman** stated that divorce is one of the things we want totally documented before fully approved. **Laval** shared that although he appreciates what we're seeing before us, he would like to have further discussion as he disagrees with that particular provision around attestation.
- **Discussion:** Another optional policy for SBEs to implement – this would permit customers who are not currently enrolled on the Exchange the opportunity to enroll in Marketplace coverage if they become newly eligible for premium subsidies due to reduction in income. This aligns with the same

SEP for current Marketplace enrollees. Thomsen pointed out that nine out of thirteen SBEs have implemented this SEP. One insurer and one broker in the stakeholder feedback disagreed; the insurer requested that we require the customer to have minimum essential coverage for at least one day out of the previous sixty and we agree with that recommendation and our recommendation is to adopt this proposal but amend to include the minimum essential coverage requirement. **Sheryl Kashuba** asked for further explanation of our thinking behind the MEC requirement. **Thomsen** stated that we thought this was a good callout in the stakeholder feedback process and it does align with other SEP. We do feel this is something that could be built in and would be a positive for the customer and would not bring any additional risk. **Antoinette Kraus** asked if this would exclude folks that are in catastrophic plans. We're seeing a lot of folks that had higher income but could not afford coverage so they enrolled in not an MEC plan so would this exclude them in this situation? **Thomsen** – for those in short term limited duration plans that do not count as minimum essential coverage, yes, but we want to be sure we are offering up this pathway so that those who had coverage and may have lost it or it became unaffordable can find affordable coverage in Marketplace. **Laval Miller-Wilson** – asked if a consumer is in an off-marketplace individual policy that has been newly developed and pushed out by this Federal administration, that's not MEC coverage and one would be excluded from this SEP? **Sherman** stated that short term plans are not MEC **Laval** – moved the conversation away from catastrophic plans and talk strictly about the off-marketplace plans that have been pushed forward and if one is in that plan, it's not MEC. He continued to say if one enrolled in that plan and has lost their job, one won't have a chance to get into this proposed policy. He asked if that is the accommodation staff was presenting. **Sherman** – that's correct. **Antoinette** – Had great concerns about folks who were pushed out because they weren't subsidy eligible and might have chosen this plan but now may be eligible for a premium tax credit and how that would not trigger an SEP. She worried about that subset of individuals being excluded. **Laval** – Agreed and wants to be better and more responsive than Federal Marketplace. Would like policies to be more reflective to bring more folks in. He was not comfortable with the recommendation of having at least one day. **Hannah** – we do not want to exclude people and this would be focused more on people who are in this gap of reduction in income but they don't qualify for loss of MEC or maybe they've been furloughed or had a reduction in hours and are still eligible but their income has changed and makes it unaffordable. There are other coverage scenarios available for those impacted. **Thomsen** – we do want to make this a more customer friendly experience. This is an opportunity for us to strike a balance. **Antoinette** appreciates this and feels this is very important; just hung up on one day in the previous 60 days knowing there are scenarios that will lock some folks out of coverage. **Sheryl** – I understand the concern of adverse selection, but this could cut both ways – don't want to lock out healthy membership as well. **Paula** – and I'm wondering if Laval just identified a loophole that would add administrative cost and nothing else. **Laval** – I think the term Adverse Selection for both reasons just articulated, we need more. Where are you coming up with that? **Sherman** – I think that if the general feeling is to remove the MEC requirement, I'm not particularly opposed to that. I think that we were trying to accommodate the concern raised by some of our stakeholders. If the Board

wants to pull that out, I'm fine with it, but I feel strongly about maintaining our approach and thoughts around MEC in general. **Commissioner** – this is such an interesting conversation but I'm wondering if there are any board members that think there is an important value in having the requirement? **Mark Nave** – a lot of opinions by some carriers are grounded in 2014 to 2018 historical experience with laissez faire SEP administration and the lack of controls that were put into place through the Federal platform over the few years. I think that's where the conservative or cautious approach comes from. **Aji** – I don't know that this specific change or addition would necessarily be a huge issue on Adverse Selection. Not opposed to dropping the requirement here for this one. **Sherman** – if the Board wanted to move forward without that tie-in, we could certainly commit to tracking and reporting on this and bringing any concerns back to the Board if tweaking of the policy is necessary. **Commissioner** – I want the Board to fully understand the options available moving forward – is this a decision we make now and we're locked in or could we make a decision now and make changes later if there's a problem indicated in the data? **Sherman** – the answer to that question is we need to lock in these decisions now to inform the implementation process. For taking the program live we have a set of deadlines around design specs, but as we start looking at the data, there's no need to be locked into SEP for the entire plan year. We can change it as needed and it's something that's configurable with the IT system. **Commissioner** – what I am tracking as what we will put forward for vote is “we will adopt this SEP where people can come in due to change in income that makes them APTC eligible, it will not include a requirement to have MEC for at least one of the last sixty days but it will include a commitment from the team and the board to monitor the data and check back in on this as we see how it plays out in the initial plan year. That is what we will be voting on when we get there.

****There were technical difficulties and we lost recording after this discussion and it did not pick up again until after break at 2:16 PM. We came back to David going over Proposed Binder Payment Policies.****

- **Discussion:** Thomsen – our first proposal relates to binder payment deadlines. Our proposal is to allow customers 2 weeks to make their binder payment. We received nearly unanimous support for this proposal, however some insurers noted that this is their current practice while others noted that they have a more customer friendly policy than what is being proposed. However, we did receive feedback expressing operational concerns especially given the changes coming in 2022. Therefore, our recommendation is to withdraw this proposal. We recommend revisiting this policy next year in conjunction with the implementation of the NBPP in 2022.
- **Discussion:** Thomsen – our second proposal is to no longer require a binder payment if enrollee changes plans with the same insurer with no gap in coverage even if the other plan is in a different product line. Stakeholder feedback we received was in general support. As a result, our recommendation is to withdraw this proposal and given the operational risk that several stakeholders expressed, however we do want to continue the conversation for potential year two implementation in a way that is operationally feasible and achieves our policy goals.

- **Discussion:** Thomsen – our third binder policy proposal is for insurers to no longer require a binder payment if the subscriber disenrolls in coverage, but the remaining family members maintain their enrollment with no gap in coverage. We received general support from a variety of stakeholders. Our recommendation is to withdraw although we believe this is a worthwhile policy, operational concerns are too great to implement in year one. Are there any questions with the proposals around binder payments as outlined?

Sherman – I just wanted to add that we put these out there for feedback and we were very eager to hear from stakeholders if this would introduce any IT or Operational Risk. We heard a lot of feedback that it would. We are not interested in introducing additional risk to any of our stakeholders and therefore, I feel strongly that this is not something we should do in the first year. **Commissioner** – do we want to vote on this one or loop it in with the verifications? Do we need to vote if we're not requiring anything? **Sherman** – I don't think we need to vote.
- **Discussion:** Thomsen – before we dive into our proposals, I wanted to briefly discuss what other state-based exchanges do (as outlined on slide 31). And I would like to note that most states and the Federal government have turned off verification during COVID-19 emergency declaration. It is possible that verification policies in the state-based exchanges just discussed, will look different in the post COVID environment. We have two verification policies for year one. Option one, self-attestation, allows customers to complete enrollment in one step. Documentation would be required for audit or fraud review purposes. **Hannah** - our policy would be that if there was any information that a customer would self-attest to and information later became available that contradicted or made us question that information, we would go back to the customer to request documentation. **Laval Miller-Wilson** – Hannah that speaks to suspicions of fraud because of concerns what the customer attested to, so it doesn't necessarily go to the audit side. But it doesn't apply to everyone – it's a random selection. **Hannah:** an audit would definitely be a random activity; the random sampling audit is a tool in our tool chest and then there's the targeted review when information comes to light through external parties and sometimes the customer themselves. **Laval:** but both have different purposes – the audit is about the integrity of it, but the fraud has a different motivation for asking about documentation. **Hannah:** Yes. **Thomsen** – our second option is to require documentation prior to enrollment which was generally the Federal policy until COVID-19. Our goal was to strike the right balance to provide our customers with the pathway to coverage while retaining checks in the system. Our recommendation is to take a hybrid approach between the two options given. The general feedback we received, and again, this includes insurers, consumer advocates, producers and employer groups, ran the gambit between those who requested additional self-attestation, those who thought we struck the right balance and those who requested that most if not all SEPs be subject to documentation prior to enrollment. One commenter shared the observation that there's less risk of abuse when signed under penalty of perjury. Given the variety of responses we received, we believe that the guiding principles strike a good balance between self-attestation and documentation and our recommendation is to adopt as proposed. Are there any questions about our verification policies? **Laval Miller-Wilson** – oh yes, you can do self-attestation and still have integrity by doing the sample auditing **Thomsen** –

we absolutely agree that self-attestation, where appropriate, provides both a pathway to coverage and there are enough checks within the system that we can be confident that if there are any bad actors, we can address those as they come in, as you mentioned. We tried to strike a balance in what would be advantageous for the customer and also what has been policy in the Federal marketplace over the past several years. In some instances, we believe that self-attestation is enough and there are some, we believe, that pre-verification would be more appropriate. **Laval** – why not allow someone to self-attest and if you're worried about that scenario, do an audit from time to time. Why are you presuming that folks are not telling the truth when they're attesting under penalty of perjury? **Antoinette** – I agree with Laval; I believe there are four states who are doing self-attestation. Is there any data from those states about a high number of consumers misrepresenting? Is there any data there that points that this is a problem? **Sherman** – I don't think there's any data we can point to that suggests this. I am not suggesting that we believe people are lying to us. **Laval** – I want to be sure that we are doing what we can to show that we're watching that, but I think we should go at it with an audit. If we see problems with that, then we go ahead and revisit this approach. **Sherman** – in a lot of ways Laval, we started from what's been the status quo so this is the departure from what has been current policy. I can't answer the specific question that you're putting out there... **Mark Nave** – I was going to offer up my perspective on this...in early days we saw a lot of SEPs that were nefarious and I could point to numerous FW&A investigations that we've had as a company. Over time, the industry, as a whole, said we want to work with CMS and want to make sure SEPs are available and important to the functionality of the Exchange and a functional market. However, we ask for a little more documentation or proof. Not as a barrier – we want people who need coverage to get coverage. One question back about audits is who does the auditing? Carrier responsibility, Pennie responsibility and the cost of auditing weighed against some fraud getting through...what are the pros and cons with that? **Paula Sunshine** – that was a very eloquent summary of our experience and wanting to not create barriers and at the same time understanding that there needs to be either real or perceived barriers to fraud. We're all trying to figure out what's the right combination of things to make sure people get access and keeping out the folks who have nefarious motives. **Antoinette** – we're on the other end of this and have seen the struggles over the years with documentation and how that's a real barrier for folks. I appreciate that we're striking a balance, but I would like to see PA do better in reduced barriers for people who have been struggling to access care and the more you add in, the more some people will not be able to access health coverage that really should. I would prefer just attestation as the approach. **Sheryl** – just to echo the other carrier's perspective, we supported this two-tiered approach simply to strike a balance. I don't know how prevalent folks slip by, but when they do, providers are impacted, insurers are impacted and the cost of audits and unravelling some of the cascade of events that can happen when somebody is enrolled inappropriately. But to Laval's point, I think that having data on how often this happens moving forward would be very helpful to track. **Laval** – I would like to see that opportunity for integrity worked out more because I'm not interested in putting burden on some of the populations. I don't understand the language that is in there. **Sherman** – to adequately do the type of

auditing you're talking about, to have a statistically significant sample, we probably don't have that adequately resourced at this point in time, and whether we would do that through additional staffing or through an external vendor to do periodic spot checking it would come at an incremental cost. We haven't thought through that at this point in time. It's something we could take a look at with board direction. The third option that David gave us was Post Enrollment documentation but is not technically feasible as the GI platform does not accommodate it but is an option we want to implement for future years. But also, the decisions we make right now for the first year do not need to be the decisions that are made in the long term and it's something we can reassess and change as we learn more. **Laval** – I appreciate that piece as far as the changes. **Cathy Buhrig** – folks would be surprised how small a number of cases really is statistically valid depending on your overall numbers. For what it's worth, we would be supportive of an audit but I don't think we're opposed to documentation, although we would need to have more conversation. **Paula** – so I'm wondering if we need to make a decision on this today or if we can table this one and try and get more insights on the carrier side. **Sherman** – this is an operational time crunch for us as this is a system design function that we really are eager to get a decision on today, at least in part because it informs what GI is building. I'm somewhat concerned about the idea of delaying this further because it puts things off track. And please keep in mind that there will not be any SEPs in year one – we're talking about SEPs 2021. I need to give our vendor a decision on a lot of this as soon as possible, preferably today. I think getting some conceptual decision around a hybrid approach today and then potentially making decisions about what goes into each category is something we could probably change shortly after we go live. I know it's not the preferred answer to the question of tabling this and coming back with more information, but I do have a bit of an operational time crunch on my hands. **Commissioner** – I'm hearing we have to make a decision today so they can move forward with the build, but we could change our mind and have the change implemented such that, in practice, that would always be the policy? **Thomsen** – that is correct – the current policy out of the box is to do all verification so this our best crack, at the moment, striking a better approach from the policy perspective. **Commissioner** – Hannah and Zach, do you agree what I said from an operational perspective too? **Hannah** – yes with little asterisks – depends on the timing of the change of the policy and the other things that our IT vendor are doing. It's possible but I don't want to guarantee something that I'm not certain on. **Commissioner** – from the perspective of the history of SEP abuse were there certain types of SEPs that were the most often abused or most concern? I'm wondering if there's an opportunity to capture some of the ones that are currently in Category 2 that have a real potential to deter people but may not have such a high fear of abuse where we can find a middle ground while still committing to doing the deep data dive. Doing more digging from the teams perspective in terms of what is possible from an audit perspective recognizing we need to give the team something to move forward with today and it might not be in time for post OEP that any adjustments are implemented but hopefully soon after as a proposed approach. **Laval** – I'm open to that. I'm open to moving forward with an approach that keeps some documentation. The categories that most alarm me are what you highlighted – documentation for newly released from incarceration, the court appointed dependents is another vulnerable

population and I continue to struggle with the marriage and divorce category. If the staff can say the Board's giving authorization for some categories to have documentation before enrollment and we can continue to have some dialogue about these three categories, I think that where I'd be. **Paula** – if we're going to pick and choose among the categories, I think the numbers are small enough that I would err on the side of citizens and the marriage and divorce, I believe, protects people on both sides and I'd like to leave that one in place, and the dependents, I feel is a CHIP question more than anything. **Aji** – I'm good on the incarceration being attestation and not documentation and I don't know enough about the dependents to say either way, but on the marriage/divorce situation, I do have concerns that we protect both parties and I would want to see the documentation be part of it. **Commissioner:** what I would propose is that we instruct the team to move forward with what is currently listed but we would move court appointed dependent and release from incarceration from Category 2 to Category 1 but, for now, leave marriage and divorce in Category 2 but we will commit to more research effort on a couple of things and some more perspective from the team on what's possible and pragmatic from the auditing perspective and that we will revisit this, and if changes are necessary, we will move forward to get those implemented in 2021 PY as soon as is pragmatic knowing that may not be on January 16th, the first day after OEP ends. **Board agrees.**

- **Motion (Commissioner):** I'm going to propose a motion to adopt the Staff Proposal presented on slide 35 but with moving the court appointed dependent and the release from incarceration SEPs from Category 2 to Category 1 and commit to a future conversation and potential adjustments to this as needed to be implemented as soon as is pragmatic.
- Motion:
 - Laval Miller-Wilson
- Second:
 - Aji Abraham
- Yays:
 - All Board Members
- Nays:
 - None

Commissioner: thank you everyone. I think that was a really valuable and important discussion and one that will continue. Frankly, I am grateful for the engagement on that. It's not an easy one but I think we got to a good place and will continue to work on it. Zach, is there anything else you want to cover before moving into Exec Session? **Sherman** – that's correct.

Commissioner: so, we are moving to Executive Session pursuant to our allowance to do so. This will be focused on the Navigator RFP as the discussion so before we move to Executive Session, I wanted to ask if there were any Board members that need to recuse themselves to not participate in that discussion. **Tia Whitaker** – this is Tia Whitaker; I will be recusing myself.

Commissioner – thanks so much Tia. All but Tia, there's a separate dial in number for that Executive Session and I am cognizant of time and we will do our best to make it very quick.

Recommended statement: We are going to take a break and then go into executive session to get legal advice regarding our Navigator RFP. We will not be returning after that session. Before we do, do any of our Board members need to recuse themselves from that discussion?

3.0 Executive Session

4.0 Adjournment