

CALIFORNIA HEALTH BENEFIT EXCHANGE BOARD
November 20, 2014
Covered California Tahoe Auditorium
1601 Exposition Blvd.
Sacramento, CA 95815

Agenda Item I: Call to Order, Roll Call, and Welcome

Chairwoman Dooley called the meeting to order at 10:00 a.m.

Board members present during roll call:

Diana S. Dooley, chair

Susan Kennedy

Kimberly Belshé

Paul Fearer

Robert Ross, MD

Board members absent:

Agenda Item II: Closed Session

Chairwoman Dooley called the meeting to order at 1:40 p.m. A conflict disclosure was performed; there were no conflicts from the board members that needed to be disclosed.

Agenda Item III: Approval of Board Meeting Minutes

After asking if there were any changes to be made, Chairwoman Dooley asked for a motion to approve the minutes from the meeting held September 18, 2014.

Presentation: September 18, 2014, Minutes

Discussion: None

Public Comment: None

Motion/Action: Board Member Fearer moved to approve the September 18, 2014, minutes. Board Member Ross seconded the motion.

Vote: Roll was called, and the motion was approved by a unanimous vote.

Agenda Item IV: Executive Director's Report

Discussion: Announcement of Closed Session Actions

The Board authorized staff to enter competitive bid processes for next year's accounting services, consumer research and evaluation, marketing and advertising, public relations, and training and technical support for CalHEERS. They will share a draft of the marketing and advertising RFP with the marketing and outreach advisory committee.

The Board extended contracts with the Consumer Health Alliance, Robert Hath International, the Department of Social Services, and Ana Matosantos as well as extended the four provider education grants to extend through the end of March. They have learned more about the timing of their contracts.

The Board took several actions for CalHEERS, the engine behind CoveredCA.com. It approved the purchase of a software license to enable the surge staff to have the licensed software and approved the Office of Systems Integration's (OSI's) contracting with CWDA for expert consultation regarding the interface between SAWS and CalHEERS. It approved an amended contract to support additional postage and an extension of OSI's project management contract. OSI manages that contract jointly between DHCS and Covered California.

Several contracts related to the service centers as well. The Board extended its contract with Eventus for oversight and management of service centers and approved an extension of the service-center contract with Contra Costa County. Unlike in other states, the vast majority of workers are employees of the State of California. State staff provides the exceptional service consumers are receiving.

Chairwoman Dooley added that Covered California has continued to have great support from its county partners and the front line of the eligibility workers there; the collaboration between all of the enrollers in all the sectors has been an extraordinary partnership and cooperation toward a common goal.

Discussion: Executive Director's Update

Peter V. Lee, Executive Director, said when people call the Covered California hotline, and are known to be enrolled in Medi-Cal, they can be quick sorted. The counties are doing incredible work to ensure no one has second-class service. Around 94% of the calls are picked up within 30 seconds of the transfer. People are receiving good service.

Discussion: Renewal and Open Enrollment Update

There was a Covered California bus tour covering hundreds of miles traveling around the state. Partners, like Health Access, community clinics and agents, were on the bus. Every community they visited had people on the ground, helping enroll consumers. The bus made stops at community enrollment events and churches. The tour received very good media coverage in every location.

There is a lot of work to still be done. People participating in the tour and at each of the stops were encouraged to take selfies for the "I'm In" campaign with the

bus. The team that put together the tour did an amazing job. It was wonderful to hear people's stories regarding their experiences with Covered California. Mr. Lee shared some anecdotes about people who have benefitted from their health coverage.

The website has been re-launched in a cleaner, simpler format and the platform is working. More ads will be out in print, ethnic media, television, and radio. Mr. Lee asked everyone to help spread the word. Celebrities and others are tweeting their support for Covered California.

Last year, 1.4 million Californians enrolled during the 2014 plan year. More than 80% paid their first premium. Now there are 1.2 million people part of the initial renewal process.

People must enroll by December 15 for coverage January 1. There are 69,245 new signups already. About 11,357 enrollees have already chosen a plan. In October of 2013, it took two weeks to reach those kinds of numbers. New this year, many enrollees can pay their initial bill when they first enroll.

Californians are informed and ready to sign up for coverage. There are 28,000 people out there helping people enroll—agents, certified enrollment counselors (CEEs), and county eligibility workers.

Current members who do nothing will be automatically renewed in their current plans with adjusted rates for 2015. If they would like to change anything, they can still do so until the end of the open enrollment period.

The organization has changed its efforts based on lessons learned from 2014. There are new grants specifically with new on-the-ground efforts for outreach in Latino, African-American, and Asian-American communities. Storefronts have been set up across California, there is a button on the website for finding local help, and there will be high-volume call times with added capacity to handle four times the calls of last year. However, if you call the call center on Monday morning, expect wait times to be longer, as is the case for most call centers.

The average premium increase in 2015 for small businesses in the Small Business Health Options Program (SHOP) is 5.2 percent. Some will see less of an increase (as low as 2 percent). Now there is a dual tier option where employees can pick among more tiers and there is embedded children's dental coverage and optional family dental plans.

The organization made herculean efforts to reach those who had not verified their citizenship and eligibility. Many managed to submit documentation proving citizenship. Consumers were given the option to reinstate if they lost coverage. They are still working with the 10,000 people who have since lost coverage.

Discussion: Board Meeting Planning Calendar

There will be a Board meeting on December 15. It will focus on qualified health plans (QHPs) and will be short.

January's meeting will be January 15, with the Board taking action on benefit design and new entrant policies.

The February/March meeting will be held March 5. February will be very busy because of open enrollment.

Anne Price, Director of Plan Management, presented a report on the provider directories for Anthem and Blue Shield. A DMHC non-routine audit occurred after many consumer complaints about difficulties finding an in-network provider. They took a large enough group of providers to ensure they had a statistically significant group, and then took a survey of those providers to see if the plans were offering accurate information to consumers.

There were deficiencies and there will be a follow-up audit in six months to show that steps have been taken to fix those and ensure accuracy has improved.

A substantial portion (13% for Anthem and 9% for Blue Shield) of the front-office staff indicated that the doctor did not take Covered California plans. For each plan, a portion of those surveyed indicated that the provider listed did not work at the office. For each plan, a high percentage of those who said they accepted Covered California plans indicated that they were accepting new patients (88% for Anthem and 91% for Blue Shield).

Both plans had uncorrected deficiencies, including outdated directories. They were making efforts to resolve these deficiencies.

The audit findings confirmed what was already known. Covered California has engaged with the plans to increase accuracy. The plans had an opportunity to comment on the findings, and they believed that the framing of the questions was misleading. Covered California still believes the survey is important at a statewide level; the numbers broken down by various counties are too small a sample size. The steps that the plans have already taken should lead to greater accuracy for the current open-enrollment period. Covered California will continue to be an active purchaser and work with the plans. Staff was engaged with that during the recent recertification efforts.

Staff will continue to work with provider associations to educate them about what plans are available to patients in their regions. Consumers need access to accurate information.

Discussion:

Board Member Fearer heard a lot about percentages but wanted to hear what the numbers meant this from the patient perspective. A patient would like to know, if there's a list of 100 providers, how many will accept me? What are the cumulative numbers?

Ms. Price noted those are reflected in the percentage of providers listed who are accepting new patients with Covered California plans. The report lays out the different categories of respondents.

Mr. Lee said a lot of further analysis is needed. The six-month update will be important. As doctors' offices know more, that will change these numbers. The consumer experience was trouble for many consumers, but it has been getting better.

Board Member Fearer stated that there was still a fair amount of misinformation out there. He was disturbed by some of the quotes from the health plans, indicating that having physician contracts is sufficient to them, even if those physicians won't accept patients.

Chairwoman Dooley noted that the model contracts contain provisions about how plans will ensure patients have access to care. She wondered if those contracts clearly express the obligation to educate providers. We need to enforce the plans' responsibility to communicate with their contracted providers.

Ms. Price said staff will work on that.

Board Member Ross thanked Board Member Fearer for his point. It will take a triangular relationship to fix the communication gap and ensure it's getting fixed. It's not clear how Covered California will know this is getting better month to month other than consumer complaints. He asked if staff knew if the plans' CEOs knew this was an issue. Are they getting weekly reports on it?

Mr. Lee has had personal discussions with the CEOs of these companies; they know. They agree that Covered California's engagement with them is not about insurance; it's about getting people care. It will take years to see how plans compare in helping people get the right care. There are many players involved. The core players are the doctors and their offices and the health plans. There has been confusion and less than ideal communication between the plans and those offices. Covered California has good relationships with the provider communities and will keep working on this issue. It's important not only to get the directories accurate, but also to get consumers access to the care they need.

Chairwoman Dooley noted that the number of consumer complaints had disproportionately increased, which was why DMHC did the survey. The number of complaints have now decreased—complaints dropped dramatically in the second half of the year. There will be a follow-up audit in six months. The plans take this seriously. All stakeholders are partnering to work on this problem.

Board Member Ross wants to hear from the California Medical Association on the topic.

Karen Ruiz, CalHEERS Project Director, gave an update on the Covered California website. There has been additional work done to support Medi-Cal processing. There are performance improvements and increased infrastructure to handle larger volumes. This is the first year for renewals, so there are some challenges, but the team feels able to address those challenges.

This year's open enrollment is going much better than last year's. For the 2015 open-enrollment release, they had planned to do more than they were actually able to accomplish. However, in order to accomplish the goals of ensuring stability and the ability for consumers to get through their applications with ease, they scaled back some of the other enhancements—but these enhancements will still be put in at a later date.

Ms. Ruiz displayed a list of specific Medi-Cal pending and completed improvements. Many of the items still to be completed involve moving between Medi-Cal and Covered California. Covered California is working closely with county partners and DHCS to address this issue. Some additional short-term solutions will be added soon. They implemented pre-notifications to get people to come in and update their e-verification authorizations. They tried to avoid causing future problems.

Covered California is still working on Advanced Premium Tax Credit (APTC) notices for the 2014 tax year. This will be a huge undertaking. A million consumers will receive these and this is the first time being done.

Covered California will be incorporating consumer input into the online application. Consumers have voiced that they want better notices; this is front and center. Currently, some consumers are getting multiple notices, however, improvements are expected by early December. There are some wording updates being implemented now. Some updates will happen quickly, while others will take more time. Updates, such as voter registration and the ability to pay online, have already been implemented. There will be a continued effort to make improvements between SAWS and CalHEERS.

Mr. Lee thanked the CalHEERS team. A lot has been accomplished, and there has been a lot of prioritization necessary to accomplish this much. The system build was done in 18 months and it could have taken four to five years.

He underscored that the organization issued a Request for Proposal (RFP) a while ago to get more support for its on-the-ground efforts. They selected three groups to help with targeted community organizing, focusing on the Latino community, the African-American community in LA County, and the African-American community outside of LA County.

Included in the Board's materials are research and reports, comments, and good background on benefit design. There is a new process by which consumers can send information to the Board. Staff shares information with the Board and does individual follow-ups but it does not share personal information with the public. They share less confidential comments with the public.

Public Comment:

Alice Perez, President and CEO, California Hispanic Chamber of Commerce, noted that they are one of the three SHOP grantees designated to reach out and educate small businesses across the state. They have been recognized for their diverse approach and they feel they have done a good job. The small business community in California is large and diverse. There are over 600,000 Hispanic-owned businesses, and one of her organization's top priorities is getting out information on health care options. They have witnessed the importance of educating small businesses on the health options available to them. They also provide information on Medi-Cal and the individual exchange. Right now, only 1,900 small businesses have enrolled in SHOP out of a potential 700,000. They ask that the Board consider allowing them to continue their outreach. A lot of great work has been done to build the individual marketplace. They'd like to continue being part of that and would like their funding to continue.

Betsy Imholz, Director of Special Projects, Consumers Union, mentioned the report points to a need to improve the basic communication to consumers signing up. This is not just a California problem. The statute regarding provider directories was created when it was a paper world. Now we are in a whole different electronic environment. She would like to see California lead the nation with solutions. Given Covered California's major role in the marketplace, the organization can help move the effort forward. The regulations work on network adequacy standards, but there must be collaboration on the directories. The new website looks terrific; they are pleased to see most people are directed first to the silver—but they aren't always. Stakeholders don't want to see bronze pop up right away. They are also concerned about the notices. Consumers Union has been working collaboratively with Covered California and DHCS, and they have had a lot of proposals for the language. They are frustrated with the progress.

Anthony Wright, Executive Director, Health Access California, liked the energy on the bus tour. It's a big state, so actually being present is important. They appreciate the work done to assess lessons learned and were glad those improvements have been made. They hope additional improvements will be done, and that we'll get the call center numbers up. It's important to let people know that there may be better values than what they are auto-renewed into. The advisory group restructure process seems to be getting much better feedback now from stakeholders. These communication and directory problems are not because of the health reform law; they are in violation of it. We are not abiding by consumer protections that exist. 25% of the doctors listed are not taking them; that needs to be fixed.

Elizabeth Landsberg, Director of Legislative Advocacy, Western Center on Law & Poverty and the Health Consumer Alliance, voiced that they sent a letter expressing serious concern about notices. The notices have caused chaos. These are core functionality; people need to know what they are eligible for. They are concerned about the lack of accuracy in the notices. One family got four incorrect notices. They agreed with staff about changes needed in February—why are those still not implemented? They understand a lot of changes are on the table. There are also language access problems.

They would like to engage in a discussion about the CalHEERS priorities instead of just hearing what they are after it has been decided. They have been working with staff but we really need to come to a resolution.

Autumn Ogden, Policy Analyst, California Coverage & Health Initiatives, commented that as a navigator grantee, they are happy to see some processes have been much improved, such as the Certified Enrollment Counselor (CEC) application, which was much smoother. They are very appreciative of those adjustments. They applaud the staff on the recertification process which was also much easier. It took much longer than three hours, but they appreciated the ability to pick up where they left off. A few of their CECs are still not trained; they are having a hard time getting links for them. Also, they don't have their new CEC badges. They are working on these issues but wanted to bring these to the Board's attention. They have eight subcontractors, and not all will be associated with their CEC number, which means the numbers cannot be tracked as closely and they may not get the appropriate credit for the applications that they do.

David Chase, Small Business Majority, congratulated Covered California on the great 2015 rates. He noted that 2–5% increases are unheard of. They were glad to see those. The outreach and education program is scheduled to end soon. On the individual side there is the navigator program, but nothing like that is in place for SHOP. Given the issues with SHOP, it makes sense to reassess that decision. They believe 2015 will be a huge year for the SHOP. This is an important time to get in on the market share. It will be key to let small-business owners know that the SHOP is being improved.

Cary Sanders, Director of Policy Analysis, California Pan-Ethnic Health Network (CPEHN), voiced appreciation for the changes to the website, which is more consumer friendly and offers better access to language assistance. They share concerns about the notices. She mentioned the lack of translation of notices in the CalHEERS system. This affects about 96,000 current enrollees, who specified a preference for languages other than English and Spanish. Some of these consumers have received notices that they need to do something and have later lost coverage, and it's disruptive. This cannot wait a year. Newly enrolled consumers are about to get welcome letters, and if they specify a language, they need to get letters in that language. They work with partners who help, so they'd appreciate an update on when that will happen.

Sonal Ambegaokar, Senior Attorney, National Health Law Program and the Health Consumer Alliance, also voiced concern about consumer notices. One bad consumer notice could defeat all the great goodwill work Mr. Lee has done with the bus tour. That changes the discussion. When you set up an expectation that you're asking for a language preference, and then materials come in a different language, it is frustrating. It would be helpful to have a more consumer-friendly, focused discussion. Not only do bad notices cause unintended consequences to consumers in goodwill, they affect call volume and increase the number of appeals to the Department of Social Services and create more work. They request not just an immediate fix for the problem but also ongoing consumer stakeholder input into the prioritization process.

Kathleen Hamilton, Director, The Children's Partnership, stated that they appreciate the enhanced community outreach, and feel that it should improve diversity in enrollment numbers. They appreciated the update on the SHOP; the report noted that pediatric dental is embedded in some SHOP plans, and that reminded them that they'd like to see data on how many employers are offering dependent coverage. The number of child dependents actually getting coverage through the SHOP would be interesting as well as data on the actual take-up of that pediatric dental. She encouraged Covered California to be really vigilant in its coverage overseeing the work done by DMHC to ensure that the contracted plans are providing best information. Covered California is not a passive partner in that.

Edwin Lombard, California Black Media Association, thanked the staff for the reorganization of the marketing and outreach advisory committee. This holistic approach will allow the committee to consider marketing from all perspectives. However, they are concerned that the committee does not look like the other advisory committees. They feel their role shouldn't be to come up with plans and ideas in thirty-minute sessions—that is the consultants' job—but to check the plans and ideas to ensure they will produce the desired results. Covered California wants to reach 500,000 people and invest \$150 million to do so. They want to hear the goals and strategies and be directed on how to view the strategies. They are pleased that Covered California has hired a new marketing director. This should have been done quite some time ago, prior to open enrollment. There is no strategic plan in place. They ask that the staff share their plans to reach the underserved communities with the committee so that they can verify that the desired results will be accomplished.

Kenna Bourke, CMA Foundation, stated that they are a provider-education grantee. They have educated 1.4 million providers and their staffs. They met with 21,000 health care providers in their own communities to educate them about the changes happening with Covered California. They have created a trusted messenger model with the flexibility to address immediate issues. They can deliver Covered California information as well as information on practical implementation. They also are able to have a feedback mechanism, not only for CMA, the physician advocacy organization, but also for the physicians and Covered California, which helps them immediately address problems on the ground or direct people on where to go for resolution. She thanked Covered California for its recognition and support.

Doreena Wong, Project Director, Asian Americans Advancing Justice, gave kudos to the organization for the successful open enrollment period and the bus kickoff. They appreciated being included. Many of their partners participated. They reiterated and supported the comments about the notices. They have caused a lot of confusion. There is a real need for translated notices. Translating notices takes away from their ability to help others with problems and causes more calls to the service center. They are worried about those who do not come to them for translation. This should be one of the priorities. Even though only 10,000 people were terminated for lack of proof of citizenship, they'd like to see if any populations were disproportionately affected.

Gil Ojeda, Director, California Program on Access to Care, UC Berkeley, said there are a lot of people enrolled, including into Medi-Cal. Medi-Cal and Medicaid across the country are not properly acknowledged as part of the Affordable Care Act. The Covered California enrollment process is an important kick-start to the Medi-Cal enrollment process, and some communities, including the Latino community, are more likely to come in through Medi-Cal enrollment. He thanked the organization for its approach to immigration issues, appreciating the innocent until proven guilty process. Covered California must work with the plans as partners with respect to provider directory accuracy. It must fashion a stick as well as a carrot to accomplish that.

Hugo Morales, Executive Director, Radio Bilingüe, noted that they hear from their listeners and consumer advocates that there is still a lot of confusion. Within an hour or so, we'll be hearing from the President of the United States about a new opportunity for some immigrants to remain in the country, at least temporarily. In the absence of comprehensive immigration reform, that will create an opportunity for more scams within the immigrant communities. That heightens the importance of the outreach task. About 97% of those deported have been Latino. Only 2/3 of those were undocumented. That's the stress that they are facing.

Anulkah Thomas, Community Health Councils, thanked Covered California on behalf of Sonya Vasquez. It is frustrating to see that Covered California managed to implement voter registration but key steps to renewals are not working. People trying to report new income are being prompted to reenter other information like immigration status. They wondered if CECs could have access to a dedicated line even after an application is submitted because there are often follow-up problems.

Brett Johnson, Associate Director of Medical and Regulatory Policy, California Medical Association, voiced that they were not surprised by the results of the DMHC survey. They applauded DMHC on the report and direct testing like this. They hope to see more of that validation effort going forward. They understand and agree with health plans that ensuring directories are accurate is a shared responsibility. They are committed to changing the troubling findings, which will require a multi-stakeholder effort. A lot of errors in the report were a result of miscommunication, in addition to actual errors. That's where an association like theirs can really help. Contracting processes and notices are vague and confusing. There need to be online places for physicians to go in and update their information. They applaud Blue Shield for starting that process to ensure information is up to date. There needs to be a give and take. They are committed to doing that. They already started a dialogue with the California Association of Health Plans.

Julianne Broyles, California Association of Health Underwriters, voiced gratitude for including agents on the tour. Their president went on the tour. It sounds like there was a great turnout. They have been working with staff on a number of issues. On the website, the Finding an Agent feature only lists the first 5 and ignores the other 908 here in Sacramento. Contiguous tiers have been well-received. The webinar about Medi-Cal has also been well received. Agents are happy about the dedicated lines, but they have questions that will apply to more than one client at a time. They hope the storefront

signage issue will be broadened to include the agents who already are part of the certified agent population. This is a large problem. They would like to talk about the rating region issues with SHOP.

Jessica Haspel, Senior Associate, Children Now, echoed the comments about stakeholders helping with prioritization and the comments about the notices. They appreciate that wording changes have been made so that the former foster youth population won't proceed with online applications. The notices need to inform them that they haven't been evaluated for the program they are attempting to sign up for, rather than just saying they are not eligible. It's critical that we take a look to see if the workarounds are working. They are hearing that the counties are not actually getting the information.

Betza Estudillo, Health Policy Coordinator, California Immigrant Policy Center, congratulated Covered California on the bus tour. Going on a tour is exhausting but it's powerful to hear stories. She appreciated the efforts to include Latino outreach. They are seeing lots of ads and they are great, but they have suggestions to reach mixed-status families. There are going to be a lot of confusion after the President's announcement, and we don't know how it will impact Affordable Care Act enrollment. There will be a lot of confusion and a lot of scams targeting this new population. Covered California should be ahead of that. They will need to be reassured that their information won't be used for immigration purposes.

Ruth Liu, Blue Shield of California, voiced that they take the report very seriously. They acknowledge and share DMHC's concern about network confusion. They have worked hard to ensure all members' experiences have improved. They also believe that the final report is misleading and could confuse members further by significantly overstating the severity of the issue. They have undertaken a comprehensive effort to work with providers, which should lead to a greatly improved experience. They have updated provider directories and are focused on maintaining their accuracy through education of providers and staff, technological enhancements, and continuous updates. They currently have over 27,000 providers in their 2015 EPO and PPO networks with 96% confirming they are accepting new Covered California patients.

Mr. Lee noted that they would not be presenting on the 2016 Benefit Redesign Workgroup material in the Board material packet but encouraged people to read this background material. He noted that there will be a plan advisory committee meeting in December as well.

Agenda Item V: Covered California Policy and Action Items

Discussion: Covered California Regulations

Discussion: Enrollment Assistance

Presentation: Enrollment Assistance Regulations (Re-adoption)

Kirk Whelan, Director of Small Business and Individual Sales presented. Most of these regulations were already presented for discussion but there were three new ones. One added Covered California staff's ability to determine administrative action when determining eligibility. One added a two-year prohibition on reapplying after an application's decline. A third one added administrative actions to the list of potentially disqualifying events for which certification could be suspended or revoked. It provides a two-year prohibition on reapplying for certification if certification is revoked.

Discussion: none

Public Comment: none

Motion/Action: Board Member Kennedy moved to reapprove the regulations. Board Member Belshé seconded the motion.

Vote: Roll was called, and the motion was approved by a unanimous vote.

Discussion: Eligibility and Enrollment

Presentation: Individual Eligibility and Enrollment Presentations (Re-adoption)

Thien Lam, Director, Eligibility and Enrollment, presented revised eligibility and enrollment regulations. Three sections are being revised to identify and clarify modifications in the regulations supporting current policies. One provides authority to comply with the appeals adjudication process when staff receives a decision from the administrative law judge and includes the date when that needs to occur by on the behalf of the consumer. The one regarding the special enrollment period establishes dates for those who lost essential minimum coverage as they enroll and apply. Last, clarification was added explaining when Covered California coverage ends and will be terminated when people become newly eligible for Medi-Cal.

Discussion: none

Motion/Action: Board Member Belshé moved to reapprove the regulations. Board Member Kennedy seconded the motion.

Public Comment:

Jen Flory, Senior Attorney, Western Center on Law & Poverty, voiced support for the regulations. They are glad decisions made by administrative law judges can be acted upon, but they have heard of cases where people go back and forth on the decision and want to ensure that's fixed. There are continued difficulties with people coming from Medi-Cal into Covered California who are still having

problems getting the Medi-Cal notice in time to make their plan selections. If that cannot be resolved, they have further recommendations to help comply with federal law.

Vote: Roll was called, and the motion was approved by a unanimous vote.

Chairwoman Dooley voiced that the December Board meeting is meant to focus on plan issues, but the agenda may be adapted as necessary.

Mr. Lee noted that the marketing advisory group was very helpful and they already see some ideas in play.

Some Board members could be located elsewhere for the next meeting; if so, those locations will be noticed so that the public can attend there. They will shoot for having video conferencing capability.

Agenda Item VII: Adjournment

The meeting was adjourned at 3:28 p.m.